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Adolescent Survey

Start of Block: DEMOGRAPHICS

Survey participation is voluntary. You can skip questions you choose not to answer and you can stop participating at any time.

1. AGE: Youth Risk Behavior Survey (YRBS) 2021

What is your date of birth? MM/DD/YYYY (dropdown responses)

2. SEX: Child Trends

What sex were you assigned at birth, meaning on your original birth certificate?

Male

Female

3. GENDER IDENTITY: Child Trends

Which gender do you identify with most?

Male

Female

Different identity (please specify): _____

4. ETHNICITY: YRBS 2021

Are you of Hispanic, Latino, or Spanish origin?

No

Yes

5. RACE: YRBS 2021

What is your race? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

6. BORN IN U.S.: Joint Advertising Market Research & Studies (JAMRS) Youth Poll 2020

Were you born in the United States (U.S.)?

- No
- Yes

7. ENGLISH PROFICIENCY: YRBS 2021

How well do you speak English?

- Very well
- Well
- Not well

8. EMPLOYMENT STATUS: JAMRS Youth Poll 2020

Are you currently working for pay outside the home, either full-time or part-time?

- No
- Yes

9. IF YES TO EMPLOYMENT: On average, how many total hours per week do you work for pay outside the home?

- Less than 1 hour
- 1-4 hours
- 5-9 hours
- 10-14 hours
- 15-19 hours
- 20-24 hours
- 25-29 hours
- 30 or more hours

10. HOUSEHOLD COMPOSITION: Family Study Survey

Including yourself, how many people currently live in your household? Please only include people who live and sleep in your household most of the time. Do not include anyone who does not live or sleep in your household most of the time, such as visiting relatives. If you live in more than one household, please think about the household where you spend the most time.

Adults (18 or older): ____ Children (17 and younger): ____ (dropdown responses)

11. HOUSEHOLD COMPOSITION: Family Study Survey

Who currently lives in your household most of the time with you? Please select all that apply.

- Biological father
- Biological mother
- Adoptive father
- Adoptive mother
- Foster father
- Foster mother
- Stepfather
- Stepmother
- Legal guardian
- Brother(s)/Sister(s) (include biological, adoptive, foster, and step siblings)
- Grandparent(s)
- Other(s) (please specify e.g., aunt, uncle, cousin, friend; do not include any names in your response):

12. FAMILY MILITARY SERVICE HISTORY: JAMRS Youth Poll 2020

Have any of the following family members ever served in the U.S. military? Please select all that apply.

- Father
- Mother
- Legal guardian
- Brother or sister
- Grandparent
- Uncle or aunt
- Cousin

End of Block: DEMOGRAPHICS

Start of Block: PHYSICAL AND PSYCHOLOGICAL HEALTH

The next section of questions is about your health and how you feel about yourself. Please answer as honestly as you can. There are no right or wrong answers. Your answers are confidential and will not be shared with anyone outside of the research team.

13. OVERALL HEALTH: Adapted from the National Survey on Drug Use and Health 2020 (NSDUH 2020)

Would you say your health in general is:

- Poor or fair
- Good
- Very good or excellent

14. PUBERTAL DEVELOPMENT: Puberty Development Scale

The questions below are about changes that may be happening to your body. These changes normally happen to different young people at different ages. Please do your best to answer carefully.

	No	Yes
(For boys) Have you noticed a deepening of your voice?	<input type="radio"/>	<input type="radio"/>
(For boys) Have you begun to grow hair on your face?	<input type="radio"/>	<input type="radio"/>
(For girls) Have you begun to menstruate (started to have your period)?	<input type="radio"/>	<input type="radio"/>

15. (For girls) IF YES TO MENSTRUATE: How old were you when you started to menstruate?
 ____ years old (dropdown response)

16. BODY ESTEEM: Body-Esteem Scale for Adolescents and Adults (BESAA) Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not true or Hardly ever true" or "Somewhat true or Sometimes true" or "Very true or Often true" for you.

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
There are lots of things I'd change about my looks if I could.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like what I see when I look in the mirror.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like what I look like in pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. EMOTIONAL SYMPTOMS, CONDUCT PROBLEMS, HYPERACTIVITY, PEER PROBLEMS, AND PROSOCIAL BEHAVIORS: Strengths and Difficulties Questionnaire (SDQ)

For each item, please mark the box for “Not true,” “Somewhat true,” or “Certainly true.” It would help us if you answered all items as best you can even if you are not absolutely certain.

During the last 30 days...

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am restless, I cannot stay still for long.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a lot of headaches, stomach-aches or sickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually share with others, for example, clothes, food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get very angry and often lose my temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would rather be alone than with people of my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually do as I am told.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am helpful if someone is hurt, upset or feeling ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am constantly fidgeting or squirming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have one good friend or more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fight a lot. I can make other people do what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often unhappy, depressed or tearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age generally like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily distracted, I find it difficult to concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am nervous in new situations. I easily lose confidence.

I am kind to younger children.

I am often accused of lying or cheating.

Other children or young people pick on me or bully me.

I often volunteer to help others (parents, teachers, children).

I think before I do things.

I take things that are not mine from home, school or elsewhere.

I get along better with adults than with people my own age.

I have many fears, I am easily scared.

I finish the work I'm doing. My attention is good.

18. DEPRESSION: Center for Epidemiologic Studies Depression Scale--Revised Version for Adolescents
 How often have you experienced each of the following:

	Not at all or less than 1 day in the last week	1-2 days in the last week	3-4 days in the last week	5-7 days in the last week	Nearly every day for 2 weeks
My appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<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 like a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lost interest in my usual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like I was moving too slowly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was tired all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not focus on the important things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. ANXIETY: Screen for Child Anxiety Related Emotional Disorders (SCARED)

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not true or Hardly ever true” or “Somewhat true or Sometimes true” or “Very true or Often true” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 30 days.

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. MEDICATION USE: Family Study Survey

Are you currently taking any prescription medication for anxiety or depression?

No

Yes

End of Block: PHYSICAL AND PSYCHOLOGICAL HEALTH

Start of Block: ACADEMICS AND CAREER ASPIRATIONS

The next section of questions is about your experiences in school. If you are not currently in school, please think about the last school year that you completed. Please include home schooling as well.

21. SCHOOL ATTENDANCE: YRBS 2021

Are you currently attending school?

No

Yes

22. GRADE LEVEL: YRBS 2021

What grade are you currently in? If you are not currently in school, what is the last grade that you completed?

5th grade or below

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade

I am currently attending college.

23. GRADES: YRBS 2021

In general, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- My school does not give these grades.

24. SCHOOL ENGAGEMENT: Adapted from NSDUH 2020

How interesting do you think most of your courses at school have been during the last 12 months?

- Very interesting
- Somewhat interesting
- Not interesting

25. SCHOOL ENGAGEMENT: Adapted from NSDUH 2020

During the last 12 months, how often did you feel that the school work you were assigned to do was meaningful and important?

- Always or Almost always
- Sometimes
- Seldom or Never

26. SCHOOL ENGAGEMENT: Adapted from NSDUH 2020

How important do you think the things you have learned in school during the last 12 months are going to be to you later in life?

- Very important
- Somewhat important
- Not important

29. CAREER ASPIRATIONS

Do you plan to...

	No	Yes	Not sure
Graduate from high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Join the military?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from trade or technical school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from a 2-year community college (e.g., Associate's degree)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from a 4-year college or university (e.g., Bachelor's degree)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain a master's, doctoral, or professional degree (e.g., PhD, MD, JD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start a small business or take over a family business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become an entrepreneur?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pursue a career in the performing arts (e.g., dance, music, entertainment) or in professional sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. TEACHER QUALITY: Adapted from the National Assessment of Educational Progress (NAEP 2016) and NSDUH 2020

During the last 12 months, how often have you felt any of the following ways about your school?

	Never or Hardly ever	About half of the time	All or Almost all of the time
I felt that I was treated fairly by my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that teachers encouraged me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers let me know when I was doing a good job with my school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. SCHOOL ENVIRONMENT: Adapted from NAEP 2016

During the last 12 months, how often have you felt any of the following ways about your school?

	Never or Hardly ever	About half of the time	All or Almost all of the time
I felt like I belong at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I looked forward to going to school in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. MILITARY PEERS: RAND Deployment Life Study

Are you friends with other kids/teens from military families?

No

Yes

33. SCHOOL-BASED MENTAL HEALTH SERVICES: Military Community and Family Policy (MC&FP)

Have you ever received any mental health services at school, such as counseling or attending small group sessions?

No

Yes

34. IF YES TO SCHOOL-BASED MENTAL HEALTH SERVICES:

How helpful would you say these services were for you?

Not helpful

Somewhat helpful

Very helpful

35. SCHOOL-BASED SPECIAL NEEDS SERVICES: MC&FP

Have you ever received any services for special medical and/or educational needs at school?

No

Yes, I received services for medical needs only.

Yes, I received services for educational needs only.

Yes, I received services for both medical and educational needs.

36. IF YES TO SCHOOL-BASED SPECIAL NEEDS SERVICES:

How helpful would you say these services were for you?

Not helpful

Somewhat helpful

Very helpful

37. EXTRACURRICULAR ACTIVITIES: Adapted from NSDUH 2020

During the last 12 months, in how many of the following kinds of activities have you participated?

	None	One	Two	Three or more
Activities offered through the <u>military</u> or at a military base (e.g., youth center, open rec, teen center, sports, classes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities at your <u>school</u> (e.g., sports, choir, band, student government, clubs, Junior ROTC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities in your <u>community</u> NOT offered through the military or at your school (e.g., 4-H, Boys & Girls Club Mission Youth Outreach (MYO), YMCA, volunteering, sports, clubs, groups)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities at a <u>church or faith-based organization</u> (e.g., clubs, youth groups, Saturday or Sunday school, prayer groups, youth trips, service or volunteer activities)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Other</u> activities NOT offered through the military, at your school, in your community, or at a church or faith-based organization (e.g., dance, piano, karate, horseback riding lessons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF >NONE TO SCHOOL ACTIVITIES:

Are you currently enrolled in the Junior Reserve Officers' Training Corps (JROTC) program?

No

Yes

38. IF >NONE TO MILITARY ACTIVITIES:

Which of the following installation facilities have you visited, services have you used, or activities and programs have you participated in?

	No	Yes
Youth Center	<input type="radio"/>	<input type="radio"/>
Teen Center	<input type="radio"/>	<input type="radio"/>
Computer or Internet Service	<input type="radio"/>	<input type="radio"/>
Sports (e.g., baseball, basketball, cheerleading)	<input type="radio"/>	<input type="radio"/>
Classes (e.g., dance, martial arts, music)	<input type="radio"/>	<input type="radio"/>
4-H Clubs	<input type="radio"/>	<input type="radio"/>
STEM programs (e.g., National Science Day, robotics camp)	<input type="radio"/>	<input type="radio"/>
Health and wellness programs (e.g., cooking class, Smart Girls, Passport to Manhood)	<input type="radio"/>	<input type="radio"/>
Leadership and service programs (e.g., community service, keystone or torch clubs, teen council, sponsorship)	<input type="radio"/>	<input type="radio"/>
Education and career programs (e.g., homework assistance, college fair, volunteering, job assistance)	<input type="radio"/>	<input type="radio"/>
Sports and recreation programs (e.g., fun runs, sport camps, dances)	<input type="radio"/>	<input type="radio"/>
Arts programs (e.g., fine arts exhibits, field trip to museum or theater, talent show)	<input type="radio"/>	<input type="radio"/>
Camps (e.g., Operation Purple, Teen Adventure, sports, specialty and leadership)	<input type="radio"/>	<input type="radio"/>
Morale, Welfare, and Recreation (MWR) (e.g., outdoor recreation, library, fitness center, golf, bowling)	<input type="radio"/>	<input type="radio"/>

39. IF >NONE TO MILITARY ACTIVITIES:

Do you feel your participation in activities offered through the military or at a military base during the last 12 months helped you to...

	No	Yes
Be more confident?	<input type="radio"/>	<input type="radio"/>
Make new friends?	<input type="radio"/>	<input type="radio"/>
Feel like you belong to a larger group?	<input type="radio"/>	<input type="radio"/>

End of Block: ACADEMICS AND CAREER ASPIRATIONS

Start of Block: MILITARY AND GENERAL LIFE EXPERIENCES

The next section is about your experiences being connected to the military. Please be as honest as you can. There are no right or wrong answers. Your answers are confidential and no one will see your responses outside of the research team.

40.

	Have you <u>ever</u> experienced any of the following <u>because of your parent's job in the U.S. military</u> ?		IF YES: Has this happened during the <u>last 12 months</u> ?	
	No	Yes	No	Yes
You moved to a new home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You changed schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your military parent was away from home for more than 30 consecutive days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your military parent was discharged or retired from the military.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. IF YES TO EVER CHANGED SCHOOLS:

The last time you changed schools because of your parent's job in the U.S. military, how easy was it for you to...

	Not easy	Somewhat easy	Very easy
Fit in at your new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make friends at your new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep up with the school work at your new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. IF YES TO MILITARY PARENT EVER AWAY FROM HOME:

Overall, how stressful was it to have your military parent away from home?

- Not stressful
- Somewhat stressful
- Very stressful

43. IMPACT OF MILITARY EXPERIENCES:

Has being connected to the military had a positive or negative impact on the following aspects of your life:

	Negative impact	Positive impact	No impact
Your friendships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like you belong at your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your grades in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with your teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. MILITARY FAMILY PRIDE: RAND Deployment Life Study

How true is the following statement about being in a military family? If your parent(s) is not currently in the U.S. military, think about how you felt when they were in the U.S. military.

I am glad to be a part of a military family.

- Not true or Hardly ever true
- Somewhat true or Sometimes true
- Very true or Often true

45. MILITARY FEELINGS AND SUPPORT: Family Study Survey

How do you feel about your parent(s) being in the U.S. military? If your parent(s) is not currently in the U.S. military, think about how you felt when they were in the U.S. military.

- Very happy about it
- Somewhat happy about it
- Not happy about it

46. MILITARY FEELINGS AND SUPPORT: Family Study Survey

Do you think your parent(s) should stay or leave the U.S. military? If your parent(s) is not currently in the U.S. military, think about how you felt when they were in the U.S. military.

- I favor staying
- I have no opinion one way or the other
- I favor leaving

47. CAREGIVING: National Alliance for Caregiving Youth Study

During the last 12 months, have you helped care for any of the following people in your household who are

sick, elderly, frail, disabled, or mentally ill? This may include help with personal needs, meals, household chores, shopping, paperwork, medication, getting around, or providing emotional support.

	No	Yes
Your father	<input type="radio"/>	<input type="radio"/>
Your mother	<input type="radio"/>	<input type="radio"/>
Your brother(s)/sister(s)	<input type="radio"/>	<input type="radio"/>
Your grandparent(s)	<input type="radio"/>	<input type="radio"/>
Other (please specify e.g., aunt, uncle, cousin, friend; do not include any names in your response): _____	<input type="radio"/>	<input type="radio"/>

48. IF YES TO CAREGIVING:

Overall, how stressful is it to help care for this person/people in your household?

- Not stressful
- Somewhat stressful
- Very stressful

End of Block: MILITARY AND GENERAL LIFE EXPERIENCES

Start of Block: BEHAVIORAL HEALTH

This section contains questions about your health behaviors. There are no right or wrong answers. Your responses are confidential and will not be shared with anyone outside of the study team.

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

49. ALCOHOL USE: YRBS 2021

Have you ever had a drink of alcohol other than a few sips?

- No [*SKIP TO CIGARETTE USE SECTION*]
- Yes

50. ALCOHOL USE AGE: YRBS 2021

How old were you when you had your first drink of alcohol other than a few sips?

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

51. ALCOHOL USE FREQUENCY: YRBS 2021

During the last 30 days, on how many days did you have at least one drink of alcohol?

- I did not drink alcohol during the last 30 days. *[SKIP TO CIGARETTE USE SECTION]*
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

52. BINGE DRINKING: YRBS 2021

During the last 30 days, on how many days did you have 4 or more drinks of alcohol in a row, within a couple of hours (if you are female), or 5 or more drinks of alcohol in a row, within a couple of hours (if you are male)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

53. CIGARETTE USE: YRBS 2021

Have you ever tried cigarette smoking, even one or two puffs?

- No [*SKIP TO ELECTRONIC VAPOR USE SECTION*]
- Yes

54. CIGARETTE USE AGE: YRBS 2021

How old were you when you first tried cigarette smoking, even one or two puffs?

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

55. CIGARETTE USE FREQUENCY: YRBS 2021

During the last 30 days, on how many days did you smoke cigarettes?

- I did not smoke cigarettes during the last 30 days. *[SKIP TO ELECTRONIC VAPOR USE SECTION]*
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

56. CIGARETTE USE INTENSITY: YRBS 2021

During the last 30 days, on the days you smoked, about how many cigarettes did you smoke per day?

- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

57. ELECTRONIC VAPOR USE FREQUENCY: YRBS 2021

During the last 30 days, on how many days did you use an electronic vapor product, such as JUUL, SMOK, Suorin, Vuse, and blu? Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

- I did not use an electronic vapor product during the last 30 days.
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

58. OTHER TOBACCO USE FREQUENCY: YRBS 2021

During the last 30 days, on how many days did you use smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, or pipe tobacco? (Do not count any electronic vapor products.)

- I did not use smokeless tobacco, cigars, shisha or hookah tobacco, or pipe tobacco during the last 30 days.
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

The next questions ask about marijuana use, which is also called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

59. MARIJUANA USE AGE: YRBS 2021

Have you ever tried marijuana?

- No *[SKIP TO PRESCRIPTION DRUG MISUSE SECTION]*
- Yes

60. MARIJUANA USE AGE: YRBS 2021

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

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

61. MARIJUANA USE FREQUENCY: YRBS 2021

During the last 30 days, how many times did you use marijuana?

- I did not use marijuana during the last 30 days.
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

62. PRESCRIPTION DRUG MISUSE FREQUENCY: YRBS 2021

During the last 30 days, how many times did you take prescription pain medicine, such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, without a doctor's prescription or differently than how a doctor told you to use it?

- I did not take prescription pain medicine during the last 30 days.
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

63. SEXUAL INTERCOURSE: YRBS 2021

Have you ever had sexual intercourse?

- No [*SKIP TO SEXUAL CONTACT SECTION*]
- Yes

64. SEXUAL INTERCOURSE AGE: YRBS 2021

How old were you when you had sexual intercourse for the first time?

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

65. SEXUAL INTERCOURSE PARTNERS: YRBS 2021

During your life, with how many people have you had sexual intercourse?

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

66. SEXUAL CONTACT: YRBS 2021

During your life, with whom have you had sexual contact?

- I have never had sexual contact
- Males
- Females
- Males and females

67. SEXUAL IDENTITY: YRBS 2021

Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual identity some other way (please specify): _____
- I am not sure about my sexual identity (questioning)
- I do not know what this question is asking

68. SLEEP: YRBS 2021

On an average night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

69. PHYSICAL ACTIVITY: YRBS 2021

During the last 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

70. SEDENTARY BEHAVIORS: YRBS 2021

On an average day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

End of Block: BEHAVIORAL HEALTH

Start of Block: YOUTH RESILIENCE FACTORS

The next set of questions is about how you feel about yourself and how you deal with stress. Please answer

these items as honestly as you can. There are no right or wrong answers. Your responses will be kept confidential and will not be shared with anyone outside of the study team.

71. MASCULINE EXPRESSION: Maryland Adolescent Development in Context Study (MADICS)

Please rate your opinion of the following statements about yourself.

	Very masculine	Somewhat masculine	Not at all masculine
I feel as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people see me as...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. FEMININE EXPRESSION: MADICS

	Very feminine	Somewhat feminine	Not at all feminine
I feel as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people see me as...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. SELF-ESTEEM: Rosenberg Self-Esteem Scale

How true is each of the following statements?

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. EMPATHY: Adolescent Measure of Empathy and Sympathy (AMES)

For each statement below, please indicate how often this occurs.

	Never or Hardly ever	Sometimes	Often or Very often
When my friend is sad, I become sad too.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can tell when a friend is angry even if they try to hide it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When a friend is scared, I feel afraid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can tell when someone acts happy, when they actually are not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When people around me are nervous, I become nervous too.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. CHARACTER: Positive Youth Development (PYD) Questionnaire

How important is each of the following to you?

	Not important or A little important	Moderately or Somewhat important	Important or Very important
Helping to make the world a better place to live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping to make sure all people are treated fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing up for what I believe, even when it's unpopular to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telling the truth, even when it's not easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting responsibility for my actions when I make a mistake or get in trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. RELIGIOSITY: Adapted from NSDUH 2020

During the last 12 months, how many times did you attend religious services? Please do not include special occasions such as weddings, funerals, or other special events in your answer.

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 24 times
- 25 to 52 times
- More than 52 times

End of Block: YOUTH RESILIENCE FACTORS

Start of Block: PARENT-ADOLESCENT RELATIONSHIP

The next set of questions is about your relationship with your parent(s).

77. RULE/BOUNDARY SETTING: Adapted from NSDUH 2020

During the last 12 months, how often did your parent(s)...

	Never or Rarely	Sometimes	Most of the time or Always
Check on whether you had done your homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide help with your homework when you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit the amount of time you watched TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit the amount of time you went out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make you do chores around the house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. MONITORING/SUPERVISION: Adapted from Monitoring the Future 2018

During the course of a typical day, how often do your parent(s)...

	Never or Rarely	Sometimes	Most of the time or Always
Know <u>where</u> you are when you are away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know <u>whom</u> you are with when you are away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know <u>what</u> you are doing when you are away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. DECISION MAKING/AUTONOMY GRANTING: MADICS

How do you and your parent(s) make most of the decisions about the following topics:

	<u>My parent(s) decide</u> without talking to me about it	My parents and I decide <u>together</u>	<u>I decide</u> without talking to my parent(s) about it
How late you can stay out at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Which friends you can spend time with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether you can date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. PARENTAL RELATIONSHIP QUALITY: Adapted from NIH Toolbox

How true is each of the following statements about your relationship with your parent(s)? Note: If more than one parent is enrolled in the study, the adolescent will be asked to think about each parent separately using a

name code (e.g., second and third letters of parent’s given first name and their birth month and day) to distinguish each parent.

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
I enjoy doing things with [parent].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I share ideas and talk about things that really matter with [parent].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to [parent].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. COMMUNICATION: Adapted from PROMIS Family Relationships

How true is each of the following statements about your relationship with your parent(s)? Note: If more than one parent is enrolled in the study, the adolescent will be asked to think about each parent separately using a name code (e.g., second and third letters of parent’s given first name and their birth month and day) to distinguish each parent.

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
I can tell [parent] how I feel about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Parent] listens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk to [parent] about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. CONFLICT: Adapted from NSDUH 2020

During the last 12 months, how many times have you argued or had a fight with [parent]? Note: If more than one parent is enrolled in the study, the adolescent will be asked to think about each parent separately using a

name code (e.g., second and third letters of parent’s given first name and their birth month and day) to distinguish each parent.

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

End of Block: PARENT-ADOLESCENT RELATIONSHIP

Start of Block: PEER, DATING PARTNER, AND SIBLING RELATIONSHIPS

This section is about your relationships with your friends, dating partners, and sibling(s). Please answer each question as honestly as you can. There are no right or wrong answers. Your responses are confidential and will not be shared with anyone outside of the research team.

83. BULLYING VICTIMIZATION AND PERPETRATION: Olweus Bullying Questionnaire

The next questions are about bullying, which could include calling other kids/teens mean names, making fun of them, or teasing them in a hurtful way; hitting, kicking, punching, or shoving other kids/teens; telling lies or spreading false rumors about other kids/teens; trying to get other kids/teens to fight or dislike someone; and being ignored or excluded from activities on purpose by other kids/teens. Bullying can happen in person or electronically through texting or social media.

During the last 30 days...

	Never	1 or 2 times	3 or 4 times	5 or more times
How often have <u>you been bullied</u> by other kids/teens your age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have <u>you bullied</u> other kids/teens your age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PEER RELATIONSHIPS: Network of Relationships Inventory (NRI-RQV)

Please think about the person whom you consider to be your best or closest friend when answering the next set of questions. Do not choose a sibling.

84. PEER SEX

Is your best or closest friend...?

- Male
- Female
- Person self-identifies as something other than male or female
- I don't have a best or closest friend. *[SKIP TO DATING PARTNER RELATIONSHIP SECTION]*

85. How long have you been friends with this person?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

86. PEER RELATIONSHIP QUALITY: NRI-RQV

During the last 30 days, how often did you...

	Never or Hardly ever	Sometimes	Often or Very often
Go places and do things with your best or closest friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share secrets and private feelings with your best or closest friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on your best or closest friend for help with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with your best or closest friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. DATING RELATIONSHIPS

Have you ever been in a dating relationship (i.e., had a boyfriend or girlfriend)?

- No [SKIP TO SIBLING RELATIONSHIP SECTION]
- Yes

88. CURRENT DATING RELATIONSHIP

Are you currently in a dating relationship (i.e., have a boyfriend or girlfriend)?

- No [SKIP TO SIBLING RELATIONSHIP SECTION]
- Yes

89. DATING PARTNER SEX

Is this person...?

- Male
- Female
- Person self-identifies as something other than male or female

90. CURRENT DATING RELATIONSHIP LENGTH

How long have you been in a relationship with this person?

- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 12 months

When answering the next questions, please think about the person with whom you are currently in a dating relationship.

91. DATING PARTNER RELATIONSHIP QUALITY: NRI-RQV

How often do you...

	Never or Hardly ever	Sometimes	Often or Very often
Go places and do things with this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share secrets and private feelings with this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on this person for help with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. SIBLING RELATIONSHIPS

Do you have any siblings (i.e., brothers or sisters)?

No [END SURVEY]

Yes

93. NUMBER OF SIBLINGS

How many siblings (i.e., brothers or sisters) do you have?

1

2

3

4

5 or more

IF MORE THAN ONE SIBLING: Please think of the sibling who is closest in age to you when responding to the following questions.

94. SIBLING AGE

How old is your sibling?

- 5 years old or younger
- 6-10 years old
- 11-12 years old
- 13-14 years old
- 15-17 years old
- 18 years old or older

95. SIBLING SEX

Is your sibling...?

- Male
- Female
- Person self-identifies as something other than male or female

96. SIBLING SCHOOL

Do you and your sibling currently attend the same school? If you are not currently in school, think about the last school year that you completed.

- No
- Yes

97. SIBLING RELATIONSHIP QUALITY: NRI-RQV

During the last 30 days, how often did you...

	Never or Hardly ever	Sometimes	Often or Very often
Spend time with your sibling alone or with the same group of friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share secrets and private feelings with your sibling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on your sibling for help with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with your sibling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: PEER, DATING PARTNER, AND SIBLING RELATIONSHIPS
