

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		

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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	

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**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

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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

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**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

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**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

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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 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>	19	20	71	1
<p>During the past 12 months, how many times were you in a physical fight 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>	20	21	72	1
<p>Have you ever tried cigarette smoking, even one or two puffs?</p> <p>A. Yes B. No</p>	28	22	73	1
<p>How old were you when you smoked a whole cigarette for the first time?</p> <p>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</p>	29	23	74	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 	30	24	75	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 	31	25	76	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 	39	26	77	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 	40	27	78	1

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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 have at least one drink of alcohol?</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>	41	28	79	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> <p>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</p>	42	30	81	1
<p>During the past 30 days, on how many days did you have at least one drink of alcohol 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>	43	29	80	1
<p>During your life, how many times have you used marijuana?</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 to 99 times G. 100 or more times</p>	44	32	83	1

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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> <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 	45	33	84	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 	46	34	85	1
<p>During the past 30 days, how many times did you use marijuana on school property?</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 	47	35	86	1
<p>During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?</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	36	87	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 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

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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

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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> <ul style="list-style-type: none"> 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 	58	59	110	1
<p>During your life, with how many people have you had sexual intercourse?</p> <ul style="list-style-type: none"> 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 	59	60	111	1
<p>During the past 3 months, with how many people did you have sexual intercourse?</p> <ul style="list-style-type: none"> 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 	60	61	112	1
<p>Did you drink alcohol or use drugs before you had sexual intercourse the last time?</p> <ul style="list-style-type: none"> A. I have never had sexual intercourse B. Yes C. No 	61	62	113	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<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 B. Yes C. No</p>	62	63	114	1
<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 (injectable birth control) F. Withdrawal G. Some other method H. Not sure</p>	63	64	115	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>	64	68	119	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>	65	69	120	1
<p>During the past 30 days, did you exercise to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>	66	70	121	1

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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

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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 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	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 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	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 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	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 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>	75	79	130	1

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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

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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

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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> <ul style="list-style-type: none"> A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days 	82	87	138	1
<p>During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?</p> <ul style="list-style-type: none"> 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	88	139	1
<p>During the past 12 months, on how many sports teams did you play?</p> <ul style="list-style-type: none"> A. 0 teams B. 1 team C. 2 teams D. 3 or more teams 	84	89	140	1
<p>Has a doctor or nurse ever told you that you have asthma?</p> <ul style="list-style-type: none"> A. Yes B. No C. Not sure 	86	92	143	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>What is the language that you first learned to speak at home?</p> <ul style="list-style-type: none"> 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
<p>During the past 12 months, how would you describe your grades in school?</p> <ul style="list-style-type: none"> 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
<p>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?</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 	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

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**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

2005 YOUTH RISK BEHAVIOR SURVEY

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

2005 YOUTH RISK BEHAVIOR SURVEY

**New Jersey High School Map Form
With Question Text**

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>How many times have you been pregnant or gotten someone pregnant?</p> <p>A. 0 times B. 1 time C. 2 or more times D. Not sure</p>	104	65	116	1
<p>During your life, has anyone ever had sexual contact with you against your will?</p> <p>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"</p>	105	66	117	1
<p>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?</p> <p>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</p>	106	67	118	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 B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>	107	84	135	1

2005 YOUTH RISK BEHAVIOR SURVEY

**New Jersey High School Map Form
With Question Text**

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>Have you ever been taught about AIDS or HIV infection in school?</p> <p>A. Yes, this school year</p> <p>B. Yes, but not in this school year</p> <p>C. No, because my parents did not want me to participate</p> <p>D. No, because I was not in class on those days</p> <p>E. No, because the teacher skipped those lessons</p> <p>F. Not sure</p>	108	90*	141	1
<p>When was the last time you saw a dentist for a checkup, exam, teeth cleaning, or other dental work?</p> <p>A. During the past 12 months</p> <p>B. Between 12 and 24 months ago</p> <p>C. More than 24 months ago</p> <p>D. Never</p> <p>E. Not sure</p>	109	91*	142	1