

Ohio Healthy Youth Environments Survey

1. How old are you?
 - 11 years old or younger Ineligible
 - 12 years old..... A
 - 13 years old..... B
 - 14 years old..... C
 - 15 years old..... D
 - 16 years old..... E
 - 17 years old..... F
 - 18 years old or older G

2. What is your sex?
 - Female A
 - Male B
 - Transgender..... C
 - Gender nonconforming D

3. In what grade are you?
 - 7th grade A
 - 8th grade B
 - 9th grade C
 - 10th grade D
 - 11th grade E
 - 12th grade F
 - Ungraded or other grade..... G

4. Are you Hispanic or Latino?
 - Yes A
 - No B

5. How do you describe yourself? **(CIRCLE ALL THAT APPLY)**
 - American Indian or Alaska Native..... A
 - Asian..... B
 - Black or African American..... C
 - Native Hawaiian or Other Pacific Islander D
 - White E

6. How tall are you without your shoes on?
 - _____ Feet
 - _____ Inches

7. How much do you weigh without your shoes on?
 - _____ Pounds

8. What is your zip code? _____

9. Which of the following best describes you?
 - Straight A
 - Gay..... B
 - Lesbian..... C
 - Bi-sexual..... D
 - Other E
 - Not sure F

10. Is your father, mother or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
 - No A
 - Yes B
 - Don't know C

11. How many times have you ever moved to a new address?
 - 0 times A
 - 1 time..... B
 - 2 times C
 - 3 times D
 - 4 or more times E

12. During the past 12 months, how would you describe your grades in school?
 - Mostly A's..... A
 - Mostly B's..... B
 - Mostly C's..... C
 - Mostly D's D
 - Mostly F's E
 - None of these grades..... F
 - Not sure..... G

The next questions ask about safety and violence-related behaviors.

13. In the past year, how often did you feel safe and secure at school?
 - Never..... A
 - Rarely..... B
 - Sometimes C
 - Most of the time..... D
 - All of the time..... E

14. 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?
 - 0 days..... A
 - 1 day B
 - 2 or 3 days C
 - 4 or 5 days D
 - 6 or more days E

15. 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?
 - 0 times..... A
 - 1 time..... B
 - 2 or 3 times..... C
 - 4 or 5 times..... D
 - 6 or more times E

The next 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.

16. What types of bullying have you experienced in the past 12 months? (CIRCLE ALL THAT APPLY)
 - You were hit, kicked, punched, or people took your belongings A
 - Teased, taunted, or called harmful names..... B
 - Spread mean rumors about or kept out of a "group" C
 - Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods D
 - Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person.....E
 - None of the above.....F – **SKIP TO #19**
17. During the past 12 months, have you ever been bullied on school property?
 - Yes A
 - No B
18. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting?)
 - Yes A
 - No B
19. During the past 12 months, how many times were you in a physical fight?
 - 0 times.....A – **SKIP TO #21**
 - 1 time..... B
 - 2 to 5 times..... C
 - 6 or more times D
20. During the past 12 months, how many times were you in a physical fight on school property?
 - 0 times A
 - 1 time..... B
 - 2 to 5 times..... C
 - 6 or more times D
21. I feel safe in my neighborhood (town, community).
 - Yes A
 - No B

The next questions ask about vehicle safety.

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

23. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - I did not drive a car or other vehicle during the past 30 days.....A – **SKIP TO #25**
 - 0 times.....B
 - 1 time.....C
 - 2 or 3 times.....D
 - 4 or 5 times.....E
 - 6 or more timesF
24. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?
 - I did not drive a car or other vehicle during the past 30 daysA
 - 0 days.....B
 - 1 or 2 daysC
 - 3 to 5 days.....D
 - 6 to 9 days.....E
 - 10 to 19 daysF
 - 20 to 29 daysG
 - All 30 daysH

The next questions ask about behavioral health.

25. On an average school night, how many hours of sleep do you get?
 - 4 hours or less.....A
 - 5 hoursB
 - 6 hoursC
 - 7 hoursD
 - 8 hoursE
 - 9 hoursF
 - 10 or more hours.....G
26. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
 - Not at allA
 - Several daysB
 - More days than not.....C
 - Nearly every dayD
27. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
 - Not at allA
 - Several daysB
 - More days than notC
 - Nearly every dayD
28. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
 - Not at allA
 - Several daysB
 - More days than notC
 - Nearly every dayD

29. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
 Not at all A
 Several days B
 More days than not C
 Nearly every day D
30. When you are stressed out, how do you manage it?
(CIRCLE ALL THAT APPLY)
 I do not have any stress A
 Physical activity (exercise, sports, skateboarding, motocross, etc.) B
 Meditate, pray, use relaxation techniques C
 Participate in hobbies or community service ... D
 Express myself through the arts and literature (dance, music, art, writing, etc.) E
 Get support from others..... F
 Avoid people who create “drama” G
 Limit exposure to social media (facebook, Twitter, Instagram, etc.) H
31. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
 During the past 12 months..... A
 Between 12 and 24 months B
 More than 24 months C
 Never..... D
 Not sure E
32. Have you ever experienced any of the following?
(CIRCLE ALL THAT APPLY)
 Lived with someone who was depressed, mentally ill or suicidal..... A
 Lived with someone who was a problem drinker or an alcoholic B
 Lived with someone who used illegal street drugs, or who abused prescription medication C
 Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility D
 None of the above has happened to me E
33. Have you ever experienced any of the following?
(CIRCLE ALL THAT APPLY)
 Someone at least 5 years older than you or an adult touched you sexually..... A
 Someone at least 5 years older than you or an adult tried to make you touch them sexually.... B
 Someone at least 5 years older than you or an adult, forced you to have sex C
 None of the above has happened to me D

34. Have you ever experienced any of the following?
(CIRCLE ALL THAT APPLY)
 Your parents became separated or were divorced,A
 Your parents were not marriedB
 Your parents or adults in your home slapped, hit, kicked, punched or beat each other upC
 A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)D
 A parent or adult in your home swore at you, insulted you, or put you downE
 None of the above has happened to me.....F
35. 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?
 YesA
 NoB
36. During the past 12 months, did you ever seriously consider attempting suicide?
 YesA
 NoB – **SKIP TO #39**
37. During the past 12 months, how many times did you actually attempt suicide?
 0 times.....A – **SKIP TO #39**
 1 time.....B
 2 or 3 times.....C
 4 or 5 times.....D
 6 or more timesE
38. If you attempted suicide during the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?
 I did not attempt suicide during the past 12 months.....A
 YesB
 NoC
- The next questions ask about tobacco use.**
39. During the past 30 days, did you smoke part or all of a cigarette?
 YesA
 NoB – **SKIP TO #42**
40. During the past 30 days, on how many days did you smoke cigarettes?
 0 days.....A
 1 or 2 daysB
 3 to 5 days.....C
 6 to 9 days.....D
 10 to 19 daysE
 20 to 29 daysF
 All 30 daysG

41. During the past 30 days, how did you usually get your own cigarettes? **(CIRCLE ALL THAT APPLY)**
- I did not smoke cigarettes during the past 30 days A
 - I bought them in a store such as a convenience store, supermarket, discount store, or gas station B
 - I got them on the Internet..... C
 - I bought them from a vending machine D
 - I gave someone else money to buy them for me..... E
 - I borrowed (or bummed) them from someone else F
 - A person 18 years or older gave them to me G
 - I took them from a store H
 - I took them from a family member I
 - I got them some other way..... J
42. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal Bandits, or Copenhagen?
- 0 days..... A
 - 1 or 2 days B
 - 3 to 5 days..... C
 - 6 to 9 days..... D
 - 10 to 19 days E
 - 20 to 29 days F
 - All 30 days G
43. During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?
- 0 days..... A
 - 1 or 2 days B
 - 3 to 5 days..... C
 - 6 to 9 days..... D
 - 10 to 19 days E
 - 20 to 29 days F
 - All 30 days G

The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

44. During the past 30 days, on how many days did you use an electronic vapor product?
- 0 days..... A
 - 1 or 2 days B
 - 3 to 5 days..... C
 - 6 to 9 days..... D
 - 10 to 19 days E
 - 20 to 29 days F
 - All 30 days G

The next 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.

45. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips.....A – **SKIP TO #51**
 - 8 years old or youngerB
 - 9 or 10 years oldC
 - 11 or 12 years old.....D
 - 13 or 14 years old.....E
 - 15 or 16 years old.....F
 - 17 years old or olderG
46. During the past 30 days, did you drink one or more drinks of an alcoholic beverage?
- YesA
 - No.....B – **SKIP TO #51**
47. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days.....A
 - 1 or 2 daysB
 - 3 to 5 days.....C
 - 6 to 9 days.....D
 - 10 to 19 daysE
 - 20 to 29 daysF
 - All 30 daysG
48. 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?
- 0 days.....A
 - 1 days.....B
 - 2 days.....C
 - 3 to 5 days.....D
 - 6 to 9 days.....E
 - 10 to 19 daysF
 - 20 or more days.....G

49. During the past 30 days, how did you usually get your alcohol? **(CIRCLE ALL THAT APPLY)**
- I did not drink alcohol during the past 30 days..... A
 - I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station B
 - I bought it a public event such as a concert or sporting event C
 - I gave someone else money to buy it for me ... D
 - Someone gave it to me E
 - I took it from a store or family member..... F
 - My parent gave it to me G
 - My friend's parent gave it to me..... H
 - I got it some other way I

50. When do you usually drink alcohol?
- Do not use A
 - Before school..... B
 - During school C
 - After school..... D
 - Week nights..... E
 - Weekends..... F

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

51. How old were you when you tried marijuana for the first time?
- I have never tried marijuana. **A – SKIP TO #56**
 - 8 years old or younger B
 - 9 or 10 years old C
 - 11 or 12 years old D
 - 13 or 14 years old E
 - 15 or 16 years old F
 - 17 years old or older G
52. During the past 30 days, have you used marijuana or hashish?
- Yes A
 - No..... **B – SKIP TO #56**
53. During the past 30 days, how many times did you use marijuana?
- 0 times A
 - 1 or 2 times..... B
 - 3 to 9 times..... C
 - 10 to 19 times..... D
 - 20 to 39 times..... E
 - 40 or more times F

54. During the past 30 days, how did you usually use marijuana?
- I did not use marijuana during the past 30 days.....A
 - I smoked it in a joint, bong, pipe, or blunt.....B
 - I ate it in food such as brownies, cakes, cookies, or candy.....C
 - I drank it in tea, cola, alcohol, or other drinksD
 - I vaporized it.....E
 - I used it some other way.....F
55. When do you usually use marijuana?
- Do not use.....A
 - Before school.....B
 - During schoolC
 - After schoolD
 - Week nights.....E
 - WeekendsF

The next questions ask about other drugs.

56. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, and codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- 0 times..... **A – SKIP TO #61**
 - 1 or 2 times.....B
 - 3 to 9 times.....C
 - 10 to 19 timesD
 - 20 to 39 timesE
 - 40 or more timesF
57. During the past 30 days, have you used prescription drugs not prescribed to you?
- YesA
 - No..... **B – SKIP TO #61**
58. During the past 30 days, have you used prescription pain relievers or pain killers such as Vicodin, Percocet, OxyContin, Lortabs, or Codeine (also called Oxy, OxyContin, Os, Norco or Vikes) that were not prescribed to you?
- YesA
 - No.....B

59. What type of prescription drug **do you usually take** without a doctor's prescription?
- I do not take prescription drugs without a doctor's prescription.....A – **SKIP TO #61**
- Narcotic pain relievers, such as OxyContin, Percocet, Vicodin, or Lortabs B
- Tranquilizers or anti-anxiety drugs such as Xanax, or Valium C
- Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital D
- Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug) E
- I take multiple types of prescription drugs at the same time..... F
- Not sure G
60. When do you usually use prescription drugs not prescribed to you?
- Do not use..... A
- Before school B
- During school C
- After school..... D
- Week nights..... E
- Weekends..... F
61. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?
- 0 times A
- 1 or 2 times B
- 3 to 9 times C
- 10 to 19 times..... D
- 20 to 39 times..... E
- 40 or more times F
62. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? **(CIRCLE ALL THAT APPLY)**
- On school property..... A
- On the school bus B
- At a friend's house C
- In my neighborhood..... D
- None of the above E
63. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
- Yes A
- No B
64. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?
- Yes A
- No B

The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

65. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- No riskA
- Slight riskB
- Moderate riskC
- Great riskD
66. 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?
- No riskA
- Slight riskB
- Moderate riskC
- Great riskD
67. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- No riskA
- Slight riskB
- Moderate riskC
- Great riskD
68. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
- No riskA
- Slight riskB
- Moderate riskC
- Great riskD

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

69. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- Not at all wrongA
- A little bit wrongB
- WrongC
- Very wrong.....D
70. How wrong do your parents feel it would be for you to smoke tobacco?
- Not at all wrongA
- A little bit wrongB
- WrongC
- Very wrong.....D
71. How wrong do your parents feel it would be for you to smoke marijuana?
- Not at all wrongA
- A little bit wrongB
- WrongC
- Very wrong.....D

72. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
 Not at all wrong..... A
 A little bit wrong B
 Wrong..... C
 Very wrong..... D

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

73. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
 Not at all wrong..... A
 A little bit wrong B
 Wrong..... C
 Very wrong..... D
74. How wrong do your friends feel it would be for you to smoke tobacco?
 Not at all wrong..... A
 A little bit wrong B
 Wrong..... C
 Very wrong..... D
75. How wrong do your friends feel it would be for you to smoke marijuana?
 Not at all wrong..... A
 A little bit wrong B
 Wrong..... C
 Very wrong..... D
76. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
 Not at all wrong..... A
 A little bit wrong B
 Wrong..... C
 Very wrong..... D
77. How do you feel about someone your age trying marijuana or hashish once or twice?
 Neither approve nor disapprove A
 Somewhat disapprove B
 Strongly disapprove C
78. How do you feel about someone your age using marijuana once a month or more?
 Neither approve nor disapprove A
 Somewhat disapprove B
 Strongly disapprove C
79. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
 Neither approve nor disapprove A
 Somewhat disapprove B
 Strongly disapprove C

The next questions ask about sexual behavior.

80. Have you ever had sexual intercourse?
 YesA
 No..... B – **SKIP TO #85**
81. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? **(SELECT ONE RESPONSE)**
 I have never had sexual intercourse.....A
 No method was used to prevent pregnancy.....B
 Birth control pillsC
 CondomsD
 An IUD (such as Mirena or Paraguard) or Implant (such as Implanon or Nexplanon).....E
 A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)F
 WithdrawalG
 Not sure.....H
82. The last time you had sexual intercourse, did you or your partner use a condom?
 YesA
 No.....B
83. During the past 3 months, with how many people did you have sexual intercourse?
 I have never had sexual intercourse.....A
 I have had sexual intercourse, but not during the past three months.....B
 1 personC
 2 people.....D
 3 people.....E
 4 people.....F
 5 people.....G
 6 or more people.....H
84. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
 I have never had sexual intercourse.....A
 YesB
 No.....C

The next questions ask about body weight and physical activity.

85. 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.)
- 0 days..... A
 - 1 day..... B
 - 2 days..... C
 - 3 days..... D
 - 4 days..... E
 - 5 days..... F
 - 6 days..... G
 - 7 days..... H
86. Which of the following are you trying to do about your weight?
- Lose weight A
 - Gain weight B
 - Stay the same weight..... C
 - I am not trying to do anything about my weight D
87. On the average school day, how many hours do you watch TV?
- I do not watch TV on an average school day .. 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..... G
88. On the average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, an iPad, or other tablet, smartphone, Youtube, Facebook or other social networking tools, and the internet.)
- I do not play video or computer games or use a computer for something that is not school work..... 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..... G

The next questions ask about what you ate or drank during the past 7 days.

89. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)
- 1 to 4 servings per day.....A
 - 5 or more servings per dayB
 - 0 – I do not like fruits or vegetablesC
 - 0 – I cannot afford fruits or vegetables.....D
 - 0 – I do not have access to fruits or vegetablesE
90. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop).
- I did not drink soda or pop during the past 7 daysA
 - 1 to 3 times during the past 7 daysB
 - 4 to 6 times during the past 7 daysC
 - 1 time per dayD
 - 2 times per day.....E
 - 3 times per day.....F
 - 4 or more times per day.....G
91. During the past 7 days, on how many days did you eat breakfast?
- 0 days.....A
 - 1 dayB
 - 2 days.....C
 - 3 days.....D
 - 4 days.....E
 - 5 days.....F
 - 6 days.....G
 - 7 days.....H

The next questions ask about other health-related topics.

92. When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?
- During the past 12 monthsA
 - Between 12 and 24 months.....B
 - More than 24 months.....C
 - Never.....D
 - Not sureE
93. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out,” have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?
- YesA
 - No.....B
 - Don’t knowC

94. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?
- During the past 12 months..... A
 - Between 12 and 24 months..... B
 - More than 24 months..... C
 - Never..... D
 - Not sure..... E
95. During the past 12 months, how many times did you use an indoor tanning device such as sunlamp, sunbed or tanning booth? (Do not count getting a spray-on tan)
- 0 times..... A
 - 1 time..... B
 - 2 to 5 times..... C
 - 6 or more times..... D

The next questions ask about school.

96. I enjoy coming to school.
- Strongly disagree..... A
 - Disagree..... B
 - Neutral..... C
 - Agree..... D
 - Strongly agree..... E
97. I feel like I belong at my school.
- Strongly disagree..... A
 - Disagree..... B
 - Neutral..... C
 - Agree..... D
 - Strongly agree..... E
98. I can go to adults at my school for help if I needed it.
- Strongly disagree..... A
 - Disagree..... B
 - Neutral..... C
 - Agree..... D
 - Strongly agree..... E
99. My school provides various opportunities to learn about and appreciate different cultures and ways of life.
- Strongly disagree..... A
 - Disagree..... B
 - Neutral..... C
 - Agree..... D
 - Strongly agree..... E
100. My parents talk to me about what I do in school.
- Strongly disagree..... A
 - Disagree..... B
 - Neutral..... C
 - Agree..... D
 - Strongly agree..... E

101. My parents push me to work hard at school.
- Strongly disagree.....A
 - Disagree.....B
 - Neutral.....C
 - Agree.....D
 - Strongly agree.....E
102. During the past 12 months, how often did your parents check on whether you had done your homework?
- Never or almost never.....A
 - Sometimes.....B
 - Often.....C
 - All the time.....D

The next questions ask about gambling.

103. During the past 12 months, how often did you gamble money or personal items such as while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or using the Internet?
- I did not gamble money or personal items during the past 12 months... **A – SKIP TO #108**
- Less than once a month.....B
 - About once a month.....C
 - About once a week.....D
 - Daily.....E
104. During the last 12 months, have you ever gambled more than you planned to?
- Yes.....A
 - No.....B
105. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
- Yes.....A
 - No.....B
106. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money that you've won, or other signs of gambling?
- Yes.....A
 - No.....B
107. Have you ever lied to people important to you about how much you gamble?
- Yes.....A
 - No.....B
 - I do not gamble.....C

The next questions ask about other home related topics.

108. On how many of the past 7 days did you take part in organized after school, evening or weekend activities (other than sports teams) such as school clubs, community center groups, music/art/dancing lessons, drama, church or other supervised activities?
- 0 days..... A
 - 1 day..... B
 - 2 days..... C
 - 3 days..... D
 - 4 days..... E
 - 5 days..... F
 - 6 days..... G
 - 7 days..... H
109. During the past 12 months, how often did your parents limit the amount of time you watched TV or time with your friends on school nights?
- Never or almost never..... A
 - Sometimes B
 - Often C
 - All the time..... D
110. What best describes your parents' rules about social media in your bedroom (T.V., internet, cell phone, computer, video games, iPod, etc...)?
- My parents don't have any rules..... A
 - My parents have rules of when I have to turn off media in my bedroom..... B
 - My parents don't let me have any media in my bedroom..... C
111. There are a lot of adults in my neighborhood (town, community) I could talk to about something important.
- Yes A
 - No B