**Risk Behavior and Resiliency/Protective Factor Definitions**

**Personal Safety (Injury, Violence, and Bullying)**

**Rarely or never wore a bike helmet**

Of those who rode a bicycle, answered 'Never' or 'Rarely' to the question, When you ride a bicycle, how often do you wear a helmet?

**Rarely or never wore a seatbelt**

Answered 'Never' or 'Rarely' to the question, How often do you wear a seat belt when riding in a car?

**Ever carried a weapon**

Answered 'Yes' to the question, Have you ever carried a weapon, such as a gun, knife, or club?

**Ever been in a physical fight**

Answered 'Yes' to the question, Have you ever been in a physical fight?

**Ever bullied on school property**

Answered 'Yes' to the question, Have you ever been bullied on school property?

**Ever bullied electronically**

Answered 'Yes' to the question, Have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)

**Mental Health and suicidal behaviors**

**Frequent mental distress**

Answered 'Most of the time' or ‘Always’ to the question, During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

**Ever seriously thought about killing self**

Answered 'Yes' to the question, Have you ever seriously thought about killing

yourself?

**Ever made a plan to kill self**

Answered 'Yes' to the question, Have you ever made a plan about how you would

kill yourself?

**Ever tried to kill self**

Answered 'Yes' to the question, Have you ever tried to kill yourself?

**Tobacco Use**

**Ever smoked cigarettes**

Answered 'Yes' to the question, Have you ever tried cigarette smoking, even

one or two puffs?

**First smoked a cigarette before age 11**

Answered '10 years old' or younger to the question, How old were you when

you first tried cigarette smoking, even one or two puffs?

**Smoked at least one whole cigarette in life**

Answered '1 cigarette' or more to the question, About how many cigarettes

have you smoked in your entire life?

**Current cigarette smoking**

Answered '1 or 2 days' or more to the question, During the past 30 days,

on how many days did you smoke cigarettes?

**Current cigar smoking**

Answered '1 or 2 days' or more to the question, During the past 30 days,

on how many days did you smoke cigars, cigarillos, or little cigars?

**Current spit tobacco use**

Answered '1 or 2 days' or more to the question, 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?

**Ever used an electronic vapor product**

Answered ‘Yes' to the question, Have you ever used an electronic vapor product?

**Current e-cigarette use**

Answered '1 or 2 days' or more to the question, During the past 30 days, on how many days did you use an electronic vapor product?

**In a room with a cigarette smoker**

Answered '1 day' or more to the question, During the past 7 days, on how many days did someone smoke tobacco products in your home while you were there?

**Electronic Cigarettes**

**Ever used e-cigarettes**

Answered 'Yes' to the question,Have you ever used an electronic vapor product?

**Current e-cigarette use**

Answered '1 or 2 days' or more to the question, During the past 30 days, on how many days did you use an electronic vapor product?

**Alcohol Use**

**Ever drank alcohol**

Answered 'Yes' to the question, Have you ever had a drink of alcohol, other

than a few sips?

**Drank alcohol before age 11**

Answered '10 years old' or younger to the question, How old were you when

you had your first drink of alcohol other than a few sips?

**Current drinking**

Answered '1 or 2 days' or more to the question, During the past 30 days,

on how many days did you have at least one drink of alcohol?

**Heavy episodic drinking**

Answered '1 day' or more to the question, 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?

**It would be very easy or sort of easy to get alcohol**

Answered 'Very easy' or 'Sort of easy' to the question, If you wanted to get

some beer, wine, or hard liquor (for example, vodka, whiskey, or gin),

how easy would it be for you to get?

**My parents think my regular alcohol use would be wrong**

Answered 'Very wrong' or 'Wrong' to the question, How wrong do your parents

feel it would be for you to drink alcohol (beer, wine, or hard liquor) regularly?

**I think regular alcohol use by people my age is very wrong**

Answered 'Very wrong' or 'Wrong' to the question, How wrong do you think it

is for someone your age to drink alcohol (beer, wine, or hard liquor) regularly?

**People face great risk from daily alcohol use**

Answered great risk to the question, How much do you think people risk

harming themselves (physically or in other ways) if they have one or two

drinks of beer, wine, or hard liquor nearly every day?

**Ever rode in a car with a drinking driver**

Answered 'Yes' to the question, Have you ever ridden in a car driven by someone who had been drinking alcohol?

**Drug use**

**Ever used marijuana**

Answered 'Yes' to the question, Have you ever used marijuana?

**First used marijuana before age 11**

Answered '10 years old' or younger to the question, How old were you when

you tried marijuana for the first time?

**Current marijuana use**

Answered '1 or 2 times' or more to the question, During the past 30 days,

how many times did you use marijuana?

**Ever improperly used prescription pain medication**

Answered 'Yes' to the question, Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

**Current improper use of a prescription pain medication**

Answered 'Yes' to the question, During the past 30 days, did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

**Ever used cocaine**

Answered 'Yes' to the question, Have you ever used any form of cocaine,

including powder, crack, or freebase?

**Ever used inhalants**

Answered 'Yes' to the question, Have you ever sniffed glue, or breathed the

contents of spray cans, or inhaled any paints or sprays to get high?

**Ever used illegal injection drugs**

Answered 'Yes' to the question, Have you ever used a needle to inject any

illegal drug into your body?

**Sexual Activity**

**Ever had sexual intercourse**

Answered 'Yes' to the question, Have you ever had sexual intercourse?

**Had sexual intercourse before age 11**

Answered '10 years old' or younger to the question, How old were you when

you had sexual intercourse for the first time?

**Had sexual intercourse with three or more people in lifetime**

Answered '3 people' or more to the question, With how many people have

you ever had sexual intercourse?

**Used a condom (among those who ever had sexual intercourse)**

Answered 'Yes' to the question, The last time you had sexual intercourse,

did you or your partner use a condom?

- among those who -

Answered 'Yes' to the question, Have you ever had sexual intercourse?

**Taught about HIV/AIDS**

Answered 'Yes' to the question, Have you ever been taught about AIDS or HIV

infection in school?

**Body Weight and Weight Control**

**Self-described as slightly or very overweight**

Answered 'Very overweight' or 'Slightly overweight' to the question, How do

you describe your weight?

**Trying to lose weight**

Answered 'Lose weight' to the question, Which of the following are you trying

to do about your weight?

**Ever fasted to lose weight**

Answered 'Yes' to the question, Have you ever gone without eating for 24 hours

or more (also called fasting) to lose weight or to keep from gaining weight?

**Ever purged to lose weight**

Answered 'Yes' to the question, Have you ever vomited or taken laxatives to

lose weight or to keep from gaining weight?

**Used weight control products**

Answered 'Yes' to the question, Have you ever taken 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.)

**Physical Activity**

**No physical activity in the past week**

Answered '0 days' to the question, 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.)

**Physically active five days per week**

Answered '5 days' or more to the question, 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.)

**Daily physical activity**

Answered '7 days' to the question, 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.)

**At least one day/week of physical education**

Answered '1 day' or more to the question, In an average week when you are

in school, on how many days do you go to physical education (PE) classes?

**Daily physical education at school**

Answered '5 days' to the question, In an average week when you are in school,

on how many days do you go to physical education (PE) classes?

**Other Behaviors and Characteristics**

**Ever diagnosed with asthma**

Answered 'Yes' the question, Has a doctor or nurse ever told you that you

have asthma?

**Current asthma**

Answered 'Yes' the question, Has a doctor or nurse ever told you that you

have asthma?

AND

Answered 'Yes' the question, Do you still have asthma?

**Saw a dentist in the last 12 months**

Answered 'During the past 12 months' to the question, When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

**Gambled**

Answered '1 or 2 times' or more to the question, 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 New Mexico's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?

**Concussion**

Answered '1 time' or more to the question, During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

**Resiliency/Protective Factors**

Unless otherwise noted, responses to other resiliency/protective factor questions refer to respondents who answered "Pretty much true" or "Very much true" to the questionnaire item indicated.