



Data User's Guide & Codebook

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Introduction

Background and Rationale

Nationally, trends in youth behaviors and risk and protective factors are measured using school-based surveys such as the Monitoring the Future Survey (MTF), and the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS). These surveys provide valuable national and state-level data; however, this data cannot be used at a county or school district level to understand trends and local needs. Communities have needed local data to address needs and to conduct health assessments. These communities sought a wide variety of local surveys to address their data needs. Communities that conducted needs assessments invested substantial resources to collect local data from private survey companies. And because of the wide range of survey instruments used, the communities results are not necessarily comparable to each other or over time and counties and districts cannot compare their results to statewide or regional samples. Consequently, communities across Ohio repeatedly called for an inexpensive and valid survey to identify the needs and protective and risk factors of their young people to guide local policy, program development and implementation.

Purpose

OHYES! is the collaborative effort of the Ohio Departments of Education, Health and Mental Health & Addiction Services, Ohio National Guard, and representatives from higher education, juvenile courts, foundations and community service providers.

There are two main purposes for the Ohio Healthy Youth Environments Survey (OHYES!). First, the OHYES! was developed to address the need for data on local trends in youth behaviors and risk and protective factors. The second purpose of the OHYES! is to meet federal grant reporting requirements. The OHYES! includes questions that meet a number of federal grant reporting requirements, including: Strategic Prevention Framework Partnerships for Success, Drug Free Communities, Safe Schools and Healthy Students, Communities that Care Grants, and the Substance Abuse and Mental Health Services Administration (SAMHSA) Prevention and Treatment Block Grant National Outcome Measures (NOMs). Additionally, the OHYES! data can be used to help communities apply for local grants, for example through the United Way, or complete health assessments.

The OHYES! is a voluntary, web-based survey that is available to schools free of charge. The survey is scheduled to be conducted every four years, but may be administered more frequently if a community identifies a need.

Methodology

Design

The OHYES! survey provides information for local community needs assessments, policy and program planning, and grant applications. OHYES! provides actionable local data for district superintendents and school principals.

It is important to note that the OHYES! survey is not research. This study uses a descriptive, cross-sectional survey methodology. OHYES! is a voluntary survey, not all schools participated, schools selected the participating grades, and no sampling methods were used (i.e. non-probability). As a result, OHYES! data are not generalizable to the entire district or school. The data displayed are representative only of the students that participated. Therefore these data should be used with care in planning and decision making.

Questionnaire items were derived primarily from established surveys used throughout the United States—some for more than 25 years. These surveys were subjected to scientific research regarding reliability and validity and field tested extensively, including:

- Youth Risk Behavior Survey (YRBS)
- Behavior Risk Factor Surveillance System (BRFSS)
- Community and Youth Collaborative Institute (CAYCI)
- Office of National Drug Control Policy (ONDCP) Drug Free Community (DFC) Core Measures
- Patient Health Questionnaire (PHQ4)
- SAMHSA National Outcome Measures (NOMS)
- SAMHSA National Survey on Drug Use and Health (NSDUH)
- SAMHSA Partnerships for Success (PFS) grant requirements
- SAMHSA Safe Schools Healthy Students (SS/HS) grant requirements

OHYES! questions cover the following topics:

- Demographics
- Alcohol & Tobacco/Vapor Products
- Marijuana & Other Drugs
- Bullying, Safety & School Climate
- Physical Health & Well-being
- Mental Health & Gambling
- Parental Attitudes of ATOD Use
- Community, Family & Peer Factors
- School Success

There are two versions of the survey. The full version of the survey includes 111 questions, including ten questions that assess issues related to sexuality and suicide. The ten questions that are related to sexuality and suicide are optional and district superintendents can choose whether or not to include those questions. The short-version is 101 items.

On-line Administration

All students in Ohio schools grades 7 through 12, age 12 or older, are eligible to participate. Currently the survey instrument is only available in English. The survey is administered through a web application. Preparation and administration instructions provided to schools are at <http://ohyes.ohio.gov/Schools>.

Superintendents and principals were solicited to have their schools complete the survey; they selected what grades and what percentage of students in that grade would participate.

Each school assigned a survey coordinator who was responsible for publicizing the survey to students, notifying parents, and collecting any Parent Opt Out forms. The coordinators were responsible for ensuring computer availability, scheduling, and having proctors to answer student questions prior to and during the survey. Schools had some flexibility within the protocols in how and when the survey was administered; for example, schools could pick what days, what classrooms, and what times worked best with their curriculum and school structure. This flexibility was very important as schools vary in their technology resources.

Confidentiality

Survey administrators are provided protocols to ensure the privacy and confidentiality of the survey participants.

A Certificate of Confidentiality has been obtained from the SAMHSA to ensure that individual level data may not be accessed by anyone for any purpose. Certificates of Confidentiality allow the investigator and others who have access to research records to refuse to disclose identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. Identifying information is broadly defined as any item or combination of items in the research data that could lead directly or indirectly to the identification of an individual research subject.

Since the OHYES! is a web-based application, no information is collected or stored on school servers, and individual id numbers are not collected. The data from the web application is collected and stored on secured, encrypted, and password protected servers at the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Results are available on the Ohio Public Health Data Warehouse (OPHDW) and the Ohio Network of Care websites. Data will be combined and reported at the county level for counties with two or more districts participating. Superintendents and principals have access to results at district and school levels by password. Reports are available in a data warehouse and can be broken down by demographic category (gender, grade, and race) and by specific question. Responses with cell sizes of less than 15 will be hidden to ensure the anonymity of participants. For instance, if a person would like to know how African Americans in the 7th grade of a particular county, district, or school answered questions about involvement in extra-curricular activities they would only be able to access this information if more than 15 African American students answered the question.

Consent

The survey is completely voluntary. Passive consent is obtained from parents and students. Parents were notified, provided information about the survey, and had three weeks to provide an Opt Out Form to schools to exclude their child from participating. Participating students were asked to agree at the beginning of the survey. Students could skip question and quit the survey at any time.

Incentives

Superintendents may allow community service hours to students that complete the OHYES! survey; this is up to the superintendents and not a formal part of the OHYES! survey. There are no other incentives being provided to superintendents, principals, schools, students, or parents for their participation. Participation is completely voluntary.

Limitations

OHYES! has been designed to provide actionable local data for district superintendents and school principals. Because OHYES! is based on a voluntary sample of Ohio schools and students, it is considered a non-probability sampling method. This means that results of OHYES! are not representative of all Ohio students, and that OHYES! data available here are not considered valid at the state level. Similarly, county-level OHYES! results should be interpreted with caution as they may not be representative of all students in a given county.

What is in this Data User Guide?

Communities can access their data in two ways, on the Ohio Department of Health Data Warehouse, and the Network of Care. The diagram below highlights the main features of each site.

Ohio Department of Health Data Warehouse:

<http://publicapps.odh.ohio.gov/EDW/DataCatalog>

- ❖ Pre-existing reports are available by gender, race, and grade; customizable reports are also possible
- ❖ Public access:
 - Reports (tables) and charts (graphs) available
 - Results available at county level (for 2 or more districts participating)
 - Regional data will be available (board areas, Children's Trust Fund regions, NSDUH sub-state regions, and geographic classifications)
- ❖ Secure access (password required):
 - Superintendents have access to district and school data
 - Principals have access to school-level

Network of Care:

<http://www.networkofcare.org/splash.aspx?state=ohio>

- ❖ Public access reports by domain:
 - Alcohol, Tobacco Use and Other Drugs
 - Mental Health and Gambling
 - Sexual Behavior
 - Family, School, and Community Environments
 - Health and Well-being
- ❖ County Profile/Interactive Map display
- ❖ County-level data for those with 2+ districts participating
- ❖ Reports by gender

The ODH Data Warehouse has the capacity to customize data reports and generate more detailed results. This Data User's Guide will provide additional information to assist users in understanding all of the items/variables available to use in these detailed reports.

Data is available in two ways: The Reports tab outputs data in table format, and the Charts tab creates graphs.

- Reports – Several pre-selected reports have been created and are customizable; multiple tables display in the same document.
- Charts – The graphs are currently set up to produce column bar charts but many different chart options are available; only one graph can be run at a time.

Instructions (with screen shots) for producing reports and charts are available on the ODH Warehouse <http://publicapps.odh.ohio.gov/EDW/DataCatalog> under the OHYES! Details tab, and on the OHYES! website <http://ohyes.ohio.gov/> under the Results tab and the Downloads tab.

Reports (tables) of key indicators by gender, grade, and race, have been pre-selected (expand the blue headings to see the Key Indicator Reports). However all categorical variables are available.

Each of the next sections present all the variables available in the ODH Data Warehouse by domain/content area:

- Location (Geographic Region)
- Alcohol
- Community Environment
- Demographics
- Family and Peer Factors
- Gambling
- Illicit Drugs
- Marijuana
- Physical Health and Well Being
- Prescription Drugs
- Prevention Message
- Safety and Violence
- School Climate and Safety
- School Connectedness and Success
- Sexual Behavior
- Tobacco and Vapor Products

Location (Geographical Region)

OHYES! results can be displayed using several geographical options. Usually results would be of interest by an individual district or county. The OHYES! policy for public data displays will only display at the county level if two or more districts participate. Thus, results may not be available for certain counties due to population size or survey participation. Stakeholders may also be interested in comparing their county results with other nearby regions.

Reports are available by the following geographical region types:

1. County
2. Mental Health and Addiction Services Boards
3. Children’s Trust Fund regions
4. Geographical classifications (Appalachian, Metropolitan, Rural, and Suburban)
5. National Survey on Drug Use and Health sub-state regions

County (County Public)

Notes:

- a. All counties are listed here. The counties are listed alphabetically. The number associated with each county is for reference only – only the county name is displayed.
- b. Not all counties participated. Only counties with available data will show up as options. Counties must have at least two districts participating in their area.
- c. “Other” includes all counties that participated but only had one district participating.
- d. To show only one counties data:
 - Select the Location tab
 - Then on the County Public bar, click the funnel icon to display the list of available counties.
 - Un-check the Toggle All and then check the county whose data you want results for.

1 Adams	23 Fairfield	45 Licking	67 Portage
2 Allen	24 Fayette	46 Logan	68 Preble
3 Ashland	25 Franklin	47 Lorain	69 Putnam
4 Ashtabula	26 Fulton	48 Lucas	70 Richland
5 Athens	27 Gallia	49 Madison	71 Ross
6 Auglaize	28 Geauga	50 Mahoning	72 Sandusky
7 Belmont	29 Greene	51 Marion	73 Scioto
8 Brown	30 Guernsey	52 Medina	74 Seneca
9 Butler	31 Hamilton	53 Meigs	75 Shelby
10 Carroll	32 Hancock	54 Mercer	76 Stark
11 Champaign	33 Hardin	55 Miami	77 Summit
12 Clark	34 Harrison	56 Monroe	78 Trumbull
13 Clermont	35 Henry	57 Montgomery	79 Tuscarawas
14 Clinton	36 Highland	58 Morgan	80 Union
15 Columbiana	37 Hocking	59 Morrow	81 Van Wert
16 Coshocton	38 Holmes	60 Muskingum	82 Vinton
17 Crawford	39 Huron	61 Noble	83 Warren
18 Cuyahoga	40 Jackson	62 Ottawa	84 Washington
19 Darke	41 Jefferson	63 Paulding	85 Wayne
20 Defiance	42 Knox	64 Perry	86 Williams
21 Delaware	43 Lake	65 Pickaway	87 Wood
22 Erie	44 Lawrence	66 Pike	88 Wyandot

Mental Health and Addiction Services Boards (Board Public)

Notes:

- a. The numbers associated with the board labels are established by OhioMHAS.
- b. Only boards with available data will show up as options. Boards must have at least two districts participating in their area for data to be displayed.
- c. "Other" includes all boards that participated but only had one district participating.
- d. The board number does not display in the table/graph, only the board name.
- e. To show only one boards data:
 - Select the Location tab
 - Then on the Board Public bar, click the funnel icon to display the list of available boards.
 - Un-check the Toggle All and then check only the board whose data you want results for.

#	Board name
2	Mental Health & Recovery Services Board of Allen, Auglaize, Hardin Counties
3	Mental Health & Recovery Board of Ashland County
4	Ashtabula County ADAMH Board
5	ADAMHS Board Serving Athens, Hocking & Vinton Counties
7	Mental Health & Recovery Services Board Serving Belmont, Harrison & Monroe
8	Brown County Board of Mental Health & Addiction Services
9	Butler County Mental Health & Addiction Recovery Services Board
12	Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties
13	Clermont County Mental Health & Recovery Board
15	Columbiana County Mental Health & Recovery Services Board
16	Gallia, Jackson & Meigs Board of ADAMHS
18	ADAMHS Board of Cuyahoga County
20	Four County Board of ADAMHS (Defiance, Fulton, Henry, Williams)
21	Delaware-Morrow Mental Health & Recovery Services Board
22	Mental Health & Recovery Board of Erie & Ottawa Counties
23	Fairfield County ADAMH Board
25	The ADAMH Board of Franklin County
28	Geauga County Board of Mental Health & Recovery Services
31	Hamilton County Mental Health & Recovery Services Board
32	Hancock County Board of ADAMHS
39	Huron County Board of Mental Health & Addiction Services
41	Jefferson County Prevention & Recovery Board
43	Lake County ADAMHS Board
45	Mental Health & Recovery Board of Licking & Knox Counties
46	MHDAS Board of Logan & Champaign Counties
47	Lorain County ADAS Board and Lorain County Mental Health Board
48	Mental Health & Recovery Services Board of Lucas County
50	Mahoning County Mental Health & Recovery Board
51	Crawford-Marion Board of ADAMHS
52	Medina County ADAMH Board
54	ADAMHS Board of Mercer, Van Wert, & Paulding Counties
55	Tri County Board of Recovery & Mental Health Services (Miami, Darke, Shelby)
57	ADAMHS Board of Montgomery County
60	Muskingum Area Board of Mental Health & Recovery Services (Muskingum, Coshocton, Guernsey, Noble, Perry, Morgan)
67	Mental Health & Recovery Board of Portage County

- 68 Preble County Mental Health & Recovery Board
- 69 MH & ADA Recovery Board of Putnam County
- 70 Mental Health & Recovery Services Board of Richland County
- 71 Paint Valley ADAMH Board (Highland, Pike, Ross, Pickaway, Fayette)
- 73 The ADAMHS Board of Adams, Lawrence & Scioto Counties
- 74 MHRS Board of Seneca, Sandusky & Wyandot Counties
- 76 Mental Health & Recovery Services Board of Stark County
- 77 County of Summit ADM Board
- 78 Trumbull County Mental Health & Recovery Board
- 79 ADAMHS Board of Tuscarawas-Carroll Counties
- 80 Mental Health & Recovery Board of Union County
- 83 Mental Health & Recovery Services Board of Warren & Clinton Counties
- 84 Washington County Behavioral Health Board
- 85 Mental Health & Recovery Board of Wayne & Holmes Counties
- 87 Wood County ADAMHS Board.

Children’s Trust Fund Regions (CTF Region Public)

Notes: To show only one boards data:

- Select the Location tab
- Then on the CTF Region Public bar, click the funnel icon to display the list of available regions.
- Un-check the Toggle All and then check only the region whose data you want results for.

Northwest Ohio: Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, Wyandot

Great Lakes Ohio: Ashtabula, Cuyahoga, Geauga, Lake

Northeast Ohio: Ashland, Columbiana, Holmes, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Wayne

Western Ohio: Allen, Auglaize, Champaign, Clark, Darke, Greene, Hardin, Logan, Mercer, Miami, Montgomery, Preble, Shelby

Central Ohio: Crawford, Delaware, Fairfield, Fayette, Franklin, Knox, Licking, Madison, Marion, Morrow, Pickaway, Richland, Union

Eastern Ohio: Belmont, Carroll, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Muskingum, Noble, Tuscarawas

Southwest Ohio: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, Warren

Southeast Ohio: Athens, Gallia, Hocking, Jackson, Lawrence, Meigs, Morgan, Perry, Pike, Ross, Scioto, Vinton, Washington

Geographic Classifications (Geo Region Public)

Notes: To show only one boards data:

- Select the Location tab
- Then on the Geo Region Public bar, click the funnel icon to display the list of available regions.
- Un-check the Toggle All and then check only the region whose data you want results for.

Appalachian: Adams, Ashtabula, Athens, Belmont, Brown, Carroll, Clermont, Columbiana, Coshocton, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Mahoning, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, and Washington

Metropolitan: Allen, Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Montgomery, Richland, Stark, and Summit

Rural: Ashland, Champaign, Clinton, Crawford, Darke, Defiance, Erie, Fayette, Hancock, Hardin, Henry, Huron, Knox, Logan, Marion, Mercer, Morrow, Ottawa, Paulding, Preble, Putnam, Sandusky, Seneca, Shelby, Van Wert, Warren, Wayne, Williams, and Wyandot

Suburban: Auglaize, Clark, Delaware, Fairfield, Fulton, Geauga, Greene, Lake, Licking, Madison, Medina, Miami, Pickaway, Portage, Trumbull, Union, and Wood.

National Survey on Drug Use and Health Sub-state regions (NSDUH Region Public)

Notes:

- a. Boards have been grouped together.
 - b. The OhioMHAS Board numbers are listed (the counties in the board are in the parentheses).
 - c. To show only one boards data:
 - Select the Location tab
 - Then on the NSDUH Region Public bar, click the funnel icon to display the list of available regions.
 - Un-check the Toggle All and then check only the region whose data you want results for.
- 1 Board 2 (Allen, Auglaize and Hardin), Board 46 (Champaign and Logan), Board 55 (Darke, Miami and Shelby), and Board 68 (Preble)
 - 2 Board (Ashland), Board 52 (Medina) and Board 85 (Holmes, Wayne)
 - 3 Board 4 (Ashtabula) and Board 78 (Trumbull)
 - 4 Board 5 (Athens, Hocking, Vinton) and Board 60 (Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry)
 - 5 Board 7 (Belmont, Harrison and Monroe), Board 15 (Columbiana), Board 41 (Jefferson), Board 79 (Carroll and Tuscarawas), and Board 84 (Washington)
 - 6 Board 8 (Brown), Board 13 (Clermont), and Board 83 (Clinton and Warren)
 - 7 Board 9 (Butler)
 - 8 Board 12 (Clark, Greene and Madison)
 - 9 Board 18 (Cuyahoga) and Board 47 (Lorain)
 - 10 Board 20 (Defiance, Fulton, Henry and Williams), Board 32 (Hancock), Board 54 (Mercer, Paulding and Van Wert) and Board 69 (Putnam)

- 11 Board 21 (Delaware and Morrow), Board 39 (Huron), Board 51 (Crawford and Marion), Board 70 (Richland) and Board 80 (Union)
- 12 Board 22 (Erie and Ottawa), Board 74 (Sandusky, Seneca and Wyandot) and Board 87 (Wood)
- 13 Board 23 (Fairfield) and Board 45 (Knox and Licking)
- 14 Board 25 (Franklin)
- 15 Board 27 (Gallia, Jackson and Meigs), Board 71(Fayette, Highland, Pickaway, Pike and Ross), and Board 73 (Adams, Lawrence and Scioto)
- 16 Board 28 (Geauga), Board 43 (Lake) and Board 67 (Portage)
- 17 Board 31 (Hamilton)
- 18 Board 48 (Lucas)
- 19 Board 50 (Mahoning) and Board 76 (Stark)
- 20 Board 57 (Montgomery)
- 21 Board 77 (Summit)

Demographics

The Health Data Warehouse lists all variables in each domain/section alphabetically. Here they are listed in the original question order. For some items, responses were collapsed. Collapsed questions are listed after their original variable – these variable names are *italicized in red* and appear directly after the original question.

Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
 Actual Question
 Response Options

Automatic

SchoolYear Data is currently available for school year 2015-2016. Data for subsequent years will be noted as follows:
2016-2017
2017-2018
2018-2019

Q1/Q1

Age *Age*
Q: How old are you?
A. 11 years of age or younger
B. 12 years old
C. 13 years old
D. 14 years old
E. 15 years old
F. 16 years old
G. 17 years old
H. 18 years old or older

Q2/Q2

Gender *Gender*
Q: What is your sex?
A. Female
B. Male
C. Transgender
D. Gender Nonconforming

Calculated from Gender

Gender C *Gender (Collapsed)*
• Male (B)
• Female (A)
• NonTraditional (Combined Transgender & Gender Nonconforming C & D)

Q3/Q3

Grade

Grade

Q: In what grade are you?

- A. 7th grade
- B. 8th grade
- C. 9th grade
- D. 10th grade
- E. 11th grade
- F. 12th grade
- G. Ungraded or other grade

Q4/Q4

Latino

Hispanic Origin

Q: Are you Hispanic or Latino?

- A. Yes
- B. No

Q5/Q5

Q: What is your race? (Select one or more responses.)

Because respondents could select multiple races, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this race
- Yes is the number of people that did check this race

Amer Indian Alaska Nat

A. American Indian or Alaska Native

Asian

B. Asian

Black African Amer

C. Black or African American

Hawaiian Pacific Isl

D. Native Hawaiian or Other Pacific Islander

White

E. White

Calculated by combining Latino and Race variables

Race Ethnicity

Race/Ethnicity

- Black (non-Hispanic)
- White (non-Hispanic)
- Hispanic/Latino
- All other races
- Multiple races indicated

Q9/Not included

Sexual Orientation

Q: Which of the following best describes you? (This question was considered a “sensitive item” and was only included by some schools)

- A. Straight
- B. Gay
- C. Lesbian
- D. Bi-sexual
- F. Other
- G. Not sure

Calculated from Sexual Orientation

Sexual Orientation C *Sexual Orientation (collapsed)*

- Straight (A)
- Gay, Lesbian, Bi-sexual (B, C, D)
- Other and Not sure (F and G)

Q10/Q9

Parent In Military

Parent in Military

Q: Is your father, mother or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?

- A. No
- B. Yes
- C. Don't know

Q11/Q10

Housing Permanency

Number of times moved to new address

Q: How many times have you ever moved to a new address?

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

Calculated from Housing Permanency

Housing Permanency C *Moved to new address more than one time*

No = 0 times (Housing Permanency A)

Yes = 1 or more times (Housing Permanency B-E)

Alcohol

The Health Data Warehouse lists all variables in each domain/section alphabetically. Here they are listed in the original question order. For some items, responses were collapsed. Collapsed questions are listed after their original variable – these variable names are *italicized in red* and appear directly after the original question.

Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
 Actual Question
 Response Options

Q22/Q21

Ride Drunk Drivers *Number of times in past 30 days rode in a car driven by someone who had been drinking*
Q: 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

Calculated from Ride Drunk Drivers

Ride Drunk Drivers C *Number of times in past 30 days rode in a car driven by someone who had been drinking*
• 0 times (A)
• 1 to 5 times (B, C, and D)
• 6 or more times (E)

Calculated from Ride Drunk Drivers

Ride Drunk Drivers C2 *Rode one or more times during the past 30 days in a car driven by someone who had been drinking*
• No = 0 times
• Yes = 1 or more times

Q23/Q22

Drunk Driving *Number of times in past 30 days drove a car when drinking*
Q: 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. 0 times
C. 1 time
D. 2 or 3 times
E. 4 or 5 times
F. 6 or more times

Calculated from Drunk Driving

Drunk Driving C *Number of times in past 30 days drove a car when drinking (collapsed)*

- Did not drive, or 0 times (A and B)
- 1 to 5 times (C, D, and E)
- 6 or more times (F)

Calculated from Drunk Driving

Drunk Driving C2 *Drove a car when drinking one or more times past 30 days*

- No = 0 times (A, B)
- Yes = 1 or more times (C through F)

Q45/Q40

Age First Alcohol

Age when first drunk more than few sips of alcohol

Q: 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

Calculated from Age First Alcohol

Age First Alcohol C *Age when first drunk more than few sips of alcohol (collapsed)*

- I have never had a drink of alcohol other than a few sips (A)
- 10 or younger (B and 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)

Calculated from Age First Alcohol

Age First Alcohol C2 *Had first drink of more than few sips alcohol before age 13*

- No/Never Drank = Never/After age 13 (A, E, F, G)
- Yes = Before age 13 (B, C, D)

Q46/Q41

Last Month Alcohol

Consumed alcohol on one or more occasions during the past 30 days

Q: During the past 30 days did you drink one or more drinks of an alcoholic beverage?

- A. Yes
- B. No

Q47/Q42

Alcohol Used Days

Number of days consumed at least one drink of alcohol

Q: 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

Calculated from Alcohol Used Days

Alcohol Used Days C

Consumed at least one drink of alcohol on one or more of the past 30 days

- No = No days (A)
- Yes = Any days (B through G)

Q48/Q43

Binge Drinking Days

Number of days with 5 or more drinks of alcohol within a couple of hours

Q: 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?

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

Calculated from Binge Drinking Days

Binge Drinking Day C

Any past 30-day binge drinking

- No days (A)
- 1 or more days (B, C, D, E, F, G)

Q49/Q44

Q: During the past 30 days, how did you usually get your alcohol? (Circle all that apply)

Because respondents could select multiple methods of obtaining alcohol, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that did check this response

Didn't Drink Alcohol

I did not drink alcohol during the past 30 days

A. I did not drink alcohol during the past 30 days

Bought It At a Store

Bought alcohol in a store

B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station

Bought At An Event

Bought alcohol at a public event

C. I bought it at a public event such as a concert or sporting event

Gave Someone Money

Gave someone else money to buy alcohol

D. I gave someone else money to buy it for me

- Someone Gave It *Someone gave alcohol to me*
E. Someone gave it to me
- Stole From a Family *Took alcohol from a store or family member*
F. I took it from a store or family member
- Parent Gave It *Parent gave alcohol to me*
G. My parent gave it to me.
- Friends Parent *Friend's parent gave alcohol to me*
H. My friend's parent gave it to me.
- Got Other Way *I got alcohol some other way*
I. I got it some other way.

Q50/Q45

- Alcohol Time of Day *Time of day when usually drink*
Q: When do you usually drink alcohol?
A. Do not use
B. Before school
C. During school
D. After school
E. Week nights
F. Weekends

Q65/Q60

- Perceive Harm Binge *Perceived risk/harm for binge drinking*
Q: 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?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk

Calculated from Perceive Harm Binge

- Perceive Harm Binge C** *Youth perceive binge drinking has moderate or great risk*
- No = No Risk and Slight Risk
 - Yes = Moderate and Great Risk

Q69/Q64

- Parent Disapprove Alc *Perception of parental disapproval for underage drinking*
Q: How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
A. Not at all wrong
B. A little bit wrong
C. Wrong
D. Very wrong

Calculated from Parent Disapprove Alc

- Parent Disapprove Alc C** *Perceive parents would feel it would be wrong or very wrong to use alcohol*
- No = Not At All/A Little Bit Wrong
 - Yes = Wrong or Very Wrong

Q73/Q68

Peer Disapprove Alc

Perception of peer disapproval for alcohol

Q: How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Peer Disapprove Alc

Peer Disapprove Alc C

Perceive peers feel it would be wrong or very wrong to use alcohol

- No = Not At All/A Little Bit Wrong (A and B)
- Yes = Wrong or Very Wrong (C and D)

Q79/Q74

Disapprove Alc Daily

Level of approval of peers using alcohol daily

Q: How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- A. Neither approve nor disapprove
- B. Somewhat disapprove
- C. Strongly disapprove

Calculated from Disapprove Alc Daily

Disapprove Alc Daily C

Disapproval of peers using alcohol daily

- No = Neither approve or Disapprove (A)
- Yes = Somewhat or Strongly Disapprove (B & C)

Community Environments

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
 Actual Question
 Response Options

Q111/Q101

Neighborhood Trust *There are a lot of adults in the neighborhood (town, community) to talk to about something important*
 Q: There are a lot of adults in my neighborhood (town, community) I could talk to about something important.
 A. Yes
 B. No

Family and Peer Factors

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q100/Q90

Parents Ask About School *Level of agreement that parents talk to them about what they do in school*

Q: My parents talk to me about what I do in school.

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

Calculated from Parents Ask About School

Parents Ask School C *Level of agreement that parents talk to them about what they do in school (collapsed)*

- Strongly Disagree/Disagree (A, B)
- Neutral (C)
- Agree/Strongly Agree (D, E)

Calculated from Parents Ask About School

Parents Ask School C2 *Agree or Strongly agree that parents talk to them about what they do in school (collapsed)*

- No (A, B, & C)
- Yes (D & E)

Q101/Q91

Parents Encourage School *Level of agreement that parents push them to work harder at school*

Q: My parents push me to work hard at school

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

Calculated from Parents Encourage School

Parents Encourage School C *Level of agreement that parents push them to work harder at school (collapsed)*

- Strongly Disagree/Disagree (A, B)
- Neutral (C)
- Agree/Strongly Agree (D, E)

Calculated from Parents Encourage School

Parents Encourage School C2 *Agree or Strong agree that parents push them to work harder at school (collapsed)*

- No (A, B, & C)
- Yes (D & E)

Q102/Q92

Homework Checked *Frequency that parents check homework*

Q: During the past 12 months, how often did your parents check on whether you had done your homework?

- A. Never or almost never
- B. Sometimes
- C. Often
- D. All the time

Calculated from Homework Checked

Homework Check C *Parents check homework often or all the time last year*

- No = Sometimes to Never (A, B)
- Yes = Often or All the time (C, D)

Q109/Q99

Leisure Time Limits *Frequency parents limit the amount of time watching TV or with friends on school nights*

Q: 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?

- A. Never or almost never
- B. Sometimes
- C. Often
- D. All the time

Calculated from Leisure Time Limits

Leisure Time Limits C *Parents often or all the time limit the amount of time you watched TV or time with your friends on school nights*

- No = Sometimes to Never (A, B)
- Yes = Often or All the time (C, D)

Q110/Q100

Social Media Rules *Parents rules about media in bedroom*

Q: What best describes your parents' rules about social media in your bedroom (T.V., internet, cell phone, computer, video games, iPod, etc.)?

- A. My parents don't have any rules
- B. My parents have rules of when I have to turn off media in my bedroom
- C. My parents don't let me have any media in my bedroom

Calculated from Social Media Rules

Social Media Rules C *Parents have rules about social media in my bedroom*

- No = No Rules (A)
- Yes = Have Rules (B & C)

Gambling

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q103/Q93

Gamble Frequency *Frequency gambled money or personal items in the past 12 months*
Q: 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?
A. I did not gamble money or personal items during the past 12 months
B. Less than once a month
C. About once a month
D. About once a week
E. Daily

Calculated from Gamble Frequency

Gamble Frequency C *Gambled in the past 12 months*
• No (A)
• Yes (B through E)

Q104/Q94

Excessive Gambling *Gambled more than planned in the last 12 months*
Q: During the last 12 months, have you ever gambled more than you planned to?
A. Yes
B. No

Q105/Q95

Gambling Regret *Felt bad about the amount bet or about what happens when betting in the last 12 months*
Q: During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
A. Yes
B. No

Q106/Q96

Hide Gambling *Hidden from family or friends signs of gambling in the last 12 months*
Q: 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?
A. Yes
B. No

Q107/Q97

Gambling Deceit *Lied to important people about gambling in the last 12 months*

Q: Have you ever lied to people important to you about how much you gamble?

A. Yes

B. No

C. I do not gamble

Calculated from Gambling Deceit

Gambling Deceit C *Lied to important people about gambling in the last 12 months*

- No = No or I do not gamble (B & C)
- Yes = Yes (A)

Illicit Drugs

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Full Version Q#/Short Version Q#

Variable Name

Table/Chart Title

Actual Question

Response Options

Q62/Q57

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)

Because respondents could select multiple methods of obtaining drugs, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

At School

Offered drugs on school property

A. On school property

On Bus

Offered drugs on the school bus

B. On the school bus

Friends House

Offered drugs at a friend's house

C. At a friend's house

In Neighborhood

Offered drugs in my neighborhood

D. In my neighborhood

None Of These

Offered drugs at none of these locations

E. None of the above

Marijuana

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q51/Q46

Age First Use MJ *Age when first tried marijuana*

Q: 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

Calculated from Age First Use MJ

Age First Use MJ C *Tried marijuana for the first time before age 13 years*

- No = Never/Used after age 13 (A, E, F, G)
- Yes = Used before age 13 (B, C, D)

Q52/Q47

Last Month MJ *Used marijuana or hashish during the past 30 days*

Q: During the past 30 days, have you used marijuana or hashish?
(Used marijuana or hashish during the past 30 days)

- A. Yes
- B. No

Q53/Q48

Marijuana Usage *Number of times used marijuana in the past 30 days*

Q: 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

Calculated from Marijuana Usage

Marijuana Usage C *Used marijuana one or more times during the past 30 days*

- No = 0 times (A)
- Yes = 1+ times (B, C, D, E, & F)

Q54/Q49

Marijuana Method

Usual method of using marijuana

Q: During the past 30 days, how did you usually use marijuana?

- A. I did not use marijuana during the past 30 days
- B. I smoked it in a joint, bong, pipe, or blunt
- C. I ate it in food such as brownies, cakes, cookies, or candy
- D. I drank it in tea, cola, alcohol, or other drinks
- E. I vaporized it
- F. I used it some other way

Q55/Q50

MJ Use Time Of Day

Time of day when usually use marijuana

Q: When do you usually use marijuana?

- A. Do not use
- B. Before school
- C. During school
- D. After school
- E. Week nights
- F. Weekends

Q67/Q62

Perceive Harm MJ

Perceive risk of marijuana use (1-2x per week)

Q: How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

Calculated from Perceive Harm MJ

Perceive Harm MJ C

Perceive marijuana use (1-2x per week) as moderate or great risk

- No = No Risk or Slight Risk (A & B)
- Yes = Moderate and Great Risk (C & D)

Q71/Q66

Parent Disapprove MJ

Perception of parental disapproval for smoking marijuana

Q: How wrong do your parents feel it would be for you to smoke marijuana?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Parent Disapprove MJ

Parent Disapprove MJ C

Perceive parents would feel it would be wrong or very wrong to use marijuana

- No = Not At All/A Little Bit Wrong (A & B)
- Yes = Wrong or Very Wrong (C & D)

Q75/Q70

Peer Disapprove MJ

Perception of peer disapproval for smoking marijuana

Q: How wrong do your friends feel it would be for you to smoke marijuana?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Peer Disapprove MJ

Peer Disapprove MJ C

Perceive peers feel it would be wrong or very wrong to use marijuana

- No = Not At All/A Little Bit Wrong (A & B)
- Yes = Wrong or Very Wrong (C & D)

Q77/Q72

Disapprove MJ1x

Level of approval of peers trying marijuana once or twice

Q: How do you feel about someone your age trying marijuana or hashish once or twice?

- A. Neither approve nor disapprove
- B. Somewhat disapprove
- C. Strongly disapprove

Calculated from Disapprove MJ1x

Disapprove MJ1x C

Disapprove of peers trying marijuana or hashish once or twice

- No = Neither approve or Disapprove (A)
- Yes = Somewhat or Strongly Disapprove (B & C)

Q78/Q73

Disapprove MJ Monthly

Level of approval of peers using marijuana once a month or more

Q: How do you feel about someone your age using marijuana once a month or more?

- A. Neither approve nor disapprove
- B. Somewhat disapprove
- C. Strongly disapprove

Calculated from Disapprove MJ Monthly

Disapprove MJ Monthly C

Disapprove of peers using marijuana once a month or more

- No = Neither approve or Disapprove (A)
- Yes = Somewhat or Strongly Disapprove (B & C)

Mental Health

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q25/Q24

Average Hours Sleep *Number of hours of sleep on average school night*
Q: 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

Calculated from Average Hours Sleep

PHQ Hours Sleep C *Get 8 or more hours of sleep on an average school night*

- No = less than 8 (A, B, C & D)
- Yes = 8+ hours (E, F & G)

Q26/Q25

Nervous Recent *Bothered by feeling nervous or anxious last 2 weeks*
Q: Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
A. Not at all (score of 0)
B. Several days (score of 1)
C. More days than not (score of 2)
D. Nearly every day (score of 3)

Q27/Q26

Worry Recent *Bothered by uncontrollable worrying last 2 weeks*
Q: Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
A. Not at all (score of 0)
B. Several days (score of 1)
C. More days than not (score of 2)
D. Nearly every day (score of 3)

Calculated from Nervous Recent and Worry Recent (sum score – max score is 6)

PHQ Anxiety Classify *Anxious as measured by the PHQ*

- No = Score <3
- Yes = Score 3+

Q28/Q27

Depressed Recent

Bothered by feeling depressed or hopeless last 2 weeks

Q: Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?

- A. Not at all (score of 0)
- B. Several days (score of 1)
- C. More days than not (score of 2)
- D. Nearly every day (score of 3)

Q29/Q28

Low Interest Recent

Bothered by little interest or pleasure in doing things last 2 weeks

Q: Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

- A. Not at all (score of 0)
- B. Several days (score of 1)
- C. More days than not (score of 2)
- D. Nearly every day (score of 3)

Calculated from Depressed Recent and Low Interest Recent (sum score – max score is 6)

PHQ Depression Classify *Depressed as measured by the PHQ*

- No = Score <3
- Yes = Score 3+

Calculated from Nervous Recent, Worry Recent, Depressed Recent, and Low Interest Recent (sum score – max score is 12)

PHQ Total Classify *Psychological Distress Level as measured by the PHQ*

- None (score of 0-2)
- Mild (score of 3-5)
- Moderate (score of 6-8)
- Severe (score of 9-12)

Calculated from PHQ Total Classify

PHQ Total Classify C2 *Psychological Distress Level of Mild, Moderate, or Severe as measured by the PHQ*

- No = None (score of 0-2)
- Yes = Mild, to Severe (score of 3-12)

Q30/Q29

Q: When you are stressed out, how do you manage it? (CIRCLE ALL THAT APPLY)

Because respondents could select multiple methods of managing stress, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

No Stress

I do not have any stress

A. I do not have any stress

Physical Activity

Manage stress through meditation, prayer, or relaxation

B. Physical activity (exercise, sports, skateboarding, motocross, etc.)

Meditate

Manage stress through meditation, prayer, or relaxation

C. Meditate, pray, use relaxation techniques

Hobbies

Manage stress by participating in hobbies or community service

D. Participate in hobbies or community service

Creative Expression

Manage stress through creative expression

E. Express myself through the arts and literature (dance, music, art, writing, etc.)

Social Support

Manage stress with support from others

F. Get support from others

Avoid People

Manage stress by avoiding people who create drama

G. Avoid people who create drama

Limit Social Media

Manage stress by limiting social media

H. Limit exposure to social media (Facebook, Twitter, Instagram, etc.)

Calculated from Q30 responses B through H (max of 7)

Total Coping

Number of coping mechanisms identified

Q31/Q30

Mental Health Care

Last time saw a health care provider for a mental health problem

Q: When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?

- A. During the past 12 months
- B. Between 12 and 24 months
- C. More than 24 months
- D. Never
- E. Not sure

Calculated from Mental Health Care

Mental Health Care C

Last time saw a health care provider for a mental health problem (collapsed)

- Within last year (A)
- More than 1 year ago (B & C)
- Never/Not Sure (D & F)

Calculated from Mental Health Care

Mental Health Care C2

Saw a health care provider for a mental health problem within the last year

- No = Never/More than 1 year ago (B through E)
- Yes = Within the last year (A)

Q35/Q33

Hopeless Recent

In the past year felt sad or hopeless almost every day for two weeks or more in a row

Q: 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

Q36/Not included

Consider Suicide*During the past year seriously considered attempting suicide*

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

- A. Yes
- B. No

Q37/Not included

Attempt Suicide

Number of times attempted suicide during the past year

Q: 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

Calculated from Attempt Suicide

Attempt Suicide C

Attempted suicide one or more times during the past year

- No = No Attempts (A)
- Yes = Any Attempts (B through E)

Q38/Not included

Not displayed

see Suicide Injury C

Q: 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?

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

Calculated from Q38

Suicide Injury C

Attempted suicide that resulted in injury, poisoning, or overdose that had to be treated

- No = No (C) – “A” responses were not included because this response was accounted for in Q37
- Yes = Yes (B)

Physical Health and Well-being

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
 Actual Question
 Response Options

Calculated

Weight Status

Weight Classification (Based on BMI percent)

Q: How much do you weigh?

Respondents reported on their actual Height and Weight.

Body Mass Index (BMI) was calculated based on these responses.

BMI percentiles were calculated based on age, gender, and BMI (<http://www.cdc.gov/nccdphp/dnpao/growthcharts/resources/sas.htm>). BMI-for-age weight status categories were computed as defined by the Centers for Disease Control (http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html). (Any respondent who did not respond to age, height or weight, or who did not indicate male or female gender, would not have a weight classification) Height, Weight, and BMI variables are not available for reports.

- Underweight (Less than 5%)
- Normal or Healthy Weight (5% to 84%)
- Overweight (85% to 94%)
- Obese (95% and above)

Q85/Q75

Physical Activity Recent *Number of days of physical activity of 60+ minutes per day in the last week*

Q: 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

Calculated from Physical Activity Recent

Physical Activity Recent C **Physically active for a total of at least 60 minutes per day on 5 or more of the past 7 days**

- No (A, B, C, D & E)
- Yes (F, G & H)

Calculated from Physical Activity Recent

Physical Activity Recent C2 *Physically active for a total of at least 60 minutes per day on 0 of the past 7 days*

- No (B, C, D, E, F, G & H)
- Yes (A)

Calculated from Physical Activity Recent

Physical Activity Recent C3 *Physically active for a total of at least 60 minutes per day on 7 of the past 7 days*

- No (A, B, C, D, E, F & G)
- Yes (H)

Q86/Q76

Weight Perception

Efforts to change weight

Q: 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

Calculated from Weight Perception

Weight Perception C *Number of student trying to lose weight*

- No (B, C, & D)
- Yes (A)

Q87/Q77

Leisure TV

Average number of hours of TV watched on an average school day

Q: On an average school day, how many hours do you watch TV?

- A. I do not watch TV on an average school day
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

Calculated from Leisure TV

Leisure TV C *Number of students who watched 3 or more hours per day of TV on an average school day.*

- No = Watched none or less than 3 hours (A, B, C, D)
- Yes = Watched 3 hours or more (E, F, G)

Q88/Q78

Leisure Video Comp

Average number of hours of TV watched on an average school day

Q: On an 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, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- A. I do not play video or computer games or use a computer for something that is not school work
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

Calculated from Leisure Video Comp

Leisure Video Comp C *Number of students who played video or computer games or used a computer for something that was not school work 3 or more hours per day on an average school day*

- Less than 3 hrs or none (A, B, C, D)
- Played 3 hrs or more (E, F, G)

Q89/Q79

Healthy Eating

Number of servings of fruits and vegetables eaten on an average day

Q: On average how many servings of fruits and vegetables do you have per day? (Do not count French fries, Kool-Aid, or fruit-flavored drinks.)

- A. 1 to 4 servings per day
- B. 5 or more servings per day
- C. 0- I do not like fruits or vegetables.
- D. 0-I cannot afford fruits or vegetables.
- E. 0-I do not have access to fruits or vegetables.

Calculated from Healthy Eating

Healthy Eating C *Number of students who ate fruits and vegetables five or more times per day*

- No (A, C, D, & E)
- Yes (B)

Q90/Q80

Soda Drinking

Q: 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.)

- A. I did not drink soda or pop 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

Calculated from Soda Drinking

Soda Drinking C *Drank a can, bottle, or glass of soda or pop 1+ times per day during the past 7 days*

- No (A, B & C)
- Yes (D, E, F & G)

Calculated from Soda Drinking

Soda Drinking C2 *Students who drank soda or pop 1+ times per day in the last week*

- No (B, C, D, E, F & G)
- Yes (A)

Calculated from Soda Drinking

Soda Drinking C3 *Students who drank soda or pop 0 times per day in the last week*

- No (A, B, C & D)
- Yes (E, F & G)

Calculated from Soda Drinking

Soda Drinking C4 *Students who drank soda or pop 2+ times per day in the last week*

- No (A, B, C, D & E)
- Yes (F & G)

Calculated from Soda Drinking

Soda Drinking C5 *Number of times drank soda or pop in the last week (collapsed)*

- I did not drink soda or pop during the past 7 days (A)
- Less than 1x per day (B & C)
- 2 or more times per day (E through G)

Q91/Q81

Eat Breakfast

Number of days ate breakfast during the last week

Q: 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

Calculated from Eat Breakfast

Eat Breakfast C *Students that ate breakfast 0 of last 7 days*

- No (B, C, D, E, F, G, H)
- Yes (A)

Calculated from Eat Breakfast

Eat Breakfast C2 *Students ate breakfast 7 of last 7 days*

- No (A, B, C, D, E, F, G)
- Yes (H)

Calculated from Eat Breakfast

Eat Breakfast C3 *Number of students ate breakfast 4 of last 7 days (collapsed)*

- No (F, G, H)
- Yes (A, B, C, D, E)

Calculated from Eat Breakfast

Eat Breakfast C4 *Number of students ate breakfast last 7 days (collapsed)*

- 0-1 days (A & B)
- 2-3 days (C & D)
- 4-5 days (E & F)
- 6-7 days (G & H)

Q92/Q82

Routine Doctor Visit

Recency of visiting doctor or a nurse for a check-up when you were not sick or injured

Q: When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?

- A. During the past 12 months
- B. Between 12 and 24 months
- C. More than 24 months
- D. Never
- E. Not sure

Calculated from Routine Doctor Visit

Routine Doc Visit C

Saw a doctor or a nurse for a check-up during the past 12 months when they were not sick or injured

- No = Last doctor visit greater than 12 months ago, never, unsure (B, C, D, E)
- Yes = Saw doctor in last 12 months (A)

Q93/Q83

Head Injury

Suffered a head injury while playing with a sports team in the last year

Q: 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?

- A. Yes
- B. No
- C. Don't know

Q94/Q84

Routine Dental Visit

Recency of last visit to dentist for a check-up, exam, teeth cleaning, or other dental work

Q: When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- A. During the past 12 months
- B. Between 12 and 24 months ago
- C. More than 24 months ago
- D. Never
- E. Not sure

Calculated from Routine Dental Visit

Routine Dental Visit C *Saw a dentist for a check-up, exam, teeth cleaning, or other dental work during the past 12 months*

- No = Last dental visit greater than 12 months ago, never, unsure (B, C, D, E)
- Yes = Saw dentist in last 12 months (A)

Q95/Q85

Tanning Habits

Number of times used an indoor tanning device in the last 12 months

Q: 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)

- A. 0 times
- B. 1 time
- C. 2 to 5 times
- D. 6 or more times

Calculated from Tanning Habits

Tanning Habits C *Used an indoor tanning device 1 or more times in the last 12 months*

- No = Did not use tanning device in last 12 months (A)
- Yes = Used tanning device in last 12 months (B, C, D)

Q108/Q98

After School Activities

Number of days participated in organized after school, evening or weekend activities in the last 7

Q: 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?

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

Calculated from After School Activities

After School Activities C *Participated in organized after school, evening or weekend activities on one or more of the past 7 days*

- No days (A)
- 1 or more days (B, C, D, E, F, G)

The following questions were added by individual school(s) and are only available on the Secure Warehouse. The data will not be visible to anyone other than those individual schools.

* School item

Q: What type of exercise do you get? (Check all that apply)

Because respondents could select multiple methods of obtaining drugs, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

Walking	A. Walking
Jogging	B. Jogging/Running
Hiking	C. Hiking
Dancing	D. Dancing/Aerobics
Swimming	E. Swimming
Cycling	F. Cycling
Weights	G. Weight Training
Calisthenics	H. Push Ups/Pull Ups/Crunches
Yoga	I. Yoga/Stretching
Yardwork	J. Yard work
Org sports	K. Organized Sports
Other Exercise	L. Other exercise
Do Not Exercise	N. I do not exercise

Calculated from types of exercise reported

Aerobic

Percent of students who indicated they get some form of aerobic exercise (walking, jogging/running, hiking, dancing/aerobics, swimming, cycling, organized sports)

- No (G, H, I, J, L, & N)
- Yes (A, B, C, D, E, F, & K)

Calculated from types of exercise reported

Anaerobic

Percent of students who indicated they do weight training or callisthenic exercises

- No (A through F, & I through N)
- Yes (G & H)

* School item

Fast Food Days

Q: During the past 30 days, on how many days did you eat fast food?

- 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

Calculated from Fast Food Days

Fast Food Days C

Percentage of students who ate fast food one or more of the past 30 days

- No = No days (A)
- Yes = Any days (B through G)

Calculated from Fast Food Days

Fast Food Days C2 *Number days students ate fast food of the past 30 days*

- 0 to 5 days (A, B, C)
- 6-19 days (D & E)
- 21 to 30 days (F & G)

* School item

Try New Food

Q: How much are you willing to try new food items?

- A. Not at all
- B. Not Very Much
- C. A Little
- D. A Lot

* School item

Home Meals Days

Q: During the past 30 days, on how many days did your family prepare most of their meals at home?

- 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

Calculated from Home Meals Days

Home Meals Days C *Percentage of students who ate meals with family at home one or more of the past 30 days.*

- No (A)
- Yes = Any days (B through G)

Calculated from Home Meals Days

Home Meals Days C2 *Number days students ate meals with family at home of the past 30 days.*

- 0 to 5 days (A, B, C)
- 6-19 days (D & E)
- 21 to 30 days (F & G)

Prescription Drugs

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q56/Q51

Life Prescrip Misuse *In lifetime, number of times taken a prescription drug without a doctor's prescription*
Q: During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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

Calculated from Life Prescrip Misuse

Life Prescr Misuse C *In lifetime, used drugs without a prescription one or more times*
• No = 0 times (A)
• Yes = 1 or more times (B, C, D, E, F)

Q57/Q52

Prescrip Misuse Days *Any past 30-day use prescription drug misuse/abuse*
Q: During the past 30 days, have you used prescription drugs not prescribed to you?
A. Yes
B. No

Q58/Q53

Pain Meds Misused *Any past 30 day use of prescription pain relievers or pain killers not prescribed to you*
Q: 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?
A. Yes
B. No

Q59/Q54

Type Prescrip Misuse

Type of prescription drug usually misused

Q: What type of prescription drug do you usually take without a doctor's prescription?

- A. I do not take prescription drugs without a doctor's prescription
- B. Narcotic pain relievers, such as OxyContin, Percocet, Vicodin, or Lortabs
- C. Tranquilizers or anti-anxiety drugs such as Xanax, or Valium
- D. Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital
- E. Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug)
- F. I take multiple types of prescription drugs at the same time
- G. Not sure

Q60/Q55

Prescription Use Time

Time of day when usually misuse prescription drugs

Q: When do you usually use prescription drugs not prescribed to you?

- A. Do not use
- B. Before school
- C. During school
- D. After school
- E. Week nights
- F. Weekends

Q61/Q56

Lifetime OTC Misuse

In lifetime, number of times taken over the counter medication to get high

Q: 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?

- 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

Calculated from Lifetime OTC Misuse

Lifetime OTC Misuse C *In lifetime, taken over the counter medication to get high one or more times*

- No = 0 times
- Yes = 1 or more times (B, C, D, E, & F)

Calculated from

Lifetime OTC Misuse C2 *In lifetime, number of times taken over the counter medication to get high (collapsed)*

- 0 times (A)
- Less than 10 times (B and C)
- 10 or more (D, E, and F)

Q62/Q57

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)

Because respondents could select multiple methods of obtaining drugs, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

At School

Offered drugs on school property

A. On school property

On Bus

Offered drugs on the school bus

B. On the school bus

Friends House

Offered drugs at a friend's house

C. At a friend's house

In Neighborhood

Offered drugs in my neighborhood

D. In my neighborhood

None Of These

Offered drugs at none of these locations

E. None of the above

Q68/Q63

Perceive Harm Drugs

Perceived risk/harm for prescription drugs

Q: 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?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

Calculated from Perceive Harm Drugs

Perceive Harm Drugs C Perceive use of any prescription drugs not prescribed to you as moderate or great risk

- No = No risk or slight risk (A & B)
- Yes = Moderate and great risk (C & D)

Q72/Q67

Parent Disapprove Drugs

Perception of parental disapproval for prescription drug misuse/abuse

Q: How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Parent Disapprove Drugs

Parent Disapprove Drugs C Perceive parents would feel it would be wrong or very wrong to use misuse/abuse prescription drugs

- No = Not at all/A little bit wrong (A & B)
- Yes = Wrong or very wrong (C & D)

Q76/Q71

Peer Disapprove Drug *Perception of peer disapproval for prescription drugs*

Q: How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Peer Disapprove Drug

Peer Disapprove Drug C *Perceive peers feel it would be wrong to use prescription drugs not prescribed to you*

- No = Not at all/A little bit wrong (A & B)
- Yes = Wrong and very wrong (C & D)

Prevention Message

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
 Actual Question
 Response Options

Q63/Q58

Prevention Message *Hearing, reading, or watching an advertisement about substance use prevention last year*
Q: During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
A. Yes
B. No

Q64/Q59

Parent Discuss Risk *Parents have discussed the dangers of substance use with you within the last year*
Q: 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?
A. Yes
B. No

Safety and Violence

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q19/Q18

Physical Fighting *Number of times in a physical fight last year*

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

- A. 0 times
- B. 1 time
- C. 2 to 5 times
- D. 6 or more times

Q21/Q20

Community Safety **Feel safe in neighborhood**

Q: I feel safe in my neighborhood (town, community).

- A. Yes
- B. No

Calculated from Physical Fighting

Physical Fighting C *In a physical fight one or more times during the past year*

- No = 0 times (A)
- Yes = 1 or more times (B, C, & D)

Q24/Q23

Text While Drive *Number of times in past 30 days texted or emailed while driving*

Q: During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

Calculated from Text While Drive

Text While Drive C *Number of times in past 30 days texted or emailed while driving (collapsed)*

- 0 times/didn't drive (A & B)
- 1-9 days (C, D, & E)
- 10-30 days (F, G, & H)

Calculated from Text While Drive

Text While Drive C2 *Texted or emailed while driving one or more times in the past 30 days*

- No = 0 times/didn't drive (A & B)
- Yes = 1 or more days (C through H)

The following questions come from the Adverse Childhood Experiences Survey (ACE)

	<i>Original ACE categories</i>	<i>OHYES Variable(s)</i>
Abuse:	1. Physical Abuse	ACE Physical Abuse
	2. Sexual Abuse	ACE Sexual Abuse (if any of 3 Sex abuse Questions were marked yes: ACE Adult Sex Touch, ACE Adult Sex Coerce, and ACE Adult Sexual Abuse)
	3. Emotional Abuse	ACE Emotional Abuse
Neglect:	4. Physical Neglect	NOT INCLUDED
	5. Emotional Neglect	NOT INCLUDED
Household Dysfunction:	6. Mother treated violently	ACE See Phys Abuse (any parent - not just mother)
	7. Mental Illness	ACE Mental Health
	8. Substance Abuse	ACE Substance Use (combined ACE Alcohol and ACE Drugs)
	9. Parental Separation/divorce	ACE Family Structure (combined ACE Separate Divorce and ACE Unmarried)
	10. Household Member Incarcerated	ACE Incarceration

Q32/31

Q: Have you ever experienced any of the following? (CIRCLE ALL THAT APPLY)

Because respondents could select multiple experiences, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

ACE Mental Health

ACE-Ever lived with someone who was depressed, mentally ill or suicidal

A. Lived with someone who was depressed, mentally ill or suicidal

ACE Alcohol

This variable is not available for display – please see ACE Substance Use

B. Lived with someone who was a problem drinker or an alcoholic

ACE Drugs

This variable is not available for display – please see ACE Substance Use

C. Lived with someone who used illegal street drugs, or who abused prescription medication

ACE Incarceration

ACE-Ever lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility

D. Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility

ACE No Home Dys

This variable is not available for display

E. None of the above has happened to me

Q33/Not included **Q: Have you ever experienced any of the following?** (CIRCLE ALL THAT APPLY)
 Because respondents could select multiple experiences, each response was treated as an individual variable. The variable name is on the left that is associated with each response.
 – No is the number of people that did not check this response
 – Yes is the number of people that checked this response

ACE Adult Sex Touch *ACE-Someone at least 5 years older than you or an adult touched you sexually ever*
 A. Someone at least 5 years older than you or an adult touched you sexually

ACE Adult Sex Coerce *ACE-Someone at least 5 years older than you or an adult tried to make you touch them sexually ever*
 B. Someone at least 5 years older than you or an adult tried to make you touch them sexually

ACE Adult Sexual Abuse *ACE-Someone at least 5 years older than you or an adult, forced you to have sex ever*
 C. Someone at least 5 years older than you or an adult, forced you to have sex

ACE Adult Sex None *This variable is not available for display*
 D. None of the above has happened to me

Q34/Q32 **Q: Have you ever experienced any of the following?** (CIRCLE ALL THAT APPLY)
 Because respondents could select multiple experiences, each response was treated as an individual variable. The variable name is on the left that is associated with each response.
 – No is the number of people that did not check this response
 – Yes is the number of people that checked this response

ACE Separate Divorce *ACE-Your parents became separated or were divorced*
 A. Your parents became separated or were divorced

ACE Unmarried *ACE-Your parents were not married*
 B. Your parents were not married

ACE See Phys Abuse *ACE-Your parents or adults in your home slapped, hit, kicked, punched or beat each other up ever*
 C. Your parents or adults in your home slapped, hit, kicked, punched or beat each other up

ACE Physical Abuse *ACE-A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking) ever*
 D. A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)

ACE Emotional Abuse *ACE-A parent or adult in your home swore at you, insulted you, or put you down ever*
 E. A parent or adult in your home swore at you, insulted you, or put you down

ACE No Phy/Emo Abuse *This variable is not available for display*
 F. None of the above has happened to me

Calculated from ACE Alcohol and ACE Drugs

ACE Substance Use *ACE-Ever lived with someone who was a problem drinker, alcoholic, used illegal drugs or abused prescription medications.*

- No
- Yes (Marked yes for either ACE Alcohol OR ACE Drugs)

Calculated from ACE Adult Sex Touch, ACE Adult Sex Coerce, and ACE Adult Sexual Abuse

ACE Sexual Abuse *ACE-Ever experienced Sexual Abuse or Coercion*

- No
- Yes (Marked yes for any of the three Sexual Abuse variables)

Calculated from ACE Separate Divorce and ACE Unmarried

ACE Family Structure *ACE-Parents were unmarried, divorced, or separated*

- No
- Yes (Marked yes for either of the two family structure variables)

Calculated

Cumulative ACE Score *Cumulative Adverse Childhood Experiences Score (max 8)*

(ACE Physical Abuse, ACE Sexual Abuse, ACE Emotional Abuse, ACE See Phys Abuse, ACE Mental Health, ACE Substance Use, ACE Family Structure, and ACE Incarceration (each variable receives a "1" if they have a "yes", the total are summed)

Calculated from Cumulative ACE Score

Cumulative ACE Score C *Cumulative Adverse Childhood Experiences Score (collapsed; max 8)*

- ACE score of 0
- ACE score of 1-2
- ACE score of 3
- ACE score of 4 or more

Calculated from Cumulative ACE Score

Cumulative ACE Score C2 *Cumulative Adverse Childhood Experiences Score of 3 or more (max 8)*

- No = ACE score of 0-2
- Yes = ACE score of 3+

School Climate and Safety

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q13/Q12

Safe At School

How often feel safe at school last year

Q: In the past year, how often did you feel safe and secure at school?

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

Calculated from Safe At School

Safe At School C

In the past year, how often did you feel safe and secure at school?

- No = Sometimes, Most, or All of the Time (C, D, and E)
- Yes = Never or Rarely (A & B)

Q14/Q13

Unsafe Days Missed

Number of days did not go to school during the past 30 days because of feeling unsafe at school or on the way to or from school

Q: 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

Calculated from Unsafe Days Missed

Unsafe Days Missed C

Did not go to school on one or more days during the past 30 days because of feeling unsafe at school or on the way to or from school

- No = 0 days (A)
- Yes = 1 or more days (B through E)

Q15/Q14

- School Weapon Threat** *Number of times threatened by someone with a weapon on school property last year*
Q: 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?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

Calculated from School Weapon Threat

- Schl Weapon Threat C** *Threatened by someone with a weapon on school property one or more times last year*
- No = 0 times (A)
 - Yes = 1 or more times (B through E)

Q16/Q15

Q: What types of bullying have you experienced in the past 12 months?

(CIRCLE ALL THAT APPLY)

Because respondents could select multiple experiences, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

Bullying Physical *Physically bullied*

A. You were hit, kicked, punched, or people took your belongings

Bullying Emotional *Emotionally bullied*

B. Teased, taunted, or called harmful names

Bullying Relational *Relationally bullied*

C. Spread mean rumors about or kept out of a group

Bullying Electronic *Electronically bullied*

D. Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods

Bullying Indecent *Sexually bullied*

E. Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person

This variable is not available for display

F. None of the above

Q17/Q16

Bullied At School *Bullied on school property last year*

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

- A. Yes
- B. No

Q18/Q17

Cyber Bullying *Electronically bullied last year*

Q: During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- A. Yes
- B. No

Q20/Q19

Fighting At School

Number of times in a physical fight on school property during the past year

Q: 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 5 times
- D. 6 or more times

Calculated from Fighting At School

Fighting At School C

In a physical fight on school property one or more times during the past year

- No = 0 times (A)
- Yes = 1 or more times (B through D)

School Connectedness and Success

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Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q12/Q11

Academic Performance *Academic Performance last year*

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

- A. Mostly As
- B. Mostly Bs
- C. Mostly Cs
- D. Mostly Ds
- E. Mostly Fs
- F. None of these grades
- G. Not sure

Calculated from Academic Performance

Academic Risk C *Academic Risk categories based on grades earned last year*

- Low Risk (mostly As and Bs)
- Moderate Risk (mostly Cs)
- High Risk (mostly Ds and Fs)
- Unknown Risk (Unknown grading and Not Sure)

Calculated from Academic Performance

Academic Risk C2 *Students at Academic Risk (grades D and F) based on grades earned last year*

- No (A, B, C, F, & G)
- Yes (D & E)

Calculated from Academic Performance

Academic Success *Earned As or Bs last year*

- No = Cs, Ds, Fs, None, Not sure
- Yes = As & Bs

Q96/Q86

Enjoy School *Level of enjoyment in coming to school*

Q: I enjoy coming to school.

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

Calculated from Enjoy School

Enjoy School C *Level of enjoyment in coming to school (collapsed)*

- Strongly Disagree/Disagree (A, B)
- Neutral (C)
- Agree/Strongly Agree (D, E)

Calculated from Enjoy School

Enjoy School C2 *Agree or Strongly agree they enjoy coming to school*

- No (A, B, & C)
- Yes (D & E)

Q97/Q87

Belong At School *Level of belonging at school*

Q: I feel like I belong at my school.

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

Calculated from Belong At School

Belong At School C *Level of belonging at school (collapsed)*

- Strongly Disagree/Disagree (A, B)
- Neutral (C)
- Agree/Strongly Agree (D, E)

Calculated from Belong At School

Belong At School C2 *Agree or Strongly agree they feel like they belong at school*

- No (A, B, & C)
- Yes (D & E)

Q98/Q88

Support At School *Level of support from adults at school*

Q: I can go to adults at my school for help if I needed it.

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

Calculated from Support At School

Support At School C *Level of support from adults at school (collapsed)*

- Strongly Disagree/Disagree (A, B)
- Neutral (C)
- Agree/Strongly Agree (D, E)

Calculated from Support At School

Support At School C2 *Agree or Strongly agree that there are adults at school they can go to for help*

- No (A, B, & C)
- Yes (D & E)

Q99/Q89

Culture At School

Level of cultural opportunities available at school

Q: My school provides various opportunities to learn about and appreciate different cultures and ways of life.

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

Calculated from Culture At School

Culture At School C

Level of cultural opportunities available at school (collapsed)

- Strongly Disagree/Disagree (A, B)
- Neutral (C)
- Agree/Strongly Agree (D, E)

Calculated from Culture At School

Culture At School C2

Agree or Strongly agree that school provides learning about different cultures

- No (A, B, & C)
- Yes (D & E)

Sexual Behavior

The Health Data Warehouse lists all variables in each domain/section alphabetically. Here they are listed in the original question order. For some items, responses were collapsed. Collapsed questions are listed after their original variable – these variable names are *italicized in red* and appear directly after the original question.

Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q80/Not included

Ever Had Sex *Ever had sexual intercourse*
Q: Have you ever had sexual intercourse?
A. Yes
B. No

Q81/Not included

Pregnancy Prevention *Method of pregnancy prevention during last sexual intercourse*
Q: The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
A. I have never had sexual intercourse
B. No method was used to prevent pregnancy
C. Birth control pills
D. Condoms
E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
G. Withdrawal or some other method
H. Not sure

Calculated from Pregnancy Prevention

Pregnancy Prevention C *Method of pregnancy prevention during last sexual intercourse (collapsed)*

- Never had sex (A)
- None, not sure (B and H)
- Pills or Condoms (C and D)
- IUD, implant, shot, patch, ring (E and F)
- Withdrawal or Other (G)

Calculated from Pregnancy Prevention

Pregnancy Prevention C2 *Used a barrier or chemical method of pregnancy prevention during last sexual intercourse (pill, condom, IUD, implant, shot, patch, ring)*

- No (B, G, & H = "A" Not included)
- Yes (C through F)

Q82/Not included
STD Prevention

Used a condom during last sexual intercourse

Q: The last time you had sexual intercourse, did you or your partner use a condom?

- A. Yes (Used a condom)
- B. No (Didn't use a condom)

Q83/Not included
Sex Partner Numbers

Number of sexual intercourse partners in the last 3 months

Q: During the past 3 months, with how many people did you have sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 3 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

Calculated from Sex Partner Numbers

Sex Partner Number C *Had sexual intercourse with one or more people during the past 3 months*

- No (A & B)
- Yes (C through H)

Q84/Not included
Substance Use Sex

Drank alcohol or use drugs before last sexual intercourse

Q: Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- A. I have never had sexual intercourse
- B. Yes
- C. No

Calculated from Substance Use Sex

Substance Use Sex C *Among students who had sex during the past 3 months, the number who drank alcohol or used drugs before last sexual intercourse*

- No (C)
- Yes (B)

Tobacco and Vapor Products

The Health Data Warehouse lists all variables in each domain/section alphabetically. Here they are listed in the original question order. For some items, responses were collapsed. Collapsed questions are listed after their original variable – these variable names are *italicized in red* and appear directly after the original question.

Full Version Q#/Short Version Q#

Variable Name *Table/Chart Title*
Actual Question
Response Options

Q39/Q34

Last Month Smoke *Smoked part or all of a cigarette in the past 30 days*
Q: During the past 30 days, did you smoke part or all of a cigarette?
A. Yes
B. No

Q40/Q35

Smoke Cigarette Days *Number of days smoked cigarettes in the past 30 days*
Q: 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

Calculated from Smoke Cig Days

Smoke Cig Days C *Smoked cigarettes on one or more of the past 30 days*

- No = No days (A)
- Yes = Any days (B through G)

Calculated from Smoke Cig Days

Smoke Cig Days C2 Smoked cigarettes on 20 or more of the past 30 days

- No = Less than 20 days (A, B, C, D & E)
- Yes = 20 or more days (F & G)

Q41/Q36

Q: During the past 30 days, how did you usually get your own cigarettes? (Circle all that apply)

Because respondents could select multiple methods of obtaining cigarettes, each response was treated as an individual variable. The variable name is on the left that is associated with each response.

- No is the number of people that did not check this response
- Yes is the number of people that checked this response

Didn't Smoke

Didn't smoke past 30 days

A. I did not smoke cigarettes during the past 30 days

Bought From a Store

Bought cigarettes from a store

B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station

From the Internet

Got cigarettes from the Internet

C. I got them on the Internet

From Vending Machine

Bought cigarettes from Vending Machine

D. I bought them from a vending machine

Gave Someone The Money

Gave someone money to buy cigarettes

E. I gave someone else money to buy them for me

Borrowed bummed

Borrowed (bummed) cigarettes

F. I borrowed (or bummed) them from someone else

Adult Gave Them

Adult Gave Cigarettes

G. A person 18 years old or older gave them to me

Stole From a Store

Stole cigarettes from a store

H. I took them from a store

Stole from Family

Stole cigarettes from family

I. I took from a family member

Got Them Another Way

Obtained cigarettes another way not listed

J. I got them some other way

Q42/Q37

Chew Tobacco Days

Number of days used chewing tobacco, snuff, or dip in the past 30 days

Q: 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?

- 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

Calculated from Chew Tobacco Days

Chew Tobacco Days C Used chewing tobacco, snuff, or dip, on one or more of the past 30 days

- No = No days (A)
- Yes = Any days (B through G)

Q43/Q38

Cigars Smoke Days

Number of days smoked cigars, cigarillos, or little cigars in the past 30 days

Q: During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- 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

Calculated from Cigars Smoke Days

Cigars Smoke Days C *Smoked cigars, cigarillos, or little cigars in the past 30 days*

- No = No days (A)
- Yes = Any days (B through G)

Calculated from Smoke Cigarette Days, Chew Tobacco Days, and Cigars Smoke Days

Any Tobacco Days *Smoked or used cigarettes, cigars, chewing tobacco, snuff, or dip on one or more of the past 30 days*

- No = No days (no days "A" for all 3 variables)
- Yes = Any days (B through G for any of the 3 variables)

Q44/Q39

Vapor Product Days

Number of days used an electronic vapor product of the past 30 days

Q: During the past 30 days, on how many days did you use an electronic vapor product?

- 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

Calculated from Vapor Product Days

Vapor Product Days C *Used an electronic vapor product one or more of the past 30 days*

- No = No days (A)
- Yes = Any days (B through G)

Q66/Q61

Perceive Harm Smoke

Perceived risk tobacco use 1+ packs daily

Q: 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?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

Calculated from Perceive Harm Smoke

Perceive Harm Smoke C *Perceive tobacco use (1+ packs daily) has moderate or great risk*

- No = No risk or slight risk (A & B)
- Yes = Moderate and great risk (C & D)

Q70/Q65

Parent Disapprove Smoke *Perception of parental disapproval for smoking tobacco*

Q: How wrong do your parents feel it would be for you to smoke tobacco?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Parent Disapprove Smoke

Parent Disapprove Smoke C *Perceive parents would feel it would be wrong or very wrong to use tobacco*

- No = Not at all/A little bit wrong (A & B)
- Yes = Wrong or very wrong (C & D)

Q74/Q69

Peer Disapprove Smoke *Perception of peer disapproval for smoking tobacco*

Q: How wrong do your friends feel it would be for you to smoke tobacco?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

Calculated from Peer Disapprove Smoke

Peer Disapprove Smoke C *Perceive peers feel it would be wrong or very wrong to use tobacco*

- No = Not at all/A little bit wrong (A & B)
- Yes = Wrong or very wrong (C & D)

Appendix A: Key Terms/Definitions

Categorical variables – a variable that can take on one of a limited, and usually fixed, number of possible values, thus assigning each individual to a particular group or ‘category’ (e.g., what country someone is from).

Cross-sectional – a type of study that involves the analysis of data collected from a population, or a representative subset, at one specific point in time

Demographics – values that depict characteristics of a sample, most often includes age, gender, race/ethnicity and socioeconomic data.

Dichotomous variables – a categorical variable that can take on exactly two values (e.g., Yes/No).

Descriptive statistics – numbers or graphs used to summarize a set of scores; include central tendency statistics (e.g., mean [average], median, and mode), measures of variability (e.g., standard deviation), frequencies, minimum, maximum, and percentages.

Encrypted – encoding messages or information in such a way that only authorized parties can read it

Incentive – something that motivates an individual to perform an action

Passive consent – assumes that the parent or guardian has consented unless some action is taken. The procedure, procedure typically involves distributing a letter to the children's parents or guardians explaining the nature of the study and providing a method to retract permission.

Primary domain – this refers to the main subject or content area that the question has been assigned to

Reliability – the overall consistency of a measure. A measure is said to have a high reliability if it produces similar results under consistent conditions. For example, measurements of people's height and weight are often extremely reliable.

Representative – the extent to which a sample reflects characteristics of the population from which it was taken.

Suppressed data - withholding or removing selected information—most commonly in public reports and datasets—to protect the identities, privacy, and personal information of individuals

Validity – the extent to which a concept, conclusion or measurement is well-founded and corresponds accurately to the real world. Validity is important because it can help determine what types of tests to use, and help to make sure researchers are using methods that are not only ethical, and cost-effective, but also a method that truly measures the idea or construct in question.

Appendix B: Data Cleaning Protocol

The OHYES! is a survey that is administered using a web application. As a result, data cleaning is simplified. There are no data entry errors, or out-of-range values possible. Additionally skip patterns are employed that eliminate some logic errors (for example if someone answers that they have never smoked, they do not see any of the other questions about smoking). Nevertheless, there were several data cleaning and logic checks that were examined.

❖ Cases with less than 25% completion were excluded from all analyses.

Several flag variables were created when patterns were unlikely or inconsistent. Flags were created for the following:

1. Age flag:
 - 7th graders that are 15 and older
 - 8th graders that are 16 and older
 - 9th graders that are 12 or 17 and older
 - 10th graders that are 13 or younger and 18 and older
 - 11th graders that are 14 or younger
 - 12th graders that are 16 or younger
2. Race flag: If 5 or more races were checked
3. Body Mass Index flag: implausible values by age (as determined by 2013 YRBS Data User's Guide at http://www.cdc.gov/healthyyouth/yrbs/pdf/YRBS_2013_National_User_Guide.pdf)
4. Alcohol flags:
 - Alcohol/age: If age at first use of alcohol was greater than actual reported age.
 - Binge drinking: If the number of days of drinking alcohol were less than the number of days of binge drinking
 - Drunk driving: If respondent reported they did not drink alcohol and also reported driving a car when they had been drinking one or more times
5. Marijuana flag: If age at first use of marijuana was greater than actual reported age.
6. Fighting flag: If the number of fights on school property exceeded the number of total fights.
7. Smoking flag: If a respondent answered they smoked but subsequently reported they did not smoke in the question about how they obtained cigarettes.
8. Sexual Behavior flags:
 - If the respondent said they had ever had sex in the initial question, but then reported not having sex in the question about pregnancy prevention.
 - If the respondent said they had ever had sex in the initial question, but then reported not having sex in the question about substance use and sex.
 - If the respondent said they had used a condom during last encounter, but then reported not having sex in the question about number of sexual partners.
9. Excessive hours flag: If respondent reported watching 5 or more hours of television and 5 or more hours gaming/computer use per day on an average school day.
10. Excessive substance use flag: If respondent indicated the highest rates for all 10 substance use questions.

The following changes were made to the dataset:

- ❖ In order to resolve inconsistencies, for flags 1 – 9 values for these variables were deleted (set to missing).
- ❖ The total number flags for each student was summed. If students had 3 or more total flags their entire case was deleted from the dataset.
- ❖ For respondents with the excessive hours flag, and one or two other flags, the entire case was deleted from the dataset.

Appendix C: List of Variables by Survey Question Number

*Only the original Variable names are listed here, go to the Primary Domain section to find any calculated variables.
Also go to the Primary Domain section to view the response options.*

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
1	1	Demographics	Age	How old are you?
2	2	Demographics	Gender	What is your sex?
3	3	Demographics	School Grade	In what grade are you?
4	4	Demographics	Hispanic Origin	Are you Hispanic or Latino?
5	5	Demographics	Amer Indian Alaska Nat Asian Black African Amer Hawaiian Pacific Isl White	What is your race? (Select one or more responses.)
6	6	Not available		How tall are you without your shoes on?
7	7	Not available		How much do you weigh without your shoes on?
8	8	Not available		Zip code
9	X	Demographics	Sexual Orientation	Which of the following best describes you?
10	9	Demographics	Parent in Military	Is your father, mother or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
11	10	Demographics	Housing Permanency	How many times have you ever moved to a new address?
12	11	School Connectedness and Success	Academic Performance	During the past 12 months, how would you describe your grades in school?
13	12	School Climate and Safety	Safe at School	In the past year, how often did you feel safe and secure at school?
14	13	School Climate and Safety	Unsafe Days Missed	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?
15	14	School Climate and Safety	School Weapon Threat	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?

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
16	15	School Climate and Safety	Bullying Physical Bullying Emotional Bullying Relational Bullying Electronic Bullying Indecent	What types of bullying have you experienced in the past 12 months? (CIRCLE ALL THAT APPLY)
17	16	School Climate and Safety	Bullied at School	During the past 12 months, have you ever been bullied on school property?
18	17	School Climate and Safety	Cyber Bullying	During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
19	18	Safety and Violence	Physical Fighting	During the past 12 months, how many times were you in a physical fight?
20	19	School Climate and Safety	Fighting at School	During the past 12 months, how many times were you in a physical fight on school property?
21	20	Safety and Violence	Community Safety	I feel safe in my neighborhood (town, community).
22	21	Alcohol	Ride Drunk Drivers	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?
23	22	Alcohol	Drunk Driving	During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
24	23	Safety and Violence	Text while Driving	During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
25	24	Mental Health	Average Hours Sleep	On an average school night, how many hours of sleep do you get?
26	25	Mental Health	Nervous Recent	Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
27	26	Mental Health	Worry Recent	Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
28	27	Mental Health	Depressed Recent	Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
29	28	Mental Health	Low Interest Recent	Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
30	29	Mental Health	No Stress Physical activity Meditate Hobbies Creative Expression	When you are stressed out, how do you manage it? (CIRCLE ALL THAT APPLY)

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
			Social Support Avoid People Limit Social Media	
31	30	Mental Health	Mental Health Care	When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
32	31	Safety and Violence	ACE Mental Health ACE Alcohol ACE Drugs ACE Incarceration	Have you ever experienced any of the following? (CIRCLE ALL THAT APPLY)
33	X	Safety and Violence	ACE Adult Sex Touch ACE Adult Sex Coerce ACE Sexual Abuse	Have you ever experienced any of the following? (CIRCLE ALL THAT APPLY)
34	32	Safety and Violence	ACE Separate/Divorce ACE Unmarried ACE See Phys Abuse ACE Physical Abuse ACE Emotional Abuse	Have you ever experienced any of the following? (CIRCLE ALL THAT APPLY)
35	33	Mental Health	Hopeless Recent	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?
36	X	Mental Health	Consider Suicide	During the past 12 months, did you ever seriously consider attempting suicide?
37	X	Mental Health	Attempt Suicide	During the past 12 months, how many times did you actually attempt suicide?
38	X	Mental Health	Suicide Injury	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?
39	34	Tobacco and Vapor Products	Last Month Smoke	During the past 30 days, did you smoke part or all of a cigarette?
40	35	Tobacco and Vapor Products	Smoke Cigarette Days	During the past 30 days, on how many days did you smoke cigarettes?
41	36	Tobacco and Vapor Products	Didn't smoke Bought from a store From the Internet From Vending Machine Gave someone money Borrowed (bummed)	During the past 30 days, how did you usually get your own cigarettes? (Circle all that apply)

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHHYES ITEM
			Adult Gave Them Stole from a store Stole from family Got them another way	
42	37	Tobacco and Vapor Products	Chew Tobacco Days	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?
43	38	Tobacco and Vapor Products	Cigars Smoked Days	During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
44	39	Tobacco and Vapor Products	Vapor Product Days	During the past 30 days, on how many days did you use an electronic vapor product?
45	40	Alcohol	Age First Alcohol	How old were you when you had your first drink of alcohol other than a few sips?
46	41	Alcohol	Last Month Alcohol	During the past 30 days did you drink one or more drinks of an alcoholic beverage?
47	42	Alcohol	Alcohol Used Days	During the past 30 days, on how many days did you have at least one drink of alcohol?
48	43	Alcohol	Binge Drinking Days	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?
49	44	Alcohol	Didn't drink alcohol Bought it at a store Bought at an event Gave someone money Someone gave it Stole from family Parent gave it Friend's parent Got other way	During the past 30 days, how did you usually get your alcohol? (Circle all that apply)
50	45	Alcohol	Alcohol Time of Day	When do you usually drink alcohol?
51	46	Marijuana	Age First Use MJ	How old were you when you tried marijuana for the first time?
52	47	Marijuana	Last Month MJ	During the past 30 days, have you used marijuana or hashish? (PFS, DFC)
53	48	Marijuana	Marijuana Usage	During the past 30 days, how many times did you use marijuana?
54	49	Marijuana	Marijuana Method	During the past 30 days, how did you usually use marijuana?
55	50	Marijuana	MJ Use Time of Day	When do you usually use marijuana?

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
56	51	Prescription Drugs	Life Prescrip Misuse	During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
57	52	Prescription Drugs	Prescrip Misuse Days	During the past 30 days, have you used prescription drugs not prescribed to you?
58	53	Prescription Drugs	Pain Meds Misused	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?
59	54	Prescription Drugs	Type Prescrip Misuse	What type of prescription drug do you usually take without a doctor's prescription?
60	55	Prescription Drugs	Prescription Use Time	When do you usually use prescription drugs not prescribed to you?
61	56	Prescription Drugs	Lifetime OTC Misuse	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?
62	57	Illicit Drugs	At School On Bus Friend's House In Neighborhood	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)
63	58	Prevention Message	Prevention Message	During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
64	59	Prevention Message	Parent Discuss Risk	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? (PFS)
65	60	Alcohol	Perceive Harm Binge	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?
66	61	Tobacco and Vapor Products	Perceive Harm Smoke	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?
67	62	Marijuana	Perceive Harm MJ	How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
68	63	Prescription Drugs	Perceive Harm Drugs	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?
69	64	Alcohol	Parent Disapprove Alc	How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
70	65	Tobacco and Vapor Products	Parent Disapprove Smoke	How wrong do your parents feel it would be for you to smoke tobacco?
71	66	Marijuana	Parent Disapprove MJ	How wrong do your parents feel it would be for you to smoke marijuana?
72	67	Prescription Drugs	Parent Disapprove Drugs	How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
73	68	Alcohol	Peer Disapprove Alc	How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
74	69	Tobacco and Vapor Products	Peer Disapprove Smoke	How wrong do your friends feel it would be for you to smoke tobacco?
75	70	Marijuana	Peer Disapprove MJ	How wrong do your friends feel it would be for you to smoke marijuana?
76	71	Prescription Drugs	Peer Disapprove Drug	How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
77	72	Marijuana	Disapprove MJ1x	How do you feel about someone your age trying marijuana or hashish once or twice?
78	73	Marijuana	Disapprove MJ monthly	How do you feel about someone your age using marijuana once a month or more?
79	74	Alcohol	Disapprove Alc Daily	How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
80	X	Sexual Behavior	Ever Had Sex	Have you ever had sexual intercourse?
81	X	Sexual Behavior	Pregnancy Prevention	The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select one response)
82	X	Sexual Behavior	STD Prevention	The last time you had sexual intercourse, did you or your partner use a condom?
83	X	Sexual Behavior	Sex Partner Numbers	During the past 3 months, with how many people did you have sexual intercourse?
84	X	Sexual Behavior	Substance Use Sex	Did you drink alcohol or use drugs before you had sexual intercourse the last time?
85	75	Physical Health and Well Being	Physical Activity Recent	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.)
86	76	Physical Health and Well Being	Weight Perception	Which of the following are you trying to do about your weight?
87	77	Physical Health and Well Being	Leisure TV	On an average school day, how many hours do you watch TV?

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
88	78	Physical Health and Well Being	Leisure Video Comp	On an 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, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
89	79	Physical Health and Well Being	Healthy Eating	On average how many servings of fruits and vegetables do you have per day? (Do not count French fries, Kool-Aid, or fruit-flavored drinks.)
90	80	Physical Health and Well Being	Soda Drinking	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.)
91	81	Physical Health and Well Being	Eat Breakfast	During the past 7 days, on how many days did you eat breakfast?
92	82	Physical Health and Well Being	Routine Doctor Visit	When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?
93	83	Physical Health and Well Being	Head Injury	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?
94	84	Physical Health and Well Being	Routine Dental Visit	When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
95	85	Physical Health and Well Being	Tanning Habits	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)
96	86	School Connectedness and Success	Enjoy School	I enjoy coming to school.
97	87	School Connectedness and Success	Belong at School	I feel like I belong at my school.
98	88	School Connectedness and Success	Support at School	I can go to adults at my school for help if I needed it.
99	89	School Connectedness and Success	Culture at School	My school provides various opportunities to learn about and appreciate different cultures and ways of life.
100	90	Family and Peer Factors	Parents Ask About School	My parents talk to me about what I do in school.
101	91	Family and Peer Factors	Parents Encourage School	My parents push me to work hard at school.

Item Full Version	Item Short Version	Primary Domain	Variable Name	OHYES ITEM
102	92	Family and Peer Factors	Homework Checked	During the past 12 months, how often did your parents check on whether you had done your homework?
103	93	Gambling	Gamble Frequency	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?
104	94	Gambling	Excessive Gambling	During the last 12 months, have you ever gambled more than you planned to?
105	95	Gambling	Gambling Regret	During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
106	96	Gambling	Hide Gambling	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?
107	97	Gambling	Gambling Deceit	Have you ever lied to people important to you about how much you gamble?
108	98	Physical Health and Well Being	After School Activities	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?
109	99	Family and Peer Factors	Leisure Time Limits	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?
110	100	Family and Peer Factors	Social Media Rules	What best describes your parent's rules about social media in your bedroom (T.V., internet, cell phone, computer, video games, iPod, etc.)?
111	101	Community Environment	Neighborhood Trust	There are a lot of adults in my neighborhood (town, community) I could talk to about something important.