

Review Copy - RAAPS-PH Questions
(for middle and high school only)

DO NOT COPY

1. **In the past 12 months**, have you tried to lose weight by taking diet pills or laxatives, making yourself vomit (throw up) after eating, or starving yourself?
2. Do you eat some fruits and vegetables every day?
3. Are you active after school or on weekends (walking, running, dancing, swimming, biking, playing sports) for **at least 1 hour, on at least 3 or more days each week**?
4. Do you **always** wear a lap/seat belt when you are driving or riding in a car, truck, or van?
5. Do you **always** wear a helmet when you are biking, rollerblading, skateboarding, motorcycling, snowmobiling, skiing or snowboarding?
6. **During the past month**, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) or has anyone made you feel sad, unsafe, or afraid?
7. Has anyone **ever abused** you physically (hit, slapped, kicked), emotionally (threatened or made you feel afraid) or **forced you** to have sex or be involved in sexual activities when you didn't want to?
8. Have you **ever** carried a weapon (gun, knife, club, other) to **protect** yourself?
9. **In the past 3 months**, have you smoked cigarettes or any other form of **tobacco** (cigars, black and mild, hookah, other) or chewed/used smokeless tobacco?
10. **In the past 12 months**, have you driven a car drunk, high, or while texting or ridden in a car with a driver who was?
11. **In the past 3 months**, have you drunk more than a few sips of alcohol (beer, wine coolers, liquor, other)?
12. **In the past 3 months**, have you smoked marijuana, used other street drugs, steroids, or sniffed inhalants ("huffed" household products)?
13. **In the past 3 months**, have you used **someone else's** prescription (from a doctor or other health provider) or any nonprescription (from a store) drugs to sleep, stay awake, concentrate, calm down, or get high?
14. Have you **ever** had any type of sex (vaginal, anal or oral sex)?
15. Have you ever been attracted to the same sex (girl to girl/guy to guy) or do you feel that you are gay, lesbian, or bisexual?
16. If you have had sex, do you **always** use a method to prevent sexually transmitted infections and pregnancy (condoms, female barriers, other)?
17. **During the past month**, did you **often** feel sad or down as though you had nothing to look forward to?
18. Do you have any serious problems or worries at home or at school?
19. **In the past 12 months**, have you seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt

yourself?

20. Do you have at least one adult in your life that you can talk to about any problems or worries?

21. When you are angry, do you do things that get you in trouble?

22. **In the past 12 months**, did you ever miss school because you had to take care of someone, work, or had other problems getting to school?

23. **In the past 12 months**, did you ever miss school because you had a hard time breathing, or you were coughing or wheezing because you have asthma or think you might have asthma?

24. **In the past 6 months**, have you ever had to stay in a shelter, motel, or some other place because you didn't have a home to stay in?

25. **In the past 6 months**, did you always have running water where you stayed?

26. **In the past 6 months**, did you always have electricity where you stayed?

27. **In the past 12 months**, did you ever feel hungry because there wasn't enough food to eat?

28. **In the past 12 months**, has reading been hard for you?

29. On your **last report card**, did you get a "**C**" or **better** in **all** of your classes?

30. **In the past 12 months**, have you been in a relationship with someone who has put you down, yelled at you, pushed you, texted/called you too much or tried to control where you go, who you talk to, or what you wear?

32. Have you **ever** been pregnant or gotten a girl pregnant?

31. In your **everyday life** have you felt **stressed** because someone has treated you differently based on your race, ethnicity, gender identity, or sexual orientation?

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