



Attachment 1: NEXT Annual Survey

PIN enter screen:

Please enter your PIN number below

(If you are unable to log in or are returned to this page please contact support
by replying to your invitation.)

OK

Consent Screen NEXT:

Dear NEXT Participant

You are currently involved in a research study called *The NEXT Generation Health Study (NEXT)*. We need your consent for you to continue participating in this study. This form explains why the research study is needed, what information we will collect during the study, how the information will be used and kept private, and what you will receive for participating. Please read this form carefully. This study is paid for by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Heart, Lung and Blood Institute (NHLBI), the National Institute of Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Health Resources and Services Administration (HRSA). If you have any questions, e-mail us or call toll-free 866-864-9972. If you give your consent to continue in the study, you can print this page, or request a copy be sent to you by e-mailing NEXT@cdmgroup.com.

WHAT IS THE TITLE OF THE STUDY?
The NEXT Generation Health Study (NEXT)

WHAT IS THE PURPOSE OF THE STUDY?
Sometimes young adults develop lifestyle habits that may be related health problems later in life. These may include changes in their physical activity, eating and sleep habits, and alcohol and drug use. Motor vehicle crashes are also a concern, because they are the leading cause of injury and death among teens and a high risk among young adults.

The *NEXT Generation Health Study* wants to learn more about these important health issues for teens and young adults. We will continue to ask you questions about your eating, physical activity, romantic relationships, driving, and alcohol, tobacco, and drug use, as well as about your family and friends. What we learn from this study will help improve health services and create programs that actually work for teenagers and young adults.

The main purposes of *NEXT* are:

- To learn more about the changes in heart disease and related behaviors in older teens as they become independent young adults.
- To learn about what influences body size and what makes some young adults at greater risk for heart disease and other health problems.
- To learn more about participants' family history with heart disease.
- To understand when and why drug or alcohol use in teenagers and young adults begins or stops; what could predict that a young adult will be a problem drinker during the year after high school; and how families or friends influence drinking or drug use.
- To learn more about risky driving behavior and about changes in how young adults drive as they get older.
- To better understand how a group of friends may influence good or bad health behaviors.

Everyone is a little different. If we can learn more about these differences we might learn how to prevent and treat certain diseases better.

We will learn about these things by asking you to do the activities described below.

WHAT IS INVOLVED?
You will be asked to fill out the *NEXT* [on-line](#) or [written](#) survey about your diet, physical activity, substance use, and friends' behaviors during the spring of 2014 through 2016.

HOW MANY OTHER PEOPLE WILL BE IN THE STUDY?
About 2,700 students from 81 schools from across the United States are in the study.

HOW LONG WILL WE BE PART OF THE STUDY?
This is the last data collection we have planned. However, we may contact you in the future. You may agree or refuse to participate in any follow-up data collections.

EXPECTED RISKS AND DISCOMFORTS:
We will ask questions that deal with lifestyle issues, such as what is your weight and whether you smoke or drink alcohol. We will also ask you about whether you have ever thought about or attempted suicide. You may not feel at ease answering these types of questions. However, most questions on the survey are not highly personal and those that are somewhat personal are often included in many US surveys. If you indicate that you are currently thinking of harming yourself, you will be referred to hotlines that provide crisis counseling and referral to mental health treatment.

The only possible risk to you is if someone accidentally saw your answers. The survey is confidential; your answers are identified only by a number ID. The only link between your information and your name is kept in a separate, password protected database at the home office that we use when we need to contact you during the study. A Certificate of Confidentiality has been received from the United States Department of Health and Human Services (DHHS). With this Certificate, we cannot be forced (for example by court order or subpoena) to give anyone information that may name you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from volunteering to give information about you or your participation in this study. Note however, that if an insurer or employer learns you are participating in *NEXT*, **and gets your**

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from volunteering to give information about you or your participation in this study. Note however, that if an insurer or employer learns you are participating in NEXT, **and gets your consent to receive research information**, then we may not use the Certificate of Confidentiality to keep this information away from them. This means that you and your family must also protect your own privacy. Finally, you should understand that we will in all cases do what is necessary, including reporting to authorities, to prevent serious harm to yourself or others such as in cases of child abuse or neglect.

We will protect your privacy

- **By carefully training the people who will work with you.** We will watch them carefully to make sure they are doing their job well. All people who work with you sign forms that say they will not share information about your family with any other people.
- **Using an ID code rather than your name on all forms.** Other than this consent form, none of the questionnaires, interview records, or other paper records kept for this study will show your name or other information like a social security number or home address. In the unlikely event any items are lost, it will not be possible for anyone who finds them to identify you.
- **Storing data safely and properly.** All study data will be sent by the people who work with you by overnight delivery to the home office staff right after it is collected for processing. Data are entered or scanned into a password-protected computerized data file and stored for analysis. The hard copies will be stored in locked areas and only special staff will be able to see the computer files.
- **Copies of informed consent forms and your contact information will be stored separately from the other study data.**

WHAT ARE THE POSSIBLE BENEFITS FOR BEING IN THE STUDY?

The results of NEXT will help us learn more about why older teens and young adults **get heart disease, or develop certain lifestyle behaviors**. This information can be used to improve health services and create programs to help young adults, as well as set national priorities for school and youth programs. You may benefit from the no-risk in-school height, weight, and waist measurements

WHAT HAPPENS IF A PROBLEM OR INJURY RESULTS FROM THE RESEARCH PROCEDURES?

It is highly unlikely that you will be injured by being in this study. If an injury should occur, you will not be paid for the injury and neither The CDM Group nor the sponsors of the survey, NICHD, NHLBI, NIAAA, or HRSA, will pay for treatment.

WHAT WILL YOU RECEIVE FOR BEING IN THE STUDY?

You will receive the following for completing the survey:

Year of Participation	Completing Survey
2014	\$40
2015	\$50
2016	\$60
Overall Total	\$150

IS THIS STUDY VOLUNTARY?

Whether you continue to take part in the study is your choice. Also, you may choose not to take part in any or all of the surveys at any time or for any reason. If after giving your permission, you decide you should not be in the study anymore, this will not hurt your relationship with the study.

IS THIS STUDY CONFIDENTIAL?

During the study, all of your information, including your address and phone number, will be kept private and will not be shared with others outside the *NEXT* study. All information will be stored safely in locked files. An ID number was assigned to you at the start of the study and this number will be used for record keeping and data analysis. Please note that we are required to inform you, in writing, if your height or body weight falls below what is normal for young adults your age. For these reasons, it is very important that you provide your mailing address, email address (if applicable) and phone number(s) on the last page of the consent form. After the study is completed, the data will be available to other researchers. However, we will never share any information that could be linked to you. Your name will never appear in any reports or published papers.

WHO SHOULD I CONTACT IF I HAVE QUESTIONS ABOUT THE RESEARCH STUDY?

You may ask questions about the study or anything you do not understand. If you do not have questions now, you may ask later. During the study, you will be told any new facts that could affect whether you want to stay in the study. For more information about the research, you may contact Cheryl McDonnell, NEXT Project Director, at toll-free 866-864-9972 or NEXT@cdmgroup.com; or Dr. Bruce Simons-Morton, NEXT Principal Investigator, at 301-496-5674 or mortonb@exchange.nih.gov.

- Yes, I agree to continue to be in the NEXT Generation Health Study.
 NO, I do not want to continue to take part in the NEXT Generation Health Study.

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Consent Screen NEXT Plus:

Dear *NEXT Plus* Participant

You are currently involved in a seven-year research study called *The NEXT Generation Health Study (NEXT)*. This study is paid for by the *Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)*, the *National Heart, Lung and Blood Institute (NHLBI)*, and the *National Institute on Alcohol Abuse and Alcoholism (NIAAA)*, three of the *National Institutes of Health*, as well as the *Health Resources and Services Administration (HRSA)*. You are among 550 participants recruited to be in *NEXT Plus*. You previously agreed to participate in this study by signing an assent form. Now that you have turned 18, you are an adult and have the right to express your consent to continue participating in this study. This form explains why the research study is needed, what information we will collect during the study, how the information will be used, how the information will be protected, and what you will receive for participating. Please read this form carefully and ask any questions that you have before you agree to continue in the study. If you give your consent to continue in the study, you will be given a copy of this form to keep.

WHAT IS THE TITLE OF THE STUDY?

NEXT Generation Health Study *Plus* (NEXT Plus)

WHAT IS THE PURPOSE OF THE STUDY?

As we explained for NEXT, sometimes young adults develop unhealthy habits that may be related to having heart disease and other health problems later in life. Changes in their physical activity, eating habits, and sleep may contribute to young adults becoming overweight. For example, young adults, especially women, tend to reduce the amount of exercise they get during this period. Because young adults have more control over their diets, they may eat more of the types of food that are not good for them, like fast foods or unhealthy snacks. They also spend more time away from their families and with their friends, who could influence their health behaviors in either good or bad ways.

NEXT will help us learn lots of important things about risk factors for heart disease. Yet there are limits to what can be learned in a survey conducted one time each year. NEXT *Plus* is designed to learn much more about these important health issues. We will ask you to continue to report what you eat on three days each year so

monitors which will show your physical activity and sleep for a week, and check your blood pressure. Also, using a simple blood test (collected by a finger stick), we will check for things that may show a risk for heart disease, like cholesterol and blood sugar levels. What we learn from NEXT *Plus* (along with what we learn from NEXT) will provide important information to improve health services and to create prevention programs that actually work for teenagers and young adults.

The main goals of NEXT *Plus* are:

1. To learn more about whether teenagers' and young adults' diets meet the guidelines for a heart-healthy diet and how diet influences their risk for heart disease.
2. To understand what things influence whether a young adult is overweight or not.
3. To learn more about how physical activity and sleep increase or decrease as teenagers become young adults and how their physical activity and sleep influence their risk for heart disease.
4. To understand how biological markers, such as cholesterol and blood sugar levels, change with physical activity and diet and how they influence young adults' risk for heart disease.

WHAT IS INVOLVED?

A trained health researcher will come to your home or school, at your convenience, to complete two sets of activities with you. First, the health researcher will remind you how to do the following:

1. Wear a small activity monitor all day for seven days in a row. The activity monitor will measure your physical activity levels.
2. Wear a watch on your wrist that measures physical activity and sleep patterns for seven days in a row.
3. Fill out a survey for three days to report what activities you did during the time the activity monitor and sleep watch were worn.
4. Complete the annual NEXT survey.

Second, the health researcher will work with you to do the following:

1. Measure your height, weight, and waist circumference.

2. Take your blood pressure.
3. Collect a small amount of blood from your finger to test for the biological markers listed below. These markers are important measures of risk for obesity, diabetes, and heart disease.
 - a. Fasting blood glucose.
 - b. HbA1c.
 - c. Total cholesterol
 - d. Triglycerides
 - e. LDL-C, HDL
 - f. C-reactive protein
 - g. Uric acid
 - h. Cotinine
4. Complete a brief survey asking about the prescription or over-the-counter medicines you take on a regular basis and details about the neighborhood where you live.
5. Ask you to complete an on-line dietary questionnaire if you have not completed all three days before the visit.

HOW MANY OTHER PEOPLE WILL BE IN THE STUDY?

About 550 10th grade students from 44 schools from across the United States were recruited to be in the study.

HOW LONG WILL I BE PART OF THE STUDY?

This is the last data collection we have planned. However we may contact you in the future. You may agree or refuse to participate in any follow-up data collections.

EXPECTED RISKS AND DISCOMFORTS:

On the survey, we will ask questions that deal with lifestyle issues, such as what is your weight and whether you smoke or drink alcohol. We will also ask you about whether you have ever thought about or attempted suicide. You may not feel at ease answering these types of questions. However, most questions on the survey are not highly personal and those that are somewhat personal are often included in many US surveys. If you indicate that you are currently thinking of harming yourself, you will be referred to hotlines that provide crisis counseling and referral to mental health treatment.

Some participants may not feel at ease with someone measuring their weight, height, and [waist](#) circumference or taking their blood pressure. The activity monitor will be attached to an elastic belt and worn around your waist over your clothing. The small size of the activity monitor makes it highly unlikely that you will feel any discomfort when wearing it. The sleep watch will be worn around your wrist like a regular watch and should not cause any discomfort. Blood samples will be taken by finger-stick. This will require enough blood for the tests listed above. It may sometimes be necessary to do a second finger-stick to get enough blood. Some young adults find giving a blood sample to be unpleasant, as it carries the risk of brief pain, stinging, and bruising, and a very slight risk of infection. We carefully clean the finger and wear sterile gloves to prevent the risk of infection. You can refuse to participate in any of the assessments. These assessments will be conducted by trained health researchers.

Another potential risk to participating in NEXT *Plus* is a breach of confidentiality. This risk is minimized because all information is kept private.

YOU SAY THIS STUDY IS PRIVATE. HOW DO YOU PROTECT MY PRIVACY?

Responses, measurements, and blood test results are identified only by a numeric ID. The only link between your information and your name is kept in a separate, password protected (tracking) database at the home office. This information is needed so we may contact you during the study. A Certificate of Confidentiality has been obtained to assure that individual information can never be accessed by anyone. This Certificate is issued to the study by the National Institutes of Health to protect the privacy of research subjects. The researchers never have to release any "identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the Federal, State, or local level" (OER NIH Website, 2009).

You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this study. Note however, that if an insurer or employer, learns about your participation, and **obtains your consent to receive research information**, then we may not use the Certificate of Confidentiality to withhold this information. This means that you must also actively protect your own privacy.

All of the procedures we use to protect privacy have been used with great success in previous studies of children and adults. For example, one method we use to protect your privacy is to provide very careful and thorough training of the health researchers, and to monitor their performance closely. All our staff sign confidentiality pledges, stating they will not share information with unauthorized persons. Other than this NEXT *Plus* Informed Consent Form, none of the

All of the procedures we use to protect privacy have been used with great success in previous studies of children and adults. For example, one method we use to protect your privacy is to provide very careful and thorough training of the health researchers, and to monitor their performance closely. All our staff sign confidentiality pledges, stating they will not share information with unauthorized persons. Other than this NEXT Plus Informed Consent Form, none of the questionnaires, interview records, or other paper records kept for this study will show your name or other identifying information like a home address. Only your study ID code number will be put on all of these items rather than your name. All study data (without your name) will be sent by the health researchers by overnight delivery to the home office data entry staff right after it is collected and then entered into a password-protected computerized data file and stored for analysis. The hard copies will be stored in locked areas and only authorized staff will have access to the computer files. You will send the activity monitor and sleep watch via overnight delivery in a self-addressed, prepaid Federal Express envelope to the home office where all data from the activity and sleep monitor will be downloaded into a secured database. All lab results will be entered into a secured database. All dietary recall data will be uploaded to a secured database. If any of these items are lost, it will not be possible for anyone who finds them to identify you. None of these databases will contain names or other identifying information. A copy of this informed consent form and your contact information will be sent to our office separately and stored separately from the other study data.

After the study is completed, the data without identifying information will be available to other researchers. We will never share any information that could be linked to you. Your name will never appear in any reports or published papers.

WHAT ARE THE POSSIBLE BENEFITS FOR BEING IN THE STUDY?

The results of NEXT *Plus* will advance our knowledge of the risk of obesity and heart disease among older adolescents and young adults. This information can be used to improve health services and create prevention programs to help adolescents and young adults, as well as set national priorities for school and youth programs. In addition, you will receive a copy of the height, weight, waist circumference, blood pressure, and laboratory results.

WHAT HAPPENS IF A PROBLEM OR INJURY RESULTS FROM THE RESEARCH PROCEDURES?

It is highly unlikely that you will be injured by being in this study. However, if an injury should occur, you will not be paid for the injury and neither The CDM Group nor the sponsors of the study, NICHD or NHLBI will pay for treatment.

WHAT WILL I RECEIVE FOR BEING IN THE STUDY?

You will receive the following for participating in NEXT *Plus*. This is in addition to what you will receive for participating in NEXT.

Year of Participation	Height, weight, waist, blood pressure	Blood test	Dietary questionnaire for three days	Activity monitor and sleep watch for seven days; Physical Activity Diary for 3 days	Total Possible
2016	\$25	\$25	\$10 for first day; \$15 for second; \$20 for third; plus potential \$5 bonus	\$50	
Overall Total	\$25	\$25	\$50 possible	\$50	\$150

You also will receive \$60 for completing your survey online and a \$10 bonus if you complete it before we visit you.

IS THIS STUDY VOLUNTARY?

Whether you take part in NEXT *Plus* is your choice. Also, you may choose not to take part in any or all of the measures at any time or for any reason. If after giving your consent, you decide to withdraw from the study, this will not hurt your future relations with the study.


WHO SHOULD I CONTACT IF I HAVE QUESTIONS ABOUT THE RESEARCH STUDY?

You may ask questions about the study or anything you do not understand. If you do not have questions now, you may ask later. During the study, you will be told any new facts that could affect whether you want to stay in the study. For more information about the research, you may contact Dr. Cheryl McDonnell, NEXT Plus Executive Project Director, at toll-free 866-864-9972 or NEXT@cdmgroup.com; or Dr. Bruce Simons-Morton, NEXT Plus Principal Investigator, at 301-435-6951 or mortonb@exchange.nih.gov.

- Yes, I agree to continue to be in the NEXT *Plus* Generation Health Study.
- NO, I do not want to continue to take part in the NEXT *Plus* Generation Health Study.

Intro:

OMB No.: 0925-0610
Expiration Date: pending

 **2016
Generation Health Study Survey**

This survey asks about your health. You have agreed to participate in this ongoing study of health in U.S. adolescents and young adults. The information you give will be used to improve the health of young adults like you.

Just like last year, this survey is confidential; what you say on this survey will not be revealed to anyone else. You will be identified by a special ID number. Your answers will be read by computer.

Answer the questions based on what you really do, think, and feel.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable.

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0610).

1.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Are you currently attending school?

(Mark all that apply.)

- No, I am not attending school
- High School
- Technical/Vocational School
- Community College
- College/University
- Graduate School or Professional School

Back

Next

We noticed that you did not answer one or more of the these items:

- high school name
- high school city/town
- high school state

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please indicate the name and location (town, state) of your **High School** in the appropriate area below.

Please do not use abbreviations.

The complete name of your school

School location:

City/Town State

Back

Next

Please indicate the name and location (town, state) of your **Technical/Vocational School** in the appropriate area below.

Please do not use abbreviations.

The complete name of your school

School location:

City/Town State

Your major area of study, concentration, or track:

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Next

Please indicate the name and location (town, state) of your **Community College** in the appropriate area below.

Please do not use abbreviations.

The complete name of your school

School location:

City/Town State

Your major area of study, concentration, or track:

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Next

Please indicate the name and location (town, state) of your **College/University** in the appropriate area below.

Please do not use abbreviations.

The complete name of your school

School location:

City/Town State

Your major area of study, concentration, or track:

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Next

Please indicate the name and location (town, state) of your **Graduate School or Professional School** in the appropriate area below.

Please do not use abbreviations.

The complete name of your school

School location:

City/Town State

Your major area of study, concentration, or track:

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2a.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Are you currently working?

Yes
 No, I am not working

Back **Next**

We noticed that you did not answer one or more of the these items:

- company name
- company city/town
- company state

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please indicate the name and company location (town, state) of job in the appropriate area below.

Full company name *(type in below)*

Company location:
City/Town State

Back **Next**

2b.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please type in exactly what job you do there (for example, are you a waiter/waitress, delivery person, sales associate, etc.)

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3.

Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

What is your best guess of your personal earnings before taxes, for the past year?

- I had no personal earnings last year
- Less than \$2,500
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over 99,999

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4.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How many places have you lived in the past 12 months?

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5.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

The following questions ask about where you currently live, even if you sometimes live elsewhere. If you are living at school, please answer for the place you live at school. If you are on summer break, answer what best describes your summer housing. If you are living in temporary housing (less than a month), answer for your most recent long term housing.

Where do you CURRENTLY live?

- My parent's (or guardian's) home
- The home of a relative (aunt, uncle, in-laws, etc.)
- My own place (house, apartment, trailer, etc.)
- Residence hall/dorm at a school
- Fraternity or sorority house
- Rented room in house or apartment
- Barracks in the armed services
- Half-way house, social rehabilitation facility
- Prison, correctional facility
- Hospital, nursing home, physical rehabilitation facility
- Homeless - that is, you have no regular place to stay
- Other (Please specify)

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6.

It would be greatly appreciated if you could answer for both Year and Month in this question. If you are not able to or do not wish to answer this question, please click Next.

How long have you lived there?

Years AND	Months
Please select your answer ▼	Please select your answer ▼

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7.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Including yourself, how many people live in the house, apartment, suite, or room where you CURRENTLY live?

number of people

[Back](#) [Next](#)

8.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please mark all the people who CURRENTLY live there.

- Parent(s), grandparent(s), or guardian(s)
- Brother(s) and/or sister(s)
- Other relatives (cousin, aunt, uncle, nephew, niece)
- Spouse or romantic partner
- Unrelated roommate(s) or housemates
- Children
- I live alone

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9.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does this place where you **CURRENTLY live** have a kitchen with a sink, stove and/or refrigerator that you can use?

Yes
 No

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10.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does this building where you **CURRENTLY live** have a cafeteria or restaurant?

Yes
 No

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11.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

If you lived in more than one place in the LAST 12 MONTHS, please answer the next 4 questions.

Please indicate the last place where you lived BEFORE the place you live now?

- My parent's (or guardian's) home
- The home of a relative (aunt, uncle, in-laws, etc.)
- My own place (house, apartment, trailer, etc.)
- Residence hall/dorm at a school
- Fraternity or sorority house
- Rented room in house or apartment
- Barracks in the armed services
- Half-way house, social rehabilitation facility
- Prison, correctional facility
- Hospital, nursing home, physical rehabilitation facility
- Homeless - that is, you had no regular place to stay
- Other (Please specify)

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12.

It would be greatly appreciated if you could answer for both Year and Month in this question. If you are not able to or do not wish to answer this question, please click Next.

How long did you live there?

Years AND	Months
Please select your answer ▾	Please select your answer ▾

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13.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Including yourself, how many people lived in the house, apartment, suite, or room where you lived **BEFORE the place you live now?**

number of people

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14.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please mark all the people who lived there when you lived there.

- Parent(s), grandparent(s), or guardian(s)
- Brother(s) and/or sister(s)
- Other relatives (cousin, aunt, uncle, nephew, niece)
- Spouse or romantic partner
- Unrelated roommate(s) or housemates
- Children
- I lived alone

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Textbox Before 15

These questions are about the place(s) where you CURRENTLY work (include paid or unpaid internships) and/or go to school.

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15.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

If you are attending school, in the most recent school year, did you live in university/college-owned housing?

- Yes
- No
- I did not attend school during the most recent school year

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16.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does your school have a fitness or recreation center?

- Yes
- No
- I do not know

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17.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On average, during the present or most recent semester, what are the total hours per week you spend in class?

- None (zero)
- 5 hours or less per week
- 6 to 10 hours per week
- 11 to 15 hours per week
- 16 to 20 hours per week
- 21 to 25 hours per week
- 26 to 30 hours per week
- More than 30 hours per week

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18.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

What is the MOST schooling you think you will complete?

(Select one answer)

- Not finish high school
- Graduate from high school
- Go to trade, technical or vocational school
- Complete an associate degree or 2 years or less of college
- Graduate from a 4-year college or university
- Go to graduate or professional school

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19.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On average, what are the total hours per week you CURRENTLY spend working in paid and/or unpaid jobs?

- None (zero)
- 5 hours or less per week
- 6 to 10 hours per week
- 11 to 15 hours per week
- 16 to 20 hours per week
- 21 to 25 hours per week
- 26 to 30 hours per week
- More than 30 hours per week

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20a.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does the place where you CURRENTLY work have a fitness or recreation center?

- Yes
- No
- I do not know
- I do not have a job

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20b.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does the place where you **CURRENTLY work** have a kitchen with a sink, stove and/or refrigerator that you can use?

Yes
 No
 I do not know

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20c.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does the place where you **CURRENTLY work** have a cafeteria or restaurant?

Yes
 No
 I do not know

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21.

We noticed that you did not answer Computer Games Frequency for Weekdays and Computer Games Frequency for Weekends below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

About how many hours a day do you usually play games on a computer or game console (PlayStation, Xbox, GameCube, etc.) in your free time?

(Please mark one circle for [weekdays](#) and one circle for [weekend](#))

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

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22.

We noticed that you did not answer the following items in the question below:

- Computer
- Television
- Games Console
- Cell Phone

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Which of the following do you have in the room where you usually sleep?

- | | | |
|--------------|--------------------------|---------------------------|
| Computer | <input type="radio"/> No | <input type="radio"/> Yes |
| Television | <input type="radio"/> No | <input type="radio"/> Yes |
| Game Console | <input type="radio"/> No | <input type="radio"/> Yes |
| Cell Phone | <input type="radio"/> No | <input type="radio"/> Yes |

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23.

We noticed that you did not answer Computer or Cell Phone Frequency for Weekdays and Computer or Cell Phone Frequency for Weekends below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

About how many hours a day do you usually use a computer, the internet or cell phone for chatting on-line, emailing, texting, tweeting or similar social networking (other than for a job or school work) during your free time?

(Please mark one circle for [weekdays](#) and one circle for [weekend](#))

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

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24.

We noticed that you did not answer Television or Video Frequency for Weekdays and Television or Video Frequency for Weekends below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

About how many hours a day do you usually watch network TV shows, cable, webisodes, or videos (including DVDs/movies, using any device) in your free time?

(Please mark one circle for [weekdays](#) and one circle for [weekend](#))

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

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25.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please indicate which of the items below best represents your marital status:

- Married
- Divorced
- Separated
- Widow/Widower
- Engaged
- Member of an unmarried couple
- In a relationship with a boyfriend/girlfriend
- Single
- Other (Please specify)

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26.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Do you have any children of your own (including step-children or adopted children)?

- No
- Yes, one child
- Yes, two children
- Yes, three or more children

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27.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Are you currently pregnant or breastfeeding?

(Check all that apply)

- No
- Yes, pregnant
- Yes, breastfeeding

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28.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

At this time, do you feel you are...?

- Very underweight
- Somewhat underweight
- About the right weight
- Somewhat overweight
- Very overweight

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29.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Physical activity can be done in sports, school activities, playing with friends, or walking to work or school. Some examples of physical activity are running, brisk walking, roller blading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.

For this next question, add up all the time you spent in physical activity each day.

Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

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30.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Vigorous physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

For this next question, add up all the time you spent in vigorous physical activity each day.

How many HOURS a week do you usually engage in vigorous physical activity so much that you get out of breath or sweat?

- None
 About half an hour
 About 1 hour
 About 2 to 3 hours
 About 4 to 6 hours
 7 hours or more

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31.

We noticed that you did not answer the following items in the question below:

- I planned when to exercise
- I planned how often to exercise
- I planned where to exercise

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Think about the last 7 days. How often did you do each of these when making plans for vigorous physical activity?

(Please mark one circle for each line)

	Not at all	Seldom	Sometimes	Often	Very often
I planned when to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I planned how often to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I planned where to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next questions are about how physical activity fits into your everyday life.

Getting exercise is something...

	Agree						Disagree
	1	2	3	4	5	6	7
I do frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do automatically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do without having to consciously remember.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That makes me feel weird if I do not do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That would require effort not to do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That belongs to my (daily, weekly, monthly) routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I start doing before I realize I'm doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would find hard not to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no need to think about doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That's typically 'me'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been doing for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer the following items in the question below:

- Walking for exercise
- Walking to school/work
- Baseball/softball
- Basketball
- Football
- Soccer
- Volleyball
- Cheerleading, Gymnastics, Poms
- Other team sports: (e.g., Wrestling, hockey, boxing, lacrosse, rugby)
- Biking
- Swimming/Rowing
- Martial Arts
- Marching band, color guard, baton, drill team
- Running: track & field, jogging or running for exercise
- Dance
- Personal workout/Fitness Training: (e.g., Yoga, Zumba, gym equipment, weight training)
- Skiing/snowboarding/skateboarding
- Tennis, squash, racquetball, paddle ball
- Work-related physical activity (e.g., Construction, landscaping, busboy)
- Household-related physical activity (e.g., Lawn mowing, yard work, vacuuming)
- Other (Please specify)

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

The next questions ask about different activities you may do. When thinking about activities, include organized teams and leagues, pick-up games, and things you do on your own. Mark how frequently AND vigorously you do the activity.

During the PAST month, what was the average time PER WEEK that you engaged in the activity for more than 10 minutes? How much of that time was vigorous activity?

(Please answer BOTH parts for each activity.)

Activity	What was the AVERAGE time PER WEEK you engaged in this activity?						How much of that time is vigorous activity (You are out of breath and sweat)		
	None	10 to 59 min	1-2 hours	3-4 hours	5-7 hours	8+ hours	None	Some	Most
Walking for exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking to school/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baseball/softball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soccer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheerleading, Gymnastics, Poms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other team sports: (e.g., Wrestling, hockey, boxing, lacrosse, rugby)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming/Rowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Martial Arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marching band, color guard, baton, drill team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running: track & field, jogging or running for exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal workout/Fitness Training: (e.g., Yoga, Zumba, gym equipment, weight training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skiing/snowboarding/skateboarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis, squash, racquetball, paddle ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-related physical activity (e.g., Construction, landscaping, busboy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Household-related physical activity (e.g., Lawn mowing, yard work, vacuuming)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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34.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On a typical weekday, how many hours a day do you spend sitting? *(Include total sitting time; for example, during meetings, during class, during work, at mealtimes, watching television, at a computer, etc.)*

Hours per day

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more

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35a.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On a typical day, how long does it usually take you to travel to school from where you live?

(Please mark one circle only)

- I do not attend school
- Less than 5 minutes
- 5-15 minutes
- 16-30 minutes
- 31 minutes to 1 hour
- More than 1 hour

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35b.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On a typical day, how long does it usually take you to travel to work from where you live?

(Please mark one circle only)

- I do not have a job
- Less than 5 minutes
- 5-15 minutes
- 16-30 minutes
- 31 minutes to 1 hour
- More than 1 hour

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36.

We noticed that you did not answer the following items in the question below:

- Walk
- Ride a bike
- Drive
- Ride in a vehicle with someone else
- Public transportation (for example, bus, train, or school bus)
- Other (Please specify)

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In a typical week, how many days do you use the following to get to and from school and/or work? *(It is okay to indicate multiple methods of travel on the same day and to take into account multiple trips if you work and attend school on the same day. However, please mark one circle for each line.)*

	Never	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride a bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a vehicle with someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation (for example, bus, train, or school bus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer the following items in the question below:

- It fits with how I see myself
- I enjoy it
- My parents, other family members, or friends tell me to do it
- I feel guilty if I do otherwise
- It is personally important to me
- I am required to do it

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Different people have different reasons for deciding whether or not to do things. We want to know how true each of these reasons is for you.

The amount of time I am physically active during a typical day is because:

*(Please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all True** and 7 means **Very True**.)*

	Not at all True 1	2	3	Somewhat True 4	5	6	Very True 7
It fits with how I see myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents, other family members, or friends tell me to do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel guilty if I do otherwise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is personally important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am required to do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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38a.

The next four questions ask you to fill in times that you wake up and go to sleep. For example, if you usually wake up at 10 minutes after 6 in the morning you would enter:

0 6 : 1 0 AM
 PM

(AM includes 12 midnight through 11:59 AM)
(PM includes 12 noon through 11:59 PM)

On days that you go to school, work, or similar activities, what time do you usually wake up ?

___ : ___ AM
 PM

On those days, what time do you usually go to sleep the night or day before?

___ : ___ AM
 PM

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38B.

On days that you don't have to get up at a certain time, what time do you usually wake up?

___ : ___ AM
 PM

On those days, what time do you usually go to sleep the night or day before?

___ : ___ AM
 PM

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39.

Over the past 4 weeks, how many days did you:

	Never	5 or more times a week	3-4 times a week	1-2 times a week	Less than once a week
have trouble falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have trouble waking up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have trouble staying asleep through the night? (For example, you woke up several times at night, woke up for more than 10 minutes, or woke up earlier than you planned to)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39d.

When you have trouble staying asleep, how many times do you typically wake each night?

number of times

39E.

When you have trouble staying asleep, how long are you typically awake before falling asleep again?

minutes

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40.

Do you snore or stop breathing when you are asleep?

Yes
 No

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41.

On how many days a week do you feel sleepy during the day?

day(s)

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42.

On how many days during the week do you fall asleep when you haven't planned to? For example, fall asleep during class, in a meeting, watching television, or while riding in a car, bus, or subway?

day(s)

Back **Next**

43.

We noticed that you did not answer Breakfast Frequency for Weekdays and Breakfast Frequency for Weekends below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often do you usually have breakfast within about two hours of waking (more than just coffee, tea, milk or fruit juice)?

(Please mark one circle for [weekdays](#) and one circle for [weekend](#))

Weekdays

- I never have breakfast during weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend

- I never have breakfast during the weekend
- One day (Saturday OR Sunday)
- Two days (Saturday AND Sunday)

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44.

We noticed that you did not answer the following items in the question below:

- How often do you have breakfast together with a parent, stepparent, or guardian?
- How often do you have an evening meal together with a parent, stepparent, or guardian?
- How often do you watch television during a meal?
- How often do you have a meal with friends?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

(Please mark one circle for each line)

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
How often do you have breakfast together with a parent, stepparent, or guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have an evening meal together with a parent, stepparent, or guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you watch television during a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have a meal with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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45.

We noticed that you did not answer the following items in the question below:

- Watch TV (including videos and DVDs)?
- Work or play on a computer or games console?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often do you eat a snack while you...?

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
Watch TV (including videos and DVDs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work or play on a computer or games console?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer the following items in the question below:

- 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)
- Eat fruit? (Do not count fruit juice)
- Eat green vegetables such as leafy salad, broccoli, green beans, and peas?
- Eat orange vegetables such as carrots or sweet potatoes?
- Eat cooked or canned beans like refried or baked beans, lentil soup, or pork and beans?
- Eat whole grain foods such as whole grain bread, whole wheat pasta, whole wheat crackers, brown or wild rice, popcorn, or oatmeal?
- Drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)
- Eat sweet or salty snacks such as chips, fries, candy, cookies, or cake?
- Eat nuts or seeds like almonds, cashews, sunflower seeds, or peanut butter?
- Eat processed meats such as bacon, sausage, hot dogs, or deli meats?
- Eat fish such as salmon, tuna, trout, or tilapia?
- Eat or drink fat-free or low-fat (2% fat or less) dairy products such as milk, yogurt, or soy milk?
- Eat foods made with cheese like pizza, quesadillas, enchiladas, macaroni & cheese, lasagna, or sandwiches?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

This question asks 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, school, work, restaurants, or anywhere else.

In the past 7 days, how many times did you...

(Please mark one circle for each line)

	1 to 3 times per week	4 to 6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day
Never						

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fruit ? (Do not count fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat green vegetables such as leafy salad, broccoli, green beans, and peas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat orange vegetables such as carrots or sweet potatoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat cooked or canned beans like refried or baked beans, lentil soup, or pork and beans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat whole grain foods such as whole grain bread, whole wheat pasta, whole wheat crackers, brown or wild rice, popcorn, or oatmeal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink a can, bottle, or glass of soda or pop , such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat sweet or salty snacks such as chips, fries, candy, cookies, or cake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat nuts or seeds like almonds, cashews, sunflower seeds, or peanut butter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat processed meats such as bacon, sausage, hot dogs, or deli meats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fish such as salmon, tuna, trout, or tilapia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat or drink fat-free or low-fat (2% fat or less) dairy products such as milk, yogurt, or soymilk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat foods made with cheese like pizza, quesadillas, enchiladas, macaroni & cheese, lasagna, or sandwiches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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47A.

The following questions ask about your eating habits in the past year. People sometimes have difficulty controlling their intake of certain foods such as sweets, starches, salty snacks, fatty foods, sugary drinks and others.

In the past 12 months

(Please mark one circle for each line.)

	Never	Once a month	2-4 times a month	2-3 times a week	4 or more times a week or daily
I find myself continuing to consume certain foods even though I am no longer hungry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about cutting down on certain foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sluggish or fatigued from overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have spent time dealing with negative feelings from overeating certain foods, instead of spending time in important activities such as time with family, friends, work, or recreation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had physical withdrawal symptoms such as agitation and anxiety when I cut down or stopped eating certain foods. (Do NOT include withdrawal symptoms caused by cutting down on caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My behavior with respect to food and eating causes significant distress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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47b.

In the past 12 months		
<i>(Please mark one circle for each line)</i>		
	No	Yes
I kept consuming the same types or amounts of food despite significant emotional and/or physical problems related to my eating.	<input type="radio"/>	<input type="radio"/>
Eating the same amount of food does not reduce my negative emotions or increase pleasurable feelings the way it used to.	<input type="radio"/>	<input type="radio"/>

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48.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often do you eat food from a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?

- Never
- Rarely (less than once a month)
- Once a month
- 2-3 times a month
- Once a week
- 2-4 days a week
- 5 or more days a week

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49.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How tall are you without shoes?

If you don't know how tall you are (within an inch or two), check this box:

Example—5 ft., 2 in.

Feet	Inches
5	2
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input checked="" type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

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50.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How much do you weigh (in pounds) without clothes?

If you don't know how much you weigh (within a few pounds), check this box:

Example-152 lbs.

Weight in pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight in pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

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51.

What is your current desired (ideal) weight (in pounds)?

Example-152 lbs.

Weight in pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight in pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

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52.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often do you weigh yourself?

- Less than once a month
- Every month
- A few times a month
- Every week
- Few times per week
- Every day
- More than once a day

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53.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often have you gone on a diet during the last year? By "diet" we mean changing the way you eat so you can lose weight.

- Never
- 1-4 times
- 5-10 times
- More than 10 times
- I am always dieting

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54.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Have you ever done any of the following things in order to lose weight or keep from gaining weight during the past year?

(Check all that apply)

- Fasted
- Ate very little food
- Ate very little food specifically because I planned to drink alcohol afterwards
- Took diet pills
- Made myself vomit (throw up)
- Used laxatives
- Used diuretics (water pills)
- Used food substitute (powder/special drink)
- Skipped meals
- Smoked more cigarettes
- I have done none of these

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55.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Are you currently trying to...?

- Lose weight
- Stay the same weight
- Gain weight
- I am not trying to do anything about my weight

56.

We noticed that you did not answer the following items in the question below:

- In uncertain times, I usually expect the best.
- It's easy for me to relax.
- If something can go wrong for me, it will.
- I'm always optimistic about my future.
- I enjoy my friends a lot.
- It is important for me to keep busy.
- I hardly ever expect things to go my way.
- I don't get upset too easily.
- I rarely count on good things happening to me.
- Overall, I expect more good things to happen to me than bad.

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Please answer the following questions about yourself by indicating the extent of your agreement

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
In uncertain times, I usually expect the best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's easy for me to relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If something can go wrong for me, it will.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm always optimistic about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy my friends a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for me to keep busy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hardly ever expect things to go my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't get upset too easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rarely count on good things happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I expect more good things to happen to me than bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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57.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In general, how happy are you with how your life is going?

(Mark one circle next to the number that best describes your feelings)

<input type="radio"/>	10 I am very happy with my life
<input type="radio"/>	9
<input type="radio"/>	8
<input type="radio"/>	7
<input type="radio"/>	6
<input type="radio"/>	5
<input type="radio"/>	4
<input type="radio"/>	3
<input type="radio"/>	2
<input type="radio"/>	1
<input type="radio"/>	0 I am very unhappy with my life

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58.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Would you say your health is...?

(Please mark one circle)

Excellent
 Good
 Fair
 Poor

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59.

We noticed that you did not answer the following items in the question below:

- Headache
- Stomach-ache
- Back-ache
- Feeling low
- Irritability or bad temper
- Feeling nervous
- Difficulties in getting to sleep
- Feeling dizzy

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the last 6 months, how often have you had the following...?

(Please mark one circle for each line)

	Rarely or never	About every month	About every week	More than once a week	About every day
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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60.

During the last month have you taken any medicine or tablets for the following?

We noticed that you did not answer the following items in the question below:

- Headache
- Stomach-ache
- Difficulties in getting to sleep
- Nervousness
- Something else

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

	No	Yes, once	Yes, more than once
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, please specify?

61.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?

Yes. If yes, please type what they are:

No

62.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Do you take medicine for your long-term illness, disability or medical condition?

No

Yes. If yes, please write the name of the medicine(s):

63.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Does your long-term illness, disability or medical condition affect your attendance and performance at school or work?

Yes

No

We noticed that you did not answer the following items in the question below:

- I felt like I couldn't do anything right.
- I felt everything in my life went wrong.
- I felt unhappy.
- I felt lonely.
- I felt sad.
- I felt alone.
- I thought that my life was bad.
- I could not stop feeling sad.

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Think about how you have been feeling over the last 7 days.

(Please mark one circle for each line)

How often has each of these been true?

	Never	Almost Never	Sometimes	Often	Almost Always
I felt like I couldn't do anything right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt everything in my life went wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought that my life was bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not stop feeling sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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65.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In general, how satisfied are you with the relationships in your family?

(Mark one circle next to the number that best describes your feelings)

<input type="radio"/>	10 We have <u>very good</u> relationships in our family
<input type="radio"/>	9
<input type="radio"/>	8
<input type="radio"/>	7
<input type="radio"/>	6
<input type="radio"/>	5
<input type="radio"/>	4
<input type="radio"/>	3
<input type="radio"/>	2
<input type="radio"/>	1
<input type="radio"/>	0 We have <u>very bad</u> relationships in our family

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66a.

The next few questions are about thoughts of hurting yourself.

Have you ever seriously thought about committing suicide?

Yes
 No
 Don't know
 Prefer not to answer

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66.

How old were you the first time this happened?

Years old

Don't Know
 Prefer not to answer

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67a.

Have you seriously thought about committing suicide in the past 12 months?

Yes
 No
 Don't know
 Prefer not to answer

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67b.

How old were you the last time this happened?

Years old

Don't Know
 Prefer not to answer

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67c.

Are you now having any of these problems with suicidal thoughts?

- Yes
- No
- Don't know
- Prefer not to answer

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68a.

Have you ever made a plan for committing suicide?

- Yes
- No
- Don't know
- Prefer not to answer

Back **Next**

68b.

How old were you the first time this happened?

Years old

Don't Know
 Prefer not to answer

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69a.

Have you ever attempted suicide?

Yes
 No
 Don't know
 Prefer not to answer

Back **Next**

69b.

How many times have you attempted suicide in your lifetime?

Never

Number of times

Don't know

Prefer not to answer

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69c.

How old were you then (*If this happened more than once, the first time*)?

Years old

Don't Know

Prefer not to answer

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69d.

How old were you the last time you attempted suicide?

Years old

- Don't Know
- Prefer not to answer

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Next

We noticed that you did not answer the following items in the question below:

- Get daily physical activity and/or exercise?
- Eat a healthful diet (including fruits & vegetables, and limiting junk food, sweets & fatty foods)?
- Limit your time watching TV and videos, playing video games, or using the computer?
- Not use alcohol?
- Not smoke cigarettes?
- Not smoke/use marijuana?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How important is it to your close friends that you...

(Please mark one circle for each line on a scale from 1 to 7 where 1 means Not at all and 7 means Extremely)

	Not at all 1	2	3	Somewhat 4	5	6	Extremely 7
Get daily physical activity and/or exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a healthful diet (including fruits & vegetables, and limiting junk food, sweets & fatty foods)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your time watching TV and videos, playing video games, or using the computer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not use alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not smoke/use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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71.

How often do you smoke cigarettes with the following people?

	Never	Rarely	Sometimes	Often
I smoke cigarettes alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/roommates/classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (spouse, girlfriend/boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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72.

How often do you drink alcohol with the following people?

	Never	Rarely	Sometimes	Often
I drink alcohol alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/roommates/classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (spouse, girlfriend/boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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73.

How often do you smoke marijuana with the following people?

	Never	Rarely	Sometimes	Often
I smoke marijuana alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/roommates/classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (spouse, girlfriend/boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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74.

How often do you do other drugs with the following people?

	Never	Rarely	Sometimes	Often
I do other drugs alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/roommates/classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (spouse, girlfriend/boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer the following items in the question below:

- Send text messages
- Take and/or share pictures
- Take and/or share videos
- Listen to music
- Play games
- Connect to the internet
- Go to a social networking site like Facebook, Twitter, Tumblr, or Instagram
- Watch TV shows/movies
- Video chat, e.g. Skype, FaceTime

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often, over the last three months, did you do each of the following activities on a cell phone or smart phone?

	Multiple times a day	Daily	Weekly	Monthly	Less than monthly	Never
Send text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take and/or share pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take and/or share videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen to music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect to the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a social networking site like Facebook, Twitter, Tumblr, or Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch TV shows/movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video chat, e.g. Skype, FaceTime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer the following items in the question below:

- Tweet or update your status
- Private, direct, or instant message a friend through the site
- Like or favorite someone's tweet, post, or update
- Post comments to someone's post or update
- Share a picture
- Post comments to someone's picture
- Use a cellphone to update or visit the site

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

How often, over the last three months, did you do each of the following activities on a social networking site (like Twitter, Facebook, Tumblr, Instagram, Google Plus, etc.)?

	Multiple times a day	Daily	Weekly	Monthly	Less than monthly	Never
Tweet or update your status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private, direct, or instant message a friend through the site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like or favorite someone's tweet, post, or update	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post comments to someone's post or update	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share a picture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post comments to someone's picture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a cellphone to update or visit the site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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77.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On the days that you smoke, how many cigarettes did you usually smoke each day on average?

Number of cigarettes

Don't know

78.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On the days that you smoke, how soon after you wake up do you typically smoke your first cigarette of the day? Please enter the number of minutes AND hours.

minutes AND hours after waking

Don't know

79.

Which of the following best describes how you think about yourself (choose ONE)?

- Nonsmoker
- Occasional smoker
- Moderate smoker
- Heavy smoker
- Chain smoker
- Tobacco addict

Back **Next**

80.

Have you stopped smoking for at least 24 hours because you are trying to quit smoking?

- Yes
- No

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81.

We noticed that you did not answer the following items in the question below:

- Smoked cigarettes
- Used smokeless tobacco (chew, dip, snuff, snus, etc.)
- Smoked electronic cigarettes
- Drank alcohol
- Been drunk
- Smoked/Used marijuana

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On how many occasions (if any) have you done the following things in the LAST 30 DAYS?

(Please mark one circle for each line)

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used smokeless tobacco (chew, dip, snuff, snus, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked/Used marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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82. for Males

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Think back again over the LAST 30 DAYS. How many times (if any) have you had five or more drinks IN A ROW ON AN OCCASION?

- None
- 1
- 2
- 3-5
- 6-9
- 10 or more times

Back **Next**

82. for Females

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Think back again over the **LAST 30 DAYS**. How many times (if any) have you had four or more drinks **IN A ROW ON AN OCCASION**?

- None
- 1
- 2
- 3-5
- 6-9
- 10 or more times

83.

How old were you the first time you got drunk?

(If this is something you have not done, choose the 'never' category)

I was (type in the box how old you were)

Never

Q84A:

During the past 12 months, what was the largest number of drinks that you drank on a single day?

(type in number of drinks)

I do not drink

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Q84b:

About how often during the past 12 months did you drink that largest number of drinks (in a single day)?

- Every day
- Nearly every day
- 3-4 times per week
- 2 times per week
- Once a week
- 2-3 times per month
- Once a month
- 7-11 times in the last year
- 3-6 times in the last year
- 1-2 times in the last year

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85.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Think of that last time you drank alcohol. Where were you when you drank?

- I never drink alcohol
- At home
- At someone else's home
- Out on the street, in a park, beach or other open area
- At a bar or a pub
- In a club
- In a restaurant
- Other places (please describe)

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86.

We noticed that you did not answer the following items in the question below:

- Have a hangover?
- Miss work or a class?
- Get behind in school or at work?
- Do something you later regretted?
- Forget where you were or what you did?
- Black out?
- Argue with friends?
- Damage property?
- Get into trouble with the campus or local police?
- Get hurt or injured?
- Require medical treatment for an alcohol overdose?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the last six months, how often has your drinking caused you to...

	Not at all	Once	Twice	3 times	4+ times
Have a hangover?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Miss work or a class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get behind in school or at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do something you later regretted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget where you were or what you did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damage property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get into trouble with the campus or local police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get hurt or injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require medical treatment for an alcohol overdose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Next

We noticed that you did not answer the following items in the question below:

- Been insulted or humiliated.
- Had a serious argument or quarrel.
- Been pushed, hit or assaulted.
- Had your property damaged.
- Had to "baby-sit" or take care of someone who drank too much.
- Had your work, studying or sleep interrupted.
- Had to call an ambulance or take someone to the hospital.
- Had to call the police.

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the last six months, how often have you experienced any of the following because of other people drinking?

	Not at all	Once	Twice	3 times	4+ times
Been insulted or humiliated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a serious argument or quarrel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been pushed, hit or assaulted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had your property damaged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to "baby-sit" or take care of someone who drank too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had your work, studying or sleep interrupted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to call an ambulance or take someone to the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to call the police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer the following items in the question below:

- Marijuana
- Ecstasy
- Amphetamines (meth, ice, glass, speed)
- Opiates (heroin, morphine, smack)
- Medication to get high
- Cocaine/crack cocaine
- Glue or solvents
- Baltok
- LSD
- Anabolic steroids
- Psilocybin mushrooms (shrooms, magic mushrooms)
- Other drug (not tobacco or alcohol) (Please specify)

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Have you ever taken any of these drugs in the last 12 months?

(Please mark one circle for each line)

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (meth, ice, glass, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (heroin, morphine, smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine/crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glue or solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baltok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psilocybin mushrooms (shrooms, magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drug (not tobacco or alcohol) (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We noticed that you did not answer some of the items below for:

- Closest male friend
- Closest female friend
- Five closest friends

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Think of your closest male friend, your closest female friend, and your 5 closest friends with whom you spend time. For each answer on a five-point scale: How often do they do each of these things?

1=never; 2=almost never; 3=sometimes; 4=often; 5=almost always

Please mark one circle per friend:

	Closest male friend					Closest female friend					Five closest friends				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Do vigorous physical activity at least 3 times a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 smokeless tobacco e.g. chew, dip, snuff, snus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke/use electronic cigarettes, e-hookahs, or vape pens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke/use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play computer games at least 2 hours every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch TV at least 2 hours every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend free time with you hanging out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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These next questions are about your behavior as a pedestrian, that is when you are walking for transportation, exercise, or leisure (e.g. taking a walk or stroll).

As a pedestrian, how often do you have the following behaviors?

	Never/ Almost never	Seldom	Sometimes	Frequently	Always/ Almost always
I cross an intersection diagonally (outside a pedestrian crossing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cross outside the pedestrian crossing even if there is one less than 100 feet away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cross the street against the pedestrian light (while red or indicates do not walk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cross the street while the traffic light for vehicles is green	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cross the street between parked cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I start to cross in a pedestrian crossing and finish crossing diagonally (outside a pedestrian crossing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cross between vehicles stopped on the roadway (i.e. traffic jam or at a red light)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget to look before crossing because I am thinking about something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget to look before crossing because I want to join someone on the sidewalk on the other side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget to look before crossing because I am talking with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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91 Part 1.

Do you have a driver's license?

- No license of any sort.
- License allowing independent, unsupervised driving (with or without temporary restrictions on late night driving, teen passengers, etc.).
- Permit to take the classroom component of driver education only.
- Permit allowing supervised practice driving with an instructor or licensed adult.

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91 Part 2.

When did you get your independent license?

Month ____	Year ____
Please select your answer ▾	Please select your answer ▾

Back **Next**

91 Part 3.

When did you get your permit?

Month ____	Year ____
Please select your answer ▾	Please select your answer ▾

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92.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On how many days in the last 30 days have you driven a motor vehicle (car, van, truck, etc.)?

of days (Please answer with a whole number from 0 to 30)

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93.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On average, about how many miles did you drive each day you drove?

miles (Please answer with a whole number)

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We noticed that you did not answer the following items in the question below:

- Made a call on a phone
- Answered a call on a phone
- Read a text/message
- Sent a text/message
- Read e-mail
- Sent e-mail
- Checked a website, or social network such as Facebook or Twitter
- Frequently changed music
- Used an iPad, tablet or computer
- Looked at directions on a map, phone or navigation device
- Ate food or drank
- Looked in the mirror to fix hair or put on makeup
- Looked away from the road while reaching for something (For example, phone, wallet, food, bag, etc.)
- Goofed around with passengers

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On the days that you drove in the last 30 days, on how many DAYS have you done the following while driving?

(Please enter a whole number between 0 to 30 in the lines below)

	# of days
Made a call on a phone	<input type="text"/>
Answered a call on a phone	<input type="text"/>
Read a text/message	<input type="text"/>
Sent a text/message	<input type="text"/>
Read e-mail	<input type="text"/>
Sent e-mail	<input type="text"/>
Checked a website, or social network such as Facebook or Twitter	<input type="text"/>
Frequently changed music	<input type="text"/>
Used an iPad, tablet or computer	<input type="text"/>
Looked at directions on a map, phone or navigation device	<input type="text"/>
Ate food or drank	<input type="text"/>
Looked in the mirror to fix hair or put on makeup	<input type="text"/>
Looked away from the road while reaching for something (For example, phone, wallet, food, bag, etc.)	<input type="text"/>
Goofed around with passengers	<input type="text"/>

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We noticed that you did not answer the following items in the question below:

- Exceeded the speed limit in residential or school zones
- Drove 10-19 miles per hour over the speed limit
- Drove 20 or more miles per hour over the speed limit
- Purposely tailgated or followed another vehicle very closely
- Switched lanes to weave through slower traffic
- Changed lanes with very little room between vehicles
- Cut in front of a vehicle to turn
- Pulled out into traffic without waiting for a large space between vehicles
- Made an illegal U-turn
- Went through an intersection when the light was yellow or just turning yellow
- Went through an intersection when the light was red or just turning red
- Went through a stop sign without stopping completely
- Changed lanes without signaling
- Played music so loudly you wouldn't be able to hear other vehicle horns or sirens
- Raced another vehicle, even just for a short distance
- Drove in a way to show off to other people
- Drove without wearing a seat belt
- Drove with 2 or more passengers about your age in the vehicle
- Drove when sleepy or drowsy
- Drove after midnight
- Drove in inclement weather (icy, snowy, or heavy rain)
- Drove after drinking alcohol
- Drove after using marijuana
- Drove after using other illegal drugs

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

On the days that you drove in the last 30 days, on how many DAYS have you done the following while driving?

(Please enter a whole number between 0 to 30 in the lines below)

	# of days
Exceeded the speed limit in residential or school zones	<input type="text"/>
Drove 10-19 miles per hour over the speed limit	<input type="text"/>
Drove 20 or more miles per hour over the speed limit	<input type="text"/>

Purposely tailgated or followed another vehicle very closely	<input type="checkbox"/>
Switched lanes to weave through slower traffic	<input type="checkbox"/>
Changed lanes with very little room between vehicles	<input type="checkbox"/>
Cut in front of a vehicle to turn	<input type="checkbox"/>
Pulled out into traffic without waiting for a large space between vehicles	<input type="checkbox"/>
Made an illegal U-turn	<input type="checkbox"/>
Went through an intersection when the light was yellow or just turning yellow	<input type="checkbox"/>
Went through an intersection when the light was red or just turning red	<input type="checkbox"/>
Went through a stop sign without stopping completely	<input type="checkbox"/>
Changed lanes without signaling	<input type="checkbox"/>
Played music so loudly you wouldn't be able to hear other vehicle horns or sirens	<input type="checkbox"/>
Raced another vehicle, even just for a short distance	<input type="checkbox"/>
Drove in a way to show off to other people	<input type="checkbox"/>
Drove without wearing a seat belt	<input type="checkbox"/>
Drove with 2 or more passengers about your age in the vehicle	<input type="checkbox"/>
Drove when sleepy or drowsy	<input type="checkbox"/>
Drove after midnight	<input type="checkbox"/>
Drove in inclement weather (icy, snowy, or heavy rain)	<input type="checkbox"/>
Drove after drinking alcohol	<input type="checkbox"/>
Drove after using marijuana	<input type="checkbox"/>
Drove after using other illegal drugs	<input type="checkbox"/>

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96.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the last 12 months, how many times, if any, have you received a ticket from a police officer or in the mail (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

- 0
- 1
- 2 or more

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97.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

For the following questions "crash" means a motor vehicle crash involving property damage or personal injury—not bumps or scratches in a parking lot (whether or not you were responsible).

In the last 12 months, how often have you been the driver of a vehicle involved in a crash?

- 0 crashes
- 1 crash
- 2 or more crashes

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98.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the last 12 months, how often have you been the driver of a vehicle involved in a crash when you had been drinking alcohol or using drugs?

- 0 crashes
- 1 crash
- 2 or more crashes

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99a.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

During the last 12 months, how many times did you ride in a car or other vehicle driven by someone else who had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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99B.

Who was driving the last time this happened?

- A friend or relative about the same age as me
- Someone about the same age as me, but whom I did NOT know or did NOT know well
- An older relative (parent, uncle, aunt, grandparent, etc.)
- An older adult, who is a friend but not a relative
- An older adult, whom I did NOT know or did NOT know well

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100.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

During the last 12 months, how many times did you ride in a car or other vehicle driven by someone else who had been smoking marijuana?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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101.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

During the last 12 months, how many times did you ride in a car or other vehicle driven by someone else who had been using illegal drugs, other than alcohol or marijuana?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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102.

On the days you drove in the last 30 days, how often did you do the following:

	Never/ Almost Never	Sometimes	Often	Always/ Almost Always
Made or answered a call on a phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read or sent a text/message or email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checked a website, or social network such as Facebook or Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used an iPad, tablet or computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looked at directions on a map, phone or navigation device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looked away from the road while reaching for something (For example, phone, wallet, food, bag, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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103.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

The following questions are about being a passenger in a crash. A "crash" means a motor vehicle crash involving property damage or personal injury—not bumps or scratches in a parking lot.

In the past 12 months, how many crashes have you been involved in when you were the passenger?

- 0 crashes
- 1 crash
- 2 or more crashes

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104.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the past 12 months, how many crashes have you been involved in when you were the passenger and the driver had been drinking alcohol or using drugs?

- 0 crashes
- 1 crash
- 2 or more crashes

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105.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Which of the following best describes your current health insurance situation?

(Mark all that apply)

- I have no health insurance
- I am covered by my parent's insurance
- I get insurance through school or work
- Medicaid
- Individual/Private Health Insurance, not through work or school
- I do not know what my health insurance is
- Other (Please specify)

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106.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Where do you usually go when you are sick or need health care?

(Mark all that apply)

- Never get sick or need health care
- Hospital-based clinic
- Hospital emergency room
- Community health center or clinic
- Health maintenance organization (HMO)
- Private doctor's office
- School or college clinic
- Military hospital or clinic
- Clinic at work
- Internet
- Drugstore or pharmacy
- Some other place (Please specify)

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107.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Has there been any time in the past 12 months when you thought you should get medical care, but you did not?

- Yes
- No

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108.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

What kept you from seeing a health professional when you really needed to?

(Mark all that apply)

- Didn't know whom to go see
- Had no transportation
- No one available to go along
- Parent or guardian would not go
- Didn't want parents to know
- Difficult to make appointment
- Afraid of what the doctor would say or do
- Thought the problem would go away
- Couldn't pay
- Didn't want to go
- Other (Please specify)

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109.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the past 12 months, did a health problem get worse because you did not get care when you thought you should?

- Yes
- No

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110:

How long ago did you last see your primary care doctor, or family physician, to have a routine checkup?

- Within the past 3 months
- 4 to 6 months ago
- 7 to 9 months ago
- 10 to 12 months ago
- Longer than 1 year ago but less than 2 years ago
- 2 years ago or longer
- Never

111.

We noticed that you did not answer the following items in the question below:

- whether you drink alcohol?
- whether you smoke?
- whether you use drugs?
- whether you exercise?
- nutrition questions?
- whether you are sexually active?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

At your last physical examination by a doctor or nurse were you asked...

	Yes	No
whether you drink alcohol?	<input type="radio"/>	<input type="radio"/>
whether you smoke?	<input type="radio"/>	<input type="radio"/>
whether you use drugs?	<input type="radio"/>	<input type="radio"/>
whether you exercise?	<input type="radio"/>	<input type="radio"/>
nutrition questions?	<input type="radio"/>	<input type="radio"/>
whether you are sexually active?	<input type="radio"/>	<input type="radio"/>

We noticed that you did not answer the following items in the question below:

- drinking?
- smoking?
- using drugs?
- not exercising?
- a poor diet?
- sexual behavior?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

At your last physical examination by a doctor or nurse were you given advice about the risks associated with...

	Yes	No
drinking?	<input type="radio"/>	<input type="radio"/>
smoking?	<input type="radio"/>	<input type="radio"/>
using drugs?	<input type="radio"/>	<input type="radio"/>
not exercising?	<input type="radio"/>	<input type="radio"/>
a poor diet?	<input type="radio"/>	<input type="radio"/>
sexual behavior?	<input type="radio"/>	<input type="radio"/>

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113.

We noticed that you did not answer the following items in the question below:

- reducing or stopping drinking?
- reducing or stopping smoking?
- reducing or stopping drug use?
- increasing physical activity?
- improving your diet?
- avoiding pregnancy?
- avoiding sexually transmitted diseases?

We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

At your last physical examination by a doctor or nurse were you given advice about...

	Yes	No
reducing or stopping drinking?	<input type="radio"/>	<input type="radio"/>
reducing or stopping smoking?	<input type="radio"/>	<input type="radio"/>
reducing or stopping drug use?	<input type="radio"/>	<input type="radio"/>
increasing physical activity?	<input type="radio"/>	<input type="radio"/>
improving your diet?	<input type="radio"/>	<input type="radio"/>
avoiding pregnancy?	<input type="radio"/>	<input type="radio"/>
avoiding sexually transmitted diseases?	<input type="radio"/>	<input type="radio"/>

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114.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

In the past 12 months have you had a dental examination by a dentist or dental hygienist?

Yes
 No

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115.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

If no, how long ago did you last have a dental examination by a dentist or dental hygienist?

- Longer than 1 year ago but less than 2 years ago
- 2 years ago or longer
- Never

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116.

What is the highest grade of regular school you have completed (or anticipate completing by the end of the current academic term)?

- Less than high school diploma
- High school diploma
- GED
- Some college or technical school
- Associate's degree
- Bachelor's degree
- Graduate degree

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117.

We noticed that you did not answer the question below. We would be very grateful if you would be willing to provide your best answer, even if you're not completely sure. But if you'd prefer to skip this question, you can click "NEXT".

Which of the following best describes your most recent grade point average?

- A
- A-
- B+
- B
- B-
- C+
- C
- C-
- D
- No grade/Don't know

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First Address Page:

It would be greatly appreciated if you could answer for Cell phone and Home phone number in this question. If you are not able to or do not wish to answer this question, please press the Next button.

Thank you for completing the survey.

Please enter your **phone number(s)** below.

Cell phone:

Home phone:

Please enter your email address:

Email Address:

Please enter the address where you are **currently living** below.

Address:

Apt/Suite/Floor #:

City:

State:

Zip:

Please check the boxes that describe this address:

(check as many as apply)

- Parent/guardians' address
- If you attend school, this is where you live while at school
- If you attend school, this is where you live while on breaks from school
- None of the above

Is the address above where we should send your check?

Yes No

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Next

Second Address Page:

Remember, we need your mailing address so we can send you a check.

Please enter the address where we should send your check.

Please check the boxes that describe this address:
(check as many as apply)

Address:

Apt/Suite/Floor #:

City:

State:

Zip:

Parent/guardians' address

If you attend school, this is where you live while at school

If you attend school, this is where you live while on breaks from school

None of the above

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Suicide Resource Page:

Thank you for completing the NEXT Wave 7 survey. One or more of your responses to questions in the survey raised concerns that you may be at risk for harming yourself. Here are some resources that you might find helpful.

National Suicide Prevention Hotline
Call: 800-273-TALK (8255) or
Click: <http://www.suicidepreventionlifeline.org>

SAMHSA's National Helpline
Call: 800-662-HELP (4357)
Click: <https://findtreatment.samhsa.gov>

It Gets Better Project - Resource Center
Click: <http://www.itgetsbetter.org/pages/get-help>

Expect an e-mail from us in the next couple of days making sure you received this information.

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Final Survey Page:

The survey is now complete. Thank you for your participation.

