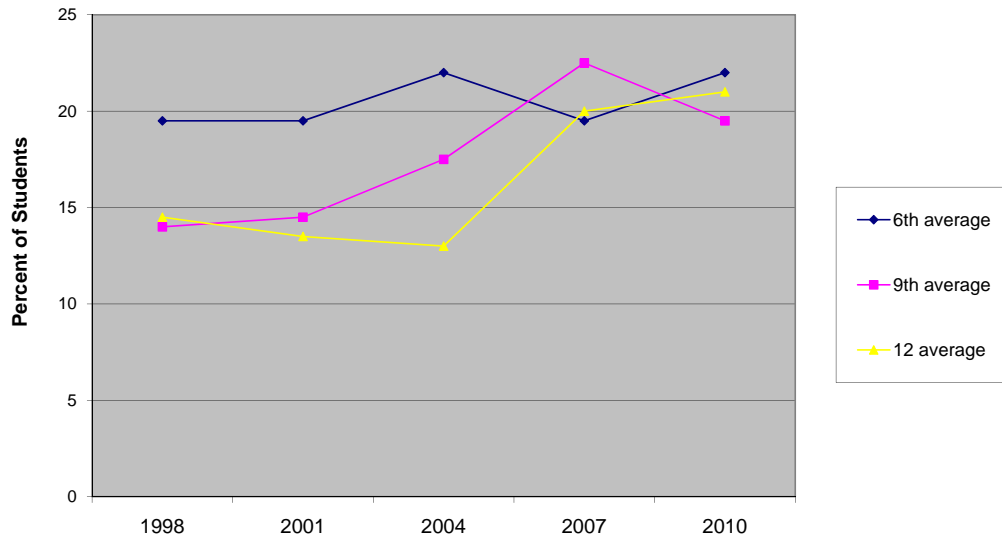
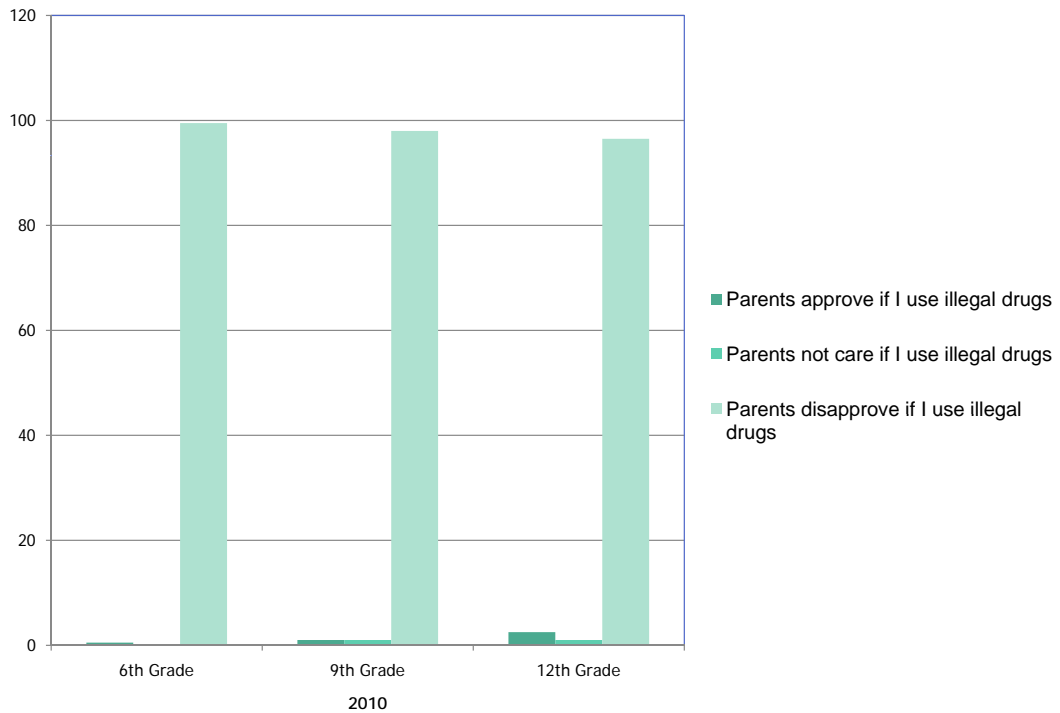


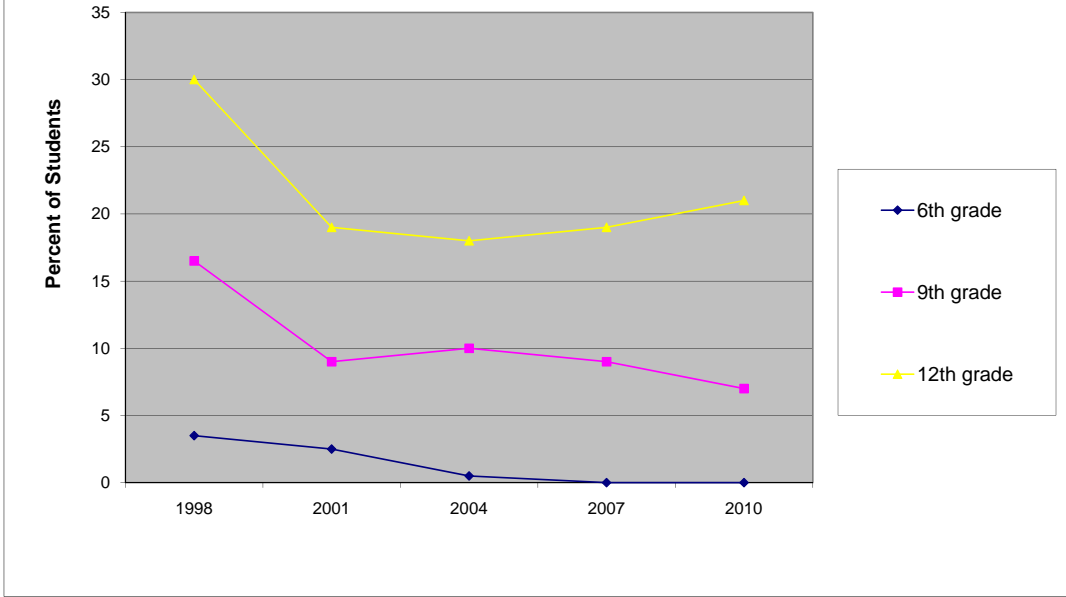
Percent of Students Who Ate Five or More Servings of Fruits and Vegetables Yesterday



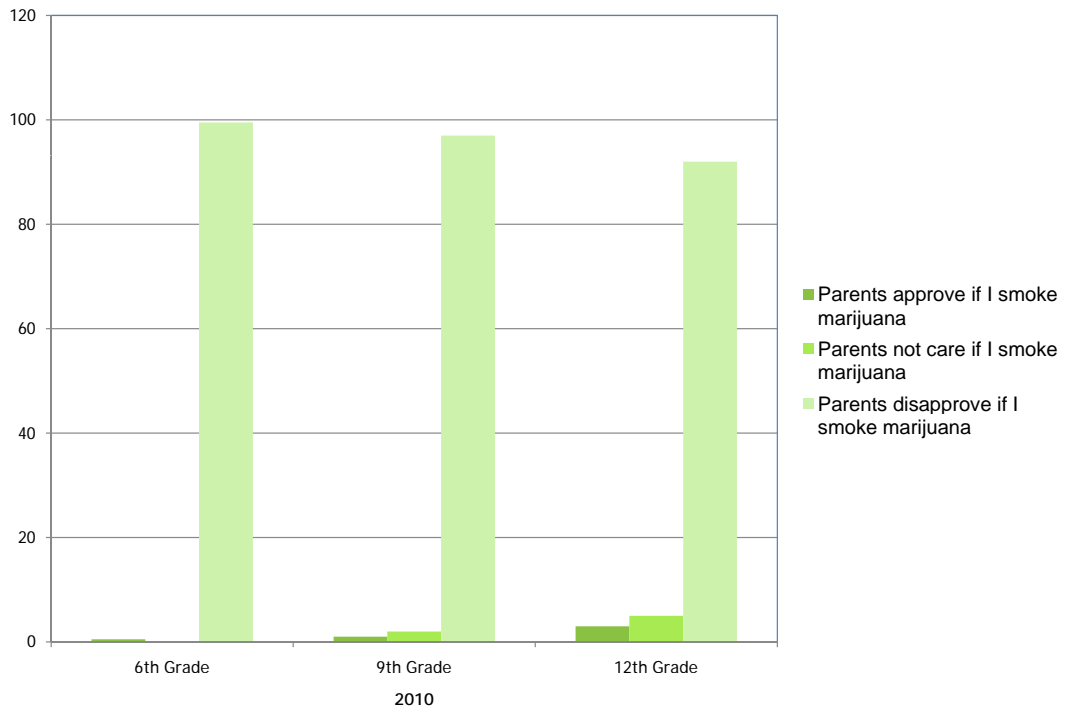
Parent Disapproval of Illegal Drug Use



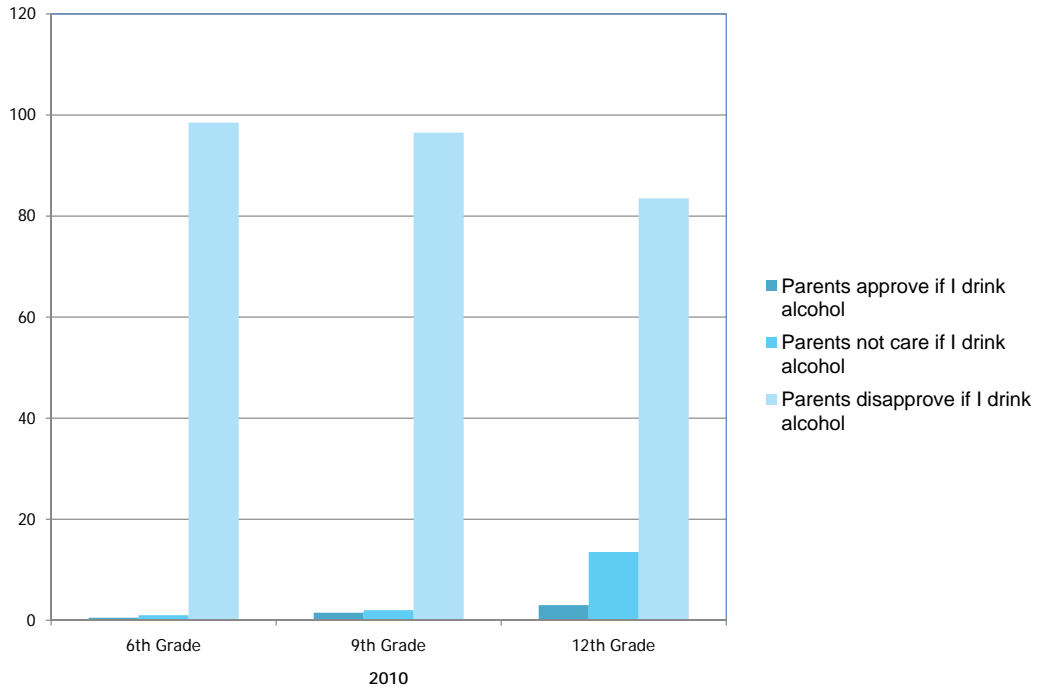
Any Marijuana Use in the Last 30 Days



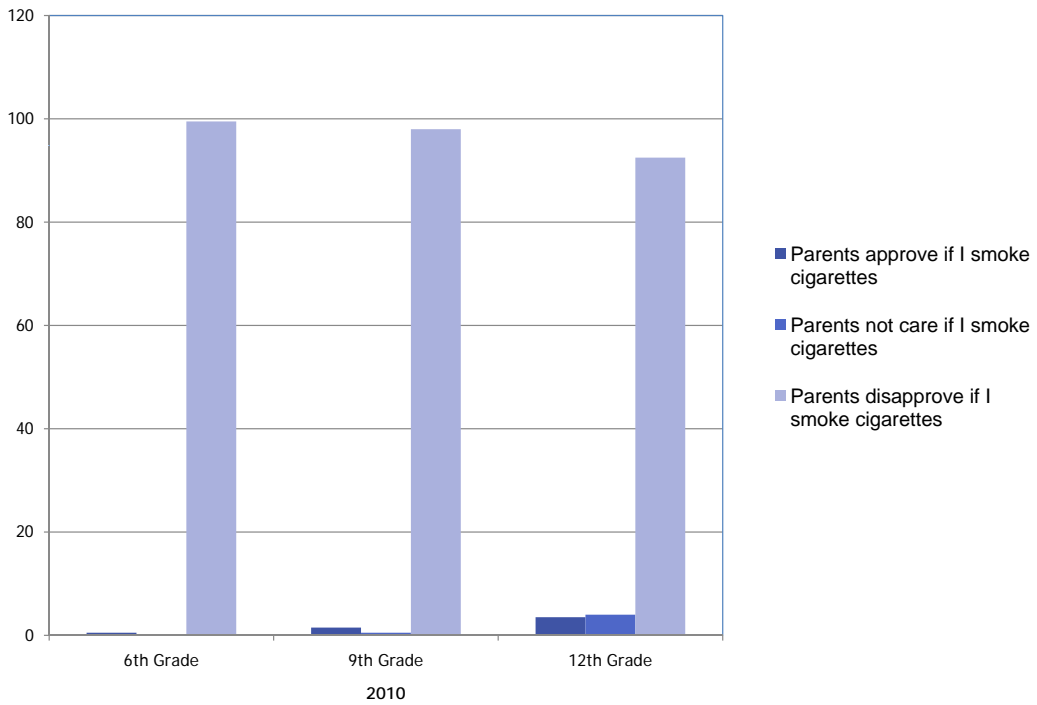
Parent Disapproval of Marijuana Use



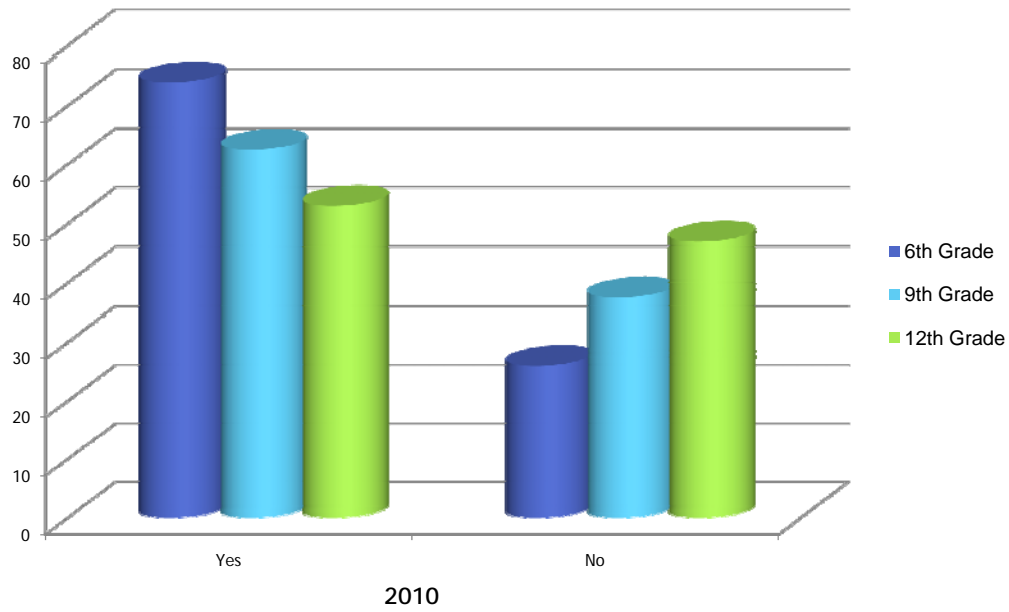
Parent Disapproval of Alcohol Use



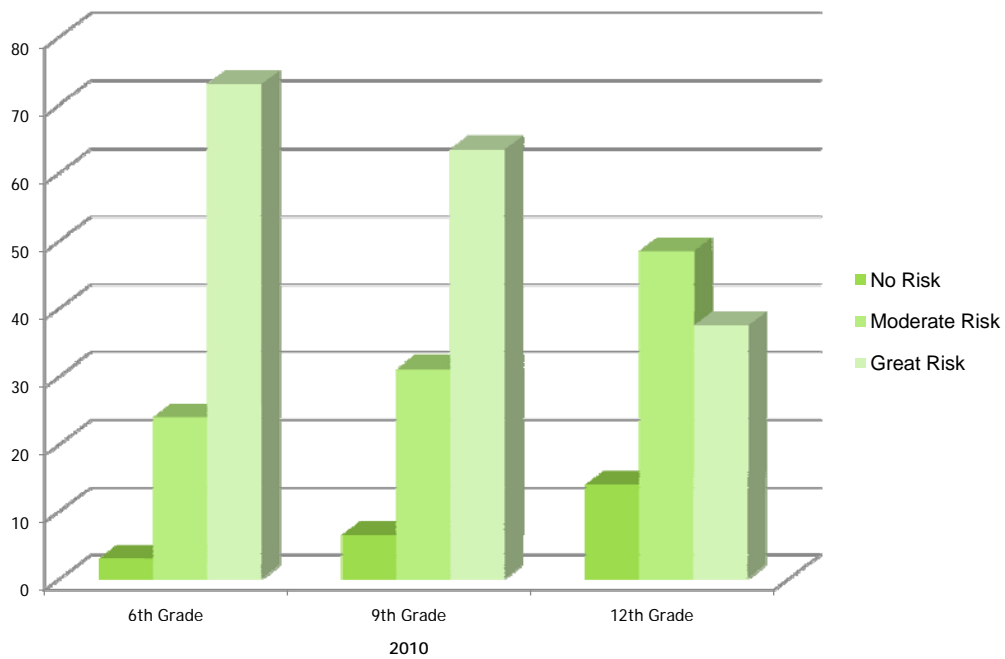
Parent Disapproval of Cigarette Use



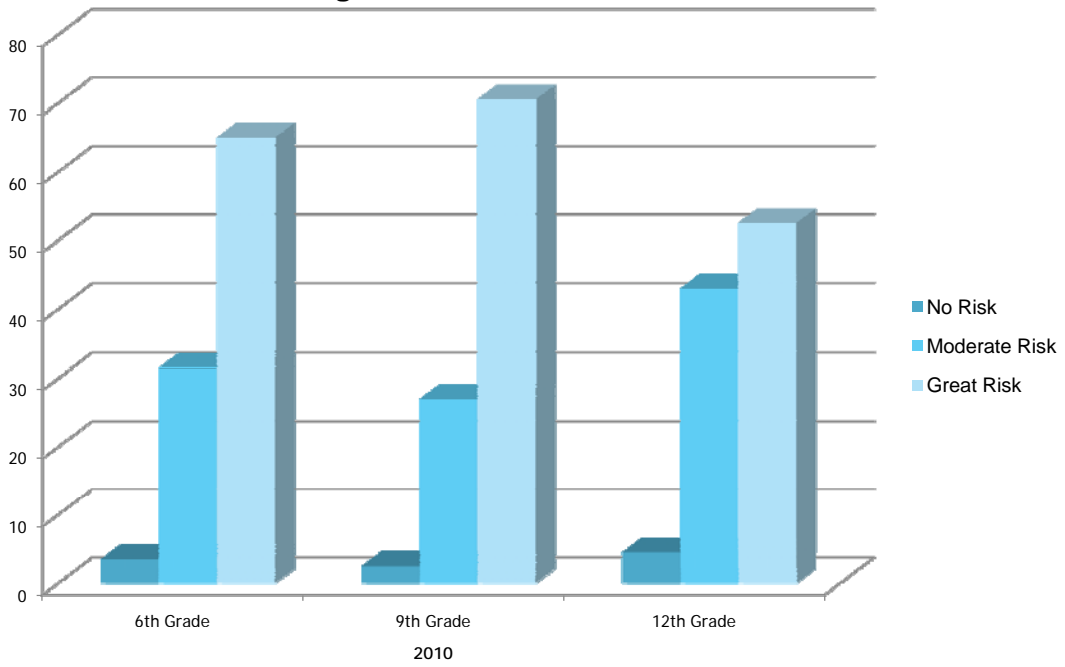
During the last 12 months, have you talked with at least one of your parents/guardians about the dangers of substance use?



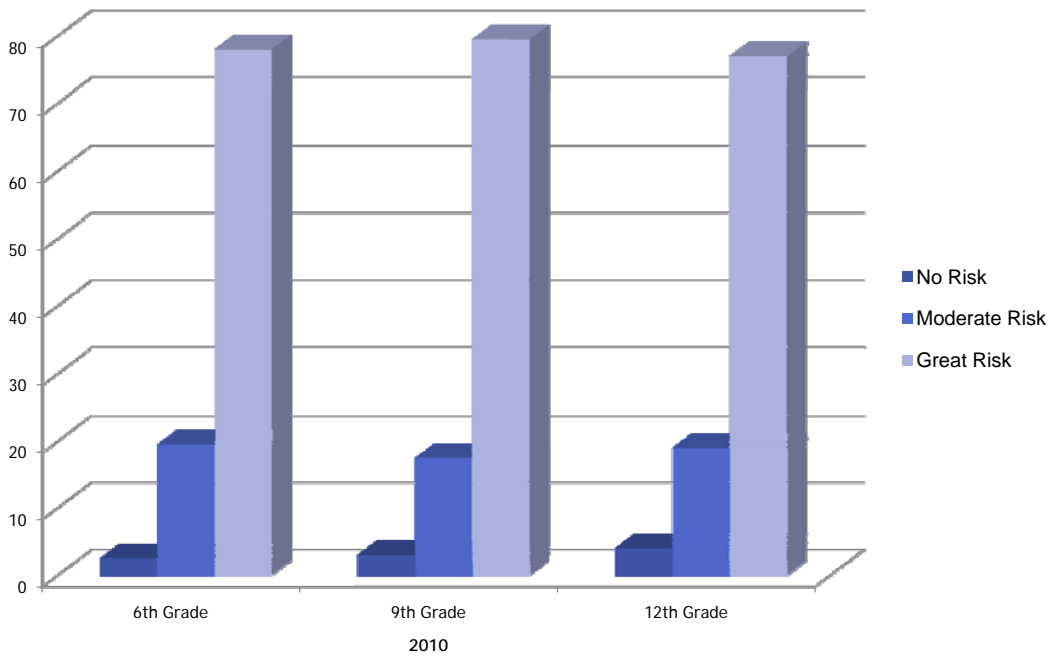
Perceived Risk of Smoking Marijuana Once or Twice a Week



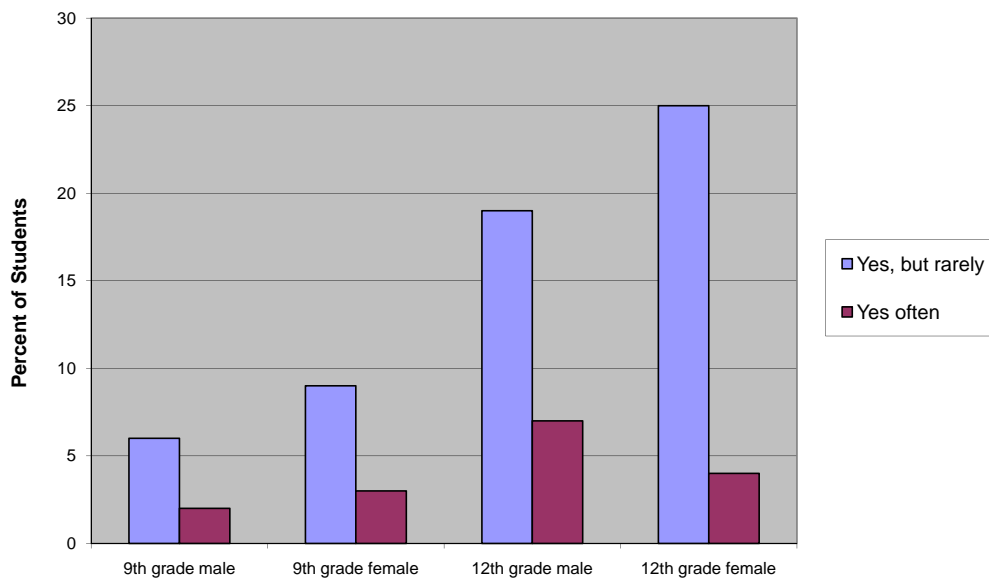
Perceived Risk of Drinking Five or More Alcoholic Beverages Once or Twice a Week



Perceived Risk of Smoking One or More Packs of Cigarettes Per Day

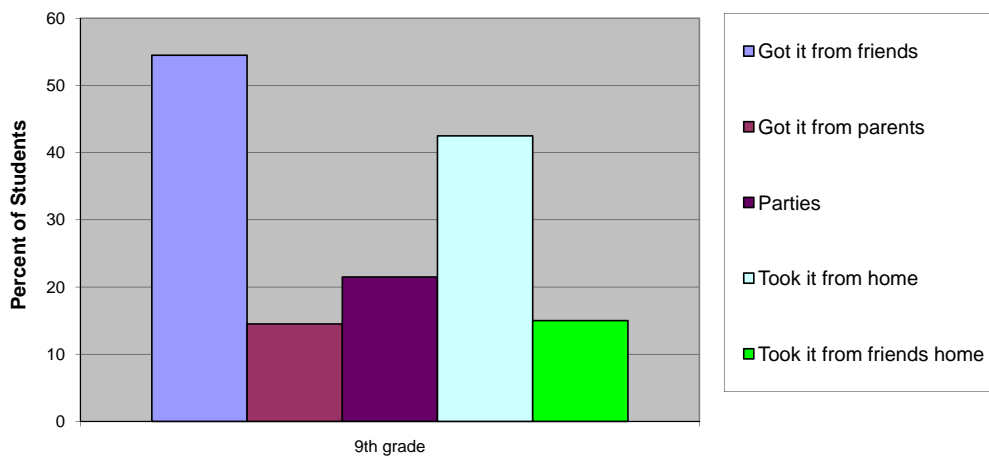


Riding With Friends Who Have Been Drinking



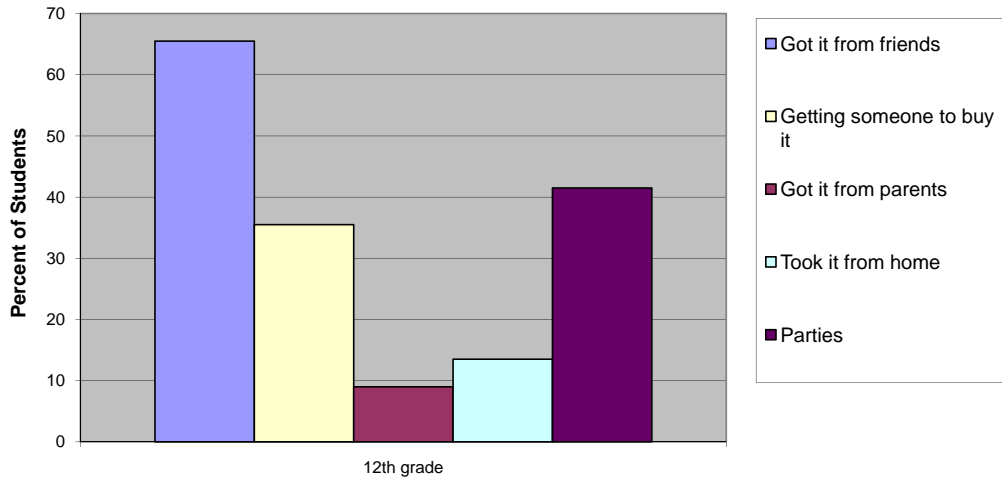
If you used alcohol, how did you get it in the last 30 days? (Mark all that apply)

Top 5 Responses

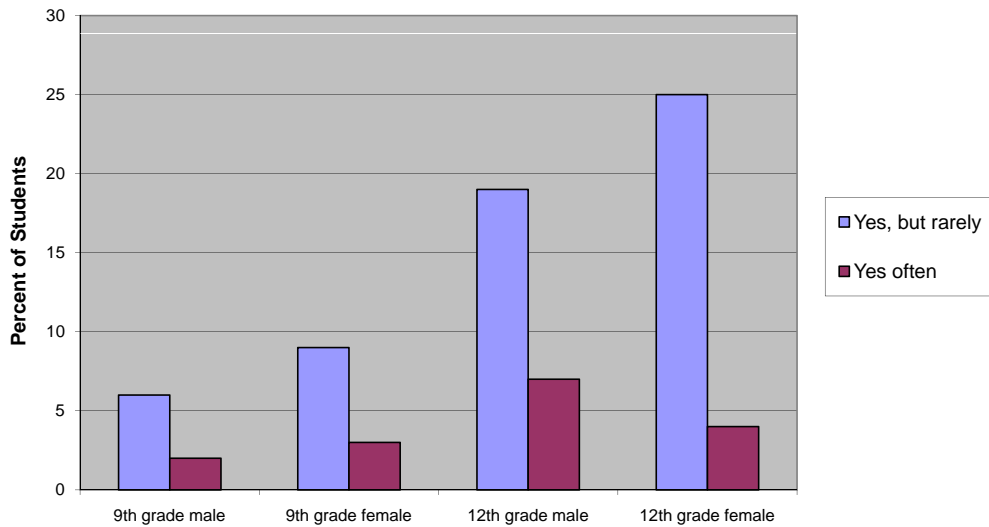


**If you used alcohol how did you get it in the last 30 days?
(Mark all that apply)**

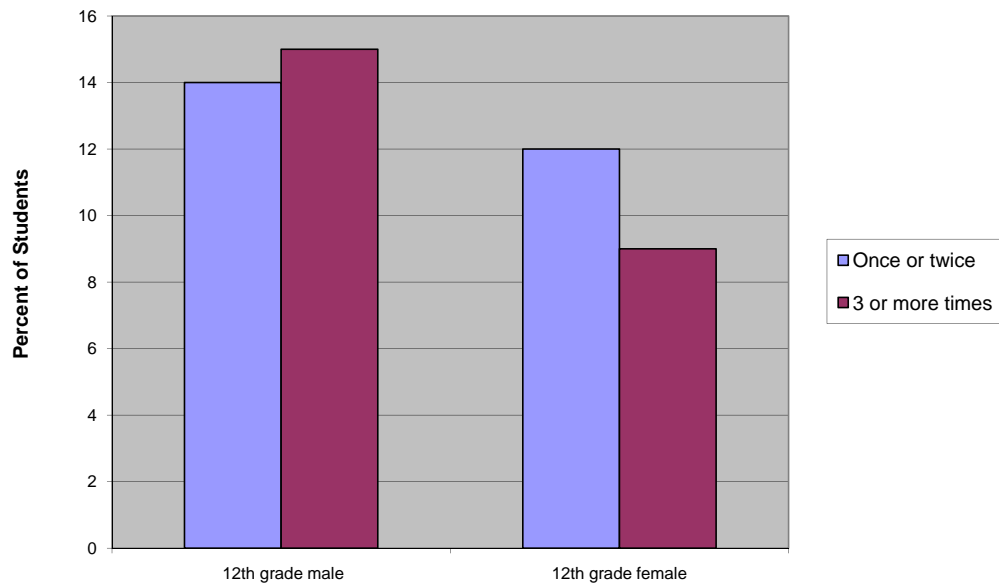
Top 5 Responses



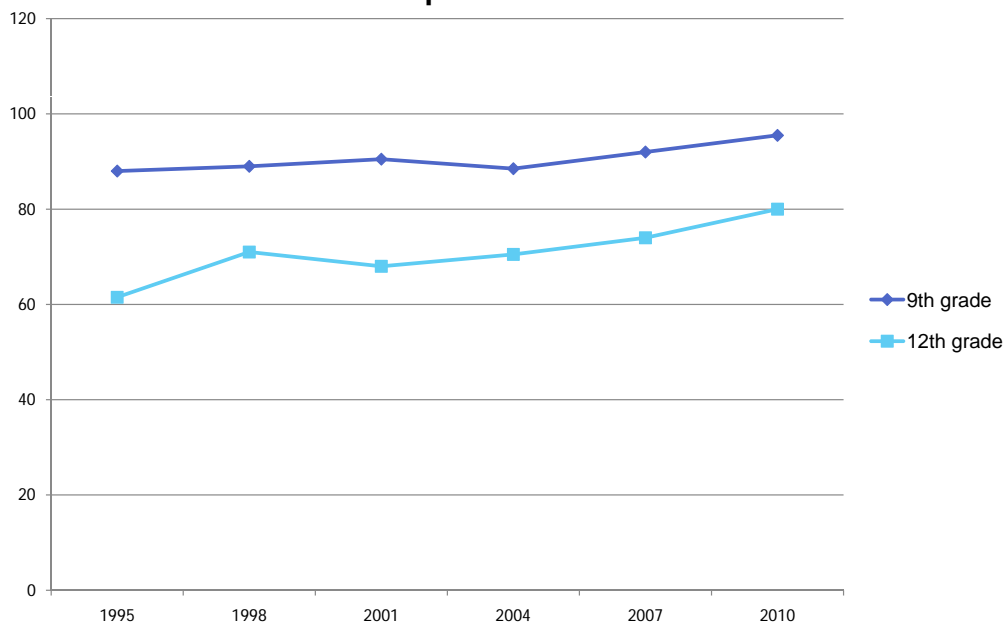
Riding With Friends Who Have Been Drinking



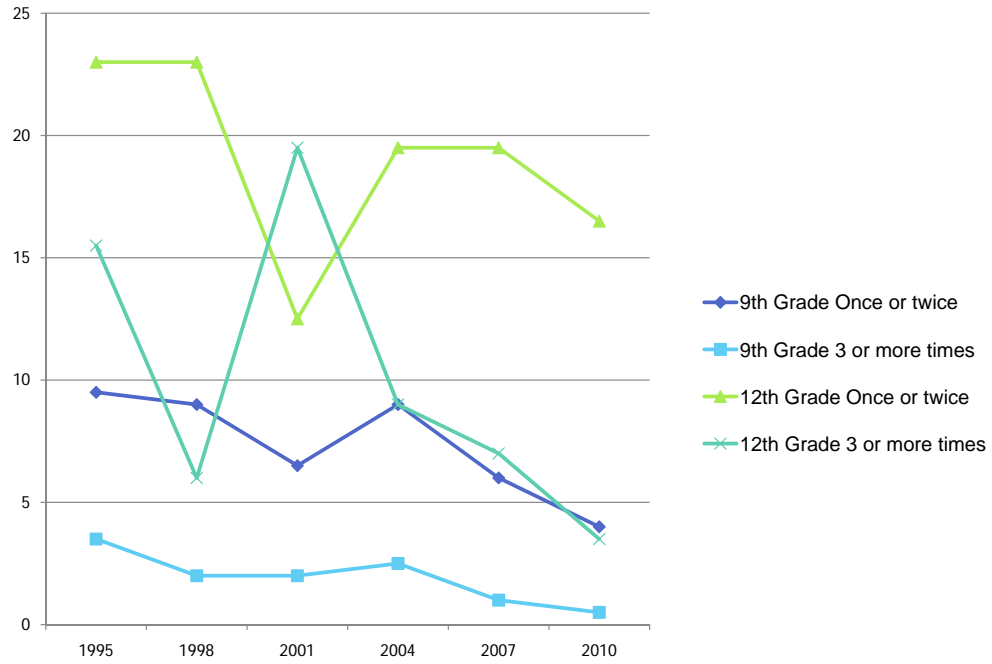
Drinking and Driving



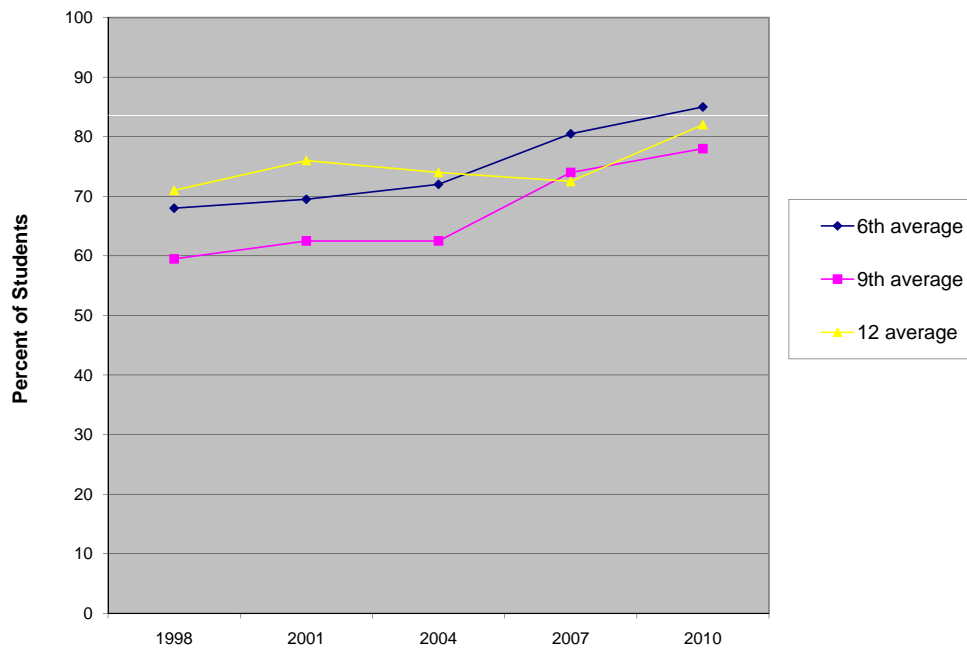
Binge Drinking: Five or More Drinks in a Row Responded: Never



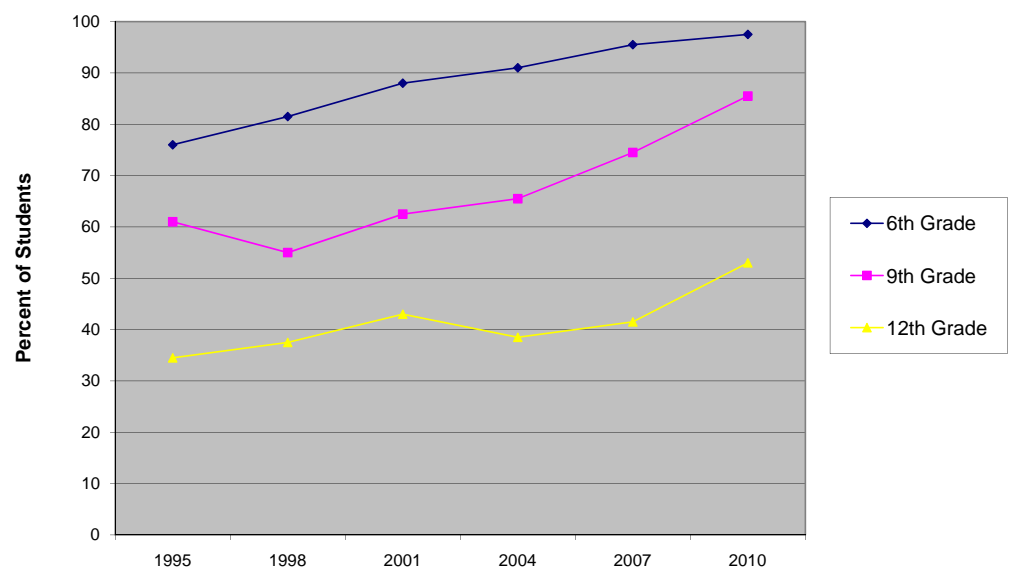
Binge Drinking: Five or More Drinks in a Row



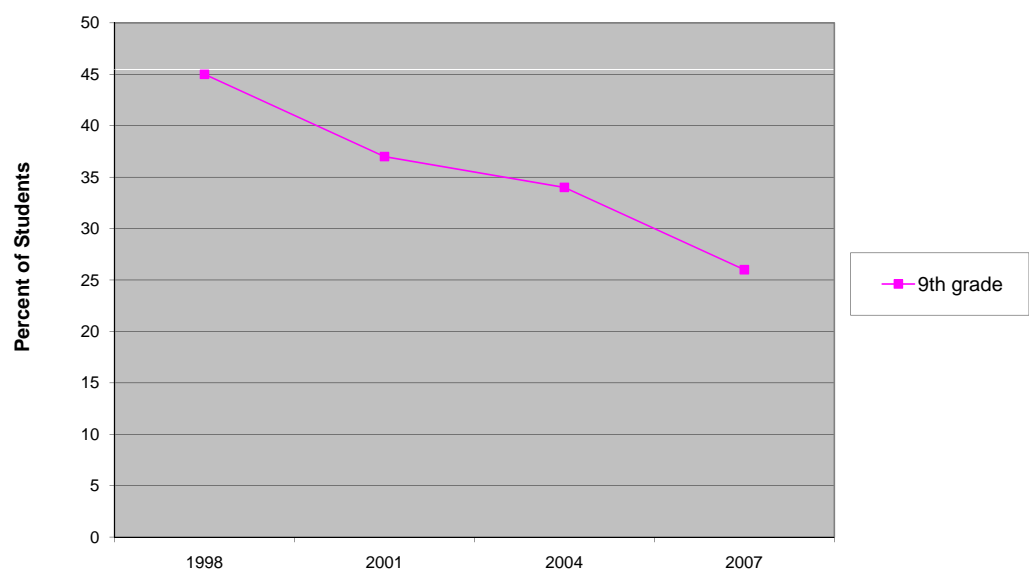
Seat Belt Use



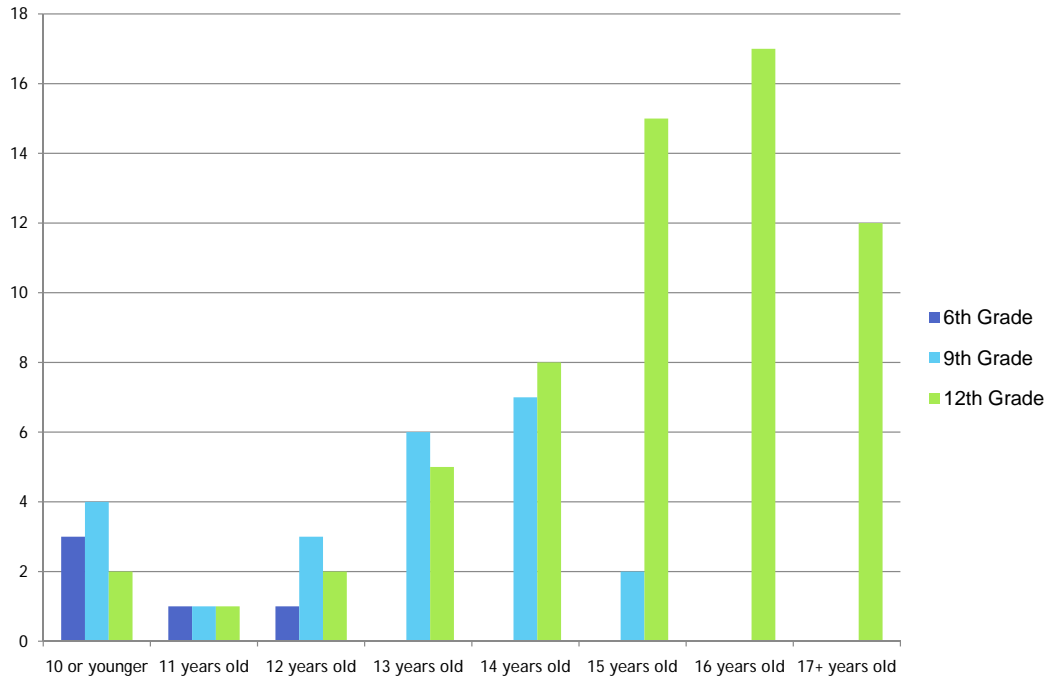
No Alcoholic Beverages in the Last 12 Months



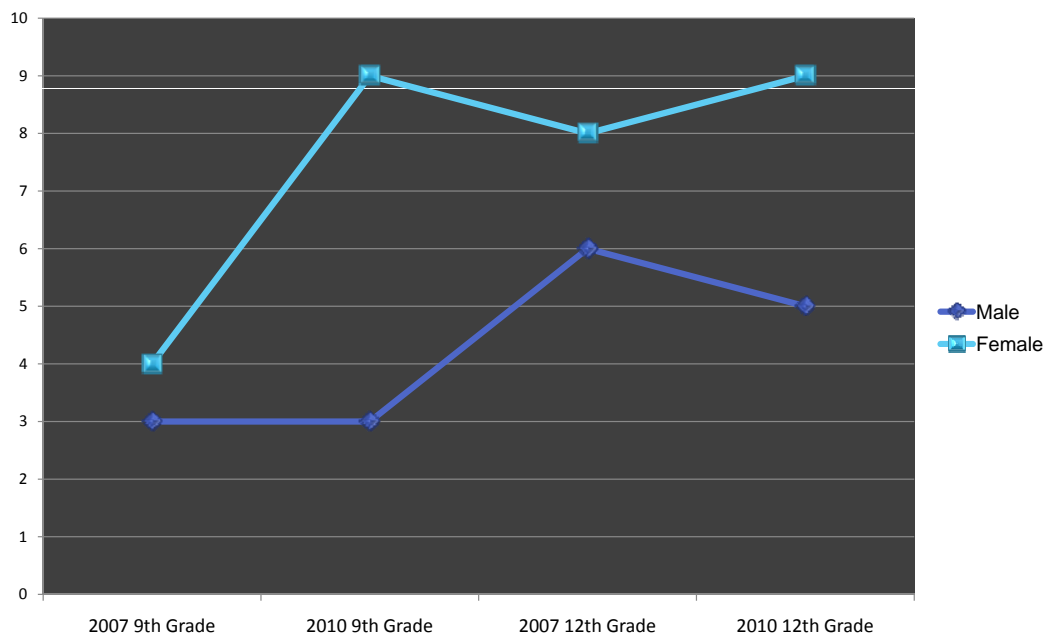
Any Alcohol Use in the Last 12 Months



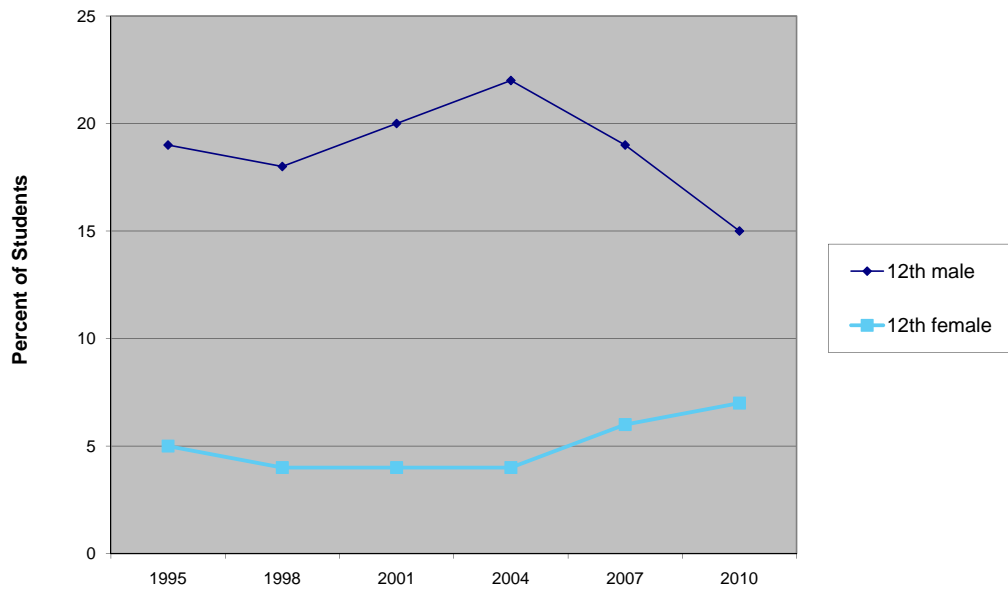
Age of First Alcohol Use



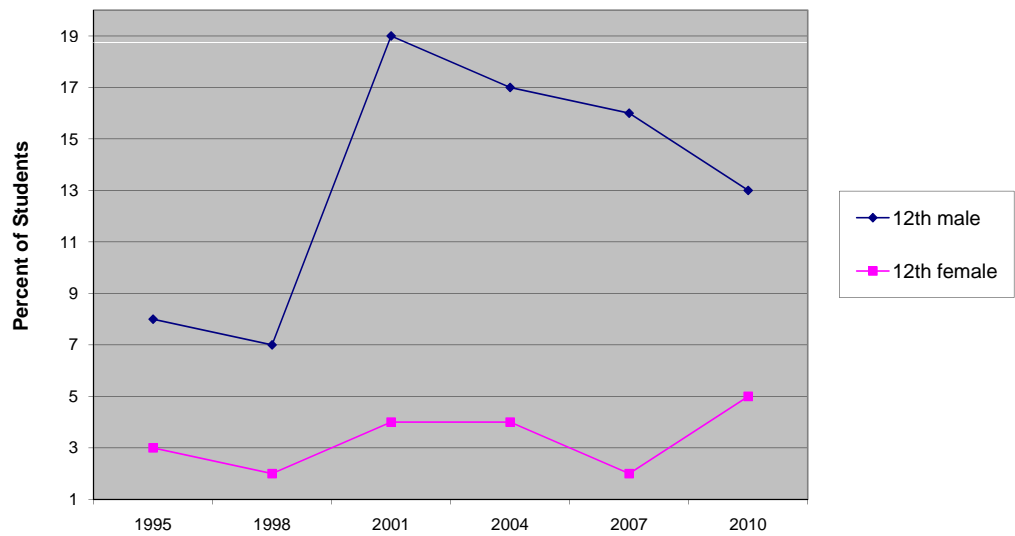
Has someone you were going out with ever forced you to have sex or do something sexual when you didn't want to?



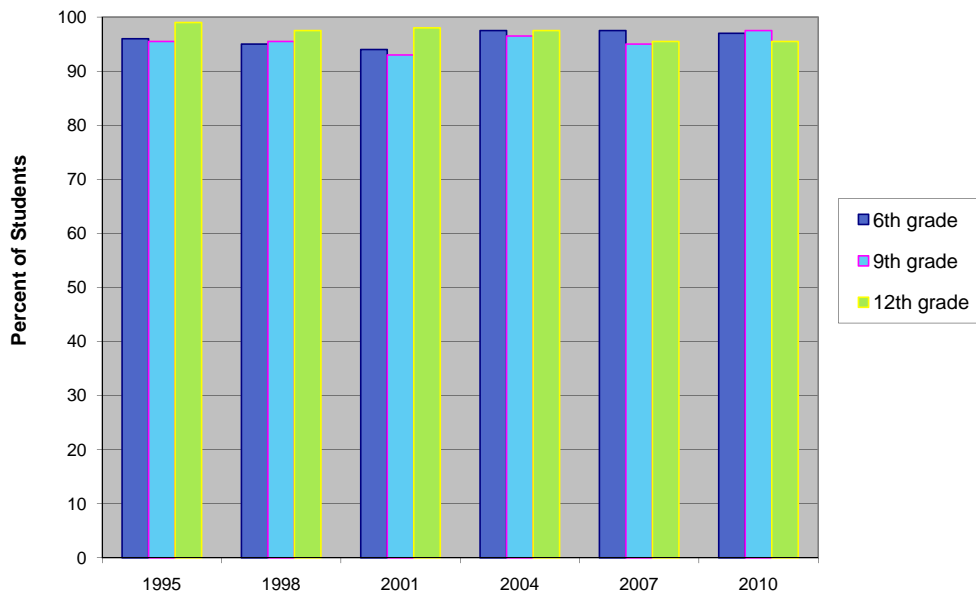
Threatened You at School



Kicked, Bitten, Hit You at School

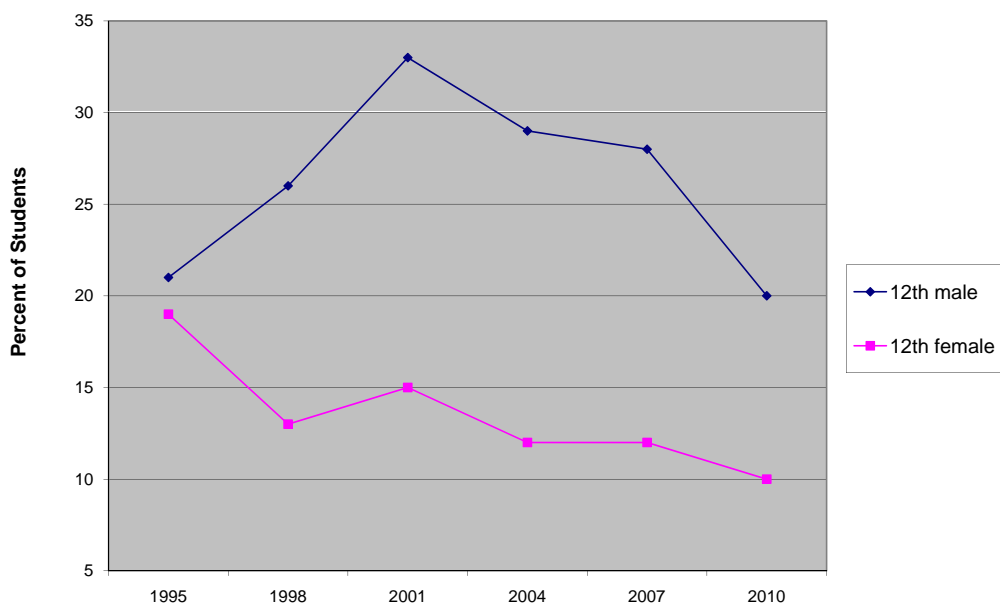


I Feel Safe at School (Strongly Agree or Agree)



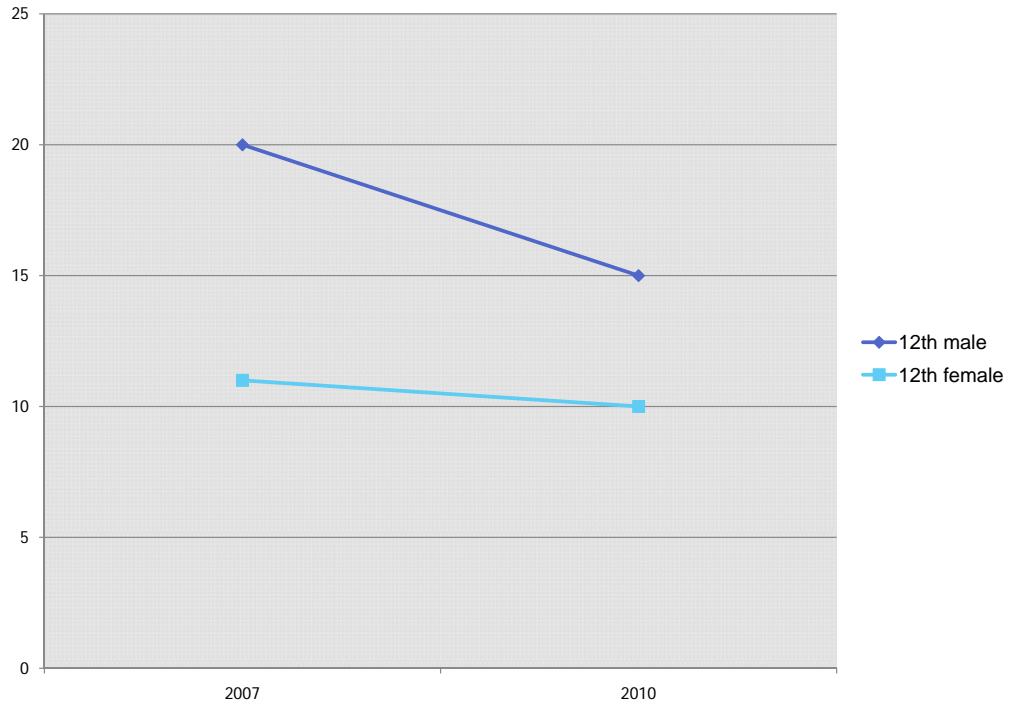
25

Pushed, Shoved or Grabbed You at School

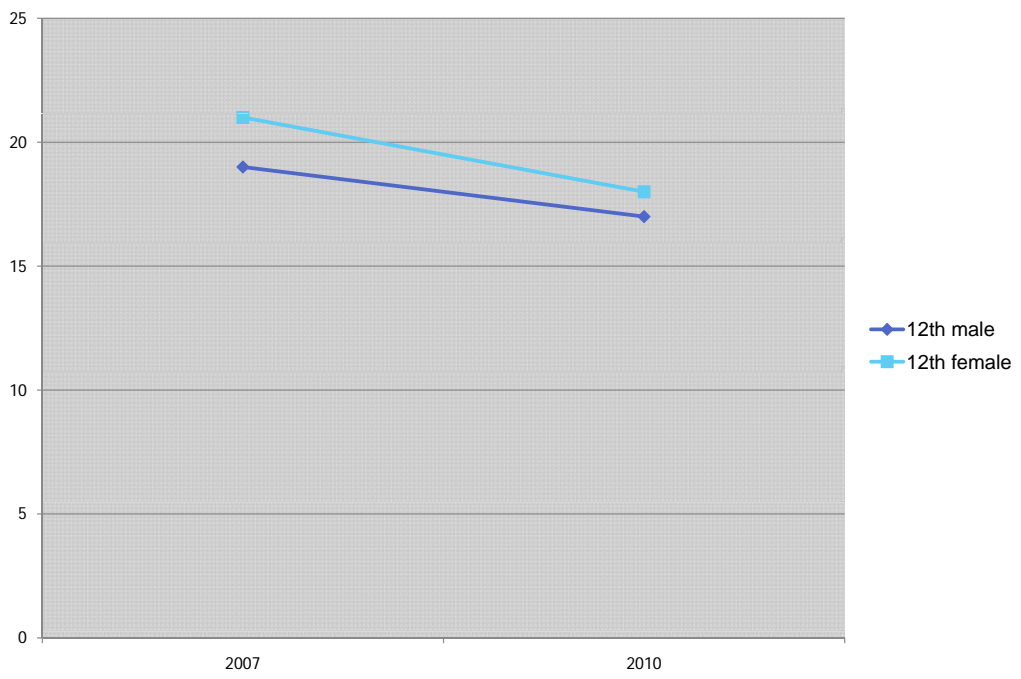


26

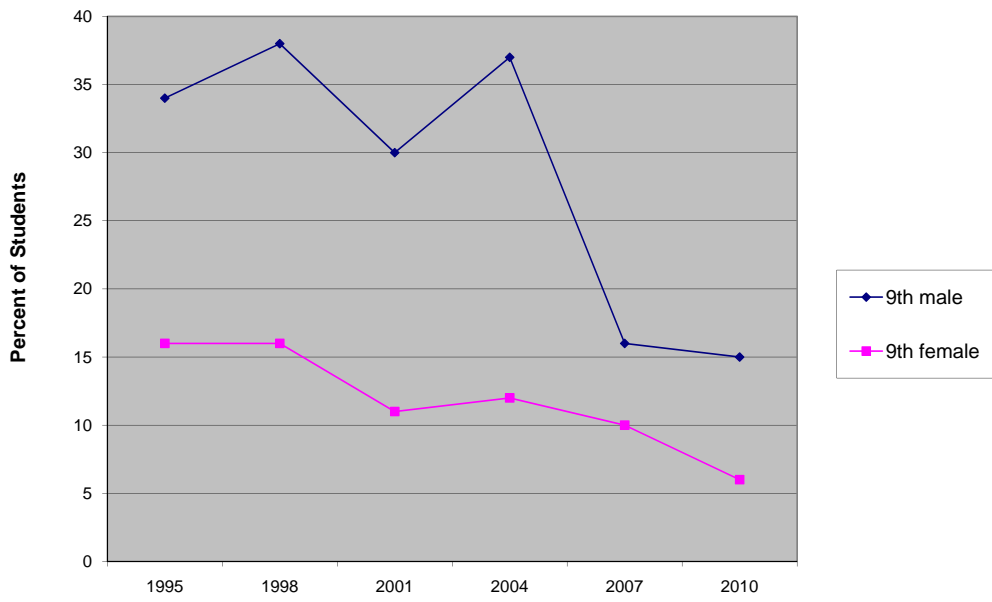
Touched, Grabbed, Pinched in a Sexual Way



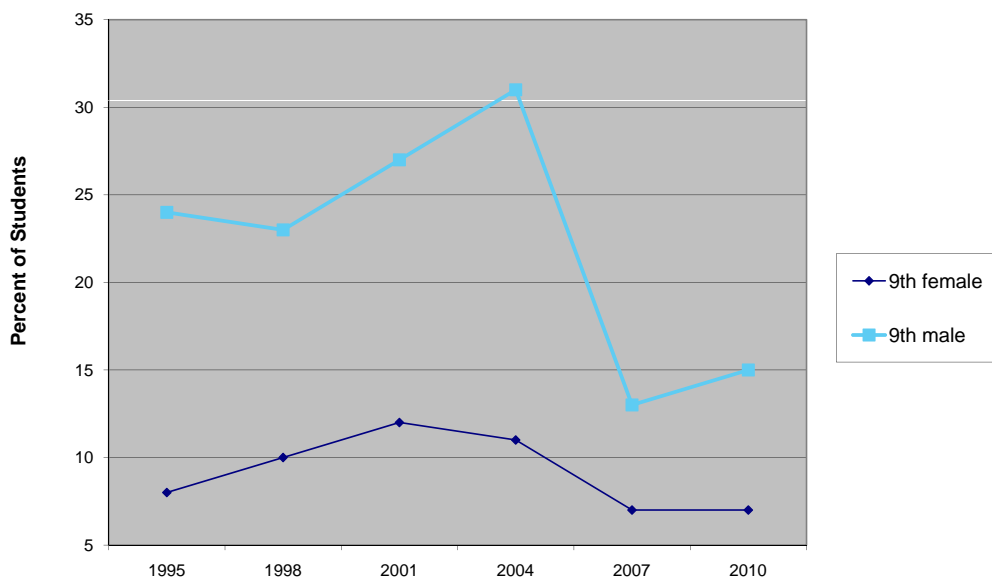
Made Unwanted Sexual Comments, Jokes, Gestures or Looks Toward You at School



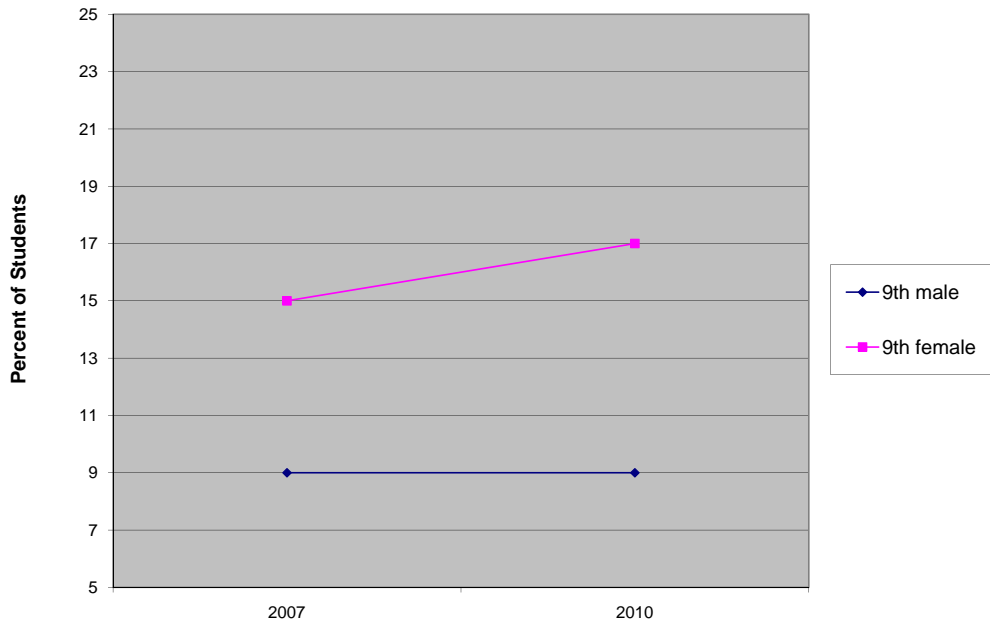
Threatened You at School



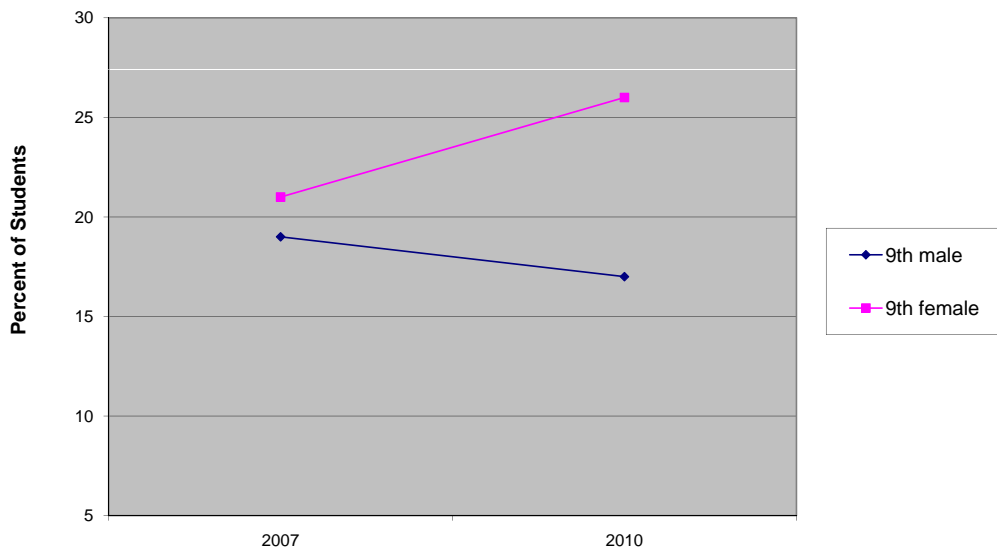
Kicked, Bitten or Hit at School



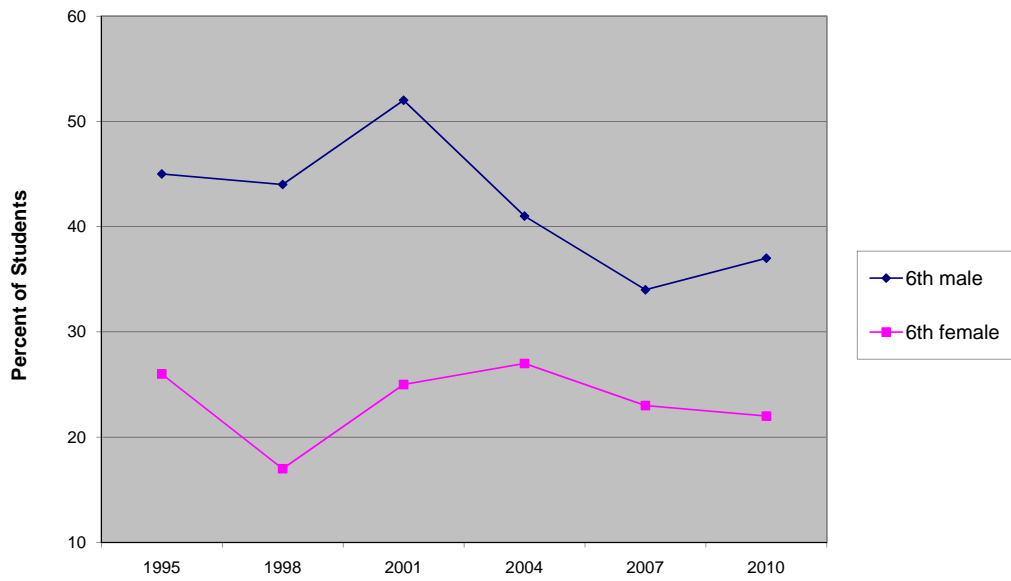
Pushed, Shoved or Grabbed You at School



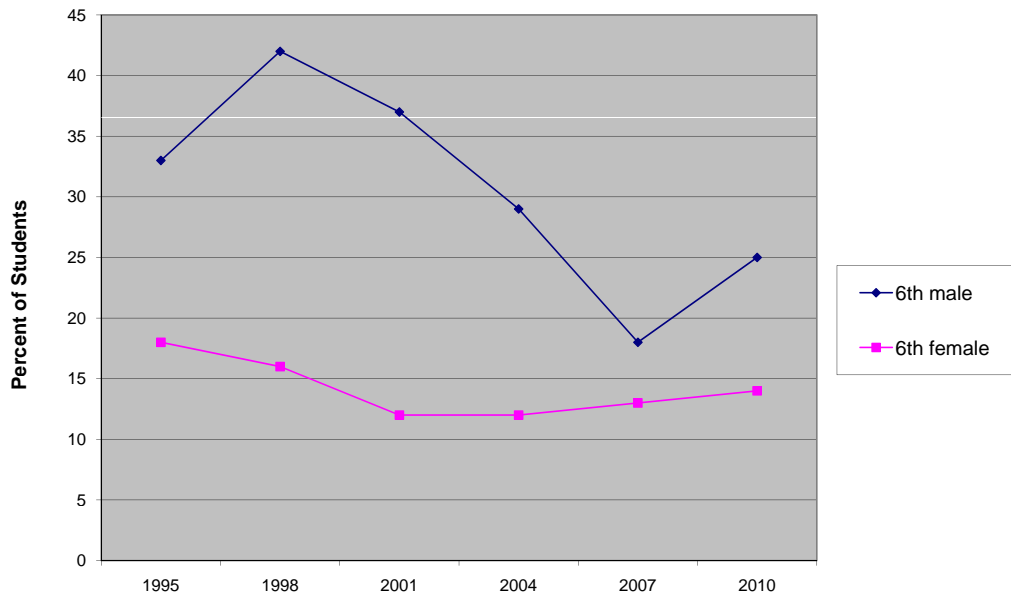
Made Unwanted Sexual Comments, Jokes, Gestures or Looks Toward You



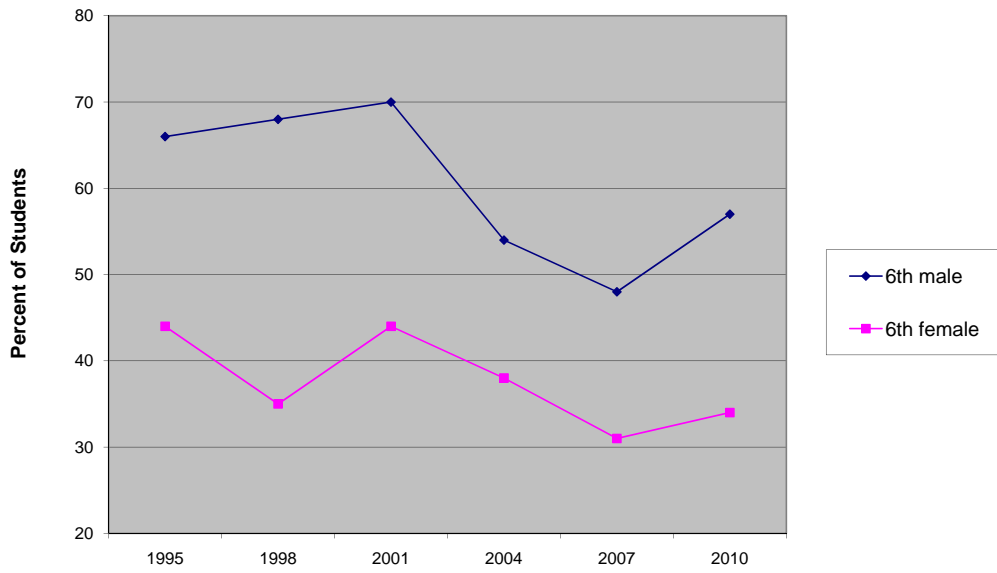
Kicked, Bitten or Hit at School



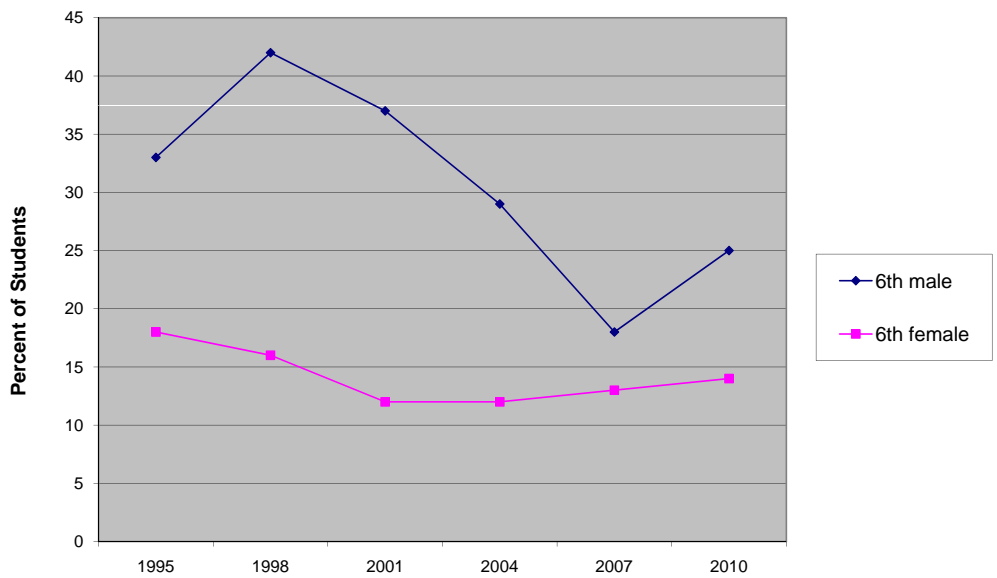
Threatened You at School



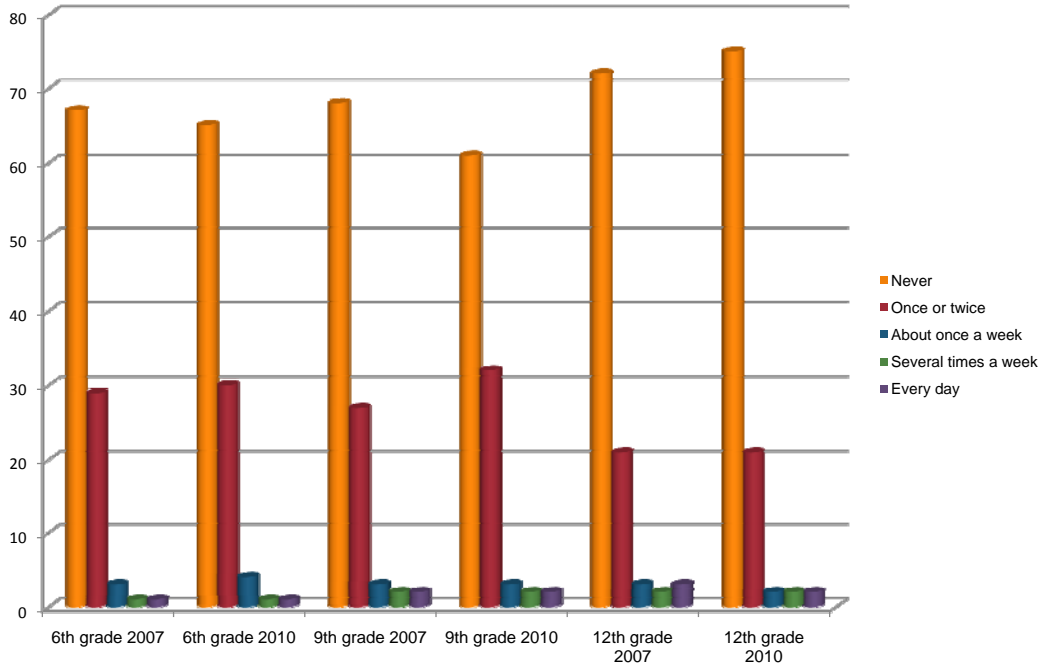
Pushed, Shoved or Grabbed You at School



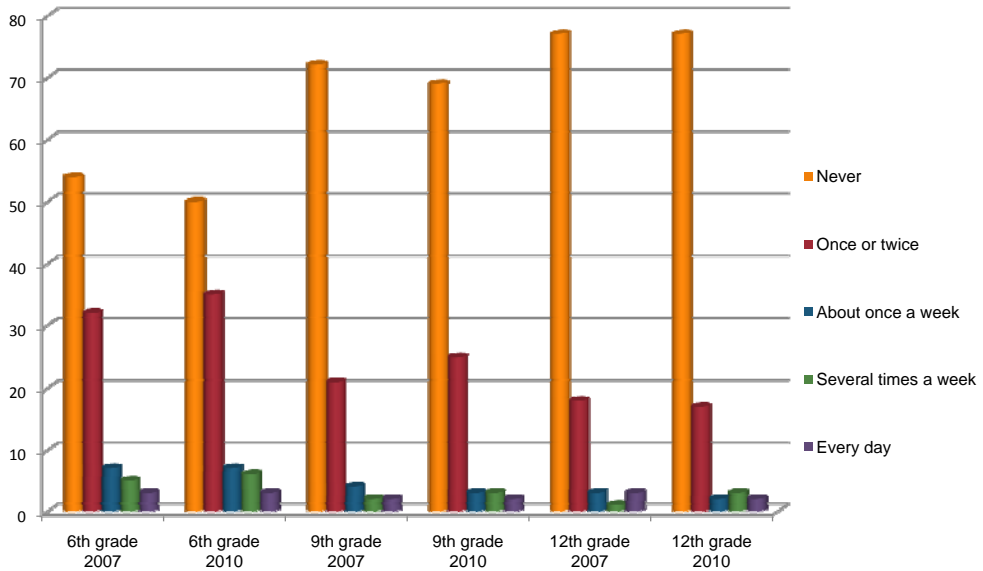
Threatened You at School



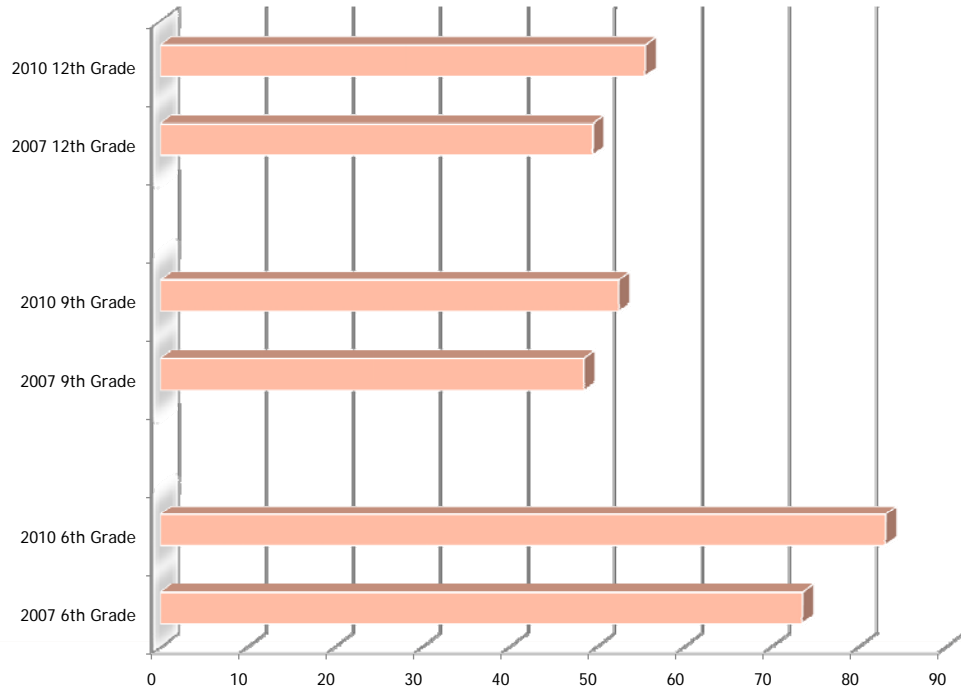
Bullied Another Student



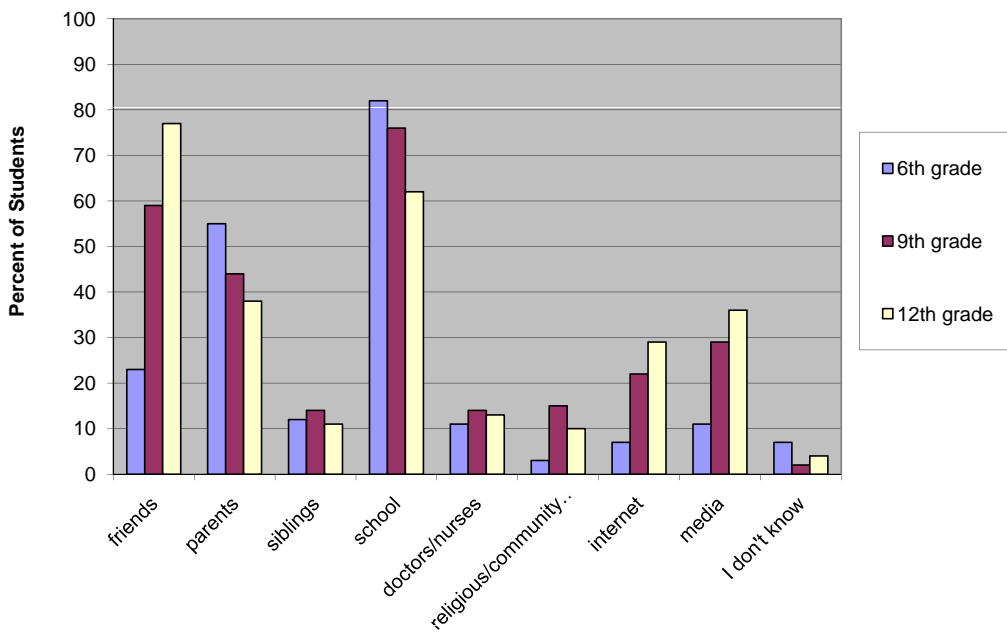
Been a Victim of Bullying



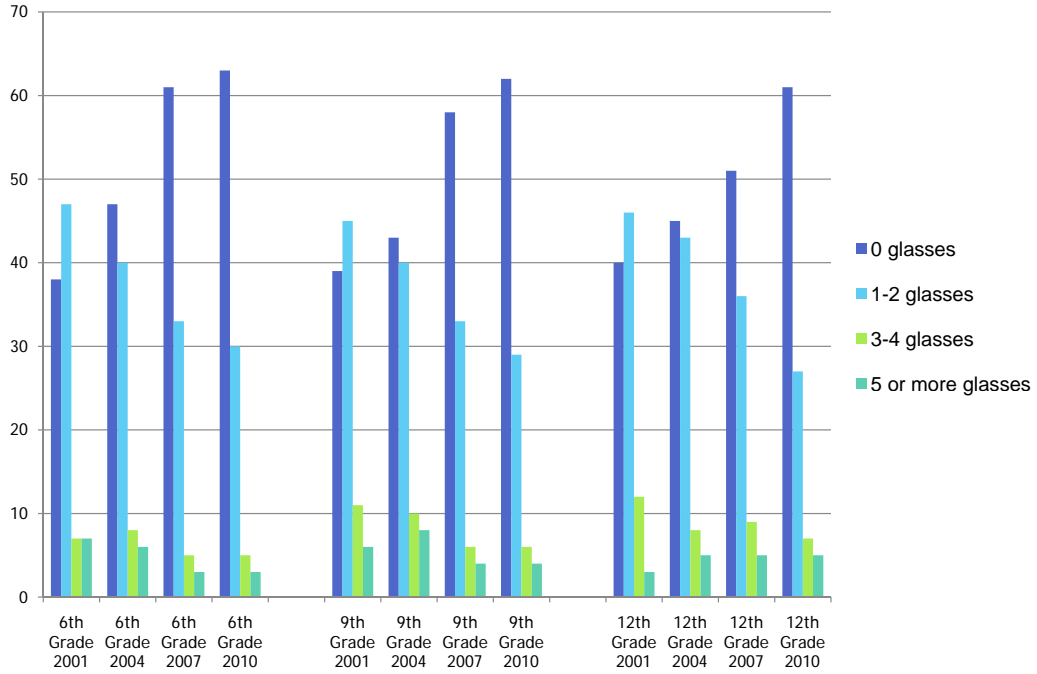
Teachers and Other School Adults Care About You



2010 Source of Information on Sex



Pop or Soda per Day



How Many Cigarettes Did You Smoke During Last 30 Days ?

