2023 Kansas Youth Risk Behavior Survey

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

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

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

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

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

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B D.
- If you change your answer, erase your old answer completely.
- 1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older
- 2. What is your sex?
 - A. Female
 - B. Male
- 3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade
- 4. Are you Hispanic or Latino?
 - A. Yes
 - B. No
- 5. What is your race? (Select one or more responses.)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height		
Feet	Inches	
5	7	
3	0	
4	①	
•	2	
© 7	3	
7	4	
	(5)	
	6	
	•	
	8	
	9	
	100	
	①	

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
0	0	2
•	①	①
2	2	•
3	3	3
	4	4
	•	(5)
	6	6
	7	7
	8	8
	9	9

The next 4 questions ask about safety.

- 8. How often do you wear a seat belt when **riding** in a car driven by someone else?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
- 9. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
- 10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
 - A. I did not drive a car or other vehicle during the past 30 days
 - B. I drove a car or other vehicle, but not when I had been drinking alcohol
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
- 11. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
 - A. I did not drive a car or other vehicle during the past 30 days
 - B. I drove a car or other vehicle, but did not text or e-mail while driving
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 7 questions ask about violence-related behaviors and experiences.

- 12. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
 - A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
- 13. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
- 14. During the past 12 months, how many times were you in a **physical fight**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
- 15. Have you ever been physically forced to have sexual intercourse when you did not want to?
 - A. Yes
 - B. No

- 16. During the past 12 months, how many times did **anyone** 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.)
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
- 17. 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.)
 - A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
- 18. 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.)
 - A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next question asks about times that you felt you were treated badly or unfairly.

- 19. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 4 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

- 20. During the past 12 months, have you ever been bullied **on school property**?
 - A. Yes
 - B. No
- 21. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
 - A. Yes
 - B. No
- 22. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?
 - A. Yes
 - B. No
- 23. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
 - A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

- 24. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

- 25. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two** weeks or more in a row that you stopped doing some usual activities?
 - A. Yes
 - B. No
- 26. During the past 12 months, did you ever **seriously** consider attempting suicide?
 - A. Yes
 - B. No
- 27. During the past 12 months, did you make a plan about how you would attempt suicide?
 - A. Yes
 - B. No
- 28. During the past 12 months, how many times did you actually attempt suicide?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 3 questions ask about cigarette smoking.

- 29. Have you ever smoked a cigarette, even one or two puffs?
 - A. Yes
 - B. No
- 30. How old were you when you first smoked a cigarette, even one or two puffs?
 - A. I have never smoked a cigarette, not even one or two puffs
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

- 31. During the past 30 days, on how many days did you smoke cigarettes?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 6 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

- 32. Have you ever used an electronic vapor product?
 - A. Yes
 - B. No
- 33. During the past 30 days, on how many days did you use an electronic vapor product?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 34. During the past 30 days, on how many days did you use an electronic vapor product **on school property**?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

- 35. During the past 30 days, what flavor of electronic vapor product did you use most often? (Select only **one** response.)
 - A. I did not use an electronic vapor product during the past 30 days.
 - B. Alcoholic drinks (such as wine, margarita, or other cocktails)
 - C. Chocolate, candy, desserts, or other sweets
 - D. Fruit
 - E. Menthol
 - F. Mint
 - G. Tobacco
 - H. Some other flavor
- 36. During the past 30 days, on how many days did you use an electronic vapor product **to vape marijuana** (also called pot or weed), including THC, THC concentrates, hash oil, or waxes?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 37. During the past 12 months, did you ever try to **quit** using electronic vapor products?
 - A. I did not use electronic vapor products during the past 12 months
 - B. Yes
 - C. No

The next 3 questions ask about other tobacco products.

- 38. During the past 30 days, on how many days did you use **chewing tobacco**, **snuff**, **dip**, **snus**, **or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do **not** count any electronic vapor products.)
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 39. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 40. During the past 7 days, on how many days did you breathe the smoke from someone who was smoking tobacco products in an indoor public place (such as school buildings, stores, restaurants, and sports arenas) or outdoor public place (such as school grounds, parking lots, stadiums, and parks)?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 3 questions ask about drinking alcohol. This includes drinking 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.

- 41. How old were you when you had your first drink of alcohol other than a few sips?
 - A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
- 42. During the past 30 days, on how many days did you have at least one drink of alcohol?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 43. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days

The next 2 questions ask about marijuana use. Marijuana also is 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.

- 44. During your life, how many times have you used marijuana?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times
- 45. During the past 30 days, how many times did you use marijuana?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

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.

- 46. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 4 questions ask about other drugs.

- 47. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 48. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 49. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 50. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
 - A. Yes
 - B. No

The next 6 questions ask about sexual behavior.

- 51. Have you ever had sexual intercourse?
 - A. Yes
 - B. No

- 52. How old were you when you had sexual intercourse for the first time?
 - A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
- 53. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
 - A. I have never had sexual intercourse
 - B. Yes
 - C. No
- 54. The **last time** you had sexual intercourse, did you or your partner use a condom?
 - A. I have never had sexual intercourse
 - B. Yes
 - C. No
- 55. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
 - A. I have never had sexual intercourse with an opposite-sex partner
 - B. No method was used to prevent pregnancy
 - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
 - D. Condoms
 - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method
 - H. Not sure
- 56. Have you ever had oral sex?
 - A. Yes
 - B. No

The next question asks about sexual identity.

- 57. Which of the following best describes you?
 - A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (questioning)
 - F. I do not know what this question is asking

The next 2 questions ask about body weight.

- 58. How do **you** describe your weight?
 - A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
- 59. Which of the following are you trying to do about your weight?
 - A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight

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

- 60. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 - A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

- 61. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
 - A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 62. During the past 7 days, how many times did you eat **green salad**?
 - A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 63. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
 - A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 64. During the past 7 days, how many times did you eat **carrots**?
 - A. I did not eat carrots during the past 7
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

- 65. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
 - A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 66. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
 - A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 67. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
 - A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day
- 68. During the past 7 days, on how many days did you eat **breakfast**?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 4 questions ask about physical activity.

- 69. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
- 70. On an average school 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.)
 - A. Less than 1 hour per day
 - B. 1 hour per day
 - C. 2 hours per day
 - D. 3 hours per day
 - E. 4 hours per day
 - F. 5 or more hours per day
- 71. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
- 72. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
 - A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

- 73. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
 - A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next question asks about social media, such as Instagram, TikTok, Snapchat, and Twitter.

- 74. How often do you use social media?
 - A. I do not use social media
 - B. A few times a month
 - C. About once a week
 - D. A few times a week
 - E. About once a day
 - F. Several times a day
 - G. About once an hour
 - H. More than once an hour

The next 14 questions ask about other health-related topics.

- 75. Have you ever been taught about AIDS or HIV infection in school?
 - A. Yes
 - B. No
 - C. Not sure
- 76. Have you ever been taught in school about the benefits of not having sexual intercourse to prevent pregnancy and sexually transmitted diseases (STDs)?
 - A. Yes
 - B. No
 - C. Not sure

- 77. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
 - A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
- 78. Has a doctor or nurse ever told you that you have asthma?
 - A. Yes
 - B. No
 - C. Not sure
- 79. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
- 80. On an average school night, how many hours of sleep do you get?
 - A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours
- 81. During the past 30 days, where did you usually sleep?
 - A. In my parent's or guardian's home
 - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 - C. In a shelter or emergency housing
 - D. In a motel or hotel
 - E. In a car, park, campground, or other public place
 - F. I do not have a usual place to sleep
 - G. Somewhere else

- 82. During the past 30 days, how often did you go hungry because there was not enough food in your home?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
- 83. During the past 12 months, how would you describe your grades in school?
 - A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure
- 84. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
- 85. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
 - A. Yes
 - B. No
 - C. Not sure

- 86. Which of the following are you most likely to do after you complete high school? (Select only **one** response.)
 - A. Attend a 4-year college
 - B. Attend community college
 - C. Attend a technical school
 - D. Join the military
 - E. Work a full-time job only
 - F. Something else
 - G. Not sure
- 87. Do you agree or disagree that you feel good about yourself?
 - A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
- 88. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

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