2011 Utah Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

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

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.
Directions
- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

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

2. What is your sex?
   A. Female
   B. Male

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

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

5. What is your race? (Select one or more responses.)
   A. American Indian or Alaska Native
   B. Asian
   C. Black or African American
   D. Native Hawaiian or Other Pacific Islander
   E. White

6. How tall are you without your shoes on?
   Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.
   Example
   Height
   Foot Inches
   5 7
   4
   3 0
   ● 2
   2 3
   7 4
   6 5
   8 6
   9 7
   10 8

7. How much do you weigh without your shoes on?
   Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.
   Example
   Weight Pounds
   1 5 2
   9 9 9 9
   ● 1 1
   2 2 2 2
   3 3 3 3
   4 4 4 4
   ● 5 5 5 5
   6 6 6 6
   7 7 7 7
   8 8 8 8
   9 9 9 9
8. During the past 12 months, how would you describe your grades in school?
   A. Mostly A’s
   B. Mostly B’s
   C. Mostly C’s
   D. Mostly D’s
   E. Mostly F’s
   F. None of these grades
   G. Not sure

The next 4 questions ask about safety.

9. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
   A. I did not ride a bicycle during the past 12 months
   B. Never wore a helmet
   C. Rarely wore a helmet
   D. Sometimes wore a helmet
   E. Most of the time wore a helmet
   F. Always wore a helmet

10. How often do you wear a seat belt when riding in a car driven by someone else?
    A. Never
    B. Rarely
    C. Sometimes
    D. Most of the time
    E. Always

11. 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

12. During the past 30 days, how many times did you drive a car or other vehicle when you 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

The next 10 questions ask about violence-related behaviors.

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

14. During the past 30 days, on how many days did you carry a gun?
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

16. 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
17. 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 7 times
   F. 8 or 9 times
   G. 10 or 11 times
   H. 12 or more times

18. During the past 12 months, how many times were you in a physical fight?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or 7 times
   F. 8 or 9 times
   G. 10 or 11 times
   H. 12 or more times

19. 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?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

20. During the past 12 months, how many times were you in a physical fight on school property?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or 7 times
   F. 8 or 9 times
   G. 10 or 11 times
   H. 12 or more times

21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
   A. Yes
   B. No

22. Have you ever been physically forced to have sexual intercourse when you did not want to?
   A. Yes
   B. No

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

23. During the past 12 months, have you ever been bullied on school property?
   A. Yes
   B. No

24. During the past 12 months, have you ever been electronically bullied?
   (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
   A. Yes
   B. No

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.

25. 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
26. During the past 12 months, did you ever seriously consider attempting suicide?
   A. Yes  
   B. No

27. During the past 12 months, did you make a plan about how you would attempt suicide?
   A. Yes  
   B. No

28. 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

29. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
   A. I did not attempt suicide during the past 12 months  
   B. Yes  
   C. No

The next 11 questions ask about tobacco use.

30. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes  
   B. No

31. How old were you when you smoked a whole cigarette for the first time?
   A. I have never smoked a whole cigarette  
   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

32. 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

33. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   A. I did not smoke cigarettes during the past 30 days  
   B. Less than 1 cigarette per day  
   C. 1 cigarette per day  
   D. 2 to 5 cigarettes per day  
   E. 6 to 10 cigarettes per day  
   F. 11 to 20 cigarettes per day  
   G. More than 20 cigarettes per day

34. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
   A. I did not smoke cigarettes during the past 30 days  
   B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station  
   C. I bought them from a vending machine  
   D. I gave someone else money to buy them for me  
   E. I borrowed (or bummed) them from someone else  
   F. A person 18 years old or older gave them to me  
   G. I took them from a store or family member  
   H. I got them some other way
35. During the past 30 days, on how many days did you smoke cigarettes on school property?
   A. 0 days  
   B. 1 or 2 days  
   C. 3 to 5 days  
   D. 6 to 9 days  
   E. 10 to 19 days  
   F. 20 to 29 days  
   G. All 30 days

36. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
   A. Yes  
   B. No

37. During the past 12 months, did you ever try to quit smoking cigarettes?
   A. I did not smoke during the past 12 months  
   B. Yes  
   C. No

38. 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

39. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?
   A. 0 days  
   B. 1 or 2 days  
   C. 3 to 5 days  
   D. 6 to 9 days  
   E. 10 to 19 days  
   F. 20 to 29 days  
   G. All 30 days

40. 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

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.

41. During your life, on how many days have you had at least one drink of alcohol?
   A. 0 days  
   B. 1 or 2 days  
   C. 3 to 9 days  
   D. 10 to 19 days  
   E. 20 to 39 days  
   F. 40 to 99 days  
   G. 100 or more days

42. 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
43. 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

44. 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

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

46. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
   A. 0 days  
   B. 1 or 2 days  
   C. 3 to 5 days  
   D. 6 to 9 days  
   E. 10 to 19 days  
   F. 20 to 29 days  
   G. All 30 days

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

47. During your life, how many times have you used marijuana?
   A. 0 times  
   B. 1 or 2 times  
   C. 3 to 9 times  
   D. 10 to 19 times  
   E. 20 to 39 times  
   F. 40 to 99 times  
   G. 100 or more times

48. 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

49. 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
50. During the past 30 days, how many times did you use marijuana on school property?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

The next 10 questions ask about other drugs.

51. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

52. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

53. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

54. During your life, how many times have you used heroin (also called smack, junk, or China White)?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

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

56. During your life, how many times have you used ecstasy (also called MDMA)?
   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

57. During your life, how many times have you taken steroid pills or shots 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
58. 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

59. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
   A. 0 times
   B. 1 time
   C. 2 or more times

60. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
   A. Yes
   B. No

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61. How do you describe your weight?
   A. Very underweight
   B. Slightly underweight
   C. About the right weight
   D. Slightly overweight
   E. Very overweight

62. 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

63. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
   A. Yes
   B. No

64. 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.)
   A. Yes
   B. No

65. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
   A. Yes
   B. No

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The next 13 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.

66. 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.)
   A. I did not drink 100% fruit juice 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
67. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
   A. I did not eat fruit 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

68. During the past 7 days, how many times did you eat **green salad**?
   A. I did not eat green salad 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

69. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
   A. I did not eat potatoes 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

70. During the past 7 days, how many times did you eat **carrots**?
   A. I did not eat carrots 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

71. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
   A. I did not eat other vegetables 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

72. 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
73. During the past 7 days, how many times did you drink a can, bottle, or glass of a sports drink such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2.)
   A. I did not drink sports drinks during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

74. During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do not count diet energy drinks or sport drinks such as Gatorade or PowerAde.)
   A. I did not drink energy drinks during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

75. During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
   A. I did not drink sugar-sweetened beverages 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

76. During the past 7 days, how many meals did you eat with your family?
   A. 0 meals
   B. 1 to 3 meals
   C. 4 to 6 meals
   D. 7 to 9 meals
   E. 10 to 12 meals
   F. 13 to 15 meals
   G. 16 or more meals

77. When you eat dinner at home, how often is a television on while you are eating?
   A. I do not eat dinner at home
   B. Never
   C. Rarely
   D. Sometimes
   E. Most of the time
   F. Always
78. 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

The next 6 questions ask about physical activity.

79. 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

80. 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

81. 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 Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, 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

82. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days

83. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
   A. 0 teams
   B. 1 team
   C. 2 teams
   D. 3 or more teams

84. In an average week when you are in school, on how many days do you walk or ride your bike to school when weather allows you to do so?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
### The next 10 questions ask about asthma.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>85. Has a doctor or nurse ever told you that you have asthma?</td>
<td>A. Yes</td>
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<td></td>
<td>B. No</td>
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<td></td>
<td>C. Not sure</td>
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<tr>
<td>86. Do you still have asthma?</td>
<td>A. I have never had asthma</td>
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<td></td>
<td>B. Yes</td>
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<td></td>
<td>C. No</td>
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<td></td>
<td>D. Not sure</td>
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<td>87. During the past 12 months, did you have an episode of asthma or an</td>
<td>A. Yes</td>
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<tr>
<td>asthma attack?</td>
<td></td>
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<tr>
<td></td>
<td>B. No</td>
</tr>
<tr>
<td>88. During the past 12 months, how often did you limit activities that</td>
<td>A. I do not have asthma</td>
</tr>
<tr>
<td>you wanted to do (excluding going to school) because of your asthma?</td>
<td></td>
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<tr>
<td></td>
<td>B. Never</td>
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<tr>
<td></td>
<td>C. Less than 1 time per week</td>
</tr>
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<td></td>
<td>D. 1 or more times per week</td>
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<td></td>
<td>E. Almost daily</td>
</tr>
<tr>
<td>89. During the past 12 months, about how many days of school did you</td>
<td>A. I do not have asthma</td>
</tr>
<tr>
<td>miss because of your asthma?</td>
<td></td>
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<tr>
<td></td>
<td>B. 0 days</td>
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<td></td>
<td>C. 1 to 3 days</td>
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<tr>
<td></td>
<td>D. 4 to 9 days</td>
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<tr>
<td></td>
<td>E. 10 to 12 days</td>
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<td></td>
<td>F. 13 or more days</td>
</tr>
<tr>
<td>90. During the past 12 months, how many times did you go to the doctor</td>
<td>A. I do not have asthma</td>
</tr>
<tr>
<td>because of worsening asthma symptoms or for an asthma episode or attack?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. 0 times</td>
</tr>
<tr>
<td></td>
<td>C. 1 to 3 times</td>
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<tr>
<td></td>
<td>D. 4 to 9 times</td>
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<tr>
<td></td>
<td>E. 10 to 12 times</td>
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<tr>
<td></td>
<td>F. 13 or more times</td>
</tr>
<tr>
<td>91. During the past 12 months, how many times did you go to an emergency</td>
<td>A. I do not have asthma</td>
</tr>
<tr>
<td>room or urgent care center because of your asthma?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. 0 times</td>
</tr>
<tr>
<td></td>
<td>C. 1 to 3 times</td>
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<tr>
<td></td>
<td>D. 4 to 9 times</td>
</tr>
<tr>
<td></td>
<td>E. 10 to 12 times</td>
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<tr>
<td></td>
<td>F. 13 or more times</td>
</tr>
<tr>
<td>92. During the past 12 months, have you used an inhaled asthma medicine</td>
<td>A. I do not have asthma</td>
</tr>
<tr>
<td>that was prescribed by a doctor?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Yes</td>
</tr>
<tr>
<td></td>
<td>C. No</td>
</tr>
<tr>
<td></td>
<td>D. Not sure</td>
</tr>
<tr>
<td>93. Has a doctor or nurse ever shown you how to use an inhaler for your</td>
<td>A. I do not have asthma</td>
</tr>
<tr>
<td>asthma?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Yes</td>
</tr>
<tr>
<td></td>
<td>C. No</td>
</tr>
<tr>
<td></td>
<td>D. Not sure</td>
</tr>
</tbody>
</table>
94. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or nurse ever given you a written asthma action plan?
   A. I do not have asthma
   B. Yes
   C. No
   D. Not sure

The next 5 questions ask about other health-related topics.

95. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes
   B. No
   C. Not sure

96. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do not include getting a spray-on tan.)
   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

97. How many sunburns did you have during the past 12 months?
   A. 0 sunburns
   B. 1 sunburn
   C. 2 sunburns
   D. 3 sunburns
   E. 4 sunburns
   F. 5 sunburns
   G. 6 or more sunburns
   H. Not sure

98. During the past 7 days, how many minutes per day did you spend talking on a cell phone, including hands-free or blue tooth, while you were driving?
   A. I did not drive during the past 7 days
   B. 0 minutes
   C. 1 to 3 minutes per day
   D. 4 to 19 minutes per day
   E. 20 to 60 minutes per day
   F. More than 60 minutes per day

99. During the past 7 days, how many minutes per day did you spend texting or using a hand-held electronic device while you were driving?
   A. I did not drive during the past 7 days
   B. 0 minutes
   C. 1 to 3 minutes per day
   D. 4 to 19 minutes per day
   E. 20 to 60 minutes per day
   F. More than 60 minutes per day

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