

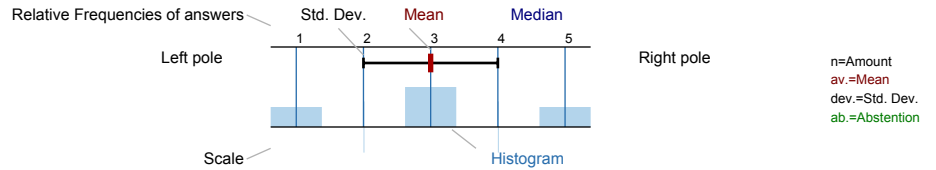
**Professor Instructor**  
 (--Youth Risk Behavior Survey)  
 No. of responses = 414



**Survey Results**

**Legend**

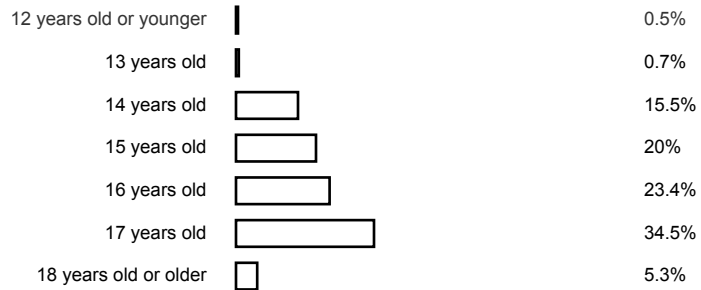
Question text



**Demographics**

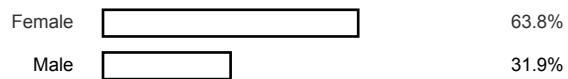
1.1) How old are you?

n=414



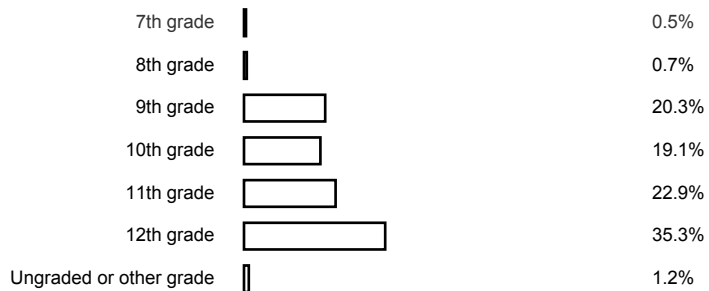
1.2) What is your sex?

n=414



1.3) What grade are you in?

n=414



1.4) What is your race? (Select one or more responses) n=414

American Indian or Alaska Native	<input type="checkbox"/>	1.4%
Asian	<input type="checkbox"/>	2.7%
Black or African American	<input type="checkbox"/>	33.6%
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	1.2%
White	<input type="checkbox"/>	58.5%

The next 4 questions ask about safety.

2.1) When you rode a bicycle during the past 12 months, how often did you wear a helmet? n=414

I did not ride a bicycle during the past 12 months	<input type="checkbox"/>	38.6%
Never wore a helmet	<input type="checkbox"/>	50.7%
Rarely wore a helmet	<input type="checkbox"/>	4.6%
Sometimes wore a helmet	<input type="checkbox"/>	0.7%
Most of the time wore a helmet	<input type="checkbox"/>	1.9%
Always wore a helmet	<input type="checkbox"/>	3.1%

2.2) How often do you wear a seat belt when riding in a car driven by someone else? n=414

Never	<input type="checkbox"/>	4.1%
Rarely	<input type="checkbox"/>	2.9%
Sometimes	<input type="checkbox"/>	8.7%
Most of the time	<input type="checkbox"/>	15.9%
Always	<input type="checkbox"/>	68.1%

2.3) 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? n=414

0 times	<input type="checkbox"/>	80.7%
1 time	<input type="checkbox"/>	5.6%
2 or 3 times	<input type="checkbox"/>	8%
4 or 5 times	<input type="checkbox"/>	1.2%
6 or more times	<input type="checkbox"/>	3.6%

2.4) During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? n=414

0 times	<input style="width: 150px; height: 15px;" type="text"/>	92.3%
1 time	<input style="width: 15px; height: 15px;" type="text"/>	2.4%
2 or 3 times	<input style="width: 15px; height: 15px;" type="text"/>	3.1%
4 or 5 times	<input style="width: 10px; height: 15px;" type="text"/>	0.2%
6 or more times	<input style="width: 15px; height: 15px;" type="text"/>	1.7%

The next 10 questions ask about violence-related behaviors.

3.1) During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club? n=414

0 days	<input style="width: 150px; height: 15px;" type="text"/>	82.9%
1 day	<input style="width: 15px; height: 15px;" type="text"/>	2.4%
2 or 3 days	<input style="width: 15px; height: 15px;" type="text"/>	2.9%
4 or 5 days	<input style="width: 10px; height: 15px;" type="text"/>	1%
6 or more days	<input style="width: 25px; height: 15px;" type="text"/>	10.1%

3.2) During the past 30 days, on how many days did you carry a gun? n=414

0 days	<input style="width: 150px; height: 15px;" type="text"/>	94.2%
1 day	<input style="width: 15px; height: 15px;" type="text"/>	1.7%
2 or 3 days	<input style="width: 15px; height: 15px;" type="text"/>	1.4%
4 or 5 days	<input style="width: 10px; height: 15px;" type="text"/>	0.5%
6 or more days	<input style="width: 15px; height: 15px;" type="text"/>	1.7%

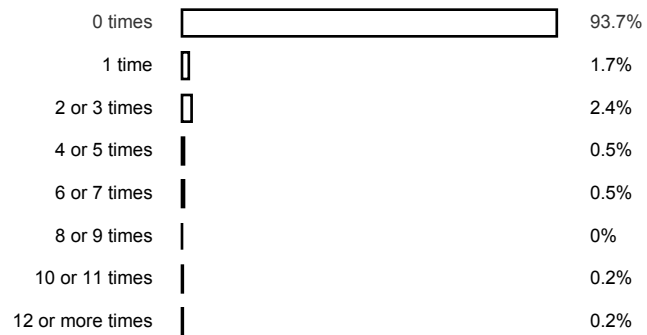
3.3) During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? n=414

0 days	<input style="width: 150px; height: 15px;" type="text"/>	96.4%
1 day	<input style="width: 10px; height: 15px;" type="text"/>	0.5%
2 or 3 days	<input style="width: 10px; height: 15px;" type="text"/>	0.5%
4 or 5 days	<input style="width: 10px; height: 15px;" type="text"/>	0%
6 or more days	<input style="width: 15px; height: 15px;" type="text"/>	1.4%

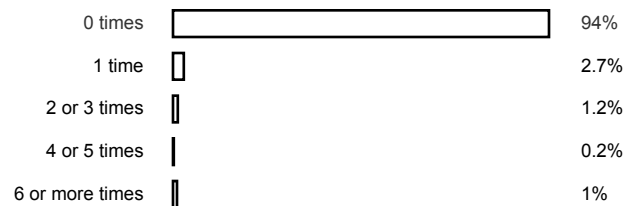
3.4) During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? n=414



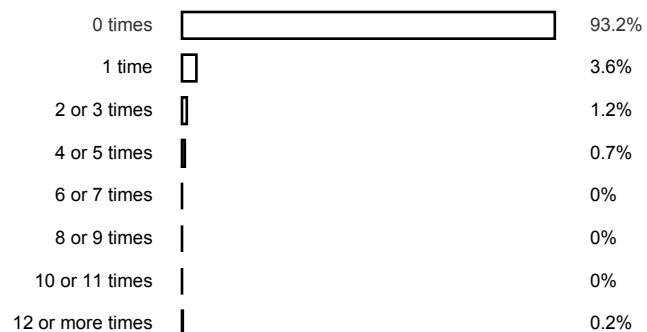
3.5) During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? n=414



3.6) During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse? n=414



3.7) During the past 12 months, how many times were you in a physical fight on school property? n=414



3.8) During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? n=414

Yes	<input type="checkbox"/>	9.2%
No	<input type="checkbox"/>	89.6%

3.9) Have you ever been physically forced to have sexual intercourse when you did not want to? n=414

Yes	<input type="checkbox"/>	7%
No	<input type="checkbox"/>	91.8%

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

4.1) During the past 12 months, have you ever been bullied on school property? n=414

Yes	<input type="checkbox"/>	12.6%
No	<input type="checkbox"/>	86.5%

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

5.1) 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? n=414

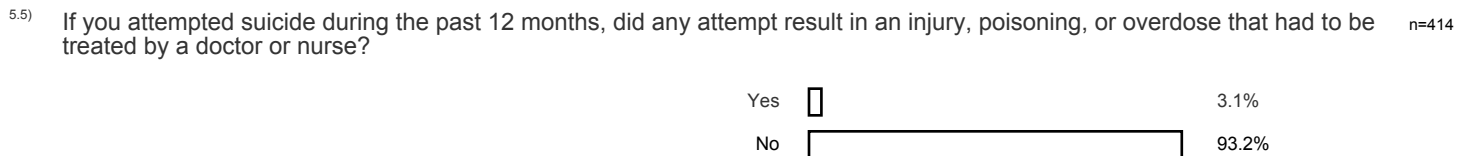
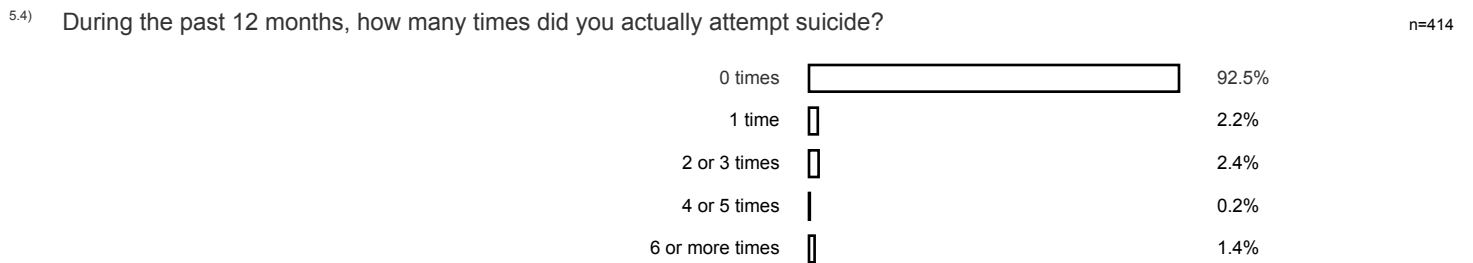
Yes	<input type="checkbox"/>	26.1%
No	<input type="checkbox"/>	72.9%

5.2) During the past 12 months, did you ever seriously consider attempting suicide? n=414

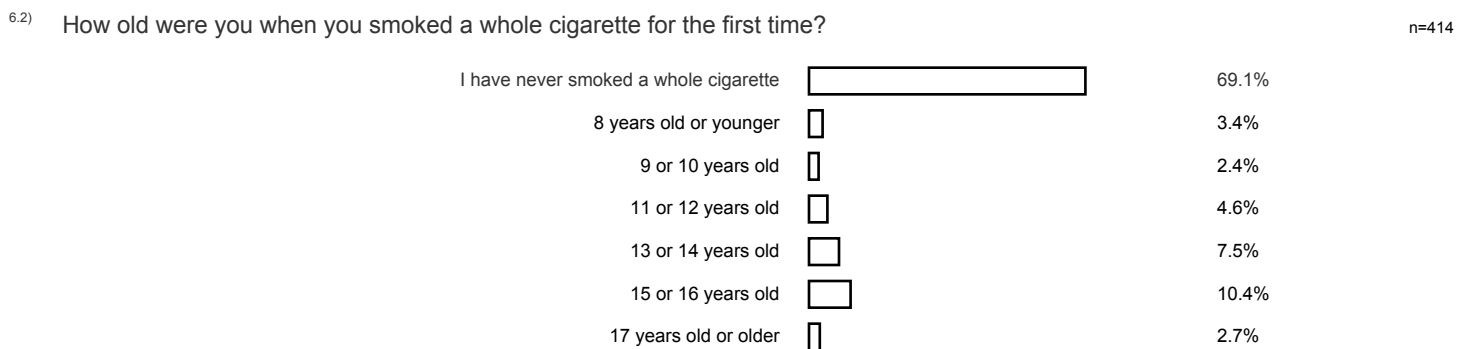
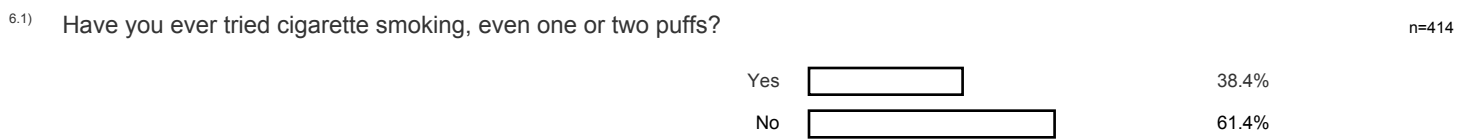
Yes	<input type="checkbox"/>	12.3%
No	<input type="checkbox"/>	86%

5.3) During the past 12 months, did you make a plan about how you would attempt suicide? n=414

Yes	<input type="checkbox"/>	9.7%
No	<input type="checkbox"/>	88.4%



The next 11 questions ask about tobacco use.



6.3) During the past 30 days, on how many days did you smoke cigarettes? n=414

0 days	<input type="checkbox"/>	80.9%
1 or 2 days	<input type="checkbox"/>	4.8%
3 to 5 days	<input type="checkbox"/>	1.9%
6 to 9 days	<input type="checkbox"/>	1.2%
10 to 19 days	<input type="checkbox"/>	2.2%
20 to 29 days	<input type="checkbox"/>	4.1%
All 30 days	<input type="checkbox"/>	4.1%

6.4) During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? n=414

I did not smoke cigarettes during the past 30 days	<input type="checkbox"/>	81.4%
Less than 1 cigarette per day	<input type="checkbox"/>	2.9%
1 cigarette per day	<input type="checkbox"/>	4.1%
2 to 5 cigarettes per day	<input type="checkbox"/>	8%
6 to 10 cigarettes per day	<input type="checkbox"/>	1.7%
11 to 20 cigarettes per day	<input type="checkbox"/>	1.4%
More than 20 cigarettes per day	<input type="checkbox"/>	0.2%

6.5) During the past 30 days, how did you usually get your own cigarettes? (Select only one response) n=414

I did not smoke cigarettes during the past 30 days	<input type="checkbox"/>	82.4%
I bought them in a store such as a convenience store, supermarket, discount store, or gas	<input type="checkbox"/>	3.4%
I bought them from a vending machine	<input type="checkbox"/>	0.5%
I gave someone else money to buy them for me	<input type="checkbox"/>	5.3%
I borrowed (or bummed) them from someone else	<input type="checkbox"/>	2.9%
A person 18 years old or older gave them to me	<input type="checkbox"/>	1.9%
I took them from a store or family member	<input type="checkbox"/>	1.2%
I got them some other way	<input type="checkbox"/>	2.4%

6.6) During the past 30 days, on how many days did you smoke cigarettes on school property? n=414

0 days	<input style="width: 100px; height: 15px;" type="text"/>	96.9%
1 or 2 days	<input style="width: 10px; height: 15px;" type="text"/>	1.7%
3 to 5 days	<input style="width: 5px; height: 15px;" type="text"/>	0.5%
6 to 9 days	<input style="width: 5px; height: 15px;" type="text"/>	0%
10 to 19 days	<input style="width: 5px; height: 15px;" type="text"/>	0.2%
20 to 29 days	<input style="width: 5px; height: 15px;" type="text"/>	0.2%
All 30 days	<input style="width: 5px; height: 15px;" type="text"/>	0.5%

6.7) Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days? n=414

Yes	<input style="width: 20px; height: 15px;" type="text"/>	9.9%
No	<input style="width: 100px; height: 15px;" type="text"/>	89.4%

6.8) During the past 12 months, did you ever try to quit smoking cigarettes? n=414

I did not smoke during the past 12 months	<input style="width: 100px; height: 15px;" type="text"/>	76.1%
Yes	<input style="width: 20px; height: 15px;" type="text"/>	11.4%
No	<input style="width: 20px; height: 15px;" type="text"/>	11.1%

6.9) 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? n=414

0 days	<input style="width: 100px; height: 15px;" type="text"/>	94.4%
1 or 2 days	<input style="width: 10px; height: 15px;" type="text"/>	2.7%
3 to 5 days	<input style="width: 5px; height: 15px;" type="text"/>	0.2%
6 to 9 days	<input style="width: 5px; height: 15px;" type="text"/>	0.5%
10 to 19 days	<input style="width: 5px; height: 15px;" type="text"/>	0.5%
20 to 29 days	<input style="width: 5px; height: 15px;" type="text"/>	0.2%
All 30 days	<input style="width: 5px; height: 15px;" type="text"/>	1.2%

6.10) During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property? n=414

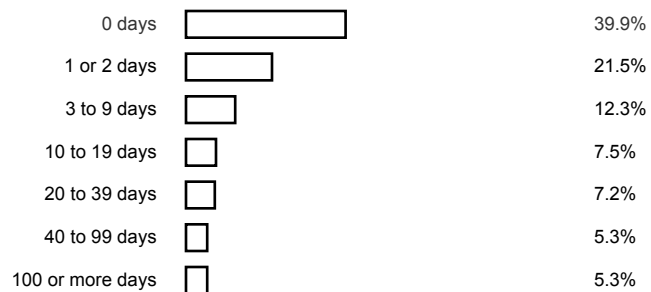


6.11) During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars? n=414



The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

7.1) During your life, on how many days have you had at least one drink of alcohol? n=414



7.2) How old were you when you had your first drink of alcohol other than a few sips? n=414

I have never had a drink of alcohol other than a few sips	<input type="checkbox"/>	42%
8 years old or younger	<input type="checkbox"/>	5.8%
9 or 10 years old	<input type="checkbox"/>	3.6%
11 or 12 years old	<input type="checkbox"/>	6%
13 or 14 years old	<input type="checkbox"/>	16.7%
15 or 16 years old	<input type="checkbox"/>	20.5%
17 years old or older	<input type="checkbox"/>	4.1%

7.3) During the past 30 days, on how many days did you have at least one drink of alcohol? n=414

0 days	<input type="checkbox"/>	72.7%
1 or 2 days	<input type="checkbox"/>	12.1%
3 to 5 days	<input type="checkbox"/>	7.7%
6 to 9 days	<input type="checkbox"/>	2.7%
10 to 19 days	<input type="checkbox"/>	1.2%
20 to 29 days	<input type="checkbox"/>	0.2%
All 30 days	<input type="checkbox"/>	1%

7.4) 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? n=414

0 days	<input type="checkbox"/>	83.8%
1 day	<input type="checkbox"/>	5.1%
2 days	<input type="checkbox"/>	2.9%
3 to 5 days	<input type="checkbox"/>	5.1%
6 to 9 days	<input type="checkbox"/>	0.7%
10 to 19 days	<input type="checkbox"/>	0.5%
20 or more days	<input type="checkbox"/>	1.2%

7.5) During the past 30 days, how did you usually get the alcohol you drank? n=414

I did not drink alcohol during the past 30 days	<input type="checkbox"/>	69.3%
I bought it in a store such as a liquor store, convenience store, supermarket, discount	<input type="checkbox"/>	1.4%
I bought it at a restaurant, bar, or club	<input type="checkbox"/>	0%
I bought it at a public event such as a concert or sporting event	<input type="checkbox"/>	0.2%
I gave someone else money to buy it for me	<input type="checkbox"/>	3.4%
Someone gave it to me	<input type="checkbox"/>	15.2%
I took it from a store or family member	<input type="checkbox"/>	2.7%
I got it some other way	<input type="checkbox"/>	5.3%

7.6) During the past 30 days, on how many days did you have at least one drink of alcohol on school property? n=414

0 days	<input type="checkbox"/>	95.2%
1 or 2 days	<input type="checkbox"/>	1%
3 to 5 days	<input type="checkbox"/>	0.2%
6 to 9 days	<input type="checkbox"/>	0%
10 to 19 days	<input type="checkbox"/>	0.2%
20 to 29 days	<input type="checkbox"/>	0%
All 30 days	<input type="checkbox"/>	0%

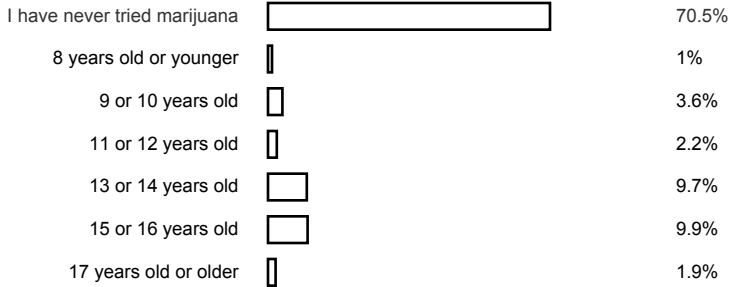
The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

8.1) During your life, how many times have you used marijuana? n=414

0 times	<input type="checkbox"/>	70.8%
1 or 2 times	<input type="checkbox"/>	8.5%
3 to 9 times	<input type="checkbox"/>	6.8%
10 to 19 times	<input type="checkbox"/>	1%
20 to 39 times	<input type="checkbox"/>	2.7%
40 to 99 times	<input type="checkbox"/>	2.7%
100 or more times	<input type="checkbox"/>	6.8%

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

n=414



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

n=414



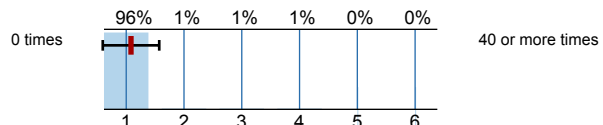
8.4) During the past 30 days, how many times did you use marijuana on school property?

n=414



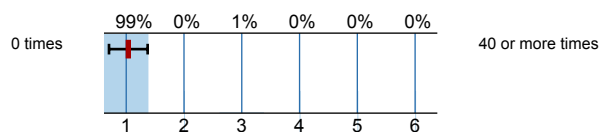
The next 9 questions ask about other drugs.

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

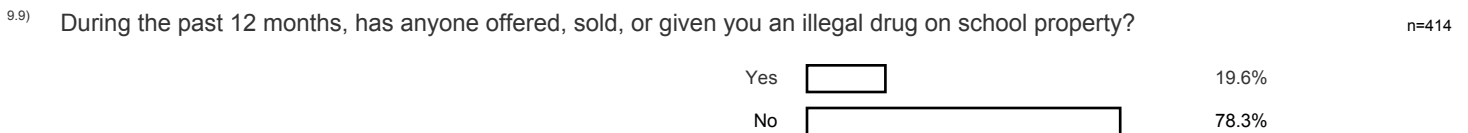
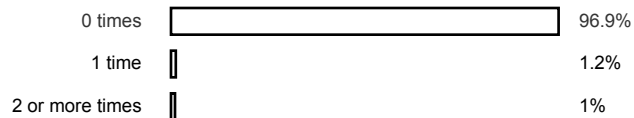
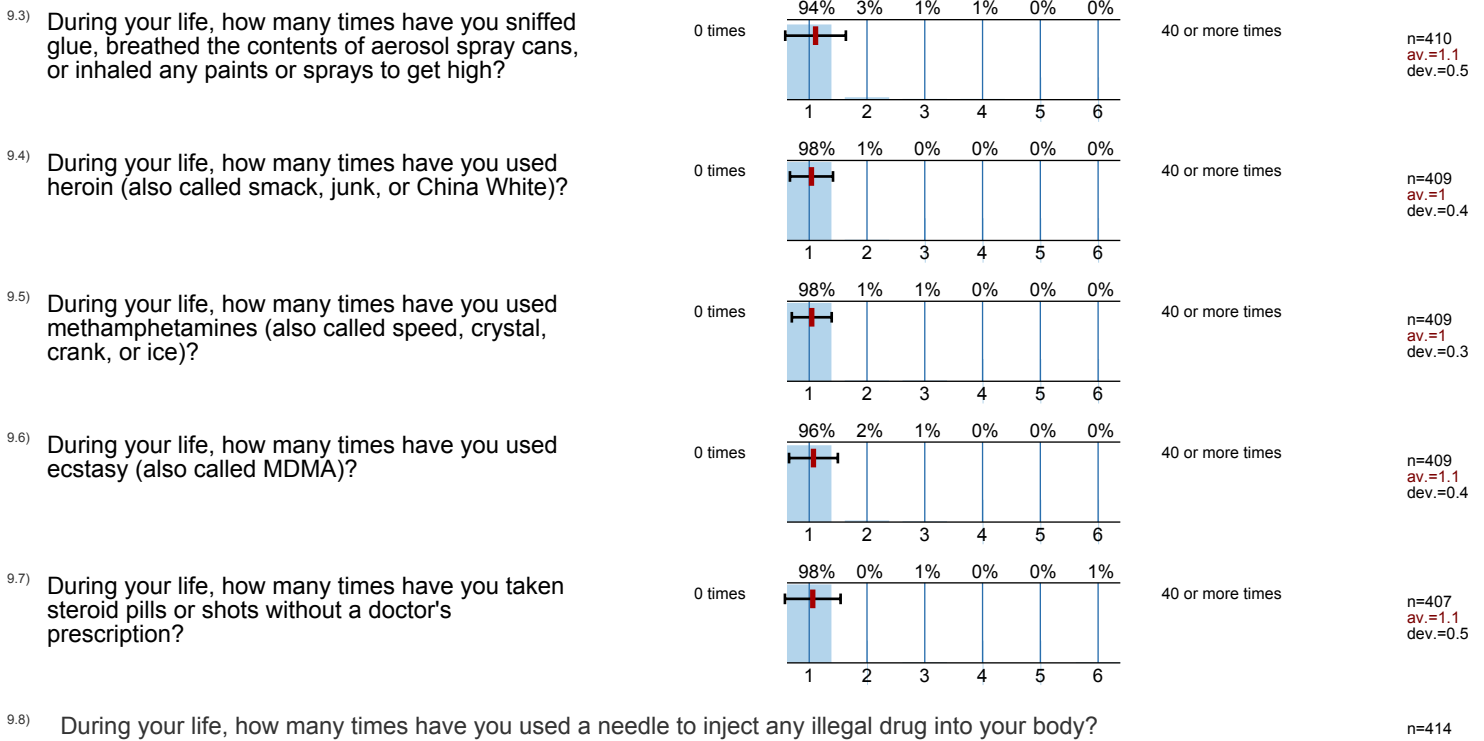


n=411  
av.=1.1  
dev.=0.5

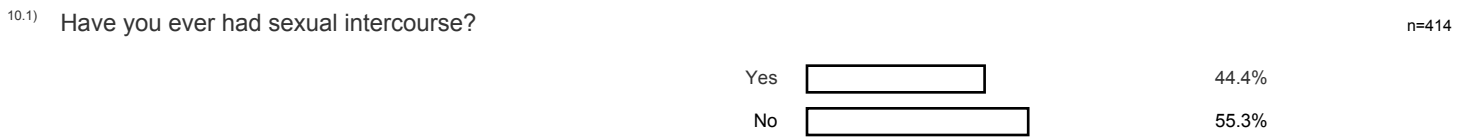
9.2) During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?



n=411  
av.=1  
dev.=0.3



The next 7 questions ask about sexual behavior.



10.2) How old were you when you had sexual intercourse for the first time? n=414

I have never had sexual intercourse	<input type="checkbox"/>	55.1%
11 years old or younger	<input type="checkbox"/>	4.1%
12 years old	<input type="checkbox"/>	2.2%
13 years old	<input type="checkbox"/>	4.8%
14 years old	<input type="checkbox"/>	10.6%
15 years old	<input type="checkbox"/>	10.6%
16 years old	<input type="checkbox"/>	10.1%
17 years old or older	<input type="checkbox"/>	2.4%

10.3) During your life, with how many people have you had sexual intercourse? n=414

I have never had sexual intercourse	<input type="checkbox"/>	54.8%
1 person	<input type="checkbox"/>	14.5%
2 people	<input type="checkbox"/>	9.7%
3 people	<input type="checkbox"/>	6.5%
4 people	<input type="checkbox"/>	4.8%
5 people	<input type="checkbox"/>	3.1%
6 or more people	<input type="checkbox"/>	5.3%

10.4) During the past 3 months, with how many people did you have sexual intercourse? n=414

I have never had sexual intercourse	<input type="checkbox"/>	55.6%
I have had sexual intercourse, but not during the past 3 months	<input type="checkbox"/>	10.4%
1 person	<input type="checkbox"/>	25.8%
2 people	<input type="checkbox"/>	4.3%
3 people	<input type="checkbox"/>	1.4%
4 people	<input type="checkbox"/>	0.2%
5 people	<input type="checkbox"/>	0.2%
6 or more people	<input type="checkbox"/>	1.9%

10.5) Did you drink alcohol or use drugs before you had sexual intercourse the last time? n=414

I have never had sexual intercourse	<input type="checkbox"/>	54.6%
Yes	<input type="checkbox"/>	7%
No	<input type="checkbox"/>	37.7%

10.6) The last time you had sexual intercourse, did you or your partner use a condom? n=414

I have never had sexual intercourse	<input type="text" value="54.3%"/>	54.3%
Yes	<input type="text" value="28.7%"/>	28.7%
No	<input type="text" value="15.9%"/>	15.9%

10.7) The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response) n=414

I have never had sexual intercourse	<input type="text" value="55.3%"/>	55.3%
No method was used to prevent pregnancy	<input type="text" value="5.8%"/>	5.8%
Birth control pills	<input type="text" value="8.7%"/>	8.7%
Condoms	<input type="text" value="24.6%"/>	24.6%
Depo-Provera (injectable birth control)	<input type="text" value="1.9%"/>	1.9%
Withdrawal	<input type="text" value="2.9%"/>	2.9%
Some other method	<input type="text" value="1%"/>	1%
Not sure	<input type="text" value="0.2%"/>	0.2%

**The next 7 questions ask about body weight.**

11.1) How do you describe your weight? n=414

Very underweight	<input type="text" value="1.4%"/>	1.4%
Slightly underweight	<input type="text" value="12.8%"/>	12.8%
About the right weight	<input type="text" value="61.6%"/>	61.6%
Slightly overweight	<input type="text" value="18.6%"/>	18.6%
Very overweight	<input type="text" value="3.6%"/>	3.6%

11.2) Which of the following are you trying to do about your weight? n=414

Lose weight	<input type="text" value="40.6%"/>	40.6%
Gain weight	<input type="text" value="15.2%"/>	15.2%
Stay the same weight	<input type="text" value="23.4%"/>	23.4%
I am not trying to do anything about my weight	<input type="text" value="19.3%"/>	19.3%

11.3) During the past 30 days, did you exercise to lose weight or to keep from gaining weight? n=414

Yes	<input type="text" value="59.9%"/>	59.9%
No	<input type="text" value="38.6%"/>	38.6%

- 11.4) During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight? n=414
- |     |                          |       |
|-----|--------------------------|-------|
| Yes | <input type="checkbox"/> | 37.7% |
| No  | <input type="checkbox"/> | 60.4% |
- 11.5) During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? n=414
- |     |                          |       |
|-----|--------------------------|-------|
| Yes | <input type="checkbox"/> | 12.3% |
| No  | <input type="checkbox"/> | 85%   |
- 11.6) During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast) n=414
- |     |                          |       |
|-----|--------------------------|-------|
| Yes | <input type="checkbox"/> | 5.6%  |
| No  | <input type="checkbox"/> | 92.3% |
- 11.7) During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? n=414
- |     |                          |       |
|-----|--------------------------|-------|
| Yes | <input type="checkbox"/> | 4.1%  |
| No  | <input type="checkbox"/> | 94.2% |

The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

- 12.1) During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks) n=414
- |   |                          |       |
|---|--------------------------|-------|
| I did not drink 100% fruit juice during the past 7 days | <input type="checkbox"/> | 21.7% |
| 1 to 3 times during the past 7 days                     | <input type="checkbox"/> | 31.9% |
| 4 to 6 times during the past 7 days                     | <input type="checkbox"/> | 18.4% |
| 1 time per day  | <input type="checkbox"/> | 9.2%  |
| 2 times per day   | <input type="checkbox"/> | 9.4%  |
| 3 times per day   | <input type="checkbox"/> | 3.9%  |
| 4 or more times per day                                 | <input type="checkbox"/> | 4.6%  |

12.2) During the past 7 days, how many times did you eat fruit? (Do not count fruit juice) n=414

I did not eat fruit during the past 7 days	<input type="checkbox"/>	14.5%
1 to 3 times during the past 7 days	<input type="checkbox"/>	36.5%
4 to 6 times during the past 7 days	<input type="checkbox"/>	19.8%
1 time per day	<input type="checkbox"/>	11.6%
2 times per day	<input type="checkbox"/>	10.1%
3 times per day	<input type="checkbox"/>	3.9%
4 or more times per day	<input type="checkbox"/>	1.9%

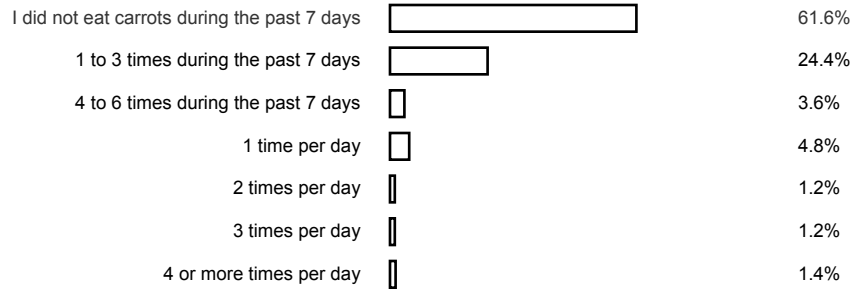
12.3) During the past 7 days, how many times did you eat green salad? n=414

I did not eat green salad during the past 7 days	<input type="checkbox"/>	37.2%
1 to 3 times during the past 7 days	<input type="checkbox"/>	37.7%
4 to 6 times during the past 7 days	<input type="checkbox"/>	10.4%
1 time per day	<input type="checkbox"/>	8.9%
2 times per day	<input type="checkbox"/>	2.7%
3 times per day	<input type="checkbox"/>	0.5%
4 or more times per day	<input type="checkbox"/>	0.7%

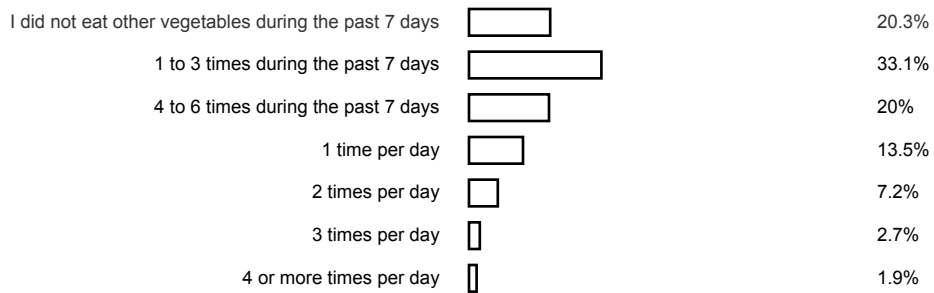
12.4) During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips) n=414

I did not eat potatoes during the past 7 days	<input type="checkbox"/>	30.2%
1 to 3 times during the past 7 days	<input type="checkbox"/>	49%
4 to 6 times during the past 7 days	<input type="checkbox"/>	10.6%
1 time per day	<input type="checkbox"/>	4.6%
2 times per day	<input type="checkbox"/>	1.4%
3 times per day	<input type="checkbox"/>	1.7%
4 or more times per day	<input type="checkbox"/>	0.7%

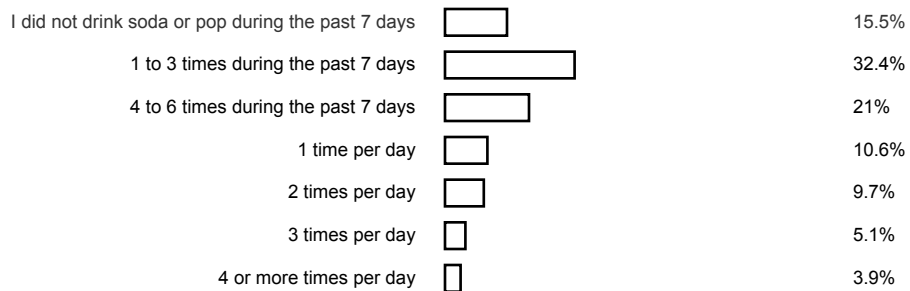
12.5) During the past 7 days, how many times did you eat carrots? n=414



12.6) During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots) n=414



12.7) 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 include diet sode or diet pop) n=414



12.8) During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass) n=414

I did not drink milk during the past 7 days	<input type="checkbox"/>	22.5%
1 to 3 glasses during the past 7 days	<input type="checkbox"/>	26.8%
4 to 6 glasses during the past 7 days	<input type="checkbox"/>	11.4%
1 glass per day	<input type="checkbox"/>	13.8%
2 glasses per day	<input type="checkbox"/>	14%
3 glasses per day	<input type="checkbox"/>	3.9%
4 or more glasses per day	<input type="checkbox"/>	5.1%

The next 5 questions ask about physical activity.

13.1) 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) n=414

0 days	<input type="checkbox"/>	11.4%
1 day	<input type="checkbox"/>	13.5%
2 days	<input type="checkbox"/>	11.4%
3 days	<input type="checkbox"/>	12.1%
4 days	<input type="checkbox"/>	9.9%
5 days	<input type="checkbox"/>	16.9%
6 days	<input type="checkbox"/>	5.8%
7 days	<input type="checkbox"/>	17.1%

13.2) On an average school day, how many hours do you watch TV? n=414

I do not watch TV on an average school day	<input type="checkbox"/>	10.4%
Less than 1 hour per day	<input type="checkbox"/>	16.9%
1 hour per day	<input type="checkbox"/>	12.3%
2 hours per day	<input type="checkbox"/>	23.7%
3 hours per day	<input type="checkbox"/>	13.3%
4 hours per day	<input type="checkbox"/>	10.4%
5 or more hours per day	<input type="checkbox"/>	10.4%

13.3) 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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the internet) n=414

I do not play video or computer games or use a computer for something that is not school	<input type="text" value="26.8"/>	26.8%
Less than 1 hour per day	<input type="text" value="24.9"/>	24.9%
1 hour per day	<input type="text" value="15.5"/>	15.5%
2 hours per day	<input type="text" value="12.1"/>	12.1%
3 hours per day	<input type="text" value="9.9"/>	9.9%
4 hours per day	<input type="text" value="4.3"/>	4.3%
5 or more hours per day	<input type="text" value="5.3"/>	5.3%

13.4) In an average week when you are in school, on how many days do you go to physical education (PE) classes? n=414

0 days	<input type="text" value="64"/>	64%
1 day	<input type="text" value="11.1"/>	11.1%
2 days	<input type="text" value="1.4"/>	1.4%
3 days	<input type="text" value="1.9"/>	1.9%
4 days	<input type="text" value="1"/>	1%
5 days	<input type="text" value="18.1"/>	18.1%

13.5) During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups) n=414

0 teams	<input type="text" value="41.1"/>	41.1%
1 team	<input type="text" value="33.6"/>	33.6%
2 teams	<input type="text" value="15.9"/>	15.9%
3 or more teams	<input type="text" value="7.7"/>	7.7%

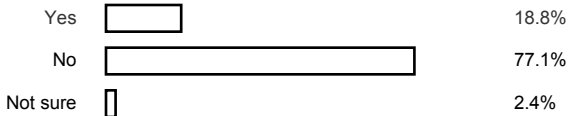
The next 3 questions ask about other health-related topics.

14.1) Have you ever been taught about AIDS or HIV infection in school? n=414

Yes	<input type="text" value="78.3"/>	78.3%
No	<input type="text" value="14"/>	14%
Not sure	<input type="text" value="6.3"/>	6.3%

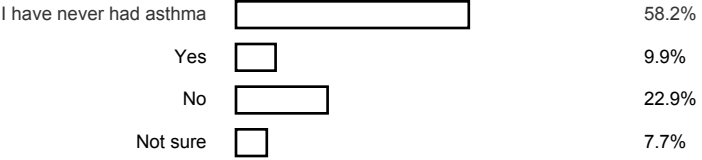
14.2) Has a doctor or nurse ever told you that you have asthma?

n=414



14.3) Do you still have asthma?

n=414



# Profile

<p><b>Subunit:</b></p> <p>█ <b>Name of the instructor:</b></p> <p>█ <b>Name of the course:</b> (Name of the survey)</p>	<p><b>Assessment</b></p> <p>Professor Instructor</p> <p>Youth Risk Behavior Survey</p>
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9.1)	During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?	0 times		40 or more times	av.=1.1
9.2)	During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?	0 times		40 or more times	av.=1
9.3)	During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	0 times		40 or more times	av.=1.1
9.4)	During your life, how many times have you used heroin (also called smack, junk, or China White)?	0 times		40 or more times	av.=1
9.5)	During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?	0 times		40 or more times	av.=1
9.6)	During your life, how many times have you used ecstasy (also called MDMA)?	0 times		40 or more times	av.=1.1
9.7)	During your life, how many times have you taken steroid pills or shots without a doctor's prescription?	0 times		40 or more times	av.=1.1