

New Jersey 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 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 question number** – Number of each question as it appears on the standard YRBS questionnaire
 - **Site question number** – Number of each question as it appears on your YRBS questionnaire
- A table with question text in the order of the standard questionnaire followed by site-added questions. This section includes 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 variables on the data set
 - **Input data length** – Length of the variables (number of spaces) on the data set

Questionnaire Summary Information

Total Number of Questions: **92**

Number of Core Questions: **70**

Number of Site-Added Questions: **22**

Percentage of Core Questions Asked: **80.5%**

Custom Demographics:

| | |
|--------|-----------|
| Age: | No |
| Grade: | No |
| Race: | No |

2005 YOUTH RISK BEHAVIOR SURVEY

**New Jersey High School Map Form
Without Question Text**

| Standard | Site | Standard | Site | Standard | Site | Standard | Site |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| Q1 | Q1 | Q23 | | Q45 | Q33 | Q67 | Q71 |
| Q2 | Q2 | Q24 | | Q46 | Q34 | Q68 | Q72 |
| Q3 | Q3 | Q25 | | Q47 | Q35 | Q69 | Q73 |
| Q4 | Q4 | Q26 | | Q48 | Q36 | Q70 | Q74 |
| Q5 | Q6 | Q27 | | Q49 | Q37 | Q71 | Q75 |
| Q6 | Q7 | Q28 | Q22 | Q50 | Q38 | Q72 | Q76 |
| Q7 | | Q29 | Q23 | Q51 | Q40 | Q73 | Q77 |
| Q8 | Q9 | Q30 | Q24 | Q52 | Q41 | Q74 | Q78 |
| Q9 | Q10 | Q31 | Q25 | Q53 | Q42 | Q75 | Q79 |
| Q10 | Q11 | Q32 | | Q54 | Q47 | Q76 | Q80 |
| Q11 | Q12 | Q33 | | Q55 | Q48 | Q77 | Q81 |
| Q12 | Q13 | Q34 | | Q56 | Q49 | Q78 | Q82 |
| Q13 | Q14 | Q35 | | Q57 | Q58 | Q79 | Q83 |
| Q14 | Q15 | Q36 | | Q58 | Q59 | Q80 | Q85 |
| Q15 | Q16 | Q37 | | Q59 | Q60 | Q81 | Q86 |
| Q16 | Q17 | Q38 | | Q60 | Q61 | Q82 | Q87 |
| Q17 | Q18 | Q39 | Q26 | Q61 | Q62 | Q83 | Q88 |
| Q18 | Q19 | Q40 | Q27 | Q62 | Q63 | Q84 | Q89 |
| Q19 | Q20 | Q41 | Q28 | Q63 | Q64 | Q85 | |
| Q20 | Q21 | Q42 | Q30 | Q64 | Q68 | Q86 | Q92 |
| Q21 | | Q43 | Q29 | Q65 | Q69 | Q87 | |
| Q22 | | Q44 | Q32 | Q66 | Q70 | | |

New Jersey High School Map Form

Without Question Text

| Standard | Site | Standard | Site | Standard | Site | Standard | Site |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| Q88 | Q5 | Q108 | Q90 | Q128 | | Q148 | |
| Q89 | Q8 | Q109 | Q91 | Q129 | | Q149 | |
| Q90 | Q31 | Q110 | | Q130 | | Q150 | |
| Q91 | Q39 | Q111 | | Q131 | | Q151 | |
| Q92 | Q43 | Q112 | | Q132 | | Q152 | |
| Q93 | Q44 | Q113 | | Q133 | | Q153 | |
| Q94 | Q45 | Q114 | | Q134 | | Q154 | |
| Q95 | Q46 | Q115 | | Q135 | | Q155 | |
| Q96 | Q50 | Q116 | | Q136 | | Q156 | |
| Q97 | Q51 | Q117 | | Q137 | | Q157 | |
| Q98 | Q52 | Q118 | | Q138 | | Q158 | |
| Q99 | Q53 | Q119 | | Q139 | | Q159 | |
| Q100 | Q54 | Q120 | | Q140 | | Q160 | |
| Q101 | Q55 | Q121 | | Q141 | | Q161 | |
| Q102 | Q56 | Q122 | | Q142 | | Q162 | |
| Q103 | Q57 | Q123 | | Q143 | | Q163 | |
| Q104 | Q65 | Q124 | | Q144 | | Q164 | |
| Q105 | Q66 | Q125 | | Q145 | | Q165 | |
| Q106 | Q67 | Q126 | | Q146 | | Q166 | |
| Q107 | Q84 | Q127 | | Q147 | | Q167 | |

New Jersey High School Map Form

With Question Text

| 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 |
| How do you describe yourself? A. American Indian or Alaska Native B. Asian C. Black or African American D. Hispanic or Latino E. Native Hawaiian or Other Pacific Islander F. White | 4 | 4 | 44 | 8 |
| How tall are you without your shoes on? | 5 | 6 | 53 | 3 |
| How much do you weigh without your shoes on? | 6 | 7 | 56 | 3 |

New Jersey High School Map Form With 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 | 9 | 60 | 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 | 10 | 61 | 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 | 11 | 62 | 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 | 12 | 63 | 1 |

New Jersey High School Map Form

With Question Text

| 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 | 13 | 64 | 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 | 14 | 65 | 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 | 15 | 66 | 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 | 16 | 67 | 1 |

New Jersey High School Map Form

With Question Text

| 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 | 17 | 68 | 1 |
| <p>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?</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 | 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> | 18 | 19 | 70 | 1 |

New Jersey High School Map Form With Question Text

| 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 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 | 19 | 20 | 71 | 1 |
| 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 | 20 | 21 | 72 | 1 |
| Have you ever tried cigarette smoking, even one or two puffs? A. Yes B. No | 28 | 22 | 73 | 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 | 29 | 23 | 74 | 1 |

New Jersey High School Map Form

With Question Text

| 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> <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> | 30 | 24 | 75 | 1 |
| <p>During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?</p> <p>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</p> | 31 | 25 | 76 | 1 |
| <p>During your life, on how many days have you had at least one drink of alcohol?</p> <p>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</p> | 39 | 26 | 77 | 1 |
| <p>How old were you when you had your first drink of alcohol other than a few sips?</p> <p>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</p> | 40 | 27 | 78 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------|----------------------|---------------------|-------------------|
| 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 | 41 | 28 | 79 | 1 |
| 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 | 42 | 30 | 81 | 1 |
| 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 | 43 | 29 | 80 | 1 |
| 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 | 44 | 32 | 83 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------|----------------------|---------------------|-------------------|
| <p>How old were you when you tried marijuana for the first time?</p> <p>A. I have never tried marijuana</p> <p>B. 8 years old or younger</p> <p>C. 9 or 10 years old</p> <p>D. 11 or 12 years old</p> <p>E. 13 or 14 years old</p> <p>F. 15 or 16 years old</p> <p>G. 17 years old or older</p> | 45 | 33 | 84 | 1 |
| <p>During the past 30 days, how many times did you use marijuana?</p> <p>A. 0 times</p> <p>B. 1 or 2 times</p> <p>C. 3 to 9 times</p> <p>D. 10 to 19 times</p> <p>E. 20 to 39 times</p> <p>F. 40 or more times</p> | 46 | 34 | 85 | 1 |
| <p>During the past 30 days, how many times did you use marijuana on school property?</p> <p>A. 0 times</p> <p>B. 1 or 2 times</p> <p>C. 3 to 9 times</p> <p>D. 10 to 19 times</p> <p>E. 20 to 39 times</p> <p>F. 40 or more times</p> | 47 | 35 | 86 | 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</p> <p>B. 1 or 2 times</p> <p>C. 3 to 9 times</p> <p>D. 10 to 19 times</p> <p>E. 20 to 39 times</p> <p>F. 40 or more times</p> | 48 | 36 | 87 | 1 |

New Jersey High School Map Form

With Question Text

| 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 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> | 49 | 37 | 88 | 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> | 50 | 38 | 89 | 1 |
| <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> | 51 | 40 | 91 | 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> | 52 | 41 | 92 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|--|--------------------------|----------------------|---------------------|-------------------|
| During your life, how many times have you used ecstasy (also called MDMA)? 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 | 42 | 93 | 1 |
| 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 | 54 | 47 | 98 | 1 |
| During your life, how many times have you used a needle to inject any illegal drug into your body? A. 0 times B. 1 time C. 2 or more times | 55 | 48 | 99 | 1 |
| During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property? A. Yes B. No | 56 | 49 | 100 | 1 |
| Have you ever had sexual intercourse? A. Yes B. No | 57 | 58 | 109 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|--|---|-------------------------------------|------------------------------------|----------------------------------|
| <p>How old were you when you had sexual intercourse for the first time?</p> <p>A. I have never had sexual intercourse</p> <p>B. 11 years old or younger</p> <p>C. 12 years old</p> <p>D. 13 years old</p> <p>E. 14 years old</p> <p>F. 15 years old</p> <p>G. 16 years old</p> <p>H. 17 years old or older</p> | 58 | 59 | 110 | 1 |
| <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> | 59 | 60 | 111 | 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> | 60 | 61 | 112 | 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> | 61 | 62 | 113 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|---|-------------------------------------|------------------------------------|----------------------------------|
| 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 | 62 | 63 | 114 | 1 |
| The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? 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 | 63 | 64 | 115 | 1 |
| How do you describe your weight? A. Very underweight B. Slightly underweight C. About the right weight D. Slightly overweight E. Very overweight | 64 | 68 | 119 | 1 |
| Which of the following are you trying to do about your weight? A. Lose weight B. Gain weight C. Stay the same weight D. I am not trying to do anything about my weight | 65 | 69 | 120 | 1 |
| During the past 30 days, did you exercise to lose weight or to keep from gaining weight? A. Yes B. No | 66 | 70 | 121 | 1 |

New Jersey High School Map Form With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|--|--------------------------|----------------------|---------------------|-------------------|
| 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 | 67 | 71 | 122 | 1 |
| 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 | 68 | 72 | 123 | 1 |
| 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? A. Yes B. No | 69 | 73 | 124 | 1 |
| During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? A. Yes B. No | 70 | 74 | 125 | 1 |
| During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? 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 | 71 | 75 | 126 | 1 |

New Jersey High School Map Form

With 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 eat fruit?</p> <p>A. I did not eat fruit 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> | 72 | 76 | 127 | 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</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> | 73 | 77 | 128 | 1 |
| <p>During the past 7 days, how many times did you eat potatoes?</p> <p>A. I did not eat potatoes 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> | 74 | 78 | 129 | 1 |
| <p>During the past 7 days, how many times did you eat carrots?</p> <p>A. I did not eat carrots 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> | 75 | 79 | 130 | 1 |

New Jersey High School Map Form

With 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 eat other vegetables?</p> <p>A. I did not eat other vegetables 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> | 76 | 80 | 131 | 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> | 77 | 81 | 132 | 1 |
| <p>On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?</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> | 78 | 82 | 133 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------|----------------------|---------------------|-------------------|
| <p>On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p> | 79 | 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 B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p> | 80 | 85 | 136 | 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 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</p> | 81 | 86 | 137 | 1 |

New Jersey High School Map Form With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------|----------------------|---------------------|-------------------|
| <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 B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days</p> | 82 | 87 | 138 | 1 |
| <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> | 83 | 88 | 139 | 1 |
| <p>During the past 12 months, on how many sports teams did you play?</p> <p>A. 0 teams B. 1 team C. 2 teams D. 3 or more teams</p> | 84 | 89 | 140 | 1 |
| <p>Has a doctor or nurse ever told you that you have asthma?</p> <p>A. Yes B. No C. Not sure</p> | 86 | 92 | 143 | 1 |

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With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------|----------------------|---------------------|-------------------|
| What is the language that you first learned to speak at home? A. English B. Spanish C. Korean D. Portuguese E. Arabic F. Gujarati G. Mandarin (Chin, Kuoyu, Pekingese, North Chinese, Putonghua) H. Other | 88 | 5 | 52 | 1 |
| 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 | 89 | 8 | 59 | 1 |
| During the past 30 days, on how many days did you carry or store alcohol on school property, including places such as a locker, backpack, purse, jacket, or car? 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 | 90 | 31 | 82 | 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 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> | 91 | 39 | 90 | 1 |
| <p>During your life, how many times have you purposely used club drugs other than Ecstasy/MDMA (such as Rohypnol, GHB, ketamine, Soap, Georgia Home Boy, roofies, rope, Special K, Vitamin K)?</p> <p>A. 0 times B. 1 to 2 times C. 3 to 9 times D. 10 to 19 times E. 20 to 39 times F. 40 or more times</p> | 92 | 43 | 94 | 1 |
| <p>Have you ever been given any club drug without your knowledge (e.g., someone slipped it into your drink)?</p> <p>A. Yes B. No C. Not sure</p> | 93 | 44 | 95 | 1 |
| <p>When using club drugs, where are you most likely to use them?</p> <p>A. I have never used a club drug B. At school C. At home D. At a party E. At raves/trances F. At clubs</p> | 94 | 45 | 96 | 1 |

New Jersey High School Map Form With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|--|--------------------------|----------------------|---------------------|-------------------|
| <p>During your life, how many times have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?</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> | 95 | 46 | 97 | 1 |
| <p>How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day?</p> <p>A. No risk B. Slight risk C. Medium risk D. Great risk E. I don't know</p> | 96 | 50* | 101 | 1 |
| <p>How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of an alcoholic beverage (beer, wine, or hard liquor) almost every day?</p> <p>A. No risk B. Slight risk C. Medium risk D. Great risk E. I don't know</p> | 97 | 51* | 102 | 1 |
| <p>How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice each weekend?</p> <p>A. No risk B. Slight risk C. Medium risk D. Great risk E. I don't know</p> | 98 | 52* | 103 | 1 |

New Jersey High School Map Form With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|--|--------------------------|----------------------|---------------------|-------------------|
| How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana occasionally? A. No risk B. Slight risk C. Medium risk D. Great risk E. I don't know | 99 | 53 | 104 | 1 |
| Do you disapprove of people trying one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? A. Don't disapprove B. Disapprove C. Strongly disapprove | 100 | 54* | 105 | 1 |
| Do you disapprove of people having five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice each weekend? A. Don't disapprove B. Disapprove C. Strongly disapprove | 101 | 55* | 106 | 1 |
| Do you disapprove of people smoking marijuana occasionally? A. Don't disapprove B. Disapprove C. Strongly disapprove | 102 | 56 | 107 | 1 |
| If marijuana were legal to use and legally available, which of the following would you be most likely to do? A. Not use it, even if it were legal and available B. Try it for the first time C. Use it less often than I do now D. Use it as often as I do now E. Use it more often than I do now | 103 | 57* | 108 | 1 |

New Jersey High School Map Form With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------|----------------------|---------------------|-------------------|
| 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 | 104 | 65 | 116 | 1 |
| During your life, has anyone ever had sexual contact with you against your will? A. No one has ever had sexual contact with me against my will B. Yes, within the past 12 months C. Yes, more than 12 months ago D. Yes, both "B" and "C" | 105 | 66 | 117 | 1 |
| Have you ever been tested for infection with HIV or another sexually transmitted infection (STD) such as genital herpes, gonorrhea, chlamydia, syphilis, or genital warts? A. No, I have never been tested for infection with HIV or another sexually transmitted infection (STD) B. Yes, I have been tested for HIV C. Yes, I have been tested for other STDs D. Yes, I have been tested for both HIV and other STDs | 106 | 67 | 118 | 1 |
| 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? A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days | 107 | 84 | 135 | 1 |

New Jersey High School Map Form

With Question Text

| Question | Standard Question Number | Site Question Number | Input Data Position | Input Data Length |
|---|--------------------------------|----------------------------|---------------------------|-------------------------|
| Have you ever been taught about AIDS or HIV infection in school? A. Yes, this school year B. Yes, but not in this school year C. No, because my parents did not want me to participate D. No, because I was not in class on those days E. No, because the teacher skipped those lessons F. Not sure | 108 | 90* | 141 | 1 |
| When was the last time you saw a dentist for a checkup, exam, 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 | 109 | 91* | 142 | 1 |