

2025 **DRAFT** Nebraska 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 information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. 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 completely. 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.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

How old are you?

- A. 12 years old or younger
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old
- G. 18 years old or older

What is your sex?

- A. Female
- B. Male

In what grade are you?

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. Ungraded or other grade

What is your race and/or ethnicity? (Select one or more responses.)

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Hispanic or Latino
- E. Middle Eastern or North African
- F. Native Hawaiian or Pacific Islander
- G. White

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
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

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
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next four questions will ask you about school and community engagement.

During an average week when you are in school, how many total hours do you participate in school activities such as sports, band, drama, or clubs?

- A. 0 hours
- B. 1 to 4 hours
- C. 5 to 9 hours
- D. 10 to 19 hours
- E. 20 or more hours

In an average week when you are in school, on how many days do you take part in organized afterschool, evening, or weekend activities (other than sports teams) such as school clubs; community center groups; cultural activities; music, art, or dance lessons; church groups; or other supervised activities?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

During the past 12 months, how would you describe your grades in school?

- A. Mostly A's
- B. Mostly B's
- C. Mostly C's
- D. Mostly D's
- E. Mostly F's
- F. None of these grades
- G. Not sure

Which of the following are you most likely to do after you complete high school? (Select only **one** response.)

- A. Attend a 4-year college
- B. Attend community college
- C. Attend a technical school
- D. Join the military
- E. Work a full-time job only
- F. Something else
- G. Not sure

The next 4 questions ask about vehicle safety.

How often do you wear a seat belt when **riding** in a car driven by someone else?

- A. Never

- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

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**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- A. I did not drive a car or other vehicle during the past 30 days
- B. I drove a car or other vehicle, but not when I had been drinking alcohol
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

During the past 30 days, on how many days did you **text or use an app** while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. I drove a car or other vehicle, but did not text or e-mail while driving
- C. 1 or 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 to 29 days
- H. All 30 days

The next 8 questions ask about violence-related behaviors and experiences.

During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

During the past 12 months, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

- A. 0 days
- B. 1 day

- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

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?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

During the past 12 months, how many times were you in a **physical fight**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

During the past 12 months, how many times were you in a **physical fight on school property**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?

- A. Yes
- B. No

During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- A. I did not date or go out with anyone during the past 12 months
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

The next 8 questions ask about experiences with parents or other adults in your home.

During your life, how often has a parent or other adult in your home insulted you or put you down? (NAT)

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way? (NAT)

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat? (NAT)

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

- A. Yes
- B. No

Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

- A. Yes
- B. No

Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- A. Yes
- B. No

The next 9 questions ask about other experiences you may have had during your life.

Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

- A. Yes
- B. No

Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

- A. Yes
- B. No

Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- A. Yes
- B. No

During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have you felt that you were able to talk to a friend about your feelings?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Do you agree or disagree that you feel close to people at your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During the past 12 months, how often did the food your family bought run out and they did not have money to buy more?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Has a doctor, nurse, or counselor ever told you that you have attention-deficit/hyperactivity disorder or ADHD, also called attention deficit disorder or ADD?

- A. Yes
- B. No
- C. Not sure

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

During the past 12 months, have you ever been bullied **on school property**?

- A. Yes
- B. No

During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- A. Yes
- B. No

The next question asks about hurting yourself on purpose.

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?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

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.

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?

- A. Yes
- B. No

During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

During the past 12 months, how many times did you actually attempt suicide?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

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?

- A. **I did not attempt suicide** during the past 12 months
- B. Yes
- C. No

The next 7 questions ask about mental health-related topics.

During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During the past 12 months, when you have felt sad, empty, hopeless, angry, or anxious, how often did you get the kind of help you needed?

- A. I did not need help with any of these emotions during the past 12 months
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time

- F. Always

When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?

- A. I do not feel sad, empty, hopeless, angry, or anxious
- B. Parent or other adult family member
- C. Teacher or other adult in this school
- D. Other adult
- E. Friend
- F. Sibling
- G. Not sure

On an average school night, how many hours of sleep do you get?

- A. 4 or less hours
- B. 5 hours
- C. 6 hours
- D. 7 hours
- E. 8 hours
- F. 9 hours
- G. 10 or more hours

During the past 12 months, where did you usually sleep?

- A. In my parent's or guardian's home
- B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- C. In a shelter or emergency housing
- D. In a motel or hotel
- E. In a car, park, campground, or other public place
- F. I do not have a usual place to sleep
- G. Somewhere else

During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Any Tobacco Product Use

The next 10 questions ask about tobacco use.

Have you ever smoked a cigarette, even one or two puffs?

- A. Yes
- B. No

During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

Nicotine Pouch Use

The next questions ask about nicotine pouches, such as ZYN, on!, Velo, or Rogue. These small, flavored pouches are filled with a nicotine-containing powder. Users place nicotine pouches in their mouth and do not need to spit. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf. Do not count other forms of smokeless tobacco, such as chewing tobacco, snuff, dip, snus, or oral nicotine products when answering these questions.

Have you ever used a nicotine pouch, even one or two times?

- A. Yes
- B. No

During the past 30 days, on how many days did you use a nicotine pouch?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

The next question asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.

During the past 12 months, did you ever try **to quit** using **all** tobacco products?

- A. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
- B. Yes
- C. No

When you bought or tried to buy any tobacco products in a store during the past 30 days, were you asked to show proof of age?

- A. I did not try to buy any tobacco products in a store during the past 30 days
- B. Yes, I was asked to show proof of age
- C. No, I was not asked to show proof of age

Which of the following **tobacco products** have you used **most recently**? (Select only **one** response.)

- A. I have not used any tobacco products
- B. Cigarettes
- C. Vapes or e-cigarettes, such as JUUL, Vuse, or NJOY
- D. Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo
- E. Cigars, cigarillos, or little cigars, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods
- F. Shisha smoked in a hookah, narghile, or other type of waterpipe
- G. Nicotine pouches
- H. Some other tobacco product

During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do **not** count nicotine pouches.)

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

During the past 30 days, on how many days did you use any **tobacco products on school property**?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

The next 3 questions ask about vapes or e-cigarettes, such as JUUL, Geek, SMOK, Vuse, NJOY, EBDdesign, or Esco Bars. Vape or e-cigarette products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

Have you ever used a vape or e-cigarette?

- A. Yes
- B. No

During the past 30 days, on how many days did you use a vape or e-cigarette?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

During the past 30 days, how did you **usually** get your vapes or e-cigarettes? (Select only **one** response.)

- A. I did not use any vapes or e-cigarettes during the past 30 days
- B. I got or bought them from a friend, family member, or someone else
- C. I bought them myself in a vape shop or tobacco shop
- D. I bought them myself in a convenience store, supermarket, discount store, or gas station
- E. I bought them myself at a mall or shopping center kiosk or stand
- F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
- G. I took them from a store or another person
- H. I got them in some other way

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

During the past 30 days, on how many days did you have at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- A. I did not drink alcohol during the past 30 days
- B. 1 or 2 drinks
- C. 3 drinks
- D. 4 drinks
- E. 5 drinks
- F. 6 or 7 drinks
- G. 8 or 9 drinks
- H. 10 or more drinks

During the past 30 days, how did you **usually** get the alcohol you drank?

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- C. I bought it at a restaurant, bar, or club
- D. I bought it at a public event such as a concert or sporting event
- E. I gave someone else money to buy it for me
- F. Someone gave it to me
- G. I took it from a store or family member
- H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

How old were you when you tried marijuana for the first time?

- A. I have never tried marijuana
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

During the past 30 days, how many times did you use marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

During the past 30 days, how did you usually get the marijuana you used? (Select only one response.)

- A. I got it from a friend, family member, or someone else
- B. I got it from a vape, smoke, or tobacco shop in Nebraska
- C. I got it from a CBD store or hemp shop in Nebraska
- D. I got it from a convenience store or gas station in Nebraska
- E. I got it from the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
- F. I got it from a physical location outside of Nebraska
- G. I got it in some other way

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

The next 6 questions ask about other drugs.

During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

During your life, how many times have you taken **steroid pills or shots, testosterone boosters, or other substances such as Selective Androgen Receptor Modulators (SARMs) or synthetic human growth hormone (hGH)**, without a doctor's prescription?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

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?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

The next 2 questions ask about body weight.

How do **you** describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

Which of the following are you trying to do about your weight?

- A. **Lose** weight
- B. **Gain** weight
- C. **Stay** the same weight
- D. I am **not trying to do anything** about my weight

The next 6 questions ask about weight control

During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

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?

- A. Yes
- B. No

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?

- A. Yes
- B. No

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** count meal replacement products such as Slim Fast.)

- A. Yes
- B. No

During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, on how many days did you try to control your shape or weight by fasting or skipping meals; taking diet pills or supplements not prescribed by a doctor; or vomiting or taking laxatives?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

The next 5 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

During the past 7 days, how many times did you drink **a can, bottle, or glass of an energy drink**, such as Red Bull, Monster, Celsius, or Rock Star? (*Do not count tap sports drinks such as Gatorade or Powerade.*)

- A. I did not drink energy drinks during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

During the past 7 days, how many times did you drink **a bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)

- A. I did not drink water during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

During the past 7 days, how often did you buy food or drinks from a vending machine at your school?

- A. I did not buy food or drinks from a vending machine at my school during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

During the past 7 days, on how many days did you eat **breakfast**?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

Has a doctor or nurse ever told you or your family that you have to avoid eating some foods because you have a food allergy?

- A. Yes
- B. No
- C. Not sure

The next 3 questions ask about physical activity.

During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

During the past 12 months, how many times did you have a concussion that prevented you from playing a sport or being physically active?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 or more times

The next four question asks about screen time, including social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

How often do you use social media?

- A. I do not use social media
- B. A few times a month
- C. About once a week
- D. A few times a week
- E. About once a day
- F. Several times a day
- G. About once an hour
- H. More than once an hour

On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)

- A. Less than 1 hour per day
- B. 1 hour per day
- C. 2 hours per day
- D. 3 hours per day
- E. 4 hours per day
- F. 5 or more hours per day

Do your parents have rules about what you do on the Internet?

- A. Yes
- B. No

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