

TAPS Teen Survey

<https://atest-cawi.norc.org/SE/?st=tT6ZyQXGSUMTXYZwn9YFmGFShWrNwVZo3EbJdy5X%2b5s%3d&tui=auto&nocookie=1>

[DISPLAY-WINTRO_1]



Welcome to today's Amerispeak survey! You are invited to participate in a survey about your mental health, sexual and reproductive health, social support systems, and school environment!

A few things...

This survey is voluntary. We're excited to hear what you think and hope you will answer as many questions as you can, but it is OK to leave a question blank if you choose not to answer it.

Your answers will be kept private. Your answers will be combined with answers from teens across the country. NO ONE will be told how you answered any of your questions.

There are **NO** wrong answers. We want you to answer truthfully and as best you can, but this is a chance for you to have a voice: tell us what **YOU** think!

PREVIOUS

CONTINUE

Form Approved
OMB No. 0920-new
Expiration Date: ##/##/20##

Public reporting burden of this collection of information is estimated to average 40 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 current 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-new).

CONSENT.



We are asking you to take part in this survey on how teens like you feel about your mental health, sexual and reproductive health, social support systems, and school environment. This will take about 20 minutes to finish, depending on your answers.

Important things you should know are:

- The Teen and Parent Surveys of Health are being conducted by NORC on behalf of the U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health.
- The survey is voluntary; you can choose whether or not to take it, and you can stop taking the survey at any time.
- We would encourage you to take the survey at any time when you will have privacy.
- You will be compensated for your time with a reward of AmeriPoints for completing the survey.

If you have any questions or concerns about your participation in this study, you can contact AmeriSpeak Support at support@AmeriSpeak.org or call (888) 326-9424.

Are you willing to complete this survey?

- Yes
 No

PREVIOUS

CONTINUE

[DISPLAY - INTRO2]



Thank you for your help with this important survey. We will ask questions on a series of topics, including: your communication with your parent(s)/caregiver(s); social support systems; school environment; mental health; and sexual and reproductive health. We will start by asking you a few questions about yourself.

Please use the "Continue" and "Previous" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

PREVIOUS

CONTINUE

Q1.



During the past 30 days, where did you usually sleep?

- In my parent's or primary caregiver's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent or primary caregiver cannot afford housing
- Your own house or apartment
- A shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

PREVIOUS

CONTINUE

Q2.



Who do you live with currently?

Please select all that apply.

- Mother
- Father
- Stepmother
- Stepfather
- Parent's/caregiver's boyfriend/girlfriend
- Grandmother
- Grandfather
- Foster mother
- Foster father
- Aunt
- Uncle
- Boyfriend/girlfriend
- Brother (including step-, half-, and foster brother)
- Sister (including step-, half-, and foster sister)
- I live by myself
- Other, please specify:

PREVIOUS

CONTINUE

[SHOW IF S_AGE=15-17]

[SP]

Q3a.



Is Toni the adult that is most responsible for you? That is, is Toni your parent or primary caregiver?

- Yes
- No

PREVIOUS

CONTINUE

[SHOW IF Q3A=2, 77, 98, 99 or S_AGE>=18]

[SP]

Q3b.

Who is the adult that is most responsible for you? That is, who is your primary parent or caregiver?

- No parent or caregiver is responsible for me / I'm an emancipated minor.
- Mother
- Father
- Stepmother
- Stepfather
- Parent's/caregiver's boyfriend/girlfriend
- Grandmother
- Grandfather
- Foster mother
- Foster father
- Aunt
- Uncle
- Other, please specify:

PREVIOUS

CONTINUE

[SHOW ON SAME PAGE AS Q3B]

[SHOW IF Q3B=2-13]

[SMALL TEXTBOX]

Q3c.

Who is the adult that is most responsible for you? That is, who is your primary parent or caregiver?

- No parent or caregiver is responsible for me / I'm an emancipated minor.
- Mother
- Father
- Stepmother
- Stepfather
- Parent's/caregiver's boyfriend/girlfriend
- Grandmother
- Grandfather
- Foster mother
- Foster father
- Aunt
- Uncle
- Other, please specify:

What do you call that person?

[PREVIOUS](#) [CONTINUE](#)

[SP]

Q4.

[IF MONTH=MAY-AUGUST] What grade will you be enrolled in this Fall?

[IF MONTH=SEPTEMBER-APRIL]What grade are you in?

What grade are you in?

- Not enrolled in school
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- College first-year or freshman
- College second-year or sophomore
- College third-year or junior
- College fourth-year or senior
- Other, please specify:

PREVIOUS

CONTINUE

[SHOW IF Q4=2-11]

Q4_A

In the past 12 months, which of the following ways did you attend school a MAJORITY of the time? By majority we mean most of the time or more than half.

- In-person full time
- Virtual/online full-time
- Hybrid format-- In-person PART-TIME and virtual PART-TIME (meaning a combination of in-person attendance and virtual learning that follows a consistent schedule)
- Homeschool (meaning enrolled in an official or formal homeschool program)
- Other, please specify:

PREVIOUS

CONTINUE

[SHOW IF Q4=2-11]

[SP]

Q4_B

In the past 14 days, how have you attended school?

- In-person full time
- Virtual/online full-time
- Hybrid format-- In-person PART-TIME and virtual PART-TIME (meaning a combination of in-person attendance and virtual learning that follows a consistent schedule)
- Homeschool (meaning enrolled in an official or formal homeschool program)
- Other, please specify:

PREVIOUS

CONTINUE

[SP]

Q5.

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

- Male
- Female
- I don't know
- Prefer not to answer

PREVIOUS

CONTINUE

[SP]

Q5b.

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender
- None of these

PREVIOUS

CONTINUE

[SHOW IF (Q5=1 and Q5b=2) or (Q5=2 and Q5b=1)]

[CUSTOM PROMPT ONCE IF Q5C=2:

CAWI: "You can go back to change your answer to the last questions by clicking the 'Back' button"

CATI: IF R CHOOSES 2, ASK: "Would you like to change your answer to the last two questions?"

[SP]

Q5c.

Just to confirm, you were assigned male at birth and now you describe yourself as female, is that correct?

- Yes
- No
- I don't know
- Prefer not to answer

PREVIOUS

CONTINUE

Q6

Which best describes your sexual attraction to other people?

Are you...

Please select all that apply.

- Attracted to females
- Attracted to males
- Attracted to other genders/non-binary/transgender persons
- Not sexually attracted to anyone
- Other, please specify:

PREVIOUS

CONTINUE

Q7

Which of the following best represents how you think of yourself?

- Lesbian or gay
- Straight, that is, not lesbian or gay
- Bisexual
- Something else
- I don't know the answer

PREVIOUS

CONTINUE

Which of the following best represents how you think of yourself?

- Gay
- Straight, that is, not gay
- Bisexual
- Something else
- I don't know the answer

PREVIOUS

CONTINUE

Q8

How true do you feel these statements are about you personally?

	Very much true	Pretty much true	A little true	Not true at all
I know how to relax when I feel tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am always able to keep my feelings under control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to calm down when I am feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q9

How true do you feel these statements are about you personally?

	Very much true	Pretty much true	A little true	Not true at all
I can think of many ways to get out of a difficult situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find lots of ways around any problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can think of many ways to get the things in life that are important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when others get discouraged, I know I can find a way to solve the problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q4=2-11]

[GRID, SP]

Q10.

How true do you feel these statements are about you personally?

	Very much true	Pretty much true	A little true	Not true at all
I'm certain I can master the skills taught in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm certain I can figure out how to do the most difficult school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do almost all the work in school if I don't give up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if the work is hard, I can learn it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do even the hardest school work if I try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q11

The next questions ask about your future goals. Think about yourself and what is going on in your life right now. Then, please state how much you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have plans for my educational future (obtaining a high school diploma, GED, college degree, or other course work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have plans for my financial future (getting a job, saving money, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#) [CONTINUE](#)

The next questions ask about your future goals. Think about yourself and what is going on in your life right now. Then, please state how much you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have plans for my future that are not related to education or financial goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can think of many ways to reach the goals I have right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have plans for things I'll be doing a year from now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#) [CONTINUE](#)

[DISPLAY - SECTC_INTRO]

The next set of questions asks about your family.

[PREVIOUS](#) [CONTINUE](#)

How much do you feel that...

	Very much	Quite a bit	Somewhat	Very little	Not at all
People in your family understand you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You and your family have lots of fun together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family pays a lot of attention to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

How much do you feel that...

	Very much	Quite a bit	Somewhat	Very little	Not at all
Your parent(s)/caregiver(s) care about you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in your family understand you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You and your family have lots of fun together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family pays a lot of attention to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel close to Toni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toni cares about you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[SP]

Q13.

How much do you agree or disagree with the following?

"Overall, I am satisfied with the relationship I have with Toni."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[DISPLAY - SECTC_1]

The next questions will ask about Toni's opinions and expectations.

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[GRID, SP; 4, 4]

Q14.

How much would Toni approve or disapprove if you...

	Strongly Approve	Approve	Neither Approve nor Disapprove	Disapprove	Strongly Disapprove
Had sex while you are a teenager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used alcohol, tobacco, or vaping or e-cigarette device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana (pot, weed, or cannabis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

How much would Toni approve or disapprove if you...

	Strongly Approve	Approve	Neither Approve nor Disapprove	Disapprove	Strongly Disapprove
Used prescription opioids (e.g., codeine, Vicodin, OxyContin, Hydrocodone, Percocet) without a doctor's prescription or in a way other than prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used illicit drugs (e.g., cocaine/crack, ecstasy, heroin, methamphetamine (speed, meth), hallucinogens (LSD), or inhalants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not graduate from high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not graduate from college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[DISPLAY - SECTC_2]

The next questions will ask about Toni's monitoring of your day-to-day activities.

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[GRID, SP]

Q15.

When you're living at home, how much does Toni know about...

	They know a lot	They know a moderate amount	They know a little	They don't know anything
Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where you are when you go out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What you do online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who you text with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[GRID, SP]

Q16.

During the past 30 days, how often has Toni...

	More than a few times	A few times	Once or twice	Never
Restricted or blocked certain websites that you might use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restricted the amount of time you spend online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitored or tracked what you are doing online, such as reading your texts, installing an app on your phone, or checking your Instagram or Snapchat account or search history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

Q17.

Does Toni follow you on social media accounts that you regularly use?

- Yes
- No
- I don't know

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]
[SP]
Q18.

How much do you agree or disagree with the following?

"Toni has rules and consequences for my behavior (e.g., curfews, punishments for breaking rules)."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]
[DISPLAY - SECTC_3]

The next set of questions asks about how you communicate with Toni.

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[GRID, SP; 4, 4, 4, 4]

Q19.

During the past *12 months*, how often have you talked with Toni about each of the following...

	More than a few times	A few times	Once or twice	Never
Treating people you date respectfully or being treated respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexting (sending, receiving, or forwarding sexually suggestive messages, images, or videos via cell phones, emails, instant messages (IM), or online social networks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your decisions about whether to have sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The importance of giving and receiving consent for sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

During the past *12 months*, how often have you talked with Toni about each of the following...

	More than a few times	A few times	Once or twice	Never
How to say no to sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to prevent pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to prevent sexually transmitted infections (STIs), including HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to get healthcare services for sexual and reproductive health, like birth control or STI testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

During the past *12 months*, how often have you talked with Toni about each of the following...

	More than a few times	A few times	Once or twice	Never
Where to get help for stress, anxiety, and depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dangers of smoking cigarettes, using e-cigarettes or vaping devices, drinking alcohol, and using marijuana or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to avoid online risks like chatting with strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to keep information private while using the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

During the past 12 months, how often have you talked with Toni about each of the following...

	More than a few times	A few times	Once or twice	Never
Your relationships with your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating people of different races or ethnicities with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you are doing in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The range of sexual orientations (such as gay, lesbian, bisexual, heterosexual) and gender identities (such as cisgender, non-binary/conforming, transgender)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[GRID, SP]

Q20.

Have you ever talked with Toni about the following?

	Yes	No
Where you can go to receive health care	<input type="radio"/>	<input type="radio"/>
What to expect during an appointment with a healthcare provider (such as a doctor or nurse)	<input type="radio"/>	<input type="radio"/>
Preparing for time alone with a healthcare provider	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q3A=1 or Q3B=2-13]

[SP]

Q21.

How comfortable or uncomfortable are you talking to Toni about how you are feeling (for instance, stressed, anxious, or depressed)?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

[PREVIOUS](#)

[CONTINUE](#)

[SHOW IF Q3A=1 or Q3B=2-13]

[SP]

Q22.

How much do you agree or disagree with the following?

"I am satisfied with the way Toni and I communicate."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

[PREVIOUS](#)

[CONTINUE](#)

[DISPLAY - SECTD_INTRO]



There may be some people in your life other than your parents/primary caregivers who provide you with emotional support, such as comforting you when you are upset or encouraging you when you are frustrated.

PREVIOUS

CONTINUE

Q23

How helpful are other adults in your life with providing you with emotional support?

- Very helpful
- Somewhat helpful
- Not too helpful
- Not at all helpful
- I do not have other adults in my life

PREVIOUS

CONTINUE

Q24

How helpful are your friends your own age in providing you with emotional support?

- Very helpful
- Somewhat helpful
- Not too helpful
- Not at all helpful
- I do not have friends my own age

PREVIOUS

CONTINUE

[SHOW IF Q4_B = 1,2,3,5]

[DISPLAY - SECTD_1]



Now we will ask about your experiences at school. For these questions, please answer about your current school year. If you are not enrolled in school, please think about the most recent year you were enrolled.

PREVIOUS

CONTINUE

[GRID, SP]

[SHOW IF Q4_B = 1,2,3,5]

Q25.

How much do you agree or disagree with the following statements about your school?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel close to people at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel happy at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am part of my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel teachers treat students fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SP]

[SHOW IF Q4_B = 1,2,3,5]

Q26.



Does your school have a club/student group that supports lesbian, gay, bisexual, transgender, and queer students and their allies?

These clubs are sometimes called Gay/Straight Alliances or Genders and Sexualities Alliances (GSAs).

- Yes
- No
- Don't know

PREVIOUS

CONTINUE

[SHOW IF Q26=1]

[SP]

Q27.



Are you a member of this club/student group?

- Yes
- No

PREVIOUS

CONTINUE

[DISPLAY - SECTE_INTRO]

IF Q4=2-11: The next questions ask about your feelings about your school and neighborhood.

IF Q4=1,77,98,99: The next questions ask about your feelings about your neighborhood.



The next questions ask about your feelings about your school and neighborhood.

PREVIOUS

CONTINUE

[SHOW IF Q4=2-11]

[SP]

Q28.

In the most recent school year, how often did you feel safe getting to and from school?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

PREVIOUS

CONTINUE

Q29

How much do you agree or disagree with the following statements about your neighborhood?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I see people being friendly with each other in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood are willing to help their neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood generally get along with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not applicable (e.g., I don't know/I do not live in a neighborhood)

PREVIOUS

CONTINUE

[DISPLAY - SECTF_INTRO]

This section contains questions about your mental health. Mental health includes things like stress, anxiety, and depression.

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q30

Have you ever been diagnosed with a behavioral, developmental, emotional, or mental health condition for which treatment, therapy, or counseling may be needed?

Examples may include anxiety, depression, attention deficit disorder or ADHD, autism spectrum disorder, learning or intellectual disability, speech or other language disorder.

- Yes
- No
- Prefer not to answer

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q31

The next question asks you to rate how much stress you feel in different areas of your life.

During the past *6 months*, how much stress have you had related to...

	Very high stress	High stress	Moderate stress	Low stress	None	N/A
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q32

How often have you been bothered by each of the following symptoms during the past 2 weeks?

	Nearly every day	More than half the days	A few days	Not at all
Feeling down, depressed, irritable or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite, weight loss, or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired, or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

How often have you been bothered by each of the following symptoms during the past 2 weeks?

	Nearly every day	More than half the days	A few days	Not at all
Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things like school work, reading, or watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or of hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q33

During the past *12 months*, how often has your mental health interfered with your ability to do things other young people your age do?

- Always
- Usually
- Sometimes
- Rarely
- Never

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q34

During the past 30 days, how often was your mental health not good? (Mental health includes stress, anxiety, and depression.)

- Always
- Most of the time
- Sometimes
- Rarely
- Never

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

[DISPLAY – SECTF_1]

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

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q35

During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q36

During the past *2 weeks*, did you ever feel so sad or hopeless that you stopped doing some usual activities?

- Yes
- No

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q37

During the past *12 months*, did you ever seriously consider attempting suicide?

- Yes
- No

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

[SHOW IF Q37=1, 77, 98, 99]

[SP]

Q38.

[DISPLAY - SECTF_2]

During the past *12 months*, how many times did you actually attempt suicide?

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

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

[DISPLAY - SECTF_2]

The previous questions about mental health, including stress, anxiety, depression, and suicide, may have been difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Please click 'Continue' to proceed with your survey.

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Q39

Many young people experience stressful life events. Please read the statements below and mark all that you experienced at any point since you were born. You may skip questions you do not want to answer.

	Yes	No
A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt	<input type="radio"/>	<input type="radio"/>
Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable	<input type="radio"/>	<input type="radio"/>
More than once, you went without food, clothing, a place to live, or had no one to protect you	<input type="radio"/>	<input type="radio"/>
Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Many young people experience stressful life events. Please read the statements below and mark all that you experienced at any point since you were born. You may skip questions you do not want to answer.

	Yes	No
Your parents or primary caregivers were separated or divorced	<input type="radio"/>	<input type="radio"/>
You lived with a household member who served time in jail or prison	<input type="radio"/>	<input type="radio"/>
You lived with a household member who was depressed, mentally ill or attempted suicide	<input type="radio"/>	<input type="radio"/>
You saw or heard household members hurt or threaten to hurt each other	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.



Many young people experience stressful life events. Please read the statements below and mark all that you experienced at any point since you were born. You may skip questions you do not want to answer.

	Yes	No
You lived with someone who had a problem with drinking or using drugs	<input type="radio"/>	<input type="radio"/>
You often felt unsupported, unloved and/or unprotected	<input type="radio"/>	<input type="radio"/>
You have been in foster care	<input type="radio"/>	<input type="radio"/>
You have experienced harassment or bullying at school	<input type="radio"/>	<input type="radio"/>
You have lived with a parent or primary caregiver who died	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Many young people experience stressful life events. Please read the statements below and mark all that you experienced at any point since you were born. You may skip questions you do not want to answer.

	Yes	No
You have been separated from your primary caregiver through deportation or immigration	<input type="radio"/>	<input type="radio"/>
You have had a serious medical procedure or life-threatening illness	<input type="radio"/>	<input type="radio"/>
You have often seen or heard violence in the neighborhood or in your school neighborhood	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Many young people experience stressful life events. Please read the statements below and mark all that you experienced at any point since you were born. You may skip questions you do not want to answer.

	Yes	No
You have been detained, arrested or incarcerated	<input type="radio"/>	<input type="radio"/>
You have often been treated badly because of race, ethnicity, gender, sexual orientation, place of birth, disability or religion	<input type="radio"/>	<input type="radio"/>
You have experienced verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend)	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Sometimes, scary or upsetting events affect how people think, feel, and act. The next question asks how you have been feeling and thinking recently.

How often did each of these happen in the *last 30 days*?

	3+ times per week	1-2 times per week	1-2 times during the entire month	Never
You had strong feelings in your body when you remembered something that happened (sweating, heart beats fast, feel sick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You tried to stay away from people, places, or things that reminded you about something that happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

Sometimes, scary or upsetting events affect how people think, feel, and act. The next question asks how you have been feeling and thinking recently.

How often did each of these happen in the *last 30 days*?

	3+ times per week	1-2 times per week	1-2 times during the entire month	Never
You had trouble feeling happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You found it hard to concentrate or pay attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You felt alone and not close to people around you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

These questions may be difficult to answer. Please click [here](#) for a list of mental health and suicide prevention resources.

[DISPLAY – SECTH_INTRO]

The next question will ask about discrimination you may have experienced in your life.

PREVIOUS

CONTINUE

Q41

During your life, how often have you ...

	Always	Most of the time	Sometimes	Rarely	Never
Felt that you were treated badly or unfairly in school because of your race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you were watched closely or followed around by security guards or store clerks because of your race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that people assumed you were less intelligent because of your race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you got poor or slow service at a restaurant or store because of your race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

During your life, how often have you ...

	Always	Most of the time	Sometimes	Rarely	Never
Seen your parents or other family members treated badly or unfairly because of their race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt you were treated badly or less well than others during a visit to the doctor or healthcare clinic because of your race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt you were treated badly or unfairly by police because of your race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#)

[CONTINUE](#)

[DISPLAY - SECTI_INTRO]

The next questions ask about experiences you may have had with violence.

[PREVIOUS](#)

[CONTINUE](#)

[SP]

[SHOW IF Q4 = 2-11]

Q42_1.

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

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

PREVIOUS

CONTINUE

Q42_2.

During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

PREVIOUS

CONTINUE

[SHOW IF Q42_2=2-6, 77, 98, 99]

[SP]

Q43.

During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

PREVIOUS

CONTINUE

[SHOW IF Q43 = 2-6, 77, 98, 99]

[SP]

Q44.

During the past 12 months, did you ever force someone you were dating or going out with to do sexual things that they did not want to do? (Count such things as kissing, touching, or physically forcing them to have sexual intercourse.)

- I did not date or go out with anyone during the past 12 months
- Yes
- No

PREVIOUS

CONTINUE

Q45

Have you ever used physical force to make someone have sexual intercourse with you when you knew they did not want to?

- Yes
- No

PREVIOUS

CONTINUE

Q46

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

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

PREVIOUS

CONTINUE

Q47

In the past 2 weeks, have kids your age called you hurtful names, spread rumors about you or made sexual jokes or comments to you, either in person or online?

- Yes
- No

PREVIOUS

CONTINUE

Q48

In the past 2 weeks, have you called other kids hurtful names, spread rumors about them, or made sexual jokes or comments to them, either in person or online?

- Yes
- No

PREVIOUS

CONTINUE

[DISPLAY – SECTJ_INTRO]

People get information about health from many different sources. The next questions are about where you get information about mental health. As mentioned earlier, mental health includes things like stress, anxiety, and depression.

PREVIOUS

CONTINUE

Q49

Have you ever received mental health information from the following sources?

	Yes	No
Health classes in school	<input type="radio"/>	<input type="radio"/>
A healthcare provider (outside of your school)	<input type="radio"/>	<input type="radio"/>
School nurse or other healthcare provider in your school	<input type="radio"/>	<input type="radio"/>
Another adult at your school like a teacher, coach, or counselor	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received mental health information from the following sources?

	Yes	No
An Internet search (such as a Google search)	<input type="radio"/>	<input type="radio"/>
A website specifically for teens	<input type="radio"/>	<input type="radio"/>
A medical website	<input type="radio"/>	<input type="radio"/>
Social media (such as Twitter, Instagram, or YouTube)	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received mental health information from the following sources?

	Yes	No
Your parent(s)/caregiver(s)	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>
Your siblings	<input type="radio"/>	<input type="radio"/>
A person you are in a romantic relationship with (like a boyfriend or girlfriend)	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF ANY Q49a-m=1]
 [GRID, SP; SHOW NUMERIC LABELS]
 Q50.

Please rate how useful the mental health information was you've gotten from the following source(s), 5 being very useful and 1 being not at all useful:

	(Very useful) 5	4	3	2	(Not at all useful) 1
Health classes in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your healthcare provider (outside of your school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School nurse or other healthcare provider in your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another adult at your school like a teacher, coach, or counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An Internet search (such as a Google search)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A website specifically for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A medical website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media (such as Twitter, Instagram, or YouTube)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s)/caregiver(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person you are in a romantic relationship with (like a boyfriend or girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q51

How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am confident that I know where to seek information about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident using the internet or telephone to find information about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident talking in person with a healthcare provider, like a doctor or nurse, to get information about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I have access to resources (e.g., provider, internet, friends) about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident sharing information about mental health with a healthcare provider through virtual platforms (e.g., a video call)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[DISPLAY - SECTJ_1]

The next questions are similar to ones you just answered about finding information about mental health. This time, we want you to think about where you find information about sexual and reproductive health. Sexual and reproductive health refers to topics like sex, sexuality, relationships, or other issues like how to prevent sexually transmitted infections (STIs) or unintended pregnancies.

PREVIOUS

CONTINUE

Q52

Have you ever received sexual and reproductive health information from the following sources?

	Yes	No
Your healthcare provider (outside of your school)	<input type="radio"/>	<input type="radio"/>
Health classes in school	<input type="radio"/>	<input type="radio"/>
School nurse or other healthcare provider in your school	<input type="radio"/>	<input type="radio"/>
Another adult at your school like a teacher, coach, or counselor	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received sexual and reproductive health information from the following sources?

	Yes	No
An Internet search (such as a Google search)	<input type="radio"/>	<input type="radio"/>
A website specifically for teens	<input type="radio"/>	<input type="radio"/>
A medical website	<input type="radio"/>	<input type="radio"/>
Social media (such as Twitter, Instagram, or YouTube)	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received sexual and reproductive health information from the following sources?

	Yes	No
Your parent(s)/caregiver(s)	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>
Your siblings	<input type="radio"/>	<input type="radio"/>
A person you are in a romantic relationship with (like a boyfriend or girlfriend)	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF ANY Q52A-M=1]
 [GRID, SP; SHOW NUMERIC LABELS]
 Q53.

Please rate how useful the sexual and reproductive health information was you've gotten from the following sources, 5 being very useful and 1 being not at all useful:

	(Very useful) 5	4	3	2	(Not at all useful) 1
Your healthcare provider (outside of your school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health classes in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School nurse or other healthcare provider in your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another adult at your school like a teacher, coach, or counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An Internet search (such as a Google search)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A website specifically for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A medical website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media (such as Twitter, Instagram, or YouTube)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent(s)/caregiver(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person you are in a romantic relationship with (like a boyfriend or girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q54

How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am confident that I know where to seek information about sexual and reproductive health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident using the internet or telephone to find information about sexual and reproductive health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident talking with a healthcare provider, like a doctor or nurse, to get information about sexual and reproductive health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I have access to resources (e.g., provider, internet, friends) about sexual and reproductive health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident sharing information about sexual and reproductive health with a healthcare provider through virtual platforms (e.g., a video call)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q55

Have you ever received information from a website about the following topics?

	Yes	No
How to prevent pregnancy	<input type="radio"/>	<input type="radio"/>
How to prevent sexually transmitted infections (STIs), including HIV	<input type="radio"/>	<input type="radio"/>
Where to get healthcare services for sexual and reproductive health, like birth control or STI testing	<input type="radio"/>	<input type="radio"/>
Where to get help for stress, anxiety, and depression	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received information from a website about the following topics?

	Yes	No
Dangers of smoking cigarettes, using e-cigarettes or vaping devices, drinking alcohol, and using marijuana or other drugs	<input type="radio"/>	<input type="radio"/>
How to avoid online risks like chatting with strangers	<input type="radio"/>	<input type="radio"/>
How to keep information private while using the internet	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received information from a website about the following topics?

	Yes	No
Your relationships with your friends	<input type="radio"/>	<input type="radio"/>
Treating people of different races or ethnicities fairly and equally	<input type="radio"/>	<input type="radio"/>
The range of sexual orientations (such as gay, lesbian, bisexual, heterosexual) and gender identities (such as cisgender, non-binary/conforming, transgender)	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received information from social media about the following topics?

	Yes	No
How to prevent pregnancy	<input type="radio"/>	<input type="radio"/>
How to prevent sexually transmitted infections (STIs), including HIV	<input type="radio"/>	<input type="radio"/>
Where to get healthcare services for sexual and reproductive health, like birth control or STI testing	<input type="radio"/>	<input type="radio"/>
Where to get help for stress, anxiety, and depression	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received information from social media about the following topics?

	Yes	No
Dangers of smoking cigarettes, using e-cigarettes or vaping devices, drinking alcohol, and using marijuana or other drugs	<input type="radio"/>	<input type="radio"/>
How to avoid online risks like chatting with strangers	<input type="radio"/>	<input type="radio"/>
How to keep information private while using the internet	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Have you ever received information from social media about the following topics?

	Yes	No
Your relationships with your friends	<input type="radio"/>	<input type="radio"/>
Treating people of different races or ethnicities fairly and equally	<input type="radio"/>	<input type="radio"/>
The range of sexual orientations (such as gay, lesbian, bisexual, heterosexual) and gender identities (such as cisgender, non-binary/conforming, transgender)	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[DISPLAY - SECTJ_2]

The following questions are about school health education in general, not limited to mental health or sexual and reproductive health.

PREVIOUS

CONTINUE

Q57

How much do you agree or disagree with the following statements?

"The health-related information and skills I received in school have helped me to..."

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Know how to get information and services that I can trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand how family, peers, culture, and media/technology influence my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with others (like family, friends, doctors, or romantic partners) to improve my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

How much do you agree or disagree with the following statements?

"The health-related information and skills I received in school have helped me to..."

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Make decisions to help maintain healthy behaviors or change unhealthy behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage my family, peers, and people in my community to practice healthy behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q58

Thinking about your health education classes in the past 12 months, how much did your health education teachers do the following things?

	Very much	Quite a bit	Somewhat	Very little	Not at all
Keep the class on task and not waste time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow through with consequences when students break classroom rules or agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handle students who are distracting others, off-task, or causing disruption during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N/A - no health education in the past 12 months

PREVIOUS

CONTINUE

Thinking about your most recent health education class, how much did your health education teachers do the following things?

	Very much	Quite a bit	Somewhat	Very little	Not at all
Use students' chosen names and pronouns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make themselves available to help or talk when students need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make students feel that they really care and value everyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use hands-on activities that help students learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#)

[CONTINUE](#)

Thinking about your most recent health education class, how much did your health education teachers do the following things?

	Very much	Quite a bit	Somewhat	Very little	Not at all
Answer questions with accurate information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relate health topics to students' "real-life" situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give feedback on assignments that help students learn material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#)

[CONTINUE](#)

[DISPLAY - SECTK_INTRO]

The next questions ask about health services. This includes your experiences with healthcare providers and your satisfaction with the healthcare you've received.

PREVIOUS

CONTINUE

[SHOW IF S_AGE>=18]

[SP]

Q59.

Are you currently covered by any kind of health insurance or health plan?

- Yes
- No
- I don't know

PREVIOUS

CONTINUE

[SHOW IF Q59=1]

[SP]

Q60

What kind of health insurance do you currently have?

- Public insurance (such as Medicaid or CHIP)
- Private insurance
- I don't know

PREVIOUS

CONTINUE

Q61

Where do you usually go for healthcare? Mark the one best option.

- Doctor's office or clinic
- School-based health center
- School nurse's office
- Emergency room
- Health department
- Community health center
- Family planning center (e.g., Planned Parenthood)
- Urgent care or walk-in clinic (e.g., Minute Clinic, CVS, Walgreens)
- Other, please specify:
- No usual place
- I'm not sure

PREVIOUS

CONTINUE

[DISPLAY - SECTK_1]

The next question asks about your last preventive care visit. Preventive visits are visits to a doctor or other healthcare provider for a routine exam or checkup. This does not include times someone goes to a healthcare provider because they are sick or injured.

PREVIOUS

CONTINUE

Q62

When was the last time you had a preventive care visit, such as a physical or checkup?

- 1 year or less
- More than 1 year but less than 2 years
- Between 2 years and 5 years
- More than 5 years
- Never
- I don't know

PREVIOUS

CONTINUE

[DISPLAY – SECTK_2]

The next questions ask about your time alone with a doctor or other healthcare provider (such as a nurse practitioner) without a parent or caregiver in the room. This could include a time when your parent/caregiver stepped out of the room during your appointment so that you could talk with your provider privately or a time when you had a healthcare visit on your own.

PREVIOUS

CONTINUE

Q63

Would you like time alone with a healthcare provider so that you could talk with them about certain things privately without a parent or caregiver being in the room?

- Yes
- No
- I don't know

PREVIOUS

CONTINUE

Q64

Has a doctor or other healthcare provider ever spent any time alone with you without your parent or caregiver in the room?

- Yes
- No
- I don't remember

PREVIOUS

CONTINUE

[SHOW IF Q64=1 and Q62=1, 2, 3, 4]

[SP]

Q65.

The last time you had a preventive care visit, did a doctor or other health provider spend any time alone with you without a parent or caregiver in the exam room?

- Yes
- No
- I don't know

PREVIOUS

CONTINUE

[SHOW IF Q64=1 or Q65=1]

[SP]

Q66.

How comfortable or uncomfortable were you having time alone with a healthcare provider?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

PREVIOUS

CONTINUE

[SHOW IF Q62=5, 77, 98, 99 (never had/dk preventative visit) and Q64=2, 77, 98 (never spent time alone with doctor/dk)]

[SP]

Q67.

How comfortable or uncomfortable would you be having time alone with a provider?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

PREVIOUS

CONTINUE

[SHOW IF Q66=4, 5 or Q67=4,5]
[MP]
Q68.

What would make you feel more comfortable with having time alone with a provider?

Please select all that apply.

- Knowing ahead of time that I would have time alone with a provider
- Preparing questions for the provider ahead of time
- Knowing more about my health history so I could talk about it with the provider
- Having another staff person (e.g., a nurse, medical assistant) in the exam room too
- Knowing that what I told the provider would not be shared with my parents(s)/caregiver(s) or anyone else
- Knowing that my parents are comfortable with me having time alone with a provider
- Other
- None of the above

PREVIOUS

CONTINUE

[SHOW IF Q68=7, show on same page as Q68]
[MEDIUM TEXTBOX]
Q68_OE.

What would make you feel more comfortable with having time alone with a provider?

Please select all that apply.

- Knowing ahead of time that I would have time alone with a provider
- Preparing questions for the provider ahead of time
- Knowing more about my health history so I could talk about it with the provider
- Having another staff person (e.g., a nurse, medical assistant) in the exam room too
- Knowing that what I told the provider would not be shared with my parents(s)/caregiver(s) or anyone else
- Knowing that my parents are comfortable with me having time alone with a provider
- Other
- None of the above

Please tell us in more detail what would make you feel more comfortable with having alone time with a healthcare provider.

PREVIOUS

CONTINUE

[SHOW IF Q62=1, 2, 3, 4]
[SP]
Q69.

Has a healthcare provider ever talked with you about confidentiality in receiving healthcare?

This means that the things you talk about and the services you receive are kept between you and your provider and are not to be shared with other people, including your parent(s)/caregiver(s), unless you wanted them to be.

- Yes
- No

PREVIOUS

CONTINUE

[SHOW IF Q62=1, 2, 3, 4]

[MP]

Q70.

[RESPONDENTS ASSIGNED MALE AT BIRTH GET RESPONSE OPTIONS 8-11 ONLY.]

Which of the following methods of birth control have you ever discussed with a healthcare provider?

Please select all that apply.

- Condoms
- Withdrawal (pull-out)
- Other, please specify:
- I have never discussed methods of birth control with a healthcare provider

PREVIOUS

CONTINUE

[SHOW IF Q62=1, 2, 3, 4]

[DISPLAY - SECTK_3]

Now we're going to ask you about your last preventive visit. As a reminder, preventive visits are visits to a doctor or other healthcare provider for a routine exam or checkup. This does not include times someone goes to a healthcare provider because they are sick or injured.

PREVIOUS

CONTINUE

[SHOW IF Q62=1, 2, 3, 4]

[GRID, SP; 4, 4, 4] [DO NOT SHOW NUMERIC LABELS]

Q71.

At your last preventive care visit, did your provider talk with you about the following topics?

	Yes	No	I don't remember
Mental health and emotional issues (such as stress, anxiety, and depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use (such as alcohol, tobacco, vaping, marijuana or other drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity (how you see your own gender)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether you've had sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

At your last preventive care visit, did your provider talk with you about the following topics?

	Yes	No	I don't remember
Consent for sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to say no to sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation (for example, being attracted to boys or girls)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality and sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

At your last preventive care visit, did your provider talk with you about the following topics?

	Yes	No	I don't remember
How to prevent sexually transmitted infections (STIs), including HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to get sexual and reproductive health services (such as getting birth control or testing for sexually transmitted infections (STIs), including HIV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to get mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

At your last preventive care visit, did your provider talk with you about the following topics?

	Yes	No	I don't remember
The importance of communication with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of technology, screen time, or media use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a healthy amount of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing your strengths (qualities that help you become a healthy, contributing adult)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

[SHOW IF Q62=1, 2, 3, 4]

[GRID, SP]

Q72.

Thinking about your regular provider, how much do you agree or disagree with the following statements?

By regular provider, we mean a pediatrician or general or family physician, physician's assistant, or nurse practitioner you see for general, routine healthcare.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I get the information I need about my health from my healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare provider spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the information my healthcare provider gives me about my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare provider treats me in a supportive and caring manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVIOUS

CONTINUE

Q73

During the past 12 months, have you received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- Yes
- No, but I needed to see a mental health professional
- No, but I did not need to see a mental health professional

PREVIOUS

CONTINUE

[SHOW IF S_AGE >= 18 AND IF Q73 = 1, 2]

[SP]

Q74.

How difficult was it to get the mental health treatment or counseling that you needed?

- Not difficult
- Somewhat difficult
- Very difficult

PREVIOUS

CONTINUE

[DISPLAY-SECTL_INTRO]

The next questions ask about your sexual activity and sexual health.

PREVIOUS

CONTINUE

Q75

During your life, with whom have you had any sexual contact? By sexual contact, we mean kissing, mutual masturbation, oral, anal, or vaginal sex.

Please select all that apply.

- I have never had any sexual contact
- Females
- Males
- Transgender people
- Nonbinary/Enby people

PREVIOUS

CONTINUE

SHOW IF Q75=2, 3, 4, or 5]

[NUMBOX 0-100; record DK=777, SKP=998, REF=999]

Q76

During your life, with how many people have you had sex? By sex we mean vaginal or anal sex. Enter the number in the box below.

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[NUMBOX 0 to S_AGE]

[CUSTOM PROMPT IF Q77>S_AGE: The age you entered is older than your current age.]

Q77.

How old were you when you had vaginal or anal sex for the first time?

 years old

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[GRID, SP; 2, 2, 2]

Q78.

How much do you agree or disagree with the following statements? We're interested in what YOU think about these issues; there are no "right" or "wrong" answers.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is not that big of a deal to have sex without a condom once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unless you have a lot of sexual partners you don't need to use condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#)

[CONTINUE](#)

How much do you agree or disagree with the following statements? We're interested in what YOU think about these issues; there are no "right" or "wrong" answers.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Buying condoms is embarrassing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms break a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#)

[CONTINUE](#)

How much do you agree or disagree with the following statements? We're interested in what YOU think about these issues; there are no "right" or "wrong" answers.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is hard to bring up the topic of condoms with partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex without a condom is worth the risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PREVIOUS](#)

[CONTINUE](#)

[SHOW IF Q76=1 - 100]

[SP]

Q79.

What do you think is the main reason to use a condom when having sex?

- To prevent pregnancy
- To prevent sexually transmitted infections (STIs), including HIV
- To prevent both pregnancy and sexually transmitted infections (STIs), including HIV
- For some other reason

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[MP]

Q80.

The last time you had vaginal sex with an opposite-sex partner, what methods did you or your partner use to prevent pregnancy?

Please select all that apply.

- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- An IUD (such as Mirena or ParaGard)
- An implant (such as Nexplanon)
- A shot (such as Depo-Provera)
- A patch (such as Ortho Evra)
- A birth control ring (such as NuvaRing)
- Withdrawal (pull-out)
- Emergency contraception (such as Plan B)
- Some other method
- Never had vaginal sex with an opposite-sex partner
- I'm not sure

[SHOW IF Q76=1 - 100]

[MP]

Q81.

The last time you had sex, what did you or your partner use to prevent sexually transmitted infections (STIs), including HIV?

Please select all that apply.

- No method was used to prevent STIs, including HIV
- Condom or other barrier methods (e.g., dental dams)
- HIV Pre-exposure prophylaxis (PrEP)
- Routine STI/HIV testing
- Mutual monogamy (two partners agreeing to be sexually active with only each other)
- Some other method
- I'm not sure

PREVIOUS

CONTINUE

[SHOW Q78 and Q79 ON SAME PAGE]

[SHOW IF Q76=1 - 100 and Q75=3 (males)]

[NUMBOX 0-100; record DK=777, SKP=998, REF=999]

Q82_1.



During the past 12 months, how many males have you had vaginal or anal sex with?

males

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100 and Q75=2 (Females)]
[NUMBOX 0-100; record DK=777, SKP=998, REF=999]
Q82_2.

During the past *12 months*, how many females have you had vaginal or anal sex with?

females

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]
[SP]
Q83.

During the past *12 months*, have you been tested for a sexually transmitted infection (STI) other than HIV, such as chlamydia or gonorrhea?

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

PREVIOUS

CONTINUE

[SHOW IF Q83=1]
[SP]
Q84.

The last time you were tested for a sexually transmitted infection (STI) other than HIV, did you specifically go to get tested for STIs, or did it happen as part of another type of health visit?

- Specifically went to get tested
- As part of another visit
- Other, please specify:

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[SP]

Q85.

Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood)

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

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[SP]

Q86.

Have you ever been told by a doctor or nurse that you have a sexually transmitted infection (STI), other than HIV, such as chlamydia, gonorrhea, or herpes?

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

PREVIOUS

CONTINUE

[SHOW IF Q86=1]

[SP]

Q87.

Did a doctor or nurse tell you this during the past *12 months*?

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

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[DISPLAY - SECTL_1]

This next section is about the last person with whom you have had vaginal or anal sex.

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[SP]

Q88.

Is the person you last had vaginal or anal sex with older, younger, or the same age as you?

- 3 or more years younger than me
- 1-2 years younger than me
- The same age as me
- 1-2 years older than me
- 3 or more years older than me
- Don't know
- Prefer not to answer

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[SP]

Q89.

Which of the following best describes your relationship with the last person you had sex with?

- A main partner (or someone that you have sex with and you consider to be the person who you are serious about)
- A casual partner (or someone that you have sex with but you do not consider to be a main partner. This person can be someone you've had sex with only once, or a few times, or you have sex with them on an ongoing, casual basis. The important thing, however, is that this person is not a main partner to you)
- A transactional partner (someone that you have sex with in exchange for money, gifts, or other services)
- Don't know
- Prefer not to answer

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[SP]

Q90.

The last time you had vaginal or anal sex, did you drink alcohol or use drugs beforehand?

- Yes
- No

PREVIOUS

CONTINUE

[SHOW IF Q76=1 - 100]

[SP]

Q91.

The last time you had vaginal or anal sex, did you or your partner use a condom?

- Yes
- No

PREVIOUS

CONTINUE

Q92

Which of the following have you ever done or experienced?

Please select all that apply.

- Felt pressured to share a sexual photo of yourself with someone
- Shared a sexual photo of yourself with someone (through text message, email, IM)
- Received a sexual photo of someone else
- Shared a sexual photo of someone without their permission
- Had someone else share a sexual photo of you without your permission
- None of these

PREVIOUS

CONTINUE

Q93

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

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

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

PREVIOUS

CONTINUE

Q94

The next question asks about marijuana use. Marijuana is also called pot or weed. For this question, 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.

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

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

PREVIOUS

CONTINUE

Q95

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

- Yes
- No

PREVIOUS

CONTINUE

[SHOW IF Q95=1]

[SP]

Q96.

During the past *30 days*, how many times did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

PREVIOUS

CONTINUE

Q97

The next questions ask about electronic vapor products, 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.

Have you ever used an electronic vapor product?

- Yes
- No

PREVIOUS

CONTINUE

[SHOW IF Q97=1]

[SP]

Q98.

During the past *30 days*, on how many days did you use an electronic vapor product?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

PREVIOUS

CONTINUE

QFINAL1.



Thank you for your time today. To help us improve the experience of AmeriSpeak members like yourself, please give us feedback on this survey.

If you do not have any feedback for us today, please click "Continue" through to the end of the survey so we can make sure your opinions are counted and for you to receive your AmeriPoints reward.

Please rate this survey overall from 1 to 7 where 1 is Poor and 7 is Excellent.

- 1 - Poor
- 2
- 3
- 4
- 5
- 6
- 7 - Excellent

Did you experience any technical issues in completing this survey?

- Yes - please tell us more in the next question
- No

Do you have any general comments or feedback on this survey you would like to share? If you would like a response from us, please email support@AmeriSpeak.org or call (888) 326-9424.

PREVIOUS

CONTINUE

[DISPLAY]

END.



Those are all the questions we have. We will add AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at support@AmeriSpeak.org or call us toll-free at 888-326-9424. Thank you for participating in our new AmeriSpeak survey!

You can close your browser window now if you wish or click Continue below to be redirected to the AmeriSpeak member website.

[CONTINUE](#)

