

# Optional Questions for Consideration by State, Territorial, and Local Education and Health Agencies and Tribal Governments for Inclusion in a 2021 YRBS Questionnaire

---

State, territorial, and local education and health agencies and tribal governments have the option to modify the 2021 standard Youth Risk Behavior Survey (YRBS) questionnaire to meet local needs. The Division of Adolescent and School Health (DASH) provides a list of optional questions for sites to consider for their high school questionnaire. The questions and response options are worded to be consistent with questions on the standard high school questionnaire. If you are interested in adding a question from the optional question list to your middle school questionnaire, please contact CDC for assistance.

The optional questions come from the following sources:

1. The 2021 national YRBS questionnaire
2. Previous standard, national, and site YRBS questionnaires
3. Suggestions made by CDC subject matter experts and DASH partners
4. Other national surveys

**\* Denotes a question that is included on the 2021 national YRBS questionnaire, but not the 2021 standard YRBS questionnaire.**

**\*\* Denotes a question that is required to be included on the 2021 YRBS questionnaire for all local education agencies funded under Component 2 of CDC-RFA-PS18-1807, Promoting Adolescent Health through School-Based HIV Prevention.**

## 2021 YRBS Questionnaire Optional Question List

---

### Table of Contents

<b>Topic</b>	<b>Page</b>	<b>Topic</b>	<b>Page</b>
Motor Vehicle Safety .....	3	Hearing and Noise Exposure .....	39
Violence .....	5	Health Status .....	40
Bullying and Harassment .....	7	COVID-19 Pandemic .....	41
Gang Activity .....	8	Protective Factors .....	43
Sexual and Partner Violence .....	8	Positive childhood experiences .....	43
Pornography .....	10	Family and adult interaction and	
Exploitation .....	10	support .....	43
Self-Harm .....	10	School experience and support .....	44
Cigarette Use .....	10	Future plans .....	46
Cigar Use .....	11	Social support .....	46
Smokeless Tobacco Use .....	11	Community connectedness .....	47
Electronic Vapor Product Use .....	12	School and community	
Waterpipe Use .....	14	involvement .....	47
Pipe Use .....	14	Attitudes and beliefs .....	48
Bidis Use .....	15		
Heated Tobacco Product Use .....	15		
Any Tobacco Product Use .....	15		
Alcohol Use .....	16		
Marijuana Use .....	17		
Synthetic Marijuana Use .....	17		
Prescription Pain Medicine .....	18		
Other Drug Use .....	18		
Sexual Behaviors .....	22		
Gender Identity .....	23		
Gender Expression .....	23		
HIV, STD, and Pregnancy Prevention .....	23		
Dietary Behaviors .....	26		
Weight Control .....	28		
Food Security .....	29		
Physical Activity .....	30		
Physical Education .....	31		
Computer Use .....	32		
Asthma .....	32		
Epilepsy .....	32		
Homelessness .....	33		
Adverse Childhood Experiences .....	33		
Experience with Racism .....	35		
Acculturation .....	35		
Parental Military Status .....	36		
Sexting .....	36		
Preventive Health Care .....	36		
Hand Washing .....	38		
Sleep .....	38		
Gambling .....	38		
Sun Protection .....	39		

## 2021 YRBS Questionnaire Optional Question List

---

### Motor Vehicle Safety

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

- A. I did not ride a bicycle during the past 12 months
- B. Never wore a helmet
- C. Rarely wore a helmet
- D. Sometimes wore a helmet
- E. Most of the time wore a helmet
- F. Always wore a helmet

**When you rode a motorcycle** during the past 12 months, how often did you wear a helmet?

- A. I did not ride a motorcycle during the past 12 months
- B. Never wore a helmet
- C. Rarely wore a helmet
- D. Sometimes wore a helmet
- E. Most of the time wore a helmet
- F. Always wore a helmet

How often do you wear a seat belt when **driving** a car?

- A. I do not drive a car
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot or weed)?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** (also called pot or weed)?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, on how many days did you **talk on a cell phone** while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

During the past 30 days, on how many days did you **talk on a handheld cell phone** while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

During the past 30 days, on how many days did you **talk on a hands-free cell phone** (by using Bluetooth, a car kit, a wired headset, or a speaker phone) while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

During the past 30 days, on how many days did you **text or e-mail on a handheld cell phone** while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, on how many days did you **text or e-mail on a hands-free cell phone** (by using voice commands) while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

During the past 30 days, on how many days did you **use the Internet or apps on your cell phone** (such as YouTube, Instagram, or Facebook) while **driving** a car or other vehicle? (Do not count using your cell phone to get driving directions or to determine your location.)

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- 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

During the past 30 days, have you fallen asleep, even just for a second, while driving a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. Yes
- C. No

### Violence

During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

During the past 30 days, on how many days did you carry a gun **on school property**?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

## 2021 YRBS Questionnaire Optional Question List

---

During the past 12 months, how many times have you threatened or injured someone 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

How long would it take you to get and be ready to fire a loaded gun **without a parent or other adult's permission**? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.

- A. I could not get a loaded gun
- B. Less than 10 minutes
- C. 10 or more minutes, but less than 1 hour
- D. 1 or more hours, but less than 4 hours
- E. 4 or more hours, but less than 24 hours
- F. 24 or more hours

During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **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

During the past 12 months, how many times have you stolen or deliberately damaged someone's property such as their car, clothing, or books **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

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?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

## 2021 YRBS Questionnaire Optional Question List

---

### Bullying and Harassment

During the past 12 months, have you ever **electronically** bullied someone? (Count bullying through texting, Instagram, Facebook, or other social media.)

- A. Yes
- B. No

During the past 12 months, have you ever bullied someone **on school property**?

- A. Yes
- B. No

During the past 12 months, have you ever been bullied when you were **not on school property**, such as on your way to or from school or wherever you spend your free time?

- A. Yes
- B. No

During the past 12 months, have you ever bullied someone when you were **not on school property**, such as on your way to or from school or wherever you spend your free time?

- A. Yes
- B. No

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

During the past 12 months, have you ever been the victim of teasing or name calling because you have a health problem, such as epilepsy or a seizure disorder?

- A. Yes
- B. No

During the past 12 months, have you ever been the victim of teasing or name calling because of your gender?

- A. Yes
- B. No

During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?

- A. Yes
- B. No

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

During the past 12 months, have you ever teased or called someone names because you thought they were gay, lesbian, or bisexual?

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

### Gang Activity

During the past 12 months, have you ever been a member of a gang?

- A. Yes
- B. No

Is there gang activity in your school?

- A. Yes
- B. No
- C. Not sure

During the past 12 months, how many times have you felt threatened as a result of gang activity?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

During the past 12 months, how many times have you been injured as a result of gang activity?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

During the past 12 months, have you ever wanted to join a gang?

- A. Yes
- B. No

During the past 12 months, have you ever felt pressured to join a gang?

- A. Yes
- B. No

### Sexual and Partner Violence

During the past 12 months, have you ever been physically forced to have sexual intercourse when you did not want to?

- A. Yes
- B. No

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

- A. Yes
- B. No



## 2021 YRBS Questionnaire Optional Question List

---

During the past 12 months, how many times did someone do sexual things to you that you did not want to do by pressuring you, lying to you, making promises about the future, threatening to end your relationship, or threatening to spread rumors about you?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

During the past 12 months, how many times did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)

- 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

During the past 12 months, how many times did you purposely try to control or emotionally hurt **someone you were dating or going out with**? (Count such things as telling them who they could and could not spend time with, humiliating them in front of others, or threatening them if they did not do what you wanted.)

- 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

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.)

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

During the past 12 months, how many times did you physically hurt on purpose **someone you were dating or going out with**? (Count such things as hitting them, slamming them into something, or injuring them 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

## 2021 YRBS Questionnaire Optional Question List

---

### **Pornography**

Have you ever seen pornography, also called porn, either on purpose or by accident? (Count any porn that you saw, including pictures, on TV, phones, computers, or iPads or other tablets, in books, magazines, or movie theaters.)

- A. Yes
- B. No

### **Exploitation**

Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?

- A. Yes
- B. No

Have you ever been forced to work or do something illegal by someone who got money or something of value for what you did?

- A. Yes
- B. No

### **Self-Harm**

*Note: Use the following introduction if you use this question.*

**The next question asks about hurting yourself on purpose.**

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

Have you ever participated in a game or challenge, by yourself or with others, that involved getting dizzy or passing out on purpose for the feeling it caused? (This game or challenge is also called the Choking Game, the Fainting Game, Pass Out, Knock Out, Tap Out, or Black Out.)

- A. Yes
- B. No

If you attempted suicide during the past 12 months, did you ask for help from someone such as a doctor, counselor, or hotline before your attempt?

- A. I did not attempt suicide during the past 12 months
- B. Yes
- C. No

### **Cigarette Use**

Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, on how many days did you smoke cigarettes **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

During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- C. I got them on the Internet
- D. I gave someone else money to buy them for me
- E. I borrowed (or bummed) them from someone else
- F. A person who can legally buy cigarettes gave them to me
- G. I took them from a store or family member
- H. I got them some other way

During the past 12 months, did you ever try **to quit** smoking cigarettes?

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

**When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?

- A. I did not try to buy cigarettes in a store during the past 30 days
- B. Yes, I was asked to show proof of age
- C. No, I was not asked to show proof of age

### **Cigar Use**

Have you ever tried smoking **cigars, cigarillos, or little cigars**, even one or two puffs?

- A. Yes
- B. No

### **Smokeless Tobacco Use**

Have you ever used **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

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, or Camel Snus, **on school property**?

(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

### Electronic Vapor Product Use

During your life, on how many days have you used an electronic vapor product?

- A. 0 days
- B. 1 day
- C. 2 to 10 days
- D. 11 to 20 days
- E. 21 to 50 days
- F. 51 to 99 days
- G. 100 or more days

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

What is the **main** reason you have used electronic vapor products? (Select only **one** response.)

- A. I have never used an electronic vapor product
- B. Friend or family member used them
- C. To get a high or buzz from nicotine
- D. I was feeling anxious, stressed, or depressed
- E. I was curious about them
- F. They are less harmful than other forms of tobacco
- G. They are available in flavors, such as mint, candy, fruit, or chocolate
- H. I used them for some other reason

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

## 2021 YRBS Questionnaire Optional Question List

---

Have you ever used an electronic vapor product flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other non-tobacco flavor?

- A. Yes
- B. No

During the past 30 days, did you use an electronic vapor product flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other non-tobacco flavor?

- A. Yes
- B. No

Was the first electronic vapor product that you ever used flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other non-tobacco flavor?

- A. I have never used an electronic vapor product
- B. Yes
- C. No

When you first used an electronic vapor product, which flavor did you use?

- A. I have never used an electronic vapor product
- 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

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

During the past 30 days, what brand 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. blu
- C. JUUL
- D. SMOK
- E. Suorin
- F. Vuse
- G. Some other brand

## 2021 YRBS Questionnaire Optional Question List

---

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

### Waterpipe Use

*Note: Use the following introduction if you use these questions.*

**The next two questions are about smoking tobacco in a hookah or narghile, which are types of waterpipes. Shisha is tobacco that is smoked in a hookah, narghile, or other type of waterpipe.**

Have you ever tried smoking tobacco in a hookah, narghile, or other type of waterpipe, even one or two puffs?

- A. Yes
- B. No

During the past 30 days, on how many days did you smoke tobacco in a hookah, narghile, or other type of waterpipe?

- 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

### Pipe Use

Have you ever tried smoking tobacco from a pipe that was **not** a hookah, narghile, or other type of waterpipe, even one or two puffs?

- A. Yes
- B. No

During the past 30 days, on how many days did you smoke tobacco from a pipe that was **not** a hookah, narghile, or other type of waterpipe?

- 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

## 2021 YRBS Questionnaire Optional Question List

---

### Bidis Use

Have you ever tried smoking bidis or small brown cigarettes wrapped in a leaf, even one or two puffs?

- A. Yes
- B. No

During the past 30 days, on how many days did you smoke bidis or small brown cigarettes wrapped in a leaf?

- 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

### Heated Tobacco Product Use

*Note: Use the following introduction if you use these questions.*

**The next questions ask about “heated tobacco products” such as iQOS, glo, and Eclipse. You may know them as heated cigarettes or “heat-not-burn” tobacco products. Heated tobacco products heat tobacco sticks (“heatsticks”) or capsules to produce a vapor. They are different from e-cigarettes, which heat a liquid to produce a vapor. Do not count electronic vapor products when answering these questions.**

Have you ever used a heated tobacco product, even one or two times?

- A. Yes
- B. No

During the past 30 days, on how many days did you use a heated tobacco 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

### Any Tobacco Product Use

When you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, pipe tobacco, and electronic vapor products, in a store during the past 30 days, were you asked to show proof of age?

- A. I did not try to buy any tobacco products in a store during the past 30 days
- B. Yes, I was asked to show proof of age
- C. No, I was not asked to show proof of age

## 2021 YRBS Questionnaire Optional Question List

---

Which of the following **tobacco products** have you tried **most recently**? (Select only **one** response.)

- A. I have not tried any tobacco products
- B. Cigarettes
- C. Electronic vapor products such as JUUL, SMOK, Suorin, Vuse, or blu
- D. Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus
- E. Cigars, cigarillos, or little cigars
- F. Shisha smoked in a hookah, narghile, or other type of waterpipe
- G. Tobacco from a pipe that was not a hookah, narghile, or other type of waterpipe
- H. Some other tobacco product

During the past 30 days, on how many days did you use **tobacco products** including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, pipe tobacco, and electronic vapor products **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

### Alcohol Use

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

During the past 30 days, what type of alcohol did you drink most often? (Select only **one** response.)

- A. I did not drink alcohol during the past 30 days
- B. Beer
- C. Wine
- D. Vodka
- E. Some other liquor, such as rum, scotch, bourbon, whiskey, or tequila
- F. Flavored alcoholic beverages, such as hard seltzer, Smirnoff Ice, Bacardi Silver, Mike's Hard Lemonade, Four Loko, or hard apple cider
- G. Some other type of alcohol



## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, where did you **usually** drink alcohol? (Select only **one** response.)

- A. I did not drink alcohol during the past 30 days
- B. At my home
- C. At another person's home
- D. While riding in or driving a car or other vehicle
- E. At a restaurant, bar, or club
- F. At a public place such as a park, beach, or parking lot
- G. At a public event such as a concert or sporting event
- H. On school property

### Marijuana Use

During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)

- A. I did not use marijuana during the past 30 days
- B. I smoked it in a joint, bong, pipe, or blunt
- C. I ate it in food such as brownies, cakes, cookies, or candy
- D. I drank it in tea, cola, alcohol, or other drinks
- E. I vaporized it
- F. I dabbled it using waxes or concentrates
- G. I used it some other way

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

- 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

During the past 30 days, did you mix marijuana with tobacco in a blunt, pipe, or electronic vapor product?

- A. I did not use marijuana during the past 30 days
- B. Yes
- C. No

### Synthetic Marijuana Use

*Note: Use the following introduction (already on the standard questionnaire) if you use this question.*

**The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.**

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

## 2021 YRBS Questionnaire Optional Question List

---

### Prescription Pain Medicine

*Note: Use the following introduction (already on the standard questionnaire) if you use this question.*

**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.**

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?\*

- 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

### Other Drug Use

How old were you when you tried **any** form of cocaine, including powder, crack, or freebase, for the first time?

- A. I have never tried cocaine
- 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

During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

- 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

During your life, how many times have you used the **crack or freebase** forms of cocaine?

- 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

## 2021 YRBS Questionnaire Optional Question List

---

How old were you when you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high for the first time?

- A. I have never tried inhalants
- 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

During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale 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

During the past 30 days, how many times did you use **heroin** (also called smack, junk, or China White)?

- 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

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

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

During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?\*

- 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

## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, how many times did you use **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

- 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

During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- 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

During the past 30 days, how many times did you take **steroid pills or shots** without a doctor's prescription?

- 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

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?

- 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

During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 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

During the past 30 days, how many times did you use a needle to inject any **illegal drug** into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

## 2021 YRBS Questionnaire Optional Question List

---

During your life, how many times have you taken an **over-the-counter drug** 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

During the past 30 days, how many times did you take an **over-the-counter drug** 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

During your life, how many times have you used **barbiturates** (also called barbs, downers, sleepers, or yellow jackets) without a doctor's prescription?

- 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

During the past 30 days, how many times did you use **barbiturates** (also called barbs, downers, sleepers, or yellow jackets) without a doctor's prescription?

- 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

During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?

- 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

During the past 12 months, have you received treatment or counseling for your use of any drugs? (Do **not** include treatment for use of tobacco products.)

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

### Sexual Behaviors

How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. Not sure

The **first time** you had sexual intercourse, how many years younger or older than you was your partner?

- A. I have never had sexual intercourse
- B. 5 or more years younger
- C. 3 to 4 years younger
- D. About the same age
- E. 3 to 4 years older
- F. 5 or more years older
- G. Not sure

The **last time** you had sexual intercourse, how many years younger or older than you was your partner?

- A. I have never had sexual intercourse
- B. 5 or more years younger
- C. 3 to 4 years younger
- D. About the same age
- E. 3 to 4 years older
- F. 5 or more years older
- G. Not sure

During the past 3 months, how often did you or your partner use a condom when you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 3 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

The last time you and your partner had sexual intercourse and used a condom, what was the **main** reason?  
(Select only **one** response.)

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but my partner and I did not use a condom the last time
- C. To prevent pregnancy
- D. To prevent sexually transmitted diseases like herpes, chlamydia, or HIV
- E. To prevent both pregnancy and sexually transmitted diseases
- F. For some other reason

During the past 12 months, did you or your partner use emergency contraception or the morning after pill, also called Plan B One-Step, Next Choice, or Ella?

- A. I have never had sexual intercourse
- B. Yes
- C. No
- D. Not sure

## 2021 YRBS Questionnaire Optional Question List

---

Who are you sexually attracted to?

- A. Females
- B. Males
- C. Females and males
- D. Not sure

Have you ever had oral sex?

- A. Yes
- B. No

Have you ever had anal sex?

- A. Yes
- B. No

### Gender Identity

Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- A. No, I am not transgender
- B. Yes, I am transgender
- C. I am not sure if I am transgender
- D. I do not know what this question is asking

### Gender Expression

A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

- A. Very feminine
- B. Mostly feminine
- C. Somewhat feminine
- D. Equally feminine and masculine
- E. Somewhat masculine
- F. Mostly masculine
- G. Very masculine

### HIV, STD, and Pregnancy Prevention

Have you ever been taught about AIDS or HIV infection in school?\*\*\*

- A. Yes
- B. No
- C. Not sure

Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

- A. Yes
- B. No
- C. Not sure

Have you ever had sex education in school?

- A. Yes
- B. No
- C. Not sure

## 2021 YRBS Questionnaire Optional Question List

---

Have you ever been taught in school about sexually transmitted diseases (STDs)?

- A. Yes
- B. No
- C. Not sure

Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?

- A. Yes
- B. No
- C. Not sure

Have you ever been taught in school about how to use birth control methods?

- A. Yes
- B. No
- C. Not sure

Have you ever been taught in school about where to get birth control or condoms?

- A. Yes
- B. No
- C. Not sure

Have you ever used the Internet to learn about how to use birth control or where to get birth control?

- A. Yes
- B. No

Have you ever talked about birth control with your parents or other adults in your family?

- A. Yes
- B. No
- C. Not sure

Have you ever talked with your parents or other adults in your family about how to say no to having sex?

- A. Yes
- B. No
- C. Not sure

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

During the past 12 months, did you get condoms at school for you or your partner to use?

- A. Yes
- B. No



## 2021 YRBS Questionnaire Optional Question List

---

*Note: Use the following introduction if you use this question.*

**Some schools have a school-based health center, also called a wellness center, where students can get health care such as sports physicals or prescriptions for medicine, on school property. This is not the same as the school nurse's office.**

During the past 12 months, how many times did you go to the school-based health center at your school?

- A. My school does not have a school-based health center
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or 7 times
- G. 8 or 9 times
- H. 10 or more times

Have you ever been taught in school about where you could get sexual health services, such as pregnancy testing, or HIV or other sexually transmitted disease (STD) testing or treatment?

- A. Yes
- B. No
- C. Not sure

During the past 12 months, have you used a guide or list of places to find sexual health services, such as birth control, condoms, or HIV or other sexually transmitted disease (STD) testing or treatment?

- A. I did not need to find a place to get sexual health services during the past 12 months
- B. Yes
- C. No

During the past 12 months, has a teacher or other adult in your school helped you find a place where you could get tested for HIV or other sexually transmitted diseases (STD)?

- A. I did not need to find a place for HIV or other STD testing during the past 12 months
- B. Yes
- C. No

During the past 12 months, has a teacher or other adult in your school helped you find a place where you could get birth control?

- A. I did not need to find a place to get birth control during the past 12 months
- B. Yes
- C. No

During the past 30 days, have you seen signs or posters about HIV or sexually transmitted disease (STD) prevention **on school property**?

- A. Yes
- B. No

During the past 30 days, have you seen signs or posters about HIV or sexually transmitted disease (STD) testing **on school property**?

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, have you seen signs or posters about HIV or sexually transmitted disease (STD) testing **in your community**?

- A. Yes
- B. No

### Dietary Behaviors

What kind of milk do you **usually** drink? (Select only **one** response.)

- A. I do not drink milk
- B. Whole milk
- C. 2% milk
- D. 1% milk
- E. Skim or non-fat milk
- F. Not sure

During the past 7 days, how many times did you drink a can, bottle, or glass of **diet soda or pop**, such as Diet Coke, Diet Pepsi, or Sprite Zero?

- A. I did not drink **diet** 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

During the past 7 days, how many times did you drink a cup, can, or bottle of **coffee, coffee drinks, or any kind of tea**?

- A. I did not drink coffee, coffee drinks, or tea 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

During the past 7 days, how many times did you drink **a can, bottle, or glass of a sports drink** such as Gatorade or PowerAde? (Do **not** count low-calorie sports drinks such as Propel or G2.)\*

- A. I did not drink sports drinks 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

## 2021 YRBS Questionnaire Optional Question List

---

During the past 7 days, how many times did you drink a **can, bottle, or glass of an energy drink**, such as Red Bull or Jolt? (Do **not** count diet energy drinks or sports drinks such as Gatorade or PowerAde.)

- A. I did not drink energy drinks 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

*Note: Use the next question if you are already using the standard YRBS questions on drinking 100% fruit juice and drinking soda or pop, you have added the optional questions on sports drink and energy drink consumption, and you want to measure consumption of all remaining types of sugar-sweetened beverages in a single question.*

During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)

- A. I did not drink these sugar-sweetened beverages 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

*Note: Use the next question if you are already using the standard YRBS questions on drinking 100% fruit juice and drinking soda or pop and you want to measure consumption of all other types of sugar-sweetened beverages in a single question.*

During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop or 100% fruit juice.)

- A. I did not drink these sugar-sweetened beverages 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

During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)\*

- A. I did not drink water 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

## 2021 YRBS Questionnaire Optional Question List

---

During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

During the past 7 days, how often did you buy food or drinks from a vending machine at your school?

- A. I did not buy food or drinks from a vending machine at my school 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

Are you watching or trying to reduce how much salt or sodium you eat?

- A. Yes
- B. No
- C. Not sure

Have you ever been told by a doctor or nurse that you had high blood pressure?

- A. Yes
- B. No
- C. Not sure

Are there any foods that you have to avoid because eating the food could cause an allergic reaction, such as skin rashes, swelling, itching, vomiting, coughing, or trouble breathing?

- A. Yes
- B. No
- C. Not sure

Has a doctor or nurse ever told you or your family that you have to avoid eating some foods because you have a food allergy?

- A. Yes
- B. No
- C. Not sure

### Weight Control

During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, did you **eat more fruits and vegetables** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

During the past 30 days, did you **drink more water** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** count meal replacement products such as Slim Fast.)

- A. Yes
- B. No

During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, did you **smoke cigarettes** to lose weight or to keep from gaining weight?

- A. I do not smoke
- B. Yes
- C. No

During the past 30 days, did you **skip meals** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals?

- A. Yes
- B. No

During the past 30 days, did you eat an amount of food that most people would consider to be very large in a short period of time, sometimes called an “eating binge?”

- A. Yes
- B. No

### Food Security

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

## 2021 YRBS Questionnaire Optional Question List

---

### Physical Activity

During the past 7 days, on how many days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?\*

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

Do any of your classroom teachers encourage you to be physically active? (Do **not** count your physical education teacher.)

- A. Yes
- B. No

Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do **not** count your physical education teacher.)

- A. Yes
- B. No

In an average week, on how many days does an adult in your household do a physical activity or play sports with you?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

During the past 12 months, did you participate in any organized dance activities, such as cheerleading, dance team, flag team, or dance classes? (Count any activities run by your school or community groups.)

- A. Yes
- B. No

During the past 30 days, did you see a doctor or nurse for an injury that happened while exercising or playing sports?

- A. I did not exercise or play sports during the past 30 days
- B. Yes
- C. No

## 2021 YRBS Questionnaire Optional Question List

---

During the past 12 months, what were you doing when you had your most recent concussion from playing a sport or being physically active?

- A. I did not have a concussion during the past 12 months from playing a sport or being physically active
- B. I was playing on a sports team run by my school
- C. I was playing on a sports teams run by a community group
- D. I was playing a sport or being physically active for fun or exercise, but not as part of a school or community sports team

In an average week when you are in school, on how many days do you walk or ride your bike **to school** when weather allows you to do so?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

In an average week when you are in school, on how many days do you walk or ride your bike **home from school** when weather allows you to do so?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

### Physical Education

Do you agree or disagree that the physical education (PE) classes you took during the past 12 months were enjoyable?

- A. I did not take PE classes during the past 12 months
- B. Strongly agree
- C. Agree
- D. Not sure
- E. Disagree
- F. Strongly disagree

Do you agree or disagree that the physical education (PE) classes you took during the past 12 months offered a variety of physical activities?

- A. I did not take PE classes during the past 12 months
- B. Strongly agree
- C. Agree
- D. Not sure
- E. Disagree
- F. Strongly disagree

During the past 12 months, were you **usually** physically active at least half of the time during physical education (PE) classes?

- A. I did not take PE classes during the past 12 months
- B. Yes
- C. No

## 2021 YRBS Questionnaire Optional Question List

---

### Computer Use

Do your parents have rules about what you do on the Internet?

- A. Yes
- B. No

### Asthma

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

- A. Yes
- B. No
- C. Not sure

*Note: The question below must immediately follow the question above.*

Do you still have asthma?

- A. I have never had asthma
- B. Yes
- C. No
- D. Not sure

During the past 12 months, how many times did you go to an emergency room or urgent care center because of your asthma?

- A. I do not have asthma
- B. 0 times
- C. 1 to 3 times
- D. 4 to 9 times
- E. 10 to 12 times
- F. 13 or more times

During the past 30 days, how many days of school did you miss because of your asthma?

- A. I do not have asthma
- B. 0 days
- C. 1 day
- D. 2 days
- E. 3 days
- F. 4 days
- G. 5 or more days

### Epilepsy

Has a doctor or nurse ever told you that you have epilepsy or a seizure disorder?

- A. Yes
- B. No
- C. Not sure

Do you still have epilepsy or a seizure disorder?

- A. I have never had epilepsy or a seizure disorder
- B. Yes
- C. No
- D. Not sure



## 2021 YRBS Questionnaire Optional Question List

---

### Homelessness

During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- A. Yes
- B. No

### Adverse Childhood Experiences

#### Tier 1

*Note: All 8 questions in this section must be included on the 2021 YRBS questionnaire for sites that have been awarded Tier 1 supplemental funding.*

During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

- A. Yes
- B. No

During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

## 2021 YRBS Questionnaire Optional Question List

---

Have you ever lived with someone who was having a problem with alcohol or drug use?

- A. Yes
- B. No

Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- A. Yes
- B. No

Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- A. Yes
- B. No

### Tier 2

*Note: All 4 questions in this section must be included on the 2021 YRBS questionnaire for sites that have been awarded Tier 2 supplemental funding.*

During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

During the past 12 months, how many times has a parent or other adult in your home sworn at you, insulted you, or put you down?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

## 2021 YRBS Questionnaire Optional Question List

---

### Experience with Racism

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

During your life, how often have you felt that you were watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have you felt that people assumed you are less intelligent because of your race or ethnicity?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have you felt that you have gotten poor or slow service at a restaurant or store because of your race or ethnicity?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During your life, how often have you seen your parents or other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

### Acculturation

How long have you lived in the United States?

- A. Less than 1 year
- B. 1 to 3 years
- C. 4 to 6 years
- D. More than 6 years but not my whole life
- E. I have always lived in the United States

## 2021 YRBS Questionnaire Optional Question List

---

How often do the people in your home speak a language other than English?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

*Note: The next question is included on the National YRBS questionnaire as required by the Affordable Care Act.*

How well do you speak English?\*

- A. Very well
- B. Well
- C. Not well
- D. Not at all

### **Parental Military Status**

Are either of your parents or other adults in your family serving on active duty in the military?

- A. Yes
- B. No

### **Sexting**

During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself?

- A. Yes
- B. No

During the past 30 days, have you received a text or an e-mail with a revealing or sexual photo of someone?

- A. Yes
- B. No

During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?

- A. Yes
- B. No
- C. Not sure

### **Preventive Health Care**

When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?

- A. During the past 12 months
- B. Between 12 and 24 months ago
- C. More than 24 months ago
- D. Never
- E. Not sure

## 2021 YRBS Questionnaire Optional Question List

---

Have you ever had the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?

- A. Yes
- B. No
- C. Not sure

During the past 12 months, have you been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)

- A. Yes
- B. No
- C. Not sure

Have you ever had your blood tested for hepatitis C?

- A. Yes
- B. No
- C. Not sure

During your last check-up, did your doctor or nurse discuss ways to prevent pregnancy, AIDS, or other sexually transmitted diseases (STDs)?

- A. I have never had a check-up
- B. Yes
- C. No
- D. Not sure

During your last check-up, did your doctor or nurse discuss ways to avoid alcohol use?

- A. I have never had a check-up
- B. Yes
- C. No
- D. Not sure

During your last check-up, did your doctor or nurse discuss ways to avoid tobacco use?

- A. I have never had a check-up
- B. Yes
- C. No
- D. Not sure

During your last check-up, did your doctor or nurse discuss how to maintain a healthy weight?

- A. I have never had a check-up
- B. Yes
- C. No
- D. Not sure

During your last check-up, did your doctor or nurse discuss ways to deal with feelings of hopelessness or sadness?

- A. I have never had a check-up
- B. Yes
- C. No
- D. Not sure

## 2021 YRBS Questionnaire Optional Question List

---

During your last check-up, did you talk with the doctor or nurse about your health and behaviors without a parent, guardian, or other adult in the room with you?

- A. Yes
- B. No

During the past 12 months, did you delay or not get medical care you felt you needed, such as seeing a doctor, nurse, or other health professional?

- A. Yes
- B. No

### Hand Washing

How often do you wash your hands before you eat?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

### Sleep

In an average week when you are in school, on how many days do you fall asleep during at least one class?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

What time do you usually wake up on school mornings?

- A. Before 6:00 AM
- B. Between 6:00 and 6:29 AM
- C. Between 6:30 and 6:59 AM
- D. Between 7:00 and 7:29 AM
- E. 7:30 AM or later

### Gambling

During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?

- 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

## 2021 YRBS Questionnaire Optional Question List

---

### Sun Protection

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

During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)

- 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

During the past 12 months, how many times have you had a sunburn? (Count the number of times even a small part of your skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device.)\*

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 times
- F. 5 or more times

During the past 12 months, how many times did you lie outdoors in the sun to get a tan (also called sunbathing)?

- 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

### Hearing and Noise Exposure

During the past 12 months, how often did you wear hearing protection devices, such as earplugs or earmuffs, when exposed to loud sounds or noise at home, work, or school? (Do **not** count earbuds as personal listening devices).

- A. I was not exposed to loud sounds or noise during the past 12 months
- B. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

## 2021 YRBS Questionnaire Optional Question List

---

In an average week, how many hours do you use personal listening devices such as earbuds or headphones?

- A. Never
- B. Less than 10 hours per week
- C. 10 or more hours per week

### Health Status

How do you describe your health in general?

- A. Excellent
- B. Very good
- C. Good
- D. Fair
- E. Poor

During the past 30 days, on how many days was your physical health not good? (Physical health includes physical illness and injury.)

- A. 0 days
- B. 1 or 2 days
- C. 3 to 6 days
- D. 7 to 13 days
- E. 14 to 29 days
- F. All 30 days

During the past 30 days, on how many days was your mental health not good? (Mental health includes stress, depression, and problems with emotions.)

- A. 0 days
- B. 1 or 2 days
- C. 3 to 6 days
- D. 7 to 13 days
- E. 14 to 29 days
- F. All 30 days

Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)

- A. Yes
- B. No
- C. Not sure

Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)

- A. Yes
- B. No
- C. Not sure

*Note: The next question is included on the National YRBS questionnaire as required by the Affordable Care Act.*

Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?\*

- A. Yes
- B. No



## 2021 YRBS Questionnaire Optional Question List

---

### COVID-19 Pandemic

*Note: Use the following introduction if you use any of these questions.*

**Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next (#) questions ask about your experiences during this time, whether in the past or continuing now.**

During the COVID-19 pandemic, 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

During the COVID-19 pandemic, did **a parent or other adult in your home** lose their job even for a short amount of time?\*

- A. My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
- B. Yes
- C. No

During the COVID-19 pandemic, 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

Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

During the COVID-19 pandemic, did **you** lose your paying job even for a short amount of time?

- A. I did not have a paying job before the COVID-19 pandemic started
- B. Yes
- C. No

## 2021 YRBS Questionnaire Optional Question List

---

During the COVID-19 pandemic, how often did a parent or other adult in your home swear at you, insult you, or put you down?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

During the COVID-19 pandemic, how often did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Do you agree or disagree that you drank more alcohol during the COVID-19 pandemic than before it started?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that you used drugs more during the COVID-19 pandemic than before it started? (Count using marijuana, synthetic marijuana, cocaine, prescription pain medicine without a doctor's prescription, and other illegal drugs.)

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

During the COVID-19 pandemic, did you get medical care from a doctor or nurse using a computer, phone, or other device (also called telemedicine)?

- A. Yes
- B. No

During the COVID-19 pandemic, did you get mental health care, including treatment or counseling for your use of alcohol or drugs, using a computer, phone, or other device (also called telemedicine)?

- A. Yes
- B. No

## 2021 YRBS Questionnaire Optional Question List

---

During the COVID-19 pandemic, how often were you able to spend time with family, friends, or other groups, such as clubs or religious groups, by using a computer, phone, or other device? (Do **not** count attending school online.)

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

### **Protective Factors**

#### **Positive Childhood Experiences**

*Note: All 3 questions in this section must be included on the 2021 YRBS questionnaire for sites that have been awarded Tier 2 supplemental funding.*

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

During your life, how often have you felt that you were able to talk to a friend about your feelings?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Do you agree or disagree that you feel close to people at your school?\*,\*\*

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

#### **Family and adult interaction and support**

Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

## 2021 YRBS Questionnaire Optional Question List

---

Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?

- A. Yes
- B. No
- C. Not sure

How often do your parents or other adults in your family know where you are going or with whom you will be?\*

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

How would your parents or other adults in your family feel if you smoked marijuana?

- A. Approve
- B. Would not care
- C. Disapprove
- D. Not sure

During the past 7 days, on how many days did you eat dinner **at home** with **at least one of your parents**?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?

- A. 0 adults
- B. 1 adult
- C. 2 adults
- D. 3 adults
- E. 4 adults
- F. 5 or more adults

### **School experience and support**

During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?

- A. Yes
- B. No

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

## 2021 YRBS Questionnaire Optional Question List

---

Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

How often do you feel safe and secure at school?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Do you agree or disagree that you feel like you belong at your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that your school has clear rules and consequences for behavior?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that harassment and bullying by other students is a problem at your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that illegal drugs are a problem at your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that violence is a problem at your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

## 2021 YRBS Questionnaire Optional Question List

---

Do you agree or disagree that students help decide what goes on in your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

During the past 30 days, on how many days did you miss classes or school without permission?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 or more days

During the past 30 days, on how many days did you **not** go to school because you were sick?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 or more days

### Future plans

How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?

- A. Definitely will not
- B. Probably will not
- C. Probably will
- D. Definitely will
- E. Not sure

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

### Social support

When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?

- A. I do not feel sad, empty, hopeless, angry, or anxious
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

## 2021 YRBS Questionnaire Optional Question List

---

When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?

- A. I do not feel sad, empty, hopeless, angry, or anxious
- B. Parent or other adult family member
- C. Teacher or other adult in this school
- D. Other adult
- E. Friend
- F. Sibling
- G. Not sure

### **Community connectedness**

How often do you feel safe and secure in your neighborhood?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Do you agree or disagree that in your community you feel like you matter to people?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

### **School and community involvement**

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

During an average week when you are in school, how many total hours do you participate in school activities such as sports, band, drama, or clubs?

- A. 0 hours
- B. 1 to 4 hours
- C. 5 to 9 hours
- D. 10 to 19 hours
- E. 20 or more hours

During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

## 2021 YRBS Questionnaire Optional Question List

---

During an average week when you are in school, how many total hours do you participate in activities run by community groups? (Count time spent on activities run by 4-H, Boys and Girls Club, YMCA, sports clubs, or church groups.)

- A. 0 hours
- B. 1 to 4 hours
- C. 5 to 9 hours
- D. 10 to 19 hours
- E. 20 or more hours

During an average week when you are in school, how many hours do you work at a paying job outside your home?

- A. 0 hours
- B. 1 to 4 hours
- C. 5 to 9 hours
- D. 10 to 19 hours
- E. 20 or more hours

### **Attitudes and beliefs**

Do you agree or disagree that you are good at making decisions and following through on them?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that you can resist peer pressure and dangerous situations?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that you feel alone in your life?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

Do you agree or disagree that you feel good about yourself?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree