

# 2007 North Dakota Youth Risk Behavior Survey High School (Grades 9-12) Questionnaire

**Instructions:**

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

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

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

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

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

*Thank you very much for your help.*

**Directions:**

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B ● D.
- o If you change your answer, erase your old answer completely.

1. How old are you?
  - A. .12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. .15 years old
  - E. 16 years old
  - F. 17 years old
  - G. .18 years old or older
2. What is your sex?
  - A. .Female
  - B. Male
3. In what grade are you?
  - A. .9th grade
  - B. 10th grade
  - C. 11th grade
  - D. .12th grade
  - E. Ungraded or other grade

4. Are you Hispanic or Latino?
  - A. Yes
  - B. No
5. What is your race? **(Select one or more responses.)**
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
6. How tall are you without your shoes on?

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

Example

Height	
Feet	Inches
5	11
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	●

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

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

Example

Weight		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

**The next 4 questions ask about safety.**

8. How often do you wear a seat belt when **driving** a car?
- A. I do not drive a car
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
9. How often do you wear a seat belt when **riding in** a car driven by someone else?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
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**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

**The next 7 questions ask about violence-related behaviors.**

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
13. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times

14. During the past 12 months, how many times have you been harassed or bullied?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
15. During the past 12 months, how many times have you been harassed or bullied **on school property by other students**?
- 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
16. During the past 12 months, how many times were you in a physical fight **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
17. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
18. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**The next 9 questions ask about sad feelings and attempted suicide, that is, taking some action to end ones own life.**

19. During the past 12 months, did you **want** to talk about feelings of sadness, emptiness, hopelessness, anger, or anxiety with a counselor or mental health worker?
- A. I did not have feelings of sadness, emptiness, hopelessness, anger, or anxiety during the past 12 months
  - B. Yes, I wanted to talk with a counselor or mental health worker
  - C. No, I did not want to talk with a counselor or mental health worker

20. During the past 12 months, **were you able** to talk about feelings of sadness, emptiness, hopelessness, anger, or anxiety with a counselor or mental health worker?
- I did not have feelings of sadness, emptiness, hopelessness, anger, or anxiety during the past 12 months
  - I did not want to talk with a counselor or mental health worker
  - Yes, I was able to talk with a counselor or mental health worker
  - No, I was not able to talk with a counselor or mental health worker
21. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- I do not feel sad, empty, hopeless, angry, or anxious
  - Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
22. Do you agree or disagree that you can resist negative peer pressure and dangerous situations?
- Strongly agree
  - Agree
  - Not sure
  - Disagree
  - Strongly disagree
23. 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?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or 7 times
  - 8 or 9 times
  - 10 or 11 times
  - 12 or more times
24. 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?
- Yes
  - No
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No
26. During the past 12 months, did you make a **plan** about how you would attempt suicide?
- Yes
  - No

27. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**The next 11 questions ask about tobacco use.**

28. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
  - No
29. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
30. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
31. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- I did not smoke cigarettes during the past 30 days
  - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - I bought them from a vending machine
  - I gave someone else money to buy them for me
  - I borrowed (or bummed) them from someone else
  - A person 18 years old or older gave them to me
  - I took them from a store or family member
  - I got them some other way
32. **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?
- I did not try to buy cigarettes in a store during the past 30 days
  - Yes, I was asked to show proof of age
  - No, I was not asked to show proof of age

33. 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
34. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
35. 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
36. 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?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip 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
38. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

39. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
40. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
42. 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?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
43. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way

44. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
- A. I did not drink alcohol during the past 30 days
  - B. I do not have a usual type
  - C. Beer
  - D. Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
  - E. Wine coolers, such as Bartles and James or Seagrams
  - F. Wine
  - G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
  - H. Some other type
45. 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

**The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.**

46. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
47. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - 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
48. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

49. 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

**The next 10 questions ask about other drugs.**

50. During your life, how many times have you used **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
51. 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
52. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
53. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
54. During your life, how many times have you used **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

55. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
56. During your life, how many times have you used **ecstasy** (also called MDMA)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
57. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
58. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- 0 times
  - 1 time
  - 2 or more times
59. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
  - No

**The next 8 questions ask about body weight.**

60. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
61. Which of the following are you trying to do about your weight?
- Lose** weight
  - Gain** weight
  - Stay** the same weight
  - I am **not trying to do anything** about my weight
62. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- Yes
  - No

63. 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?
- Yes
  - No
64. 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?
- Yes
  - No
65. 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** include meal replacement products such as Slim Fast.)
- Yes
  - No
66. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- Yes
  - No
67. During your last visit with a doctor or nurse, did they discuss how to maintain a healthy weight?
- Yes
  - No
  - Not sure

**The next 11 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

68. 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.)
- I did not drink 100% fruit juice during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
69. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

70. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
71. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
72. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
73. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
74. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- I did not drink soda or pop during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
75. During the past 7 days, how many **glasses of milk** did you drink? (Include 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.)
- I did not drink milk during the past 7 days
  - 1 to 3 glasses during the past 7 days
  - 4 to 6 glasses during the past 7 days
  - 1 glass per day
  - 2 glasses per day
  - 3 glasses per day
  - 4 or more glasses per day
76. On how many of the past 7 days did you eat breakfast?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
77. During the past 7 days, how many times did you eat at a fast food restaurant?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
78. Yesterday, did you eat a meal with your family?
- Yes
  - No
- The next 5 questions ask about physical activity.**
79. 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.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
80. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day

81. 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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
82. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
  - B. Less than 10 minutes
  - C. 10 to 20 minutes
  - D. 21 to 30 minutes
  - E. 31 to 40 minutes
  - F. 41 to 50 minutes
  - G. 51 to 60 minutes
  - H. More than 60 minutes
83. 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

**The next 3 questions ask about oral health.**

84. When was the last time you saw a dentist for a check-up, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
85. How many cavities have you had in your permanent teeth?
- A. 0 cavities
  - B. 1 cavity
  - C. 2 or 3 cavities
  - D. 4 or 5 cavities
  - E. 6 or more cavities
  - F. Not sure
86. How many times per day do you brush your teeth?
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 times
  - F. 5 or more times

**The next 4 questions ask about asthma. Asthma is defined as coughing, wheezing, shortness of breath, and chest tightness when you do not have a cold.**

87. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
88. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
89. Do you currently have an asthma action plan, that is, written instructions from a doctor or nurse on how to care for your asthma?
- A. I do not have asthma
  - B. Yes
  - C. No
90. 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

**The next 9 questions ask about sexual behavior.**

91. Have you ever had sexual intercourse?  
A. Yes  
B. No
92. How old were you when you had sexual intercourse for the first time?  
A. I have never had sexual intercourse  
B. 11 years old or younger  
C. 12 years old  
D. 13 years old  
E. 14 years old  
F. 15 years old  
G. 16 years old  
H. 17 years old or older
93. During your life, with how many people have you had sexual intercourse?  
A. I have never had sexual intercourse  
B. 1 person  
C. 2 people  
D. 3 people  
E. 4 people  
F. 5 people  
G. 6 or more people
94. During the past 3 months, with how many people did you have sexual intercourse?  
A. I have never had sexual intercourse  
B. I have had sexual intercourse, but not during the past 3 months  
C. 1 person  
D. 2 people  
E. 3 people  
F. 4 people  
G. 5 people  
H. 6 or more people

95. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?  
A. I have never had sexual intercourse  
B. Yes  
C. No
96. The **last time** you had sexual intercourse, did you or your partner use a condom?  
A. I have never had sexual intercourse  
B. Yes  
C. No
97. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)  
A. I have never had sexual intercourse  
B. No method was used to prevent pregnancy  
C. Birth control pills  
D. Condoms  
E. Depo-Provera (injectable birth control)  
F. Withdrawal  
G. Some other method  
H. Not sure
98. Have you ever given or received oral sex?  
A. Yes  
B. No
99. How important is sexual abstinence (**not** being sexually active) for you at this time in your life?  
A. Very important  
B. Quite important  
C. Important  
D. Slightly important  
E. Not important at all

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