

Nebraska High School Map Form

Introduction

The document provides a comparison between your YRBS questionnaire and the standard YRBS questionnaire. We use the question numbers from the standard YRBS questionnaire when reporting your data. Thus, this form is important to you as it provides a crosswalk between your question numbers and the standard YRBS question numbers.

The Map Form provides the following information about your YRBS questionnaire:

- Summary information at the bottom of this page about your questionnaire
- A two-page table that compares standard question numbers to your site's question numbers. This section contains the following columns:
 - **Standard** – Number of each question as it appears on the standard YRBS questionnaire
 - **Site** – Number of each question as it appears on your YRBS questionnaire
- A table with questions in standard questionnaire order followed by site-added questions. This section contains the following columns:
 - **Question** – Question text and response options
 - **Standard Question Number** – See above
 - **Site Question Number** – See above
 - **Input data position** – Position of the variable on the data set
 - **Input data length** – Length of the variable (number of spaces) on the data set

Questionnaire Summary Information

Total Number of Questions:	99
Number of Core Questions:	86
Number of Site-Added Questions:	13
Percentage of Core Questions Asked:	100.0%
Custom Demographics:	
Age:	No
Grade:	No
Race:	No
Standard Demographics Order:	Yes
CPPW Compliance:	Yes

2010 YOUTH RISK BEHAVIOR SURVEY

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Without Question Text

Standard	Site	Standard	Site	Standard	Site	Standard	Site
<u>Q1</u>	Q1	Q23	Q25	Q45	Q50	<u>Q67</u>	Q72
<u>Q2</u>	Q2	Q24	Q26	Q46	Q51	<u>Q68</u>	Q73
<u>Q3</u>	Q3	Q25	Q27	Q47	Q52	<u>Q69</u>	Q74
<u>Q4</u>	Q4	Q26	Q28	Q48	Q53	<u>Q70</u>	Q75
<u>Q5</u>	Q5	Q27	Q29	Q49	Q54	<u>Q71</u>	Q76
<u>Q6</u>	Q6	Q28	Q30	Q50	Q55	<u>Q72</u>	Q77
<u>Q7</u>	Q7	<u>Q29</u>	Q31	Q51	Q56	<u>Q73</u>	Q78
Q8	Q8	<u>Q30</u>	Q32	Q52	Q57	<u>Q74</u>	Q79
Q9	Q9	<u>Q31</u>	Q33	Q53	Q58	<u>Q75</u>	Q80
Q10	Q10	<u>Q32</u>	Q34	Q54	Q59	<u>Q76</u>	Q81
Q11	Q11	<u>Q33</u>	Q35	Q55	Q60	<u>Q77</u>	Q82
Q12	Q14	<u>Q34</u>	Q36	Q56	Q61	<u>Q78</u>	Q83
Q13	Q15	<u>Q35</u>	Q37	Q57	Q62	<u>Q79</u>	Q87
Q14	Q16	<u>Q36</u>	Q38	Q58	Q63	<u>Q80</u>	Q89
Q15	Q17	<u>Q37</u>	Q39	Q59	Q64	<u>Q81</u>	Q90
Q16	Q18	<u>Q38</u>	Q40	Q60	Q65	<u>Q82</u>	Q91
Q17	Q19	<u>Q39</u>	Q41	Q61	Q66	<u>Q83</u>	Q93
Q18	Q20	Q40	Q42	Q62	Q67	Q84	Q96
Q19	Q21	Q41	Q43	Q63	Q68	Q85	Q98
Q20	Q22	Q42	Q44	Q64	Q69	Q86	Q99
Q21	Q23	Q43	Q45	Q65	Q70		
Q22	Q24	Q44	Q48	Q66	Q71		

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Standard	Site	Standard	Site	Standard	Site	Standard	Site
Q87	Q12	Q107		Q127		Q147	
Q88	Q13	Q108		Q128		Q148	
Q89	Q46	Q109		Q129		Q149	
Q90	Q47	Q110		Q130		Q150	
Q91	Q49	Q111		Q131		Q151	
Q92	Q84	Q112		Q132		Q152	
Q93	Q85	Q113		Q133		Q153	
Q94	Q86	Q114		Q134		Q154	
Q95	Q88	Q115		Q135		Q155	
Q96	Q92	Q116		Q136		Q156	
Q97	Q94	Q117		Q137		Q157	
Q98	Q95	Q118		Q138		Q158	
Q99	Q97	Q119		Q139		Q159	
Q100		Q120		Q140		Q160	
Q101		Q121		Q141		Q161	
Q102		Q122		Q142		Q162	
Q103		Q123		Q143		Q163	
Q104		Q124		Q144		Q164	
Q105		Q125		Q145		Q165	
Q106		Q126		Q146		Q166	

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
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	1	1	41	1
What is your sex? A. Female B. Male	2	2	42	1
In what grade are you? A. 9th grade B. 10th grade C. 11th grade D. 12th grade E. Ungraded or other grade	3	3	43	1
Are you Hispanic or Latino? A. Yes B. No	4	4	44	1
What is your race? A. American Indian or Alaska Native B. Asian C. Black or African American D. Native Hawaiian or Other Pacific Islander E. White	5	5	45	8
How tall are you without your shoes on?	6	6	53	3
How much do you weigh without your shoes on?	7	7	56	3

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Without Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>When you rode a bicycle during the past 12 months, how often did you wear a helmet?</p> <p>A. I did not ride a bicycle during the past 12 months</p> <p>B. Never wore a helmet</p> <p>C. Rarely wore a helmet</p> <p>D. Sometimes wore a helmet</p> <p>E. Most of the time wore a helmet</p> <p>F. Always wore a helmet</p>	8	8	59	1
<p>How often do you wear a seat belt when riding in a car driven by someone else?</p> <p>A. Never</p> <p>B. Rarely</p> <p>C. Sometimes</p> <p>D. Most of the time</p> <p>E. Always</p>	9	9	60	1
<p>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?</p> <p>A. 0 times</p> <p>B. 1 time</p> <p>C. 2 or 3 times</p> <p>D. 4 or 5 times</p> <p>E. 6 or more times</p>	10	10	61	1
<p>During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?</p> <p>A. 0 times</p> <p>B. 1 time</p> <p>C. 2 or 3 times</p> <p>D. 4 or 5 times</p> <p>E. 6 or more times</p>	11	11	62	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
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	12	14	65	1
During the past 30 days, on how many days did you carry a gun? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days	13	15	66	1
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	14	16	67	1
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days	15	17	68	1

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Nebraska High School Map Form
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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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?</p> <p>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</p>	16	18	69	1
<p>During the past 12 months, how many times were you in a physical fight?</p> <p>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</p>	17	19	70	1
<p>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?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	18	20	71	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
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	19	21	72	1
During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? A. Yes B. No	20	22	73	1
Have you ever been physically forced to have sexual intercourse when you did not want to? A. Yes B. No	21	23	74	1
During the past 12 months, have you ever been bullied on school property? A. Yes B. No	22	24	75	1
During the past 12 months, have you ever been electronically bullied? A. Yes B. No	23	25	76	1
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? A. Yes B. No	24	26	77	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
During the past 12 months, did you ever seriously consider attempting suicide? A. Yes B. No	25	27	78	1
During the past 12 months, did you make a plan about how you would attempt suicide? A. Yes B. No	26	28	79	1
During the past 12 months, how many times did you actually attempt suicide? A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times	27	29	80	1
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? A. I did not attempt suicide during the past 12 months B. Yes C. No	28	30	81	1
Have you ever tried cigarette smoking, even one or two puffs? A. Yes B. No	29	31	82	1
How old were you when you smoked a whole cigarette for the first time? A. I have never smoked a whole cigarette 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	30	32	83	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, on how many days did you smoke cigarettes?</p> <ul style="list-style-type: none"> 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 	31	33	84	1
<p>During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?</p> <ul style="list-style-type: none"> A. I did not smoke cigarettes during the past 30 days B. Less than 1 cigarette per day C. 1 cigarette per day D. 2 to 5 cigarettes per day E. 6 to 10 cigarettes per day F. 11 to 20 cigarettes per day G. More than 20 cigarettes per day 	32	34	85	1
<p>During the past 30 days, how did you usually get your own cigarettes?</p> <ul style="list-style-type: none"> 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 bought them from a vending machine D. I gave someone else money to buy them for me E. I borrowed (or bummed) them from someone else F. A person 18 years old or older gave them to me G. I took them from a store or family member H. I got them some other way 	33	35	86	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, on how many days did you smoke cigarettes on school property?</p> <p>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</p>	34	36	87	1
<p>Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?</p> <p>A. Yes B. No</p>	35	37	88	1
<p>During the past 12 months, did you ever try to quit smoking cigarettes?</p> <p>A. I did not smoke during the past 12 months B. Yes C. No</p>	36	38	89	1
<p>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?</p> <p>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</p>	37	39	90	1

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<p>During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?</p> <ul style="list-style-type: none"> 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	40	91	1
<p>During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?</p> <ul style="list-style-type: none"> A. 0 days B. 1 or 2 days C. 3 to 5 days D. 6 to 9 days E. 10 to 19 days F. 20 to 29 days G. All 30 days 	39	41	92	1
<p>During your life, on how many days have you had at least one drink of alcohol?</p> <ul style="list-style-type: none"> 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	42	93	1
<p>How old were you when you had your first drink of alcohol other than a few sips?</p> <ul style="list-style-type: none"> 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	43	94	1

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<p>During the past 30 days, on how many days did you have at least one drink of alcohol?</p> <ul style="list-style-type: none"> 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	44	95	1
<p>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?</p> <ul style="list-style-type: none"> 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	45	96	1
<p>During the past 30 days, how did you usually get the alcohol you drank?</p> <ul style="list-style-type: none"> 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	48	99	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, on how many days did you have at least one drink of alcohol on school property?</p> <ul style="list-style-type: none"> 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 	45	50	101	1
<p>During your life, how many times have you used marijuana?</p> <ul style="list-style-type: none"> 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 	46	51	102	1
<p>How old were you when you tried marijuana for the first time?</p> <ul style="list-style-type: none"> 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 	47	52	103	1
<p>During the past 30 days, how many times did you use marijuana?</p> <ul style="list-style-type: none"> A. 0 times B. 1 or 2 times C. 3 to 9 times D. 10 to 19 times E. 20 to 39 times F. 40 or more times 	48	53	104	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, how many times did you use marijuana on school property?</p> <p>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</p>	49	54	105	1
<p>During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?</p> <p>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</p>	50	55	106	1
<p>During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?</p> <p>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</p>	51	56	107	1
<p>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?</p> <p>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</p>	52	57	108	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During your life, how many times have you used heroin (also called smack, junk, or China White)?</p> <p>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</p>	53	58	109	1
<p>During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?</p> <p>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</p>	54	59	110	1
<p>During your life, how many times have you used ecstasy (also called MDMA)?</p> <p>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</p>	55	60	111	1
<p>During your life, how many times have you taken steroid pills or shots without a doctor's prescription?</p> <p>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</p>	56	61	112	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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?</p> <p>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</p>	57	62	113	1
<p>During your life, how many times have you used a needle to inject any illegal drug into your body?</p> <p>A. 0 times B. 1 time C. 2 or more times</p>	58	63	114	1
<p>During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?</p> <p>A. Yes B. No</p>	59	64	115	1
<p>Have you ever had sexual intercourse?</p> <p>A. Yes B. No</p>	60	65	116	1
<p>How old were you when you had sexual intercourse for the first time?</p> <p>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</p>	61	66	117	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During your life, with how many people have you had sexual intercourse?</p> <p>A. I have never had sexual intercourse</p> <p>B. 1 person</p> <p>C. 2 people</p> <p>D. 3 people</p> <p>E. 4 people</p> <p>F. 5 people</p> <p>G. 6 or more people</p>	62	67	118	1
<p>During the past 3 months, with how many people did you have sexual intercourse?</p> <p>A. I have never had sexual intercourse</p> <p>B. I have had sexual intercourse, but not during the past 3 months</p> <p>C. 1 person</p> <p>D. 2 people</p> <p>E. 3 people</p> <p>F. 4 people</p> <p>G. 5 people</p> <p>H. 6 or more people</p>	63	68	119	1
<p>Did you drink alcohol or use drugs before you had sexual intercourse the last time?</p> <p>A. I have never had sexual intercourse</p> <p>B. Yes</p> <p>C. No</p>	64	69	120	1
<p>The last time you had sexual intercourse, did you or your partner use a condom?</p> <p>A. I have never had sexual intercourse</p> <p>B. Yes</p> <p>C. No</p>	65	70	121	1

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<p>The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?</p> <p>A. I have never had sexual intercourse B. No method was used to prevent pregnancy C. Birth control pills D. Condoms E. Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD F. Withdrawal G. Some other method H. Not sure</p>	66	71	122	1
<p>How do you describe your weight?</p> <p>A. Very underweight B. Slightly underweight C. About the right weight D. Slightly overweight E. Very overweight</p>	67	72	123	1
<p>Which of the following are you trying to do about your weight?</p> <p>A. Lose weight B. Gain weight C. Stay the same weight D. I am not trying to do anything about my weight</p>	68	73	124	1
<p>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?</p> <p>A. Yes B. No</p>	69	74	125	1
<p>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?</p> <p>A. Yes B. No</p>	70	75	126	1

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<p>During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>	71	76	127	1
<p>During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?</p> <p>A. I did not drink 100% fruit juice during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>	72	77	128	1
<p>During the past 7 days, how many times did you eat fruit?</p> <p>A. I did not eat fruit during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>	73	78	129	1
<p>During the past 7 days, how many times did you eat green salad?</p> <p>A. I did not eat green salad during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>	74	79	130	1

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<p>During the past 7 days, how many times did you eat potatoes?</p> <ul style="list-style-type: none"> A. I did not eat potatoes during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day 	75	80	131	1
<p>During the past 7 days, how many times did you eat carrots?</p> <ul style="list-style-type: none"> A. I did not eat carrots 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 	76	81	132	1
<p>During the past 7 days, how many times did you eat other vegetables?</p> <ul style="list-style-type: none"> A. I did not eat other vegetables during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day 	77	82	133	1

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Without Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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?</p> <p>A. I did not drink soda or pop during the past 7 days</p> <p>B. 1 to 3 times during the past 7 days</p> <p>C. 4 to 6 times during the past 7 days</p> <p>D. 1 time per day</p> <p>E. 2 times per day</p> <p>F. 3 times per day</p> <p>G. 4 or more times per day</p>	78	83	134	1
<p>During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?</p> <p>A. 0 days</p> <p>B. 1 day</p> <p>C. 2 days</p> <p>D. 3 days</p> <p>E. 4 days</p> <p>F. 5 days</p> <p>G. 6 days</p> <p>H. 7 days</p>	79	87	138	1
<p>On an average school day, how many hours do you watch TV?</p> <p>A. I do not watch TV on an average school day</p> <p>B. Less than 1 hour per day</p> <p>C. 1 hour per day</p> <p>D. 2 hours per day</p> <p>E. 3 hours per day</p> <p>F. 4 hours per day</p> <p>G. 5 or more hours per day</p>	80	89	140	1

2010 YOUTH RISK BEHAVIOR SURVEY

Nebraska High School Map Form
Without Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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?</p> <p>A. I do not play video or computer games or use a computer for something that is not school work</p> <p>B. Less than 1 hour per day</p> <p>C. 1 hour per day</p> <p>D. 2 hours per day</p> <p>E. 3 hours per day</p> <p>F. 4 hours per day</p> <p>G. 5 or more hours per day</p>	81	90	141	1
<p>In an average week when you are in school, on how many days do you go to physical education (PE) classes?</p> <p>A. 0 days</p> <p>B. 1 day</p> <p>C. 2 days</p> <p>D. 3 days</p> <p>E. 4 days</p> <p>F. 5 days</p>	82	91	142	1
<p>During the past 12 months, on how many sports teams did you play?</p> <p>A. 0 teams</p> <p>B. 1 team</p> <p>C. 2 teams</p> <p>D. 3 or more teams</p>	83	93	144	1
<p>Have you ever been taught about AIDS or HIV infection in school?</p> <p>A. Yes</p> <p>B. No</p> <p>C. Not sure</p>	84	96	147	1
<p>Has a doctor or nurse ever told you that you have asthma?</p> <p>A. Yes</p> <p>B. No</p> <p>C. Not sure</p>	85	98	149	1

2010 YOUTH RISK BEHAVIOR SURVEY

**Nebraska High School Map Form
Without Question Text**

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>Do you still have asthma?</p> <ul style="list-style-type: none"> A. I have never had asthma B. Yes C. No D. Not sure 	86	99	150	1
<p>During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?</p> <ul style="list-style-type: none"> 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 	87	12	63	1
<p>During the past 30 days, on how many days did you talk on a cell phone while driving a car or other vehicle?</p> <ul style="list-style-type: none"> 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 	88	13	64	1
<p>During the past 30 days, what is the greatest number of alcoholic drinks you had in a row, that is, within a couple of hours?</p> <ul style="list-style-type: none"> A. I did not drink alcohol during the past 30 days B. 1 or 2 drinks C. 3 drinks D. 4 drinks E. 5 drinks F. 6 or 7 drinks G. 8 or 9 drinks H. 10 or more drinks 	89	46	97	1

2010 YOUTH RISK BEHAVIOR SURVEY

**Nebraska High School Map Form
Without Question Text**

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, what type of alcohol did you usually drink?</p> <ul style="list-style-type: none"> A. I did not drink alcohol during the past 30 days B. I do not have a usual type C. Beer D. Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade E. Wine coolers, such as Bartles & Jaymes or Seagrams F. Wine G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey H. Some other type 	90	47*	98	1
<p>During the past 30 days, where did you usually drink alcohol?</p> <ul style="list-style-type: none"> 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 	91	49	100	1
<p>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?</p> <ul style="list-style-type: none"> 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 	92	84	135	1

2010 YOUTH RISK BEHAVIOR SURVEY

**Nebraska High School Map Form
Without Question Text**

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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, Sunny Delight, or energy drinks such as Red Bull?</p> <p>A. I did not drink sugar-sweetened beverages during the past 7 days</p> <p>B. 1 to 3 times during the past 7 days</p> <p>C. 4 to 6 times during the past 7 days</p> <p>D. 1 time per day</p> <p>E. 2 times per day</p> <p>F. 3 times per day</p> <p>G. 4 or more times per day</p>	93	85	136	1
<p>During the past 7 days, how many glasses of milk did you drink?</p> <p>A. I did not drink milk during the past 7 days</p> <p>B. 1 to 3 glasses during the past 7 days</p> <p>C. 4 to 6 glasses during the past 7 days</p> <p>D. 1 glass per day</p> <p>E. 2 glasses per day</p> <p>F. 3 glasses per day</p> <p>G. 4 or more glasses per day</p>	94	86	137	1
<p>On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?</p> <p>A. 0 days</p> <p>B. 1 day</p> <p>C. 2 days</p> <p>D. 3 days</p> <p>E. 4 days</p> <p>F. 5 days</p> <p>G. 6 days</p> <p>H. 7 days</p>	95	88	139	1

2010 YOUTH RISK BEHAVIOR SURVEY

Nebraska High School Map Form Without Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?</p> <p>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</p>	96	92	143	1
<p>When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?</p> <p>A. During the past 12 months B. Between 12 and 24 months ago C. More than 24 months ago D. Never E. Not sure</p>	97	94	145	1
<p>During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth?</p> <p>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</p>	98	95	146	1
<p>Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?</p> <p>A. Yes B. No C. Not sure</p>	99	97	148	1