

Lexington Youth Risk Behavior Survey – 2013

**Adapted from the Massachusetts Youth Risk Behavior Survey
and Centers for Disease Control & Prevention**

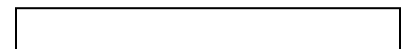
This survey asks about health behaviors. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better physical, health and wellness education programs for young people like yourself.

This is an anonymous survey. **DO NOT** write your name on this survey. The answers you give will be kept private. No one will know what you write. Consider each question carefully, and answer each question based on what you really do.

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

Completing the survey is voluntary. Record your answers directly on this survey. Follow the instructions for each section. When you are finished, follow the instructions of the person giving you the survey.

THANK YOU VERY MUCH FOR YOUR HELP AND PARTICIPATION



INSTRUCTIONS: Read each question carefully. Fill in the bubble of your answer on this survey.
CHOOSE THE **ONE** BEST ANSWER FOR EACH QUESTION.

THESE QUESTIONS ASK ABOUT SAFETY AND VIOLENCE.

1. How often do you wear a seat belt when driving or riding in a car?
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

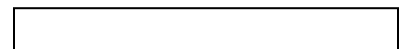
2. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

3. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

4. During the past 30 days, which of the following weapons have you carried on school property?
 - None
 - Gun
 - Knife
 - Club
 - Other

5. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
 - 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days

6. During the past 12 months, how many times has someone threatened you verbally on school property?
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 to 6 times
 - 7 to 9 times
 - 10 or more times



7. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, electronics, clothing, or books on school property?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 to 6 times
 - 7 to 9 times
 - 10 or more times

THE NEXT QUESTIONS ASK ABOUT HARASSMENT. HARASSMENT INCLUDES BEING TEASED OR THREATENED VERBALLY OR PHYSICALLY BY AN INDIVIDUAL OR GROUP.

8. Have you ever been harassed at school or because of something that happened at school?
- Yes
 - No (If you answered “No”, please skip to **QUESTION #9**)

8a. How did this harassment occur? (check all that apply) – *Only answer if you indicated “yes” on question 8.*

- By students while in school
- By teacher or staff member while at school
- Over the internet or email
- By phone call
- By text message
- By mail or written notes
- Other _____

8b. Did you tell anyone about this harassment? (check all that apply) – *Only answer if you indicated “yes” on question 8.*

- No one
- Friends
- Parents
- School officials
- Police

8c. If you did not tell anyone was it because of any of the following? (check all that apply) – *Only answer if you indicated “no one” on question 8b*

- Afraid of retaliation
- Believe nothing would be done
- Concerned that you will not be believed
- Embarrassed about the situation
- Other _____

9. Have you ever been a victim of hazing (i.e. something you are told to do that causes discomfort or humiliation as a way of being admitted to a team or social group) at Lexington High School?

- Yes
- No

10. During the past 12 months, how many times have you witnessed or experienced violence in your home?

- 0 times
- 1 time
- 2 or 3 times
- 4 to 6 times
- 7 to 9 times
- 10 or more times

11. During your life, have you been involved in a dating relationship that involved verbal or physical violence?

- Yes
- No



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

- 0 times (If you answered “0 times”, please skip to **QUESTION #13**)
- 1 time
- 2 or 3 times
- 4 to 6 times
- 7 to 9 times
- 10 or more times

12a. During the past 12 months, how many times were you in a physical fight *on school property*? – *Only answer if you indicated more than 0 times on question 12.*

- 0 times
- 1 time
- 2 or 3 times
- 4 to 6 times
- 7 to 9 times
- 10 or more times

SOMETIMES PEOPLE FEEL SO DEPRESSED AND HOPELESS ABOUT THE FUTURE THAT THEY MAY CONSIDER ATTEMPTING SUICIDE (TAKING SOME ACTION TO END THEIR OWN LIFE). THE NEXT FIVE QUESTIONS ASK ABOUT SELF HARMING BEHAVIOR.

13. During the past 12 months, have you ever seriously considered attempting suicide?

- Yes
- No (If you answered “No”, please skip to **QUESTION #14**)

13a. During the past 12 months, did you make a plan about how you would attempt suicide? - *Only answer if you indicated “yes” on question 13.*

- Yes
- No

13b. During the past 12 months, how many times did you actually attempt suicide? - *Only answer if you indicated “yes” on question 13.*

- 0 times
- 1 time
- 2 or 3 times
- 4 to 6 times
- 7 to 9 times
- 10 or more times

13c. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? - *Only answer if you indicated “yes” on question 13.*

- Yes
- No
- Not applicable, did not attempt suicide.

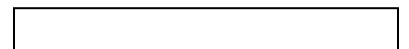
14. During the past 12 months have you participated in any self injurious (e.g. cutting, burning or bruising) behaviors?

- Yes
- No

THE NEXT QUESTIONS ASK ABOUT TOBACCO USE.

15. Have you ever tried cigarette smoking, even one or two puffs or chewed tobacco?

- Yes
- No (If you answered “No”, please skip to **QUESTION #16**)



15a. How old were you when you smoked a whole cigarette for the first time? – *Only answer if you indicated “yes” on question 15.*

- I have never smoked a whole cigarette
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

15b. During the past 30 days, on how many days did you...
Only answer if you indicated “yes” on question 15.

	0	1	2-3	4-7	8-14	15-29	All 30
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use chewing tobacco or snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use chewing tobacco or snuff on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15c. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? – *Only answer if you indicated “yes” on question 15.*

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

15d. During the past 30 days, were you ever asked to show proof of age when you tried to buy cigarettes? – *Only answer if you indicated “yes” on question 15.*

- I have not tried to buy cigarettes in a store during the past 30 days
- Yes, I was asked to show proof of age
- No, I was not asked to show proof of age

15e. Have you ever tried to quit smoking cigarettes? – *Only answer if you indicated “yes” on question 15.*

- Yes
- No

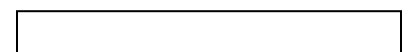
THE NEXT QUESTIONS ASK ABOUT SUBSTANCE ABUSE, INCLUDING ALCOHOL, MARIJUANA, AND OTHER SUBSTANCES. FOR THESE QUESTIONS, DRINKING ALCOHOL DOES NOT INCLUDE DRINKING A FEW SIPS OF WINE FOR RELIGIOUS PURPOSES.

16. Have you ever tried drinking alcohol, even a few sips?

- Yes
- No (If you answered “No”, please skip to **QUESTION #17**)

16a. How old were you when you had your first drink of alcohol other than a few sips? – *Only answer if you indicated “yes” on question 16.*

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older



16b. During the past 30 days, on how many days did you...
Only answer if you indicated "yes" on question 16.

	0	1	2-3	4-7	8-14	15-29	All 30
Have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have at least one drink of alcohol on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank until you passed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank until you got sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16c. How do you usually get alcoholic beverages? (Choose all that apply) – *Only answer if you indicated "yes" on question 16.*

- I take them from my parents without permission
- My parents buy or give them to me
- A family member 21 years or older (other than my parents) BUYS or GIVES them to me
- Someone 21 years or older (other than my family members) BUYS or GIVES them to me
- I buy them with a fake ID
- Other _____

16d. During the past 30 days, did you use alcohol...
Only answer if you indicated "yes" on question 16

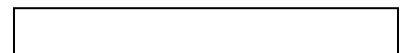
	Yes	No
At home with your parents?	<input type="radio"/>	<input type="radio"/>
At your home when no adults were present?	<input type="radio"/>	<input type="radio"/>
At friends' houses with adults present?	<input type="radio"/>	<input type="radio"/>
At friends' houses when no adults were present?	<input type="radio"/>	<input type="radio"/>
Before a school dance, game, or other school event?	<input type="radio"/>	<input type="radio"/>
During a school dance, game or other school event?	<input type="radio"/>	<input type="radio"/>
At a park, beach, or other recreational area?	<input type="radio"/>	<input type="radio"/>
Before school?	<input type="radio"/>	<input type="radio"/>
During school hours?	<input type="radio"/>	<input type="radio"/>
After school?	<input type="radio"/>	<input type="radio"/>
In a car?	<input type="radio"/>	<input type="radio"/>
At a party?	<input type="radio"/>	<input type="radio"/>

17. Have you ever tried marijuana?

- Yes
- No (If you answered "No", please skip to **QUESTION #18**)

17a. How old were you when you tried marijuana for the first time? - *Only answer if you indicated "yes" on question 17*

- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older



17b. During the past 30 days, on how many days did you use marijuana? - *Only answer if you indicated "yes" on question 17*

- 0 days
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 29 days
- All 30 days

17c. Where do you usually get marijuana? (*Choose all that apply*) - *Only answer if you indicated "yes" on question 17*

- Friend
- Parent
- Family member
- Acquaintance
- Classmate
- Medical marijuana dispensary
- Other _____

18. How much do you think people risk harming themselves (physically or in other ways) if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't Know
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During your <i>life</i> , how many times have you...	0	1	2-3	4-9	10-19	20 or more
Used cocaine (powder, crack or freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used speed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used mushrooms (shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used salvia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used any other type of illegal drug (e.g. LSD or PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken steroids or other performance enhancing substances without a doctor's prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any sprays or paints to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken over the counter medicines to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a needle to inject any illegal drug into your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared a needle to inject any illegal drug into your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used pain medication such as OxyContin, Percocet, Vicodin or Codeine that was not prescribed to you or that you did not take according to your doctor's instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During your <i>life</i> , how many times have you...	0	1	2-3	4-9	10-19	20 or more
Used anxiety or sleep medication such as Klonopin, Xanax, Valium, Ambien, Lunesta or Neurontin that was not prescribed to you or that you did not take according to your doctor's instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used stimulant medication such as Adderall or Ritalin that was not prescribed to you or that you did not take according to your doctor's instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Do you regularly take prescription medications for mental or behavioral health issues?

- Yes
- No

21. During the past 30 days, have you used any illegal substance (other than alcohol) on school property?

- Yes
- No (If you answered "No", please skip to **QUESTION #22**)

21a. If yes, which of the following substances? (*Choose all that apply*) – *Only answer if you indicated "yes" on question 20.*

- Marijuana
- Cocaine (powder, crack or freebase)
- Heroin
- Mushrooms
- Other type of illegal drug, such as LSC or PCP
- Steroids or other performance enhancing substances without a doctor's prescription
- Sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
- Prescription medications to get high
- Over the counter medications to get high

22. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

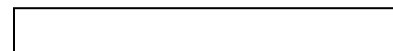
- Yes
- No

23. From where do you get the most accurate information on alcohol and substance abuse?

- Health teacher
- Guidance counselor
- Parent
- Siblings
- Friends
- Internet
- Other _____

24. Who or what has influenced your decision-making about alcohol and substance abuse?

- Health teacher
- Guidance counselor
- Parent
- Siblings
- Friends
- Internet
- Other _____



THE FOLLOWING QUESTIONS HAVE TO DO WITH STRESS.

25. In general, how much stress do the following cause you?

	No Stress	A Little Stress	A Lot of Stress	Extreme Stress	Don't Know
Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extracurricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning for life after high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How much time do you spend on homework on an average weeknight?

- 1 hour or less
- 2-3 hours
- 4-5 hours
- more than 5 hours

27. Since you began attending school at Lexington High School, has your level of stress...

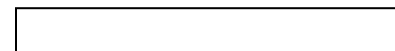
- increased dramatically
- increased slightly
- stayed the same
- decreased slightly
- decreased dramatically

28. I feel....

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I am in academic competition with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am subjected to indirect academic pressure from my friends to do well in school (Pressure is felt because I see my friends do well in school and I feel I must do well in school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure from my parents to get good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure from myself to do well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure from my teachers to get good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The atmosphere at Lexington High School is one that encourages students to compete academically with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The atmosphere in the town of Lexington is one that encourages students to compete academically with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of my teachers are aware of my levels of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How do you deal with stress most often? (Choose all that apply)

- Ignore it
- Listen to music
- Exercise
- Read
- Talk to other people (e.g. friends, family)
- Sleep
- Drink alcohol or use drugs
- Watch TV
- Other _____



30. If any of the following events happened to you in the past year, indicate the degree to which they bothered you.

	Did Not Occur	Not At All Bothered	Somewhat Bothered	Bothers Me a Lot
Had a fight with your best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broke up with your significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative rumors or comments were made about you by friends or others at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A family member moved away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had problems with people in your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a family member with serious illness or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not perform as well as you had hoped in a class or on an exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a friend or family member die	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent who lost job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant change in family finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National or global events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THE NEXT QUESTIONS ASK ABOUT AIDS EDUCATION AND INFORMATION.

31. Have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not sure

32. In school, have you received instruction on how to prevent AIDS or HIV infection?

- Yes
- No
- Not sure

33. In school, have you been taught how to use a condom?

- Yes
- No
- Not sure

34. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

- Yes
- No
- Not sure

THE NEXT QUESTIONS ASK ABOUT SEXUAL BEHAVIOR.

35. Which of the following behaviors do you think of as "sex?" (Choose all that apply)

- Intercourse (penis in vagina)
- Oral Sex
- Anal Sex
- Caressing / touching
- Kissing

36. Which of the following best describes you?

- Heterosexual (straight)
- Bisexual
- Gay or Lesbian
- Not sure
- None of the above

37. Have you ever had oral sex?

- Yes
- No (If you answered "No", please skip to QUESTION 38)

37a. How old were you when you had oral sex for the first time? *Only answer if you indicated "yes" on question 37.*

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

37b. During your life, with how many people have you had oral sex? *Only answer if you indicated "yes" on question 37.*

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

37c. During the past 3 months, with how many people did you have oral sex? *Only answer if you indicated "yes" on question 37.*

- I have never had oral sex
- I have had oral sex, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

37d. The person(s) with whom you have had oral sex with is (are):

Only answer if you indicated "yes" on question 37.

- female(s)
- male(s)
- female(s) and male(s)

37e. In your last experience of oral sex did you:

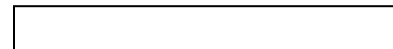
Only answer if you indicated "yes" on question 37.

- Receive oral sex
- Give oral sex
- Both gave and received oral sex

37f. In your last experience of oral sex did you: (choose all that apply)

Only answer if you indicated "yes" on question 37.

- Use a condom
- Use a dental dam
- Have unprotected oral sex
- Other _____



38. Have you ever sent or received sexual messages electronically?

- Yes
- No

39. Have you ever sent or received sexual pictures electronically?

- Yes
- No

40. Have you ever had sexual intercourse (penis in vagina)?

- Yes
- No (If you answered "No", please skip to QUESTION 41)

40a. How old were you when you had sexual intercourse for the first time? *Only answer if you indicated "yes" on question 40.*

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

40b. During your life, with how many people have you had sexual intercourse? *Only answer if you indicated "yes" on question 40.*

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

40c. During the past 3 months, with how many people did you have sexual intercourse? *Only answer if you indicated "yes" on question 40.*

- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

40d. The person(s) with whom you have had sexual intercourse with is (are):

Only answer if you indicated "yes" on question 40.

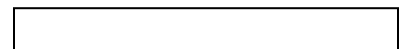
- female(s)
- male(s)
- female(s) and male(s)

40e. Did you drink alcohol or use drugs before you had sexual intercourse the last time? *Only answer if you indicated "yes" on question 40.*

- Yes
- No

40f. How many times have you been pregnant or gotten someone pregnant? *Only answer if you indicated "yes" on question 40.*

- 0 times
- 1 time
- 2 or more times
- Not sure



40g. The last time you had sexual intercourse, did you or your partner use a condom? *Only answer if you indicated "yes" on question 40.*

- Yes
- No

If you did not use a condom the last time you had sexual intercourse indicate why not (Choose all that apply)

- No condom available
- Taking birth control pill or partner taking birth control pill
- Under the influence
- You or your partner do not like condoms
- Other _____

40h. The last time you had sexual intercourse, what methods did you or your partner use to prevent pregnancy? *Only answer if you indicated "yes" on question 40. (Choose all that apply)*

- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Withdrawal/pulling out
- Some other method
- Not sure

41. If condoms were available in all of the following places, to which one place would you be most likely to go if you wanted to obtain condoms?

- School nurse or counselor
- Vending machine in restrooms in my community
- Local pharmacy or convenience store
- Local health clinic or family planning clinic
- My parents or other adults in my family
- None of the above

42. How easy is it for you to get condoms?

- I have not tried to get condoms
- Easy
- Difficult, but possible
- I have no way to get condoms

43. During your life, has anyone ever had sexual contact with you against your will?

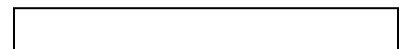
- No one has ever had sexual contact with me
- Yes
- No

44. From where do you get the most accurate information on sex? *(Choose one)*

- Health teacher
- Guidance counselor
- Parent
- Siblings
- Friends
- Internet
- Other _____

45. Who or what has most influenced your decision-making about sex? *(Choose one)*

- Health teacher
- Guidance counselor
- Parent
- Siblings
- Friends
- Internet
- Other _____



THE NEXT QUESTIONS ASK ABOUT BODY IMAGE & WEIGHT.

46. How do you describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very Overweight
47. Which of the following are you trying to do about your weight?
- Lose weight
 - Gain weight
 - Stay the same weight
 - I am not trying to do anything about my weight
48. During the past 30 days, did you diet or exercise to lose weight or to keep from gaining weight?
- Yes
 - No
49. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- Yes
 - No
50. During the past 30 days, did you take diet pills to lose weight or to keep from gaining weight?
- Yes
 - No

THE NEXT QUESTIONS ASK ABOUT EATING AND ACTIVITY

51. How often do you...	Never	Seldom	Sometimes	Regularly
Make a conscious effort to eat healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think nutritious foods play a role in your preparation for your athletic sports season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy lunch in the school cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. If you do not buy lunch in the cafeteria, is it primarily because: *(Choose one)*
- I have off campus privileges and use them
 - The cafeteria is too crowded to get lunch in time
 - They don't often have what I want
 - If I bring lunch, I get exactly what I want
 - Do not like quality of food offerings
 - It's too expensive

53. On how many of the past 7 days did you...	0	1	2	3	4	5	6	7
Exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use the Lexington High School fitness room after school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk or bicycle for at least 30 minutes at a time? (Include walking or bicycling to and from school.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. On an average school night, about how many hours of sleep do you usually get?

- 4 hours or less
- 5-6 hours
- 7-8 hours
- 9-10 hours
- 11+ hours

55. On an average weekend night, how many hours of sleep do you usually get?

- 4 hours or less
- 5-6 hours
- 7-8 hours
- 9-10 hours
- 11+ hours

56. On an average weekday, how many hours do you spend doing the following...

	0	1	2	3	4	5	6	7
Surfing the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Updating or checking Facebook, Twitter or other social networking sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Texting or chatting online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

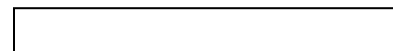
THE NEXT QUESTIONS ASK FOR INFORMATION WHICH IS SPECIFIC TO LEXINGTON HIGH SCHOOL OR THE COMMUNITY OF LEXINGTON.

57. How often do you believe each of the following occurs within your school?

	Very Often	Often	Sometimes	Never
Hazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying/harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyberbullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copying homework, papers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing answers to a quiz, exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cutting & pasting materials from internet without proper citations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of electronic devices to cheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. For the following statements please choose the level of agreement that most closely matches how you feel.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Students in my school treat each other respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers in my school treat students respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students in my school treat teachers respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a lot of back-stabbing at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kids at my school try hard to fit in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students who are new to LHS have an easy time fitting in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to people at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am a part of my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy to be at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The School Resource Officer helps reduce crime and improve safety at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



THESE QUESTIONS ASK ABOUT YOUR OPINIONS, FEELINGS AND ACTIVITIES.

59. For each statement please choose the level of agreement that most closely matches how you feel.

	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>These questions ask you a little bit about your personality...</i>				
I usually do not worry about the consequences of my actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to test myself now and then by doing something a little risky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes find it exciting to do things for which I might get into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm more concerned with what happens to me in the short run rather than the long run.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>These questions ask you a little bit about intervening in situations and dealing with problems...</i>				
I would intervene in a situation where I thought a person was being mistreated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try to talk to someone who was doing something wrong in an effort to stop them from doing it (i.e. stealing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would tell an authority figure if I knew someone was doing something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>These questions ask you about some of your feelings and attitudes and how you deal with situations...</i>				
I often feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In difficult times, I look for answers in my spiritual beliefs or faith.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am confronted with a problem I can usually find several solutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can depend on my family and friends to support me if I have problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When stressful things happen I try to find ways to avoid dwelling on what is going on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>These questions ask you a little bit about anger...</i>				
I tend to get angry more frequently than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even after I have expressed my anger I have trouble forgetting about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to get even when I am angry at someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>These questions ask you about your feelings of empathy...</i>				
I find that I am "in tune" with other people's moods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a strong urge to help when I see someone upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people's misfortunes do not disturb me a great deal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>These questions ask you about your resiliency...</i>				
My belief in myself gets me through hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I can handle many things at one time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>These questions ask you about stress...</i>				
I am unable to control the important things in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am on top of things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things are going my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that difficulties are piling up so high that I cannot overcome them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot cope with all the things that I have to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. Which of the following activities have you participated in during the last 6 months? (*Choose all that apply*)

- Academic group / club
- Service club
- Student government
- Peer leader / Mentoring
- Intramural sports
- Junior varsity, freshman, or varsity interscholastic sports
- Organized sports outside of school
- Band / orchestra
- Choir
- Drama
- Organized art group outside of school
- Organized club or group outside of school (i.e. Boy's and Girl's Club)
- Church / Synagogue / Spiritual youth group
- School sponsored non-academic group / club

61. Did you try out for any of the above listed organizations or groups but were not selected?

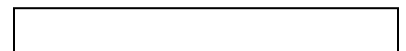
- Yes
- No

62. If you work outside of school, how often do you work each month?

- Do no work outside of school
- 1-5 days
- 6-10 days
- 11-15 days
- 16-20 days
- 21 days or more

63. On how many of the last 7 days did a parent or guardian...

	0 days	1-2 Days	3-4 Days	5+ Days
Check on your homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your TV watching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your use of internet or online social networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check where you would be when you were not at home or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat dinner with the entire family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know when you went to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



64. Would you say your parent(s)/guardian(s) are:

- More strict than other parents
- Less strict than other parents
- Just as strict as other parents

65. Who do you feel comfortable talking to about the issues addressed in this survey?

	Yes	No	Unsure
Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician / Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidance Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Adult _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. When I answered the questions about alcohol and other drugs? (*Choose one answer.*)

- I was very honest.
- I said I used them a lot more than I really do.
- I said I used them a little more than I really do.
- I said I used them a lot less than I really do.
- I said I use them a little less than I really do.
- I said I used some more and some less than I really do.

67. How do you identify?

- Male
- Female
- Transgender
- Other _____

68. In what grade are you?

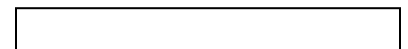
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other

69. What elementary school did you attend?

- Bowman
- Bridge
- Eastbrook
- Fiske
- Harrington
- Hastings
- Other _____

70. What middle school did you attend?

- Clark
- Diamond
- Other _____



71. How do you describe yourself?

- White - not Hispanic
- Black - not Hispanic
- Hispanic or Latino
- Asian or Pacific Islander
- Southeast Asian/East Indian
- American Indian or Alaskan Native
- Multiracial

72. How long have you lived in the United States?

- I have always lived in the United States
- Less than one year
- 1 to 3 years
- 4 to 6 years
- More than 6 years

73. Have you ever been homeless or living in a shelter because you were told to leave home?

- Yes
- No

74. What city/town do you live in?

- Arlington
- Bedford
- Belmont
- Boston
- Burlington
- Lexington
- Woburn
- Other _____

75. I receive special education services

- Yes
- No

76. I receive special accommodations on a 504 plan

- Yes
- No

Do you have any additional comments regarding the survey or other issues you wish to have addressed?