

SUPPLEMENTARY TABLE. Types of violence experiences and health risk behaviors and conditions — Youth Risk Behavior Survey, United States, 2019

	Questionnaire Item	Analytic Coding
Types of violence experiences		
Physical fighting or threatened with weapon	<p>Calculated variable based on an affirmative response to any of the following questions:</p> <ul style="list-style-type: none"> • During the past 12 months, how many times were you in a physical fight? • During the past 12 months, how many times were you in a physical fight on school property? • 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? 	≥1 vs. 0 times
Physical dating violence	During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	≥1 vs. 0 times
Sexual violence	<p>Calculated variable based on an affirmative response to any of the following questions:</p> <ul style="list-style-type: none"> • During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.) • During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to sexual intercourse.) 	≥1 vs. 0 times
Bullying	<p>Calculated variable based on an affirmative response to any of the following questions:</p> <ul style="list-style-type: none"> • During the past 12 months, have you ever been bullied on school property? • During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) 	Yes vs. No

Missed school and low academic grades		
Missed school because of safety Concerns	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?	≥ 1 vs. 0 days
Earned mostly C's/D's/F's	During the past 12 months, how would you describe your grades in school?	C's, D's & F's vs. A's & B's
Health risk behaviors		
<i>Weapon carrying</i>		
Carried a weapon on school property	During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?	≥ 1 vs. 0 days
Carried a gun	During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)	≥ 1 vs. 0 days
<i>Substance use</i>		
Smoked cigarettes or cigars or used smokeless tobacco	Calculated variable based on an affirmative response to any of the following questions: <ul style="list-style-type: none"> • During the past 30 days, on how many days did you smoke cigarettes? • During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars? • During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count electronic vapor products.) 	≥ 1 vs. 0 days
Used electronic vapor products	During the past 30 days, on how many days did you use an electronic vapor product?	≥ 1 vs. 0 days
Drank alcohol	During the past 30 days, on how many days did you have at least one drink of alcohol?	≥ 1 vs. 0 days
Binge drinking	During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?	≥ 1 vs. 0 days
Used marijuana	During the past 30 days, how many times did you use marijuana?	≥ 1 vs. 0 times

Prescription pain medicine misuse	During the past 30 days, how many times have you taken a 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.	≥ 1 vs. 0 times
<i>Risky sexual behavior</i>		
Drank alcohol or used drugs before last sexual intercourse	Did you drink alcohol or use drugs before you had sexual intercourse the last time?	Yes vs. No
Currently sexually active with multiple partners	During the past 3 months, with how many people did you have sexual intercourse?	≥ 2 people vs. < 2 people
Did not use a condom during last sexual intercourse	The last time you had sexual intercourse, did you or your partner use a condom?	Yes vs. No
Weight		
Overweight or obesity	Calculated variable of Body Mass Index percentile based on sex and age and based on the following questions: <ul style="list-style-type: none"> • How tall are you without your shoes on? • How much do you weigh without your shoes on? 	$85\% \geq$ vs. $< 85\%$
Mental health and suicide risks		
Felt sad or hopeless	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	Yes vs. No
Suicidal thoughts or behavior	Calculated variable based on an affirmative response to any of the following questions: <ul style="list-style-type: none"> • During the past 12 months, did you ever seriously consider attempting suicide? • During the past 12 months, did you make a plan about how you would attempt suicide? • During the past 12 months, how many times did you actually attempt suicide? [1 or more times coded as yes vs. 0 times coded as no] 	Yes vs. No
Note: All questions with corresponding response options are available at: https://www.cdc.gov/healthyouth/data/yrbs/questionnaires.htm .		