

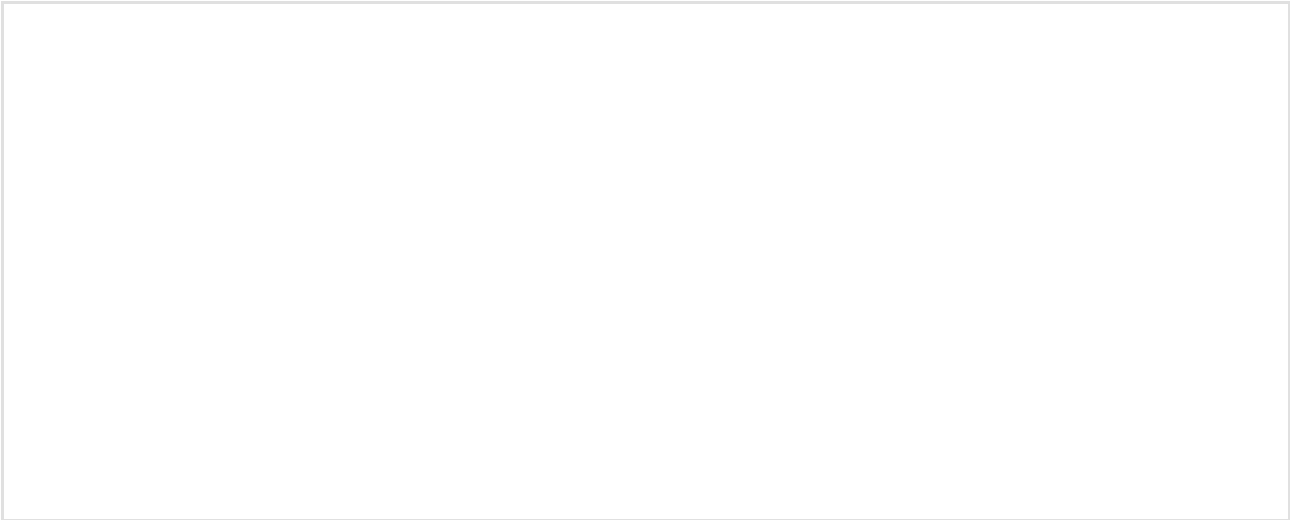
# Youth Risk Behavior Survey (YRBS)

*Thank you for participating in the Youth Risk Behavior Survey (YRBS). Your responses are essential in helping us understand the health behaviors of young people like you. This survey is anonymous, and your responses will be kept confidential. Please answer each question honestly and to the best of your ability.*

Question	Response
<b>Section 1. Personal Information</b>	
Full name	
Gender	
Grade	
Age	
<b>Section 2. Unintentional Injuries and Violence</b>	
Been in a physical fight	
Carried a weapon (gun, knife, etc.)	
Experienced bullying	
<b>Section 3. Seatbelt Use</b>	
Do you wear a seatbelt every time you ride in a vehicle?	
<b>Section 4. Tobacco Use</b>	
Ever tried cigarette smoking?	
Age at first try	
How often do you currently smoke?	

<b>Section 5. Alcohol and Drug Use</b>	
In the past 30 days, how often have you consumed alcohol?	
Ever used marijuana?	
Ever used prescription drugs without a doctor's prescription?	
Ever used other illicit drugs (cocaine, methamphetamine, etc.)?	
<b>Section 6. Sexual Behaviors and STIs</b>	
Ever had sexual intercourse?	
<b>Section 7. Unhealthy Dietary Behaviors</b>	
How often did you eat the following foods in the past week?	
Fruits and vegetables	
Fast food or fried food	
Sugary snacks and beverages	
<b>Section 8. Physical Inactivity</b>	
On average, how many days a week do you engage in moderate to vigorous physical activity for at least 60 minutes?	
<b>Section 9. Mental Health and Suicidal Ideation</b>	
Experienced feelings of sadness or hopelessness that lasted for two weeks or more in the past 12 months?	
Ever seriously considered attempting suicide?	

**Additional Notes:**

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