

2005 Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The survey results will be used to develop health programs and services for youth.

DO NOT write your name on this survey or your answer sheet. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals on the answer sheet and make sure that the question number on the answer sheet matches the question number in the survey booklet. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

- Use a #2 pencil only.
- Answer only on answer sheet.
- Make dark marks.
- Fill in a response like this:

1.	<input type="radio"/>
2.	<input checked="" type="radio"/>
3.	<input type="radio"/>
4.	<input type="radio"/>
5.	<input type="radio"/>
- To change your answer, erase completely.

1. How old are you?
 1. 12 years old or younger
 2. 13 years old
 3. 14 years old
 4. 15 years old
 5. 16 years old
 6. 17 years old
 7. 18 years old or older
2. What is your sex?
 1. Female
 2. Male
3. Which of the following best describes you?
 1. Heterosexual (straight)
 2. Gay or lesbian
 3. Bisexual
 4. Not sure
 5. None of the above
4. In what grade are you?
 1. 9th grade
 2. 10th grade
 3. 11th grade
 4. 12th grade
 5. Ungraded or other grade
5. How do you describe yourself? **(Select one or more responses.)**
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Hispanic or Latino
 5. Native Hawaiian or Other Pacific Islander
 6. White

6. How long have you lived in the United States?
 1. Less than one year
 2. 1 to 3 years
 3. 4 to 6 years
 4. 7 or more years

7. How do you describe your health in general?
 1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor

8. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
	0 <input type="radio"/>
	1 <input type="radio"/>
	2 <input type="radio"/>
3 <input type="radio"/>	3 <input type="radio"/>
4 <input type="radio"/>	4 <input type="radio"/>
5 <input checked="" type="radio"/>	5 <input type="radio"/>
6 <input type="radio"/>	6 <input type="radio"/>
7 <input type="radio"/>	7 <input checked="" type="radio"/>
	8 <input type="radio"/>
	9 <input type="radio"/>
	10 <input type="radio"/>
	11 <input type="radio"/>

9. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
0 <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>
1 <input checked="" type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
2 <input type="radio"/>	2 <input type="radio"/>	2 <input checked="" type="radio"/>
3 <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
	4 <input type="radio"/>	4 <input type="radio"/>
	5 <input checked="" type="radio"/>	5 <input type="radio"/>
	6 <input type="radio"/>	6 <input type="radio"/>
	7 <input type="radio"/>	7 <input type="radio"/>
	8 <input type="radio"/>	8 <input type="radio"/>
	9 <input type="radio"/>	9 <input type="radio"/>

10. What is your zipcode?

Example

Zipcode				
8	0	3	0	5
0 <input type="radio"/>	0 <input checked="" type="radio"/>	0 <input type="radio"/>	0 <input checked="" type="radio"/>	0 <input type="radio"/>
1 <input type="radio"/>				
2 <input type="radio"/>				
3 <input type="radio"/>	3 <input type="radio"/>	3 <input checked="" type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
4 <input type="radio"/>				
5 <input type="radio"/>	5 <input type="radio"/>	5 <input type="radio"/>	5 <input type="radio"/>	5 <input checked="" type="radio"/>
6 <input type="radio"/>				
7 <input type="radio"/>				
8 <input checked="" type="radio"/>	8 <input type="radio"/>	8 <input type="radio"/>	8 <input type="radio"/>	8 <input type="radio"/>
9 <input type="radio"/>				

11. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
- Yes
 - No
 - Not sure

The next 5 questions ask about personal safety.

12. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
 - Never wore a helmet
 - Rarely wore a helmet
 - Sometimes wore a helmet
 - Most of the time wore a helmet
 - Always wore a helmet
13. How often do you wear a seat belt when **riding in** a car driven by someone else?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
14. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol?**
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol?**
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
16. How often do you feel safe and secure in your neighborhood?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 7 questions ask about harassment at school. Harassment can include threatening; bullying; name calling or obscenities; offensive notes or graffiti; exclusion from groups; unwanted attention or unwanted touching; and physical assault.

17. During the past 12 months, have you ever been harassed at school (or on the way to or from school)?
 1. Yes
 2. No
18. During the past 12 months, in which of the following school locations have you been harassed? **(Select all that apply)**
 1. Inside the school building
 2. Outside on school grounds
 3. At a school-sponsored event after school hours
 4. On the school bus
 5. On the way to or from school (not on bus)
 6. Have never been harassed at school
19. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your race or ethnic origin?
 1. Yes
 2. No
20. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because someone thought you were gay, lesbian or bisexual?
 1. Yes
 2. No
21. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your religious beliefs?
 1. Yes
 2. No
22. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your weight, size, or physical appearance?
 1. Yes
 2. No
23. During the past 12 months, have you received unwanted sexual comments or attention at school (or on your way to or from school)?
 1. Yes
 2. No

The next 12 questions ask about violence-related behaviors.

24. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
 1. 0 days
 2. 1 day
 3. 2 or 3 days
 4. 4 or 5 days
 5. 6 or more days
25. During the past 30 days, on how many days did you carry **a gun**?
 1. 0 days
 2. 1 day
 3. 2 or 3 days
 4. 4 or 5 days
 5. 6 or more days
26. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
 1. 0 days
 2. 1 day
 3. 2 or 3 days
 4. 4 or 5 days
 5. 6 or more days
27. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
 1. 0 days
 2. 1 day
 3. 2 or 3 days
 4. 4 or 5 days
 5. 6 or more days
28. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
 1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or 7 times
 6. 8 or 9 times
 7. 10 or 11 times
 8. 12 or more times

29. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?
1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or 7 times
 6. 8 or 9 times
 7. 10 or 11 times
 8. 12 or more times
30. During the past 12 months, how many times were you in a physical fight?
1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or 7 times
 6. 8 or 9 times
 7. 10 or 11 times
 8. 12 or more times
31. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or more times
32. During the past 12 months, how many times were you in a physical fight **on school property**?
1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or 7 times
 6. 8 or 9 times
 7. 10 or 11 times
 8. 12 or more times
33. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
1. Yes
 2. No

34. Have you ever been forced to have sexual intercourse when you did not want to?
1. Yes
 2. No
35. Other than forced sexual intercourse, have you ever been touched sexually when you did not want to be touched?
1. Yes
 2. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

36. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
1. Yes
 2. No
37. During the past 12 months, did you ever **seriously** consider attempting suicide?
1. Yes
 2. No
38. During the past 12 months, did you make a plan about how you would attempt suicide?
1. Yes
 2. No
39. During the past 12 months, how many times did you actually attempt suicide?
1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or more times
40. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
1. **I did not attempt suicide** during the past 12 months
 2. Yes
 3. No

The next 14 questions ask about tobacco use.

41. Have you ever tried cigarette smoking, even one or two puffs?
1. Yes
 2. No
42. How old were you when you smoked a whole cigarette for the first time?
1. I have never smoked a whole cigarette
 2. 8 years old or younger
 3. 9 or 10 years old
 4. 11 or 12 years old
 5. 13 or 14 years old
 6. 15 or 16 years old
 7. 17 years old or older
43. During the past 30 days, on how many days did you smoke cigarettes?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
44. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
1. I did not smoke cigarettes during the past 30 days
 2. Less than 1 cigarette per day
 3. 1 cigarette per day
 4. 2 to 5 cigarettes per day
 5. 6 to 10 cigarettes per day
 6. 11 to 20 cigarettes per day
 7. More than 20 cigarettes per day
45. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
1. I did not smoke cigarettes during the past 30 days
 2. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 3. I bought them from a vending machine
 4. I gave someone else money to buy them for me
 5. I borrowed (or bummed) them from someone else
 6. A person 18 years old or older gave them to me
 7. I took them from a store or family member
 8. I got them some other way
46. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
47. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
1. Yes
 2. No
48. During the past 12 months, did you ever try **to quit** smoking cigarettes?
1. I did not smoke during the past 12 months
 2. Yes
 3. No
49. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
50. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
51. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days

52. How much do **you** think people **risk harming themselves** (physically or in other ways) if they smoke one or more packs of cigarettes **per day**?
1. No risk
 2. Slight risk
 3. Moderate risk
 4. Great risk
53. How wrong do **you** think it is for **someone your age** to smoke cigarettes?
1. Very Wrong
 2. Wrong
 3. A Little Bit Wrong
 4. Not Wrong at All
54. How wrong do **your parents/guardians feel** it would be for **you** to smoke cigarettes?
1. Very Wrong
 2. Wrong
 3. A Little Bit Wrong
 4. Not Wrong at All
- The next 8 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**
55. During your life, on how many days have you had at least one drink of alcohol?
1. 0 days
 2. 1 or 2 days
 3. 3 to 9 days
 4. 10 to 19 days
 5. 20 to 39 days
 6. 40 to 99 days
 7. 100 or more days
56. How old were you when you had your first drink of alcohol other than a few sips?
1. I have never had a drink of alcohol other than a few sips
 2. 8 years old or younger
 3. 9 or 10 years old
 4. 11 or 12 years old
 5. 13 or 14 years old
 6. 15 or 16 years old
 7. 17 years old or older
57. During the past 30 days, on how many days did you have at least one drink of alcohol?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
58. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 to 5 days
 5. 6 to 9 days
 6. 10 to 19 days
 7. 20 or more days
59. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
60. How much do **you** think people **risk harming themselves** (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly **every day**?
1. No risk
 2. Slight risk
 3. Moderate risk
 4. Great risk
61. How wrong do **you** think it is for **someone your age** to drink beer, wine, or hard liquor, (for example, vodka, whiskey, or gin) regularly?
1. Very Wrong
 2. Wrong
 3. A Little Bit Wrong
 4. Not Wrong at All

62. How wrong do **your parents/guardians feel** it would be for **you** to drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?
1. Very Wrong
 2. Wrong
 3. A Little Bit Wrong
 4. Not Wrong at All

The next 7 questions ask about marijuana use. Marijuana also is called grass or pot.

63. During your life, how many times have you used marijuana?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 to 99 times
 7. 100 or more times
64. How old were you when you tried marijuana for the first time?
1. I have never tried marijuana
 2. 8 years old or younger
 3. 9 or 10 years old
 4. 11 or 12 years old
 5. 13 or 14 years old
 6. 15 or 16 years old
 7. 17 years old or older
65. During the past 30 days, how many times did you use marijuana?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
66. During the past 30 days, how many times did you use marijuana **on school property**?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times

67. How much do you think people **risk harming themselves** (physically or in other ways) if they smoke marijuana **regularly**?
1. No risk
 2. Slight risk
 3. Moderate risk
 4. Great risk
68. How wrong do **you** think it is for **someone your age** to smoke marijuana?
1. Very Wrong
 2. Wrong
 3. A Little Bit Wrong
 4. Not Wrong at All
69. How wrong do **your parents/guardians feel** it would be for **you** to smoke marijuana?
1. Very Wrong
 2. Wrong
 3. A Little Bit Wrong
 4. Not Wrong at All

The next 11 questions ask about other drugs.

70. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
71. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
72. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times

73. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
74. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
75. During the past 30 days, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
76. During your life, how many times have you used **ecstasy** (also called MDMA)?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
77. During your life, how many times have you used any other type of illegal drug such as LSD (acid), PCP, mushrooms, Ketamine (Special K), Rohypnol (Roofies), or GHB?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
78. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
79. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
1. 0 times
 2. 1 time
 3. 2 or more times
80. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
1. Yes
 2. No

The next 9 questions ask about sexual behavior.

81. Have you ever had sexual intercourse?
1. Yes
 2. No
82. How old were you when you had sexual intercourse for the first time?
1. I have never had sexual intercourse
 2. 11 years old or younger
 3. 12 years old
 4. 13 years old
 5. 14 years old
 6. 15 years old
 7. 16 years old
 8. 17 years old or older
83. The first time you had sexual intercourse, how old was your partner?
1. I have never had sexual intercourse
 2. 5 or more years younger
 3. 3 to 4 years younger
 4. About the same age
 5. 3 to 4 years older
 6. 5 or more years older

84. During your life, with how many people have you had sexual intercourse?
1. I have never had sexual intercourse
 2. 1 person
 3. 2 people
 4. 3 people
 5. 4 people
 6. 5 people
 7. 6 or more people
85. During the past 3 months, with how many people did you have sexual intercourse?
1. I have never had sexual intercourse
 2. I have had sexual intercourse, but not during the past 3 months
 3. 1 person
 4. 2 people
 5. 3 people
 6. 4 people
 7. 5 people
 8. 6 or more people
86. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
1. I have never had sexual intercourse
 2. Yes
 3. No
87. The **last time** you had sexual intercourse, did you or your partner use a condom?
1. I have never had sexual intercourse
 2. Yes
 3. No
88. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
1. I have never had sexual intercourse
 2. No method was used to prevent pregnancy
 3. Birth control pills
 4. Condoms
 5. Depo-Provera (injectable birth control)
 6. Withdrawal
 7. Some other method
 8. Not sure
89. How many times have you been pregnant or gotten someone pregnant?
1. 0 times
 2. 1 time
 3. 2 or more times
 4. Not sure

The next 7 questions ask about body weight.

90. How do **you** describe your weight?
1. Very underweight
 2. Slightly underweight
 3. About the right weight
 4. Slightly overweight
 5. Very overweight
91. Which of the following are you trying to do about your weight?
1. **Lose** weight
 2. **Gain** weight
 3. **Stay** the same weight
 4. I am **not trying to do anything** about my weight
92. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
1. Yes
 2. No
93. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
1. Yes
 2. No
94. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
1. Yes
 2. No
95. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
1. Yes
 2. No
96. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
1. Yes
 2. No

The next 4 questions ask about physical activity.

97. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 days
 5. 4 days
 6. 5 days
 7. 6 days
 8. 7 days
98. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 days
 5. 4 days
 6. 5 days
 7. 6 days
 8. 7 days
99. On an average school day, how many hours do you watch TV?
1. I do not watch TV on an average school day
 2. Less than 1 hour per day
 3. 1 hour per day
 4. 2 hours per day
 5. 3 hours per day
 6. 4 hours per day
 7. 5 or more hours per day
100. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
1. 0 teams
 2. 1 team
 3. 2 teams
 4. 3 or more teams

The next 5 questions ask about other health-related topics.

101. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or 7 times
 6. 8 or 9 times
 7. 10 or 11 times
 8. 12 or more times
102. On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 days
 5. 4 days
 6. 5 days
 7. 6 days
 8. 7 days
103. Have you ever been taught about AIDS or HIV infection in school?
1. Yes
 2. No
 3. Not sure
104. Has a doctor or nurse ever told you that you have asthma?
1. Yes
 2. No
 3. Not sure
105. During the past 12 months, have you had an episode of asthma or an asthma attack?
1. I do not have asthma
 2. No, I have asthma, but I have not had an episode of asthma or an asthma attack
 3. during the past 12 months
 4. Yes, I have had an episode of asthma or an asthma attack during the past 12 months.
 5. Not sure

This is the end of the survey.
Thank you very much for your help.

