

Youth Risk Behavior Survey (YRBS) 2015 Standard Questionnaire Item Rationale

Obesity, Overweight, and Weight Control

QUESTION(S):

6. How tall are you without your shoes on?
7. How much do you weigh without your shoes on?
69. How do you describe your weight?

RATIONALE:

These questions measure self-reported height and weight and perceived body weight. Data on self-reported height and weight are used to calculate body mass index (BMI) and determine the corresponding BMI-for-age percentile for adolescents. BMI-for-age percentile is a proxy measure of weight status, correlates with body fat,⁽¹⁾ and is recommended for assessing weight status in youth ages 2–20.⁽²⁾ Although BMI calculated from self-reported height and weight underestimates the prevalence of obesity compared to BMI calculated from measured height and weight,⁽³⁾ self-reported height and weight are useful for tracking BMI trends over time. In addition, obesity prevalence trends from national surveys of adults using self-reported height and weight⁽⁴⁾ have been consistent with trend data from national surveys using measured height and weight.⁽⁵⁾ It is critical to continue monitoring height and weight because the prevalence of obesity among adolescents has tripled since 1980.⁽⁶⁾ Obesity during adolescence is associated with negative psychological and social consequences and health problems such as type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and metabolic syndrome.⁽⁷⁾ Further, obese adolescents are more likely to become obese adults.^(8,9) Nationwide in 2013, 14% of high school students were obese and 17% were overweight.⁽¹⁰⁾ During 1999–2013, significant linear increases occurred in the percentage of students who were obese (11%–14%) and who were overweight (14%–17%).⁽¹⁰⁾

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QUESTION(S):

70. Which of the following are you trying to do about your weight?

RATIONALE:

This question measures weight goals. The prevention of childhood obesity involves maintaining energy balance at a healthy weight while protecting overall health, growth and development, and nutritional status.⁽¹⁾ The weight goal for overweight and obese

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adolescents (12–18 years) is to achieve a body mass index (BMI) less than the 85th percentile for age and sex.⁽²⁾ The *Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity* recommend overweight adolescents (85th percentile < BMI < 95th percentile) achieve a healthy weight by maintaining their current weight while stature increases; obese adolescents (BMI >95th percentile) can pursue weight loss that is not to exceed an average of 2 pounds per week.⁽²⁾ Nationwide in 2013, 48% of high school students were trying to lose weight.⁽³⁾ The percentage of students who were trying to lose weight increased significantly during 1991–2013 (42%–48%).

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Behaviors that Result in Unintentional Injuries

QUESTION(S):

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

RATIONALE:

This question measures the frequency of helmet use while riding a bicycle. In 2012, pedal cycle (including bicycles) injuries were one of the top 10 leading causes of nonfatal injuries that had to be treated at an emergency room among adolescents aged 14–18 in the United States.⁽¹⁾ In 2012, over 70,000 of these injuries occurred among 14- to 18-year-olds.⁽¹⁾ In 2011, 10% of bicyclists who were killed and 19% of those injured in traffic crashes were under age 16.⁽²⁾ Head injury is the leading cause of death in bicycle crashes^(3,4) and use of bicycle helmets is the single most effective way of reducing head injuries and fatalities.⁽²⁾ In 2012, 65% of bicyclists killed reportedly were not wearing helmets.⁽⁵⁾ Estimates indicate bicycle helmets may prevent approximately 56% of bicycle-related deaths,⁽⁶⁾ 65%–88% of bicycle-related brain injuries,^(7,8) and 65% of serious facial injuries to the upper and middle regions of the face.⁽⁹⁾ In 2013, among the 67% of high school students nationwide who had ridden a bicycle during the 12 months before the survey, 88% had rarely or never worn a bicycle helmet.⁽¹⁰⁾ Among students nationwide who had ridden a bicycle, the prevalence of rarely or never wearing a bicycle helmet decreased during 1991–2005 (96%–83%) and then increased during 2005–2013 (83%–88%).⁽¹⁰⁾

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QUESTION(S):

9. How often do you wear a seat belt when riding in a car driven by someone else?

RATIONALE:

This question measures the frequency with which seat belts are worn when riding in a car driven by someone else. In 2006, 1,537 young people ages 15 and under were killed and 203,819 were injured in passenger vehicle crashes; of those injured, approximately 9% had an injury that was so severe they were unable to walk, drive, or continue the activities they normally engaged in prior to the crash.⁽¹⁾ Motor-vehicle related injuries kill more young adults ages 15–19 years than any other single cause in the United States.⁽²⁾ Safety belts, when used appropriately, reduce the risk of fatal injury to front-seat passenger car occupants by 45% and the risk of moderate-to-critical injury by 50%.⁽³⁾ In 2012, among all fatally injured 16- to 19-year-old occupants, seat belt use among passengers (30%) was considerably lower than among drivers (42%).⁽⁴⁾ In 2012, the use of seat belts in passenger vehicles saved an estimated 12,174 lives.⁽⁵⁾ In 2013, 8% of high school students nationwide rarely or never wore a seat belt when riding in a car driven by

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someone else.⁽⁵⁾ During 1991–2013, among students nationwide, a significant linear decrease occurred in the prevalence of rarely or never wearing a seat belt (26%–8%).⁽⁶⁾

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QUESTION(S):

10. 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?
11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

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RATIONALE:

These questions measure the frequency with which high school students drove a motor vehicle while under the influence of alcohol or rode as a passenger in a motor vehicle operated by someone who was under the influence of alcohol. In 2012, 28% of 15- to 20-year-old drivers who were killed in motor vehicle crashes and 4% of those injured in crashes had been drinking alcohol.⁽¹⁾ In 2012, 15% of fatally injured passenger vehicle drivers ages 16–17 years old had a blood alcohol concentration (BAC) of 0.08 grams per deciliter (g/dL) at the time of the crash.⁽²⁾ In 2013, among the 64% of high school students who had driven a car or other vehicle during the 30 days before the survey, 10% had driven a car or other vehicle one or more times when they had been drinking alcohol. Among high school students nationwide, 22% had ridden in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the 30 days before the survey.⁽³⁾ During 1991–2013, among students nationwide, a significant linear decrease occurred in the prevalence of riding with a driver who had been drinking alcohol (40%–22%).⁽³⁾

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QUESTION(S):

12. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

RATIONALE:

This question measures the frequency with which students engage in texting or e-mailing while driving a motor vehicle. Motor vehicle accidents are the leading cause of death among U.S. adolescents age 15–19.⁽¹⁾ In 2011, distracted driving accounted for 10% of all road fatalities; 11% of all drivers aged 15–19 involved in fatal crashes were reported as distracted at the time of the crashes and 21% of these distracted teens were distracted by the use of cell phones.⁽²⁾ Teen

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drivers are at least as likely to engage in texting while driving as adults,⁽³⁾ are less willing to disengage from a distracting behavior even as more road hazards are presented,⁽⁴⁾ and are less adept at handling road hazards than adults.⁽⁴⁾ In 2013, among the 64% of high school students nationwide who had driven a car or other vehicle during the 30 days before the survey, the prevalence of texting while driving one or more times in the 30 days before the survey was 41%.⁽⁵⁾

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Behaviors that Result in Violence

QUESTION(S):

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
14. During the past 30 days, on how many days did you carry a gun?
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
16. 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?
17. 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?

RATIONALE:

These questions measure violence-related behaviors and school-related violent behaviors. Violence is a significant public health issue among youth, with homicide being the second leading cause of death among youth ages 13–19 years (6.3 per 100,000).⁽¹⁾ Homicide is the leading cause of death among non-Hispanic black youth ages 13–19 years (23.7 per 100,000) and the second leading cause of death for Hispanic youth ages 13–19 years (7.8 per 100,000).⁽¹⁾ Approximately 12% of homicide victims in the United States in 2010 were aged 13–19; of these victims, 85% were killed with a firearm.⁽¹⁾ Of all violent deaths that occurred on school property between 1994 and 2006, 65% involved firearms.⁽²⁾ Nearly 100% of school districts have a policy prohibiting weapon possession or use by high school students on school property.⁽³⁾ Also, in 2012, 261,976 (884.1 per 100,000) nonfatal, physical assault injuries among youth aged 13–19 years were treated in U.S. emergency departments.⁽¹⁾

Among high school students nationwide in 2013, 18% had carried a weapon, 6% had carried a gun, and 5% had carried a weapon on school property on at least 1 day during the 30 days before the survey.⁽⁴⁾ The prevalence of having carried a weapon decreased during 1991–1997 (26%–18%) and then did not change significantly during 1997–2013 (18%–18%).⁽⁴⁾ Among high school students nationwide in 2013, 7% had not gone to school on at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school and 7% had been threatened or injured with a weapon on school property 1 or more times during the 12 months before the survey.⁽⁴⁾ Among students nationwide, the prevalence of having not gone to school because of safety concerns increased significantly during 1993–2013 (4%–7%).⁽⁴⁾ Among students nationwide, the prevalence of having been threatened or injured with a weapon on school property did not change significantly during 1993–2003 (7%–9%) and then decreased during 2003–2013 (9%–7%).⁽⁴⁾

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QUESTION(S):

18. During the past 12 months, how many times were you in a physical fight?
19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
20. During the past 12 months, how many times were you in a physical fight on school property?

RATIONALE:

These questions measure the frequency and severity of physical fights in general and on school property. Physical fighting is a marker for other problem behaviors⁽¹⁾ and is associated with serious injury-related health outcomes.^(2,3) Among high school students nationwide in 2013, 25% had been in a physical fight and 8% had been in a physical fight on school property one or more times during the 12 months before the survey.⁽⁴⁾ The percentage of high school students who were in a physical fight decreased significantly during 1991–2013 (42%–25%).⁽⁴⁾ The percentage of high school students who were in a physical fight on school property also decreased significantly during 1993–2013 (16%–8%).⁽⁴⁾

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QUESTION(S):

21. Have you ever been physically forced to have sexual intercourse when you did not want to?
22. 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.)
23. 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.)

RATIONALE:

These questions measure the frequency of sexual violence and dating violence experienced by students. Dating violence victimization is associated with participation in other high risk behaviors,⁽¹⁻³⁾ including suicide ideation and attempts, major depressive episodes,^(4,5) increased alcohol and tobacco use, eating disorders, and risky sexual behavior.^(6,7) According to Centers for Disease Control and Prevention’s 2010 National Intimate Partner and Sexual Violence Survey, nearly 1 in 10 women in the United States (9.4%) has been raped by an intimate partner in her lifetime, and an estimated 16.9% of women and 8.0% of men have experienced sexual violence other than rape by an intimate partner at some point in their lifetime.⁽⁸⁾ About 1 in 4 women (24.3%) and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something) at some point in their lifetime.⁽⁸⁾ Among adults who ever experienced rape, physical violence, and/or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age.⁽⁸⁾ Forced sexual intercourse is associated with negative psychosocial and mental health consequences.^(9,10) In 2013, 7% of high school students nationwide had ever been physically forced to have sexual intercourse when they did not want to.⁽¹¹⁾ Among the 74% of students who dated or went out with someone during the 12 months before the survey, 10% experienced physical dating violence by a dating partner, and 10% experienced sexual dating violence by a dating partner.⁽¹¹⁾

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QUESTION(S):

24. During the past 12 months, have you ever been bullied on school property?
25. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

RATIONALE:

These questions measure the frequency and severity of bullying behavior. Bullying victimization is associated with depression,^(1,2) suicidal ideation,^(1,2) self-injury,⁽²⁾ suicide attempts,⁽²⁾ increased odds of repeated common health problems,⁽³⁾ school absenteeism,⁽⁴⁾ psychological distress,⁽³⁾ and feeling unsafe at school.⁽⁴⁾ Electronic bullying victimization has been associated with discipline problems in school, skipping school, weapon carrying,⁽¹⁾ psychological distress,⁽⁶⁾ lower self-esteem,⁽⁷⁾ social anxiety,⁽⁸⁾ depression,⁽²⁾ suicidal ideation,⁽²⁾ self-injury,⁽²⁾ and suicide attempts.⁽²⁾ Among high school students nationwide in 2013, 20% reported that they had been bullied on school property during the 12 months before the survey and 15% had been electronically bullied through e-mail, chat rooms, instant messaging, websites, or texting during the 12 months before the survey.⁽⁹⁾

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QUESTION(S):

26. 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?
27. During the past 12 months, did you ever seriously consider attempting suicide?
28. During the past 12 months, did you make a plan about how you would attempt suicide?
29. During the past 12 months, how many times did you actually attempt suicide?
30. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

RATIONALE:

These questions measure sadness, suicide ideation, attempted suicide, and the seriousness of those attempts. Suicide is the third leading cause of death among youth aged 15–19 years.⁽¹⁾ The suicide rate for persons aged 15–19 years was 7.5 per 100,000 in 2010.⁽¹⁾ A prior suicide attempt is one of the most significant risk factors for a suicide fatality.^(2,3) Among high school students nationwide in 2013, 30% felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities.⁽⁴⁾ Among high school students nationwide in 2013, 17% had seriously considered attempting suicide, 14% had made a plan about how they would attempt suicide, and 8% had attempted suicide one or more times during the 12 months before the survey.⁽⁴⁾ The percentage of students who seriously considered attempting suicide decreased during 1991–2009 (29%–14%) and then increased during 2009–2013 (14%–17%).⁽⁴⁾ The prevalence of having made a suicide plan decreased from 1991–2009 (19%–11%) and then increased from 2009–2013 (11%–14%).⁽⁴⁾

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Tobacco Use

QUESTION(S):

31. Have you ever tried cigarette smoking, even one or two puffs?
32. How old were you when you smoked a whole cigarette for the first time?
33. During the past 30 days, on how many days did you smoke cigarettes?
34. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
35. During the past 30 days, how did you usually get your own cigarettes?
36. During the past 12 months, did you ever try to quit smoking cigarettes?

RATIONALE:

These questions measure ever and current smoking patterns, age of initiation, access to cigarettes, smoking on school property, and attempts to quit smoking. Cigarette smoking is the leading cause of preventable death in the United States⁽¹⁾ and accounts for approximately 440,000 deaths each year.⁽²⁾ Each day across the United States over 3,800 youth under 18 years of age start smoking and more than 80% of adult smokers begin before the age of 18.⁽³⁾ Cigarette smoking increases risk of heart disease; chronic obstructive pulmonary disease; acute respiratory illness; stroke; and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix.^(1,3) In addition, as compared to nonsmokers, cigarette smokers are more likely to drink alcohol, use marijuana and cocaine, engage in risky sexual behaviors, engage in physical fighting, carry a weapon, and attempt suicide.⁽³⁻⁵⁾ Among high school students nationwide in 2013, 41% had ever tried cigarette smoking, 16% had smoked cigarettes on at least 1 day during the 30 days before the survey.⁽⁶⁾ The percentage of high school students who had ever tried cigarette smoking did not change significantly during 1991–1999 (70%–70%) and then decreased during 1999–2013 (70%–41%).⁽⁶⁾ The percentage of high school students who had smoked cigarettes on at least 1 day during the 30 days before the survey increased significantly during 1991–1997 (28%–36%) and then decreased during 1997–2013 (36%–16%).⁽⁶⁾

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QUESTION(S):

37. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
38. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

RATIONALE:

These questions measure smokeless tobacco use and cigar use. Smokeless tobacco contains 28 known human carcinogens.⁽¹⁾ Use of smokeless tobacco products increases the risk of developing cancer of the oral cavity.⁽¹⁾ Other oral health problems strongly associated with smokeless tobacco use are leukoplakia (a lesion of the soft tissue that consists of a white patch or plaque that cannot be scraped off) and recession of the gums.^(2–4) Smokeless tobacco use also causes an increased risk of heart disease and stroke.⁽⁵⁾ In addition, adolescent smokeless tobacco

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users are more likely than nonusers to become adult cigarette smokers.⁽³⁾ Among high school students nationwide in 2013, 9% had used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on at least 1 day during the 30 days before the survey.⁽⁶⁾ The percentage of students who reported smokeless tobacco use on at least 1 day during the 30 days before the survey decreased during 1995–1999 (11%–8%) and then did not change significantly during 1999–2011 (8%–9%).⁽⁶⁾ Cigar smoking can cause lung cancer, coronary heart disease, and chronic obstructive pulmonary disease.^(7–9) The overall risk of oral and pharyngeal cancer is 7–10 times higher among cigar smokers compared to those who never smoked.⁽¹⁰⁾ In 2013, 13% of high school students nationwide had smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey.⁽⁶⁾ The percentage of students who had smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before decreased during 1997–2001 (22%–15%) and then decreased more gradually during 2001–2013 (15%–13%).⁽⁶⁾

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QUESTION(S):

39. Have you ever used an electronic vapor product?
40. During the past 30 days, on how many days did you use an electronic vapor product?

RATIONALE:

These questions measure the prevalence of use of electronic vapor products. Electronic vapor products are electronic devices that are usually shaped like a cigarette or cigar and contain a nicotine-based liquid that is vaporized and inhaled. Electronic vapor products include electronic cigarettes (e-cigarette), electronic cigars (e-cigar), electronic hookahs (e-hookah), and vape pens. Electronic cigarettes, or e-cigarettes, are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Depending on the brand, e-cigarette cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate).⁽¹⁾ E-cigarettes that are not marketed for therapeutic purposes are currently unregulated by the U.S. Food and Drug Administration, and in most states there are no restrictions on the sale of e-cigarettes to minors.⁽²⁾ Data from the 2011 and 2012 National Youth Tobacco Survey (NYTS) revealed that ever and past 30-day e-cigarette use increased significantly from 4.7% to 10.0% and 1.5% to 2.8%, respectively.⁽²⁾

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Alcohol and Other Drug Use

QUESTION(S):

41. During your life, on how many days have you had at least one drink of alcohol?
42. How old were you when you had your first drink of alcohol other than a few sips?
43. During the past 30 days, on how many days did you have at least one drink of alcohol?
44. 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?
45. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
46. During the past 30 days, how did you usually get the alcohol you drank?

RATIONALE:

These questions measure ever and current use of alcohol, age of initiation, binge drinking, the largest number of alcoholic drinks consumed during a drinking occasion, and access to alcohol. Alcohol is used by more young people than tobacco or illicit drugs.⁽¹⁾ Heavy alcohol drinking and binge drinking among youth is associated with risky sexual behaviors, being a victim of dating violence, and use of cigarettes, marijuana, cocaine, and other illegal drugs.⁽²⁻⁷⁾ Persons who begin drinking alcohol before the age of 15 years are five times as likely to report alcohol dependence or abuse than those who first drank alcohol at age 21 or older.⁽⁸⁾ Initiation of alcohol use before 13 years of age also has been associated with an increased risk for suicide.^(9,10) Little is currently known about the largest number of drinks consumed by high school students when they drink. However, persons 18-24 years of age consume an average of 9.5 drinks per binge episode⁽¹¹⁾ and binge drinking by high school students is strongly correlated with binge drinking by adults in the same state.⁽¹²⁾ Motor vehicle crashes are the leading cause of death among youth ages 15-19 years in the United States⁽¹³⁾ and alcohol use is associated with 22% of all traffic-related fatalities, including 18% of all traffic fatalities among drivers 16 to 20 years of age.⁽¹⁴⁾ Limiting youth access to alcohol has reduced underage alcohol use and alcohol-related problems.⁽¹⁵⁾ However, youth continue to obtain alcohol from a variety of sources, reflecting the need for improved enforcement of underage drinking laws as well as greater public awareness of restrictions on drinking alcohol by underage youth.

Among high school students nationwide in 2013, 66% had had at least one drink of alcohol on at least 1 day during their life and 35% had had at least one drink of alcohol on at least 1 day during the 30 days before the survey.⁽¹⁶⁾ In addition, 21% of high school students had had 5 or more drinks of alcohol in a row on at least 1 day during the 30 days before the survey.⁽¹⁶⁾ The percentage of high school students who had at least one drink of alcohol on at least 1 day during their life did not change significantly during 1991-1999 (82%-81%) and then decreased during 1999-2013 (81%-66%).⁽¹⁶⁾ Likewise, the percentage of students who had at least one drink of alcohol on at least 1 day during the 30 days before the study did not change

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significantly during 1991–1999 (51%–50%) and then decreased during 1999–2013 (50%–35%).⁽¹⁶⁾ The percentage of students who had 5 or more drinks of alcohol in a row on at least 1 day increased from 1991–1999 (31%–32%) and then decreased from 1999–2013 (32%–21%).⁽¹⁶⁾

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QUESTION(S):

47. During your life, how many times have you used marijuana?
48. How old were you when you tried marijuana for the first time?
49. During the past 30 days, how many times did you use marijuana?
50. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
51. 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?
52. During your life, how many times have you used heroin (also called smack, junk, or China White)?
53. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
54. During your life, how many times have you used ecstasy (also called MDMA)?

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55. During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
56. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
57. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
58. During your life, how many times have you used a needle to inject any illegal drug into your body?
59. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

RATIONALE:

These questions measure ever and current use of marijuana (including synthetic marijuana) and ever use of cocaine, inhalants, heroin, methamphetamines, ecstasy, steroids, and injected drugs; use of prescription drugs without a doctor's prescription; and illegal drug activity on school property. Among youth, illicit drug use is associated with heavy alcohol and tobacco use,⁽¹⁾ violence and delinquency,⁽²⁻⁵⁾ and suicide.⁽⁶⁾ All school districts prohibit illegal drug possession or use by students on school property.⁽⁷⁾

Among high school students nationwide in 2013, 41% had used marijuana, 6% had used any form of cocaine, 2% had used heroin, 3% had used methamphetamines, 7% had used ecstasy, and 3% had taken steroid pills or shots without a doctor's prescription one or more times during their life.⁽⁸⁾ According to data from a recently released survey of 9th to 12th graders, synthetic marijuana (THC) was the third most prevalent substance reported as being used at 12% behind alcohol and marijuana.⁽⁹⁾ Synthetic THC (also called K2 or Spice) consists of plant material treated with synthetic cannabinoids, psychoactive substances designed to bind to and stimulate the same receptors in the brain as THC. Synthetic THC use has been linked with adverse effects such as increased heart rate and blood pressure, anxiety, agitation, and acute kidney injury. In addition, 9% of high school students had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high and 2% had used a needle to inject any illegal drug into their body one or more times during their life.⁽⁸⁾ Also, 22% of students had been offered, sold, or given an illegal drug on school property during the 12 months before the survey.⁽⁸⁾ The percentage of high school students who had used marijuana one or more times during their life increased during 1991–1997 (31%–47%) and then decreased during 1997–2013 (47%–41%).⁽⁸⁾

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Sexual Behaviors that Contribute to Unintended Pregnancy and Sexually Transmitted Diseases, Including HIV Infection

QUESTION(S):

60. Have you ever had sexual intercourse?
61. How old were you when you had sexual intercourse for the first time?
62. During your life, with how many people have you had sexual intercourse?
63. During the past 3 months, with how many people did you have sexual intercourse?
64. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
65. The last time you had sexual intercourse, did you or your partner use a condom?
66. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
85. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

RATIONALE:

These questions measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, alcohol and other drug use related to sexual activity, condom use, contraceptive use, and whether high school students have been tested for HIV. Early initiation of sexual intercourse is associated with having a greater number of lifetime sexual partners.^(1,2) In addition, adolescents who initiate sexual intercourse early are less likely to use contraception^(2,3) and are at higher risk for STDs⁽⁴⁾ and pregnancy.^(5,6) Estimates suggest that while representing 25% of the ever sexually active population, persons aged 15 to 24 years acquire nearly half of all new STDs.⁽⁷⁾ Both chlamydia and gonorrhea rates are highest among adults between the ages of 20 and 24 years (2501.5 cases per 100,000 individuals and 520.1 cases per 100,000 individuals, respectively).⁽⁸⁾ Between 2006 and 2009, the rate of HIV diagnoses in the 40 states with mature confidential name-based HIV infection reporting increased 24% among persons ages 13–19 years and 31% among persons aged 20 to 24 years. By the end of 2008, in the 40 states with confidential name-based HIV infection reporting there were an estimated 7,859 persons ages 13–19 years living with a diagnosis of HIV infection and 3,388 living with a diagnosis of AIDS.⁽⁹⁾ In 2010, young people aged 13–24 accounted for 26% of all new HIV infections in the United States.⁽¹⁰⁾

Among high school students nationwide in 2013, 47% had ever had sexual intercourse, 15% had had sexual intercourse with four or more persons during their life, and 34% had had sexual intercourse with at least one person during the 3 months before the survey.⁽¹¹⁾ The percentage of students who ever had sexual intercourse decreased during 1991–2001 (54%–46%) and then did not change significantly during 2001–2013 (46%–47%).⁽¹¹⁾ The percentage of students who had sexual intercourse with four or more persons during their life decreased during

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1991–2003 (19%–14%) and then did not change significantly during 2003–2013 (14%–15%).⁽¹¹⁾ During 1991–2013, there was a significant linear decrease in the percentage of students who had had sexual intercourse with at least one person during the 3 months before the survey (38%–34%).⁽¹¹⁾ In 2013, among the 34% of students who were currently sexually active, 59% reported that either they or their partner had used a condom during last sexual intercourse.⁽¹¹⁾ The percentage of sexually active students who used a condom during last sexual intercourse increased during 1991–2003 (46%–63%) and then did not change significantly during 2003–2013 (63%–59%).⁽¹¹⁾

Too many people do not know they are infected with HIV. About 1.2 million people are living with HIV in the US, but 1 in 5 do not know they are infected.⁽¹²⁾ Each year, about 50,000 people get infected with HIV in the US. HIV testing is an integral part of the *National HIV/AIDS Strategy for the United States* and routine testing is one of the most important strategies recommended for reducing the spread of HIV and improving the health outcomes for those already infected.^(13,14) State and local education agencies and schools are essential partners in this effort. Educating students about HIV and other STDs might increase students' likelihood of being tested.⁽¹⁵⁾ Further, schools have a critical role to play in facilitating delivery of such needed HIV preventive services for adolescents.⁽¹⁵⁾ State and local data on HIV testing will help agencies examine local trends in testing behaviors, identify disparities in testing, and determine whether high risk youth are being tested.⁽¹⁵⁾

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QUESTION(S):

67. During your life, with whom have you had sexual contact?
68. Which of the following best describes you?

RATIONALE:

These questions measure sexual identity and sex of sexual partners. Sexual minority youth—those who identify as gay, lesbian, or bisexual or who have sexual contact with persons of the same or both sexes—are part of every community and come from all walks of life. They are diverse, representing all races, ethnicities, socioeconomic statuses, and parts of the country. While many sexual minority youth cope with the transition from childhood to adulthood successfully and become healthy and productive adults, others struggle as a result of challenges such as stigma, discrimination, family disapproval, social rejection, violence.⁽¹⁾ YRBS data indicates that sexual minority students are more likely to engage in health-risk behaviors than other students.⁽²⁾ Sexual minority youth are also at increased risk for certain negative health outcomes. For example, young gay and bisexual males have disproportionately high rates of HIV and syphilis,^(3,4) and adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual peers.⁽⁵⁾ Increasing attention has been given to the HIV prevention needs of young men who have sex with other men (YMSM) as they are more likely than males who have only had sexual contact with females to engage in sexual risk-taking behaviors and HIV infection rates among YMSM are disproportionately high.⁽⁶⁾ Data on the sexual minority status of young people is critical for continuing to demonstrate the disproportionate rates at which sexual minority students experience many health risks compared to non-sexual minority students and for developing, implementing, and evaluating policies and programs designed to mitigate these disparities.

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Dietary Behaviors

QUESTION(S):

71. 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.)
72. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
73. During the past 7 days, how many times did you eat green salad?
74. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
75. During the past 7 days, how many times did you eat carrots?
76. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
77. During the past 7 days, how many times per day did you usually drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)
78. 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.)
79. During the past 7 days, on how many days did you eat breakfast?

RATIONALE:

These questions measure dietary behaviors, including consumption of fruits and vegetables, and soda or pop. The fruit and vegetable questions are similar to questions asked of adults on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System 2009 survey questionnaire.⁽¹⁾ Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health.⁽²⁾ There is probable evidence to suggest that dietary patterns with higher intakes of fruits and vegetables are associated with a decreased risk for some types of cancer,⁽³⁻⁵⁾ cardiovascular disease,⁽⁶⁾ and stroke.⁽⁷⁾ Although data are limited, an increased intake of fruits and vegetables appears to be associated with a decreased risk of being overweight.⁽⁸⁻¹⁰⁾ In 2013, during the 7 days before the survey, 33% of high school students nationwide had eaten fruit or drunk 100% fruit juice two or more times per day and 16% of students had eaten vegetables three or more times per day.⁽¹¹⁾ The percentage of students who ate fruit or drank 100% fruit juice two or more times per day decreased during 1999–2005 (35%–30%) and then increased during 2005–2013 (30%–33%).⁽¹¹⁾ The percentage of students who ate vegetables three or more times per day did not change significantly during 1999–2007 (14%–13%) and then increased from 2007–2013 (13%–16%).⁽¹¹⁾

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In recent years, sugar-sweetened beverage consumption has significantly increased among children and adolescents.^(12,13) Among persons ages 2–18 years, soft drinks (i.e. sugar-sweetened beverages) comprised 3% of the total daily calories consumed in 1977–1978 compared to 7% in 1999–2001.⁽¹²⁾ Sugar-sweetened beverages are the primary source of added sugars in the diet of U.S. children and adolescents and contributes an average of 173 kcal/day (8.5% of daily energy intake).⁽¹³⁾ Consumption of sugar-sweetened beverages is associated with a less healthy diet,⁽¹⁴⁾ decreased bone density,⁽¹⁵⁾ and dental decay⁽¹⁶⁾, and appears to be associated with increased risk of being overweight among children^(17,18) and the development of metabolic syndrome and type 2 diabetes.⁽¹⁹⁾ Nationwide in 2013, 27% of high school students had drunk a can, bottle, or glass of soda or pop (not counting diet soda or diet pop) one or more times per day during the 7 days before the survey.⁽¹¹⁾ The percentage of students who drank soda or pop one or more times per day decreased significantly during 2007–2013 (34%–27%).⁽¹¹⁾

Milk is an important source of many nutrients, including calcium.⁽²⁾ There is evidence that intake of milk and milk products is associated with bone health in children and adolescents and with a lower risk of cardiovascular disease and type 2 diabetes and with lower blood pressure in adults.⁽²⁾ Although the recommended intake of milk and milk products is 3 cups per day for adolescents, most adolescents consume far less.^(2,20) In 2013, 12% of high school students nationwide had drunk three or more glasses of milk per day.⁽¹¹⁾ The percentage of students who drank three or more glasses of milk decreased significantly during 1999–2013 (18%–12%).⁽¹¹⁾

Eating breakfast is associated with weight loss and weight loss maintenance,⁽²⁾ improved nutrient intake,⁽²⁾ and better cognitive function, academic performance, school attendance rates, psychosocial function, and mood.^(21,22) In 2013, 38% of high school students nationwide ate breakfast on all 7 days before the survey.⁽¹¹⁾

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Physical Activity

QUESTION(S):

80. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
81. On an average school day, how many hours do you watch TV?
82. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
84. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

RATIONALE:

These questions measure participation in physical activity, physical education classes, and sports teams, as well as time spent watching television (TV) and using a computer or playing video games. Participation in regular physical activity among young people can help build and maintain healthy bones and muscles, maintain body weight and reduce body fat, reduce feelings of depression and anxiety, and promote psychological well-being.⁽¹⁾ Over time, regular physical activity decreases the risk of high blood pressure, heart disease, diabetes, obesity, some types of cancer, and premature death.⁽¹⁾ In 2008, the U.S. Department of Health and Human Services recommended that young people ages 6–17 participate in at least 60 minutes of physical activity daily.⁽²⁾ In 2013, 27% of high school students were physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on each of the 7 days before the survey.⁽³⁾ In 2012, the U.S. Department of Health and Human Services released a mid-course report on the *Physical Activity Guidelines for Americans*.⁽⁴⁾ This report focused on strategies to increase physical activity among youth. The report concluded that school-based settings had the strongest evidence and multi-component physical activity programs, including physical education, had the most promise for increasing physical activity. In 2013, the Institute of Medicine (IOM) released the report titled *Educating the Student Body: Taking Physical Activity and Physical Education to School*.⁽⁵⁾ This IOM report also stressed the importance of a comprehensive, multi-component, whole school approach to physical activity in schools. School physical education classes can increase adolescent participation in physical activity^(6–12) and help high school students develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.^(4,13,14) In 2013, 48% of high school students nationwide went to physical education classes on 1 or more days in an average week when they were in school.⁽³⁾

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Watching TV and using a computer are considered sedentary behaviors. Among youth, time spent watching TV is associated with childhood and adult obesity, consumption of fast food, soft drinks, and high-fat snacks, and consumption of fewer fruits and vegetables.^(15–22) Youth who engage in less than two hours of TV viewing per day tend to be more active.⁽¹⁴⁾ Computer usage and video game playing are associated with physical inactivity among adolescents and young adults.⁽²³⁾ Among high school students nationwide in 2013, 41% of students played video or computer games or used a computer for something that was not school work for 3 or more hours per day on an average school day and 32% watched television 3 or more hours per day on an average school day.⁽³⁾ The percentage of students who used computers 3 or more hours per day increased significantly during 2003–2009 (22%–25%) and then increased more rapidly during 2009–2013 (25%–41%).⁽³⁾ During 1999–2013, a significant linear decrease occurred in the percentage of high school students who watched television 3 or more hours per day (43%–32%).⁽³⁾

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Oral Health

QUESTION(S):

86. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

RATIONALE:

This question measures the prevalence of oral health care, and provides data for one of the named Healthy People 2020 leading health indicators. This question aligns with the Leading Health Indicator for Healthy People 2020 (OH-7 “Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months”) and relates to OH-8 “Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.”⁽¹⁾

Despite improvements in oral health status in the United States, disparities remain in some population groups as classified by sex, income, age, and race/ethnicity.⁽²⁾ Oral diseases and conditions can occur throughout the life span.⁽²⁾ Nearly every American has had the most common oral disease, dental caries.⁽²⁾ Oral health is related to general health. The examination of oral tissues may be used to determine the presence of disease, disease progression, or exposure to risk factors, and as a diagnostic tool.⁽²⁾ The mouth can be a portal of entry for infections that can affect local tissues and may spread to other parts of the body.⁽²⁾ Oral diseases may also be associated with other diseases such as diabetes, heart disease and stroke, and adverse pregnancy outcomes.⁽²⁾

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Asthma

QUESTION(S):

87. Has a doctor or nurse ever told you that you have asthma?

RATIONALE:

This question measures the prevalence of asthma. Approximately 10.3 million (14%) U.S. children <18 years have been diagnosed with asthma at some time in their lives.⁽¹⁾ In 2007, children made 7.5 million visits to doctors' offices and hospital outpatient departments, 640,000 visits to hospital emergency departments, and had 157,000 hospitalizations due to asthma.⁽²⁾ In 2008, children aged 5–17 years with at least one asthma attack in the previous year were reported to miss 10.5 million school days in the past year. Nearly 60% had at least one asthma absence day in the past year, and 5.5% were reported to have an activity limitation due to asthma.⁽²⁾ Among high school students nationwide in 2013, 21% had ever been told by a doctor or nurse that they ever had asthma.⁽³⁾ The percentage of high school students who ever had asthma increased significantly from 2003–2009 (19%–22%) and then did not change significantly from 2009–2013 (22%–21%).⁽³⁾

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Sleep

QUESTION(S):

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

RATIONALE:

This question measures the amount of sleep students get on an average school night. Sleep is necessary for physical and mental health and is particularly important during adolescence, a phase of rapid biologic growth and development.⁽¹⁾ According to the 2006 Sleep in America poll, more than half of adolescents are getting insufficient sleep on school nights.⁽²⁾ Lack of adequate sleep among adolescents is associated with daytime sleepiness,^(3,4) falling asleep during class,⁽⁵⁾ general inattentiveness,⁽⁵⁾ classroom behavioral problems,⁽⁵⁾ drowsy driving,^(1,3) depressed mood,^(1,3,6) headaches,⁽⁶⁾ and poor school performance.⁽⁷⁾ Evidence tying insufficient sleep to poor health outcomes such as obesity, cardiovascular disease, and diabetes is also growing.^(8–10)

Analysis of data from the national YRBS has shown that insufficient sleep is associated with higher odds of current use of cigarettes, marijuana, and alcohol; current sexual activity; seriously considering attempting suicide; feeling sad or hopeless; physical fighting; physical inactivity; obesity; and engaging in unhealthy weight-control behaviors.^(11–13)

Most adolescents need at least 9 hours sleep per night, but less than 8% of high school students report getting this amount.⁽¹⁴⁾ The proportion getting 8 or more hours (just marginally sufficient) is less than a third, with this number decreasing with grade in school to less than a quarter of high school seniors.⁽¹⁵⁾ Healthy People 2020 contains four sleep health-related objectives, including one for adolescents. This objective is to “increase the proportion of students in grades 9 through 12 who get sufficient sleep (defined as 8 or more hours of sleep on an average school night).”⁽¹⁵⁾ According to 2013 YRBS data, nationwide, 32% of high school students got 8 or more hours of sleep on an average school night.⁽¹⁶⁾

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Grades

QUESTION(S):

89. During the past 12 months, how would you describe your grades in school?

RATIONALE:

This question measures academic grades in school. The academic success of America's youth is strongly linked with their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.⁽¹⁾ Health-risk behaviors such as early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment.⁽²⁻⁴⁾ In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.⁽⁵⁻⁷⁾ Leading national education organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.⁽⁸⁻¹⁰⁾ This question would provide data to monitor the important link between health-risk behaviors and academic achievement.

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