2013 Vermont Youth Risk Behavior Survey Report

Report for Rice Memorial High School

Survey Format in 2013

In 2013, we conducted two surveys: a high school survey of students in grades 9 through 12, and a middle school survey of students in grades 6 through 8.

All results in the 2013 high school report are for grades 9 through 12 only, and the middle school report are for grades 6 through 8 only.

The middle school and high school surveys differed slightly. The shorter middle school survey included questions on fighting, bullying, suicidality, substance use, attitudes and perceptions about substance use, body image, physical activity, and youth assets. The high school survey included questions on these topics as well as self-reported height and weight, driving behaviors, other drug use, sexual behavior and orientation, and nutrition.

Copies of both surveys can be found online at: http://healthvermont.gov/research/yrbs.aspx

The Vermont Department of Health would like to acknowledge the work and effort of all the schools, teachers and students who choose to participate in the Youth Risk Behavior Survey each year.

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How to Use the YRBS

The YRBS can detect changes in risk behaviors over time and identify differences among ages, grades, and genders. With these data, we can focus prevention efforts and determine whether school policies and community programs are having the intended effect on student behaviors.

Think of the YRBS as a tool for starting discussions, for educating the community, for planning and evaluating programs, and for comparing Vermont students with other students nationwide.

- Start the Conversation: Use the YRBS to begin a conversation with teens about the personal choices they make or about the health of their community. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? From their perspective, what is or is not working? How would they promote healthy behaviors?

- Increase Awareness: The YRBS provides an opportunity to break through "denial" and make community members aware of the risks that their young people face. It can also dispel myths and correct misinformation about the "average teenager." The YRBS can accentuate the positive and celebrate the fact that many students are abstaining from behaviors that endanger their health and their ability to succeed.

- Plan and Evaluate Programs: The YRBS can serve as the basis of a community needs assessment. It can help identify strengths and weaknesses in communities, and can inform strategies to address those weaknesses.

- Remember to Look at the Positive Side: In most cases, the majority of adolescents are NOT engaging in risky behaviors. Although most of the charts examine the prevalence of risk behaviors, please do not forget about the percentage of adolescents who are NOT engaging in these behaviors.

Note: "Getting to 'Y'", a program originally funded by the Agency of Education, provides a manual for student groups looking to analyze and leverage their own YRBS data – it can be found here: http://www.upforlearning.com/index.php/yatst.

How to Read this YRBS Report

Format: The results appear in data tables, with an overall average, by grade and by gender. The percentages in some charts may not total 100% due to rounding.

Weighting: The statewide results in this report are weighted by gender, grade, and race/ethnicity in order to compensate for absenteeism and incomplete surveys. The weighting allows the results to be fully representative of public students in grades six through eight (middle school survey) and grades nine through twelve (high school survey). This permits us to draw inferences about the school-based student population in Vermont.

In 2013, there was a methodology change in the weighting procedure. From 1993 through 2011, statewide reports included numbers based on a weighted sample of schools, and local-level reports included unweighted numbers. In 2013, due to the high participation from Vermont schools, the switch was made to use all of the student responses in the statewide report, instead of a sample. This allows for direct comparison between supervisory union estimates and the statewide estimates, as well as ensure that the estimates are more accurate. The school-specific report for Rice Memorial High School is unweighted, as this school does not serve as a public school, however, direct comparisons can still be made to the statewide weighted data. You can also still compare the local-level report numbers to previous local-level years (trend lines can be found at the end of the 2011 local-level reports). In the 2013 statewide report you will find updated 2011 numbers (so they might look different from previous 2011 reports you have seen). These results are generalizable to the Vermont public high school and middle school populations.

Statistical Comparisons: We note significant differences in the far right column on each table labeled "Notes." For the 2013 results, we compared the 95 percent confidence intervals separately by grade, gender and year to determine if the percentages for each supervisory union were statistically different from the state. If the confidence intervals overlapped, the percentages were not different. In every table it is noted whether this supervisory union is statistically different from the state average. However, we encourage you to consider meaningful difference: does the disparity merit a targeted intervention, show a real change in health, or otherwise mean something important to the community (statistics aside).

In some cases there were not enough students responding to report an estimate. In those cases there is a dot (.) and the "Notes" column will read "Too few students." We limit reportable estimates to a total numerator of 5 students.

A Word of Caution

The YRBS represents the most complete and most recent information available about risk behaviors among Vermont students. However, the YRBS has some limitations that you should keep in mind when interpreting the results.

- Data Quality: We take numerous precautions to ensure the reliability and validity of the results. The Centers for Disease Control and Prevention (CDC) carefully designed and thoroughly tested the questionnaire. The anonymous survey encourages students to be honest and forthright. The CDC runs over 100 consistency checks on the data to exclude careless, invalid, or logically inconsistent answers. We statistically adjust, or weight, the results so that the responses accurately represent all Vermont public school students based on gender, grade, and race/ethnicity. These precautions can reduce some sources of error, but not all.

- Who's Not Included: Administrators make every effort to have all students complete the YRBS. However, students who are not at school the day of the survey are not included in the results. Additionally, students who are home schooled, attend independent schools that chose not to participate, or dropped out of school are not included.

- Comparing Supervisory Unions/School Districts to Each Other and to the State: Participating supervisory unions and school districts receive reports of their results comparing them directly to the state. It is natural to also want to know how individual supervisory unions or school districts compare to each other, but we urge caution in making such comparisons because the reasons for the differences may not be simple or easy to identify.

- What, not Why: The YRBS can indicate what students are doing. It can also suggest which groups of students are more likely to engage in these behaviors. However, the survey does not answer why they are doing it. We encourage students to analyze their own data and offer insight into the results.

Personal Safety

Feeling safe – whether at school, in a car, or in a relationship – fosters positive adolescent development. The high school and middle school surveys included questions on fighting, bullying, seat belt use, safety at school, helmet use, and suicidality. The high school survey included additional questions on driving behaviors, dating violence, and self harm.

- Physical fighting is a marker for problem behaviors[1] and is associated with serious injury.[2,3] Abuse by an intimate partner and forced sex are associated with negative psychosocial outcomes, poor mental health outcomes, and other risk behaviors among both males and females.[4,5,6]

- Both being a bully and being victimized by bullies have been increasingly recognized as health problems for children because of their association with a range of problems, including poor psychological adjustment,[7,8] poor academic achievement,[8] and violent behavior.[9]

- Motor vehicle crash injuries are the leading cause of death among youth ages 15 to 19 in the U.S.[10] Proper use of safety belts reduces the risk of fatal injury to front seat passengers by 45% and risk of moderate to critical injury by 50%.[11]

- Bicycle helmets are 85% to 88% effective at reducing the impact of head and brain injuries due to bicycle crashes.[12] Despite this, less than one quarter of bicyclists wear helmets. [12]

- In 2011, alcohol use was associated with nearly four in ten motor vehicle-related fatalities nationwide and in Vermont.[13] Additionally, research examining drugs other than alcohol indicates that marijuana is the most prevalent drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims nationwide.[14]

Alcohol, Tobacco and Other Drugs

Early use of alcohol, tobacco, and other drugs is associated with myriad problems later in life. The high school and middle school surveys asked about tobacco, alcohol, marijuana, inhalant, and prescription drug use. Both surveys also asked the age at which students first used alcohol, cigarettes, and marijuana. The high school survey asked additional questions on other drug use, such as heroin, methamphetamines, and hallucinogens. Both surveys asked about ease of availability of alcohol, cigarettes, and marijuana, peer disapproval of use of these substances, perceived parental disapproval of use, and the risk of harm associated with use of these substances.

- Alcohol use is a major contributing factor in about half of all homicides and sexual assaults,[15] and about one-third of all motor vehicle crash fatalities.[16] Heavy drinking among youth has been linked to violence, academic and job problems, suicidal behavior, trouble with law enforcement authorities, risky sexual behavior, and use of cigarettes, marijuana, cocaine, and other illegal drugs.[17,18]

- Tobacco use is the single most preventable cause of death in the United States,[19] contributing to more than one in five deaths.[20] Cigarette smoking increases the risk of heart disease, chronic obstructive pulmonary disease, acute respiratory illness, stroke, and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix.[19]

- Marijuana use is associated with smoking-related respiratory damage, temporary short-term memory loss, decreased motivation, and psychological dependence.[21] Other reactions include feelings of distrust, anxiety, or depression.[21] In Vermont, more teens enter treatment with a primary diagnosis for marijuana dependence than all other illicit drugs combined.[22]

- Other drug use is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases (STDs), including HIV infection.[23]

- Multi-year results from the Monitoring the Future survey indicate that the prevalence of marijuana use among youth declines as the percentage of youth expressing disapproval of marijuana increases.[24] As perception of harm of using alcohol and other drugs decreases, there is a tendency for use to increase.[24] Increased use is also associated with the perception that substances are readily available, regardless of whether the perception is accurate.[24]

Sexual Behavior and Orientation

Experimentation with sexual behaviors and orientation often starts during adolescence. The high school survey asked about age of first sexual intercourse, frequency, sexual partners, sexual orientation, alcohol and drug use related to sexual intercourse, contraceptive use, and HIV testing. The middle school survey did not ask any questions about sex.

- Early sexual activity and having multiple sexual partners are associated with an increased risk of unwanted pregnancy, sexually transmitted diseases (STDs) including HIV infection,[25] and negative effects on social and psychological development.[26] Alcohol and drug use may serve as predisposing factors for initiation of sexual activity.[27]

- Of the nearly 19 million new cases of STDs per year in the United States, almost half are among youth ages 15-24.[28] STDs may result in infertility and facilitation of HIV transmission and may have an adverse effect on pregnancy outcomes and maternal and child health.[26] Besides abstinence, condom use is currently the most effective means of preventing sexual transmission of HIV and other STDs.[29]

- Although many lesbian, gay, bisexual, and transgender adolescents lead happy and healthy lives, others face tremendous challenges to growing up physically and mentally healthy. Compared to heterosexual youth, lesbian, gay, bisexual, and transgender youth are at higher risk for depression, tobacco, alcohol and other drug use, suicide, and unhealthy sexual behaviors.[30]

Body Image

Negative feelings about weight and body image often develop in adolescence. The high school and middle school surveys included questions about weight perception and weight control. The high school survey asked for students' height and weight to calculate body mass index.

- There are more than three times as many overweight children and adolescents in the U.S. than there were in 1980.[31] Obesity during childhood and adolescence is associated with negative psychological and social consequences and adverse health outcomes, including type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and metabolic syndrome.[32] Overweight and obesity acquired during childhood or adolescence may persist into adulthood.[33] Approximately 400,000 deaths a year in the United States are currently associated with overweight and obesity.[20]

- Overemphasis on slenderness during adolescence may contribute to eating disorders such as anorexia nervosa and bulimia.[34,35] Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors such as fasting and self-induced vomiting that can lead to abnormal physical and psychological development.[36,37]

Nutrition and Physical Activity

Nutritious eating and physical activity are two cornerstones of healthy adolescent development. The high school and middle school surveys asked about breakfast consumption, physical activity, physical education classes, and television, computer, and video game use. The high school survey also asked about consumption of fruits, vegetables, soda, and sugar-sweetened beverages.

- Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a variety of health benefits, including a decreased risk for some types of cancer.[39-43]

- In recent years, soft drink consumption has significantly increased among children and adolescents. Consumption of sugar-sweetened drinks, including soft drinks, appears to be associated with an increased risk for being overweight in children.[44-45]

- Regular physical activity builds and maintains healthy bones and muscles, controls weight, builds lean muscle, reduces fat, reduces feelings of depression and anxiety. It also decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.[46] The U.S. Department of Health and Human Services recommends that young people ages 6–17 participate in at least 60 minutes of physical activity every day.[46]

- By 12th grade, more than half of female students in the U.S. do not participate in vigorous physical activity regularly. School physical education classes can increase adolescent participation in physical activity and help adolescents develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.[47-50]

- Television viewing is the principal sedentary leisure time behavior in the U.S. Studies have shown that television viewing in young people is related to obesity[51] and violent or aggressive behavior.[52-54] Using the computer for fun and playing video games have become increasingly common sedentary leisure time activities among young people as well.

Measures of Youth Assets

Adolescent achievement requires sources of positive influence. The high school and middle school surveys asked about school and community connectivity as well as parental conversations about school. The high school survey asked additional questions about volunteerism and grades earned in school.

- Above-average school performance is one of many developmental assets, or factors promoting positive development. Studies have shown that students who get higher grades in school are less likely to use cigarettes, alcohol, or marijuana, and are more likely to postpone sexual intercourse.[55]

- One of the strongest predictors of students' success in school is the extent to which their parents stay involved with their schoolwork.[56] A national study of adolescent health found that youth who reported a "connectedness" to their parents/family and school were the least likely to engage in risky behaviors.[57] Parental expectations regarding school achievement were also associated with lower levels of risk behaviors.[57]

- Research shows that involvement in constructive, supervised extracurricular activities is associated with reduced likelihood of involvement in risky behaviors such as school failure, drug use, and delinquency.[58] In addition, evidence is emerging that students who participate in such activities are also more likely to engage in other "thriving" behaviors.[59]

- Youth are not simply objects of adult efforts to modify their behaviors. Rather, if given the opportunities, they can make significant contributions to their families, schools, and communities. Adolescents, especially, need to exercise decision-making power in as many settings as is practical, so that they can develop into competent adults. Schools are a natural setting for youth to share in decisions that affect their lives.

References

1. Sosin, D.M., Koepsell, T.D., Rivara, F.P., Mercy, J.A. Fighting as a marker for multiple problem behaviors in adolescents. Journal of Adolescent Health 16(3):209-215, 1995.
2. Borowsky, I.W., Ireland, M. Predictors of future fight-related injury among adolescents. Pediatrics 113(3 pt 1):530-536, 2005.
3. Pickett, W., Craig, W., Harel, Y., et al. Cross-national study of fighting and weapon carrying as determinants of adolescent injury. Pediatrics 116(6):e855-863, 2005.
4. Roberts, T.A., Klein, J.D., Fisher, S. Longitudinal effect of intimate partner abuse and high-risk behavior among adolescents. Archives of Pediatrics and Adolescent Medicine 157(9):875-881, 2003.
5. Ackard, D.M., Neumark-Sztainer, D. Date violence and date rape among adolescents: association with disordered eating behaviors and psychological health. Child Abuse and Neglect 26(5):455-473, 2002.
6. Howard, D.E., Wang, M.Q. Psychosocial correlates of U.S. adolescents who report a history of forced sexual intercourse. Journal of Adolescent Health 36(5):372-379, 2005.
7. Juvonen, J., Graham, S., Schuster, M.A. Bullying among young adolescents: the strong, the weak, and the troubled. Pediatrics 112(6 pt 1): 1231-1237, 2003.
8. Spivak, H., Prothrow-Stith, D. The need to address bullying-an important component of violence prevention. JAMA 285(16):2131-2132, 2001.
9. Nansel, T.R., Overpeck, M., Pilla, R.S., et al. Bullying behaviors among U.S. youth: prevalence and association with psychological adjustment. JAMA 285(16):2094-2100, 2001.
10. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Online: www.cdc.gov/injury/wisqars/index.html
11. National Highway Traffic Safety Administration. Traffic safety facts: occupant protection, 2007. Online: www-nrd.nhtsa.dot.gov/Pubs/811729.PDF
12. National Highway Traffic Safety Administration. Traffic safety facts: bicycle helmet use laws, 2008. Online: www.nhtsa.dot.gov/people/injury/TSFLaws/PDFs/810886.pdf
13. National Highway Traffic Safety Administration. Traffic safety facts: state alcohol-impaired driving estimates, 2009. Online: www-nrd.nhtsa.dot.gov/Pubs/81162.pdf
14. Jones, R.K., Shinar, D., Walsh, J.M. State of Knowledge of Drug-Impaired Driving. National Highway Traffic Safety Administration Technical Report DOT HS 809 642. Washington, DC: U.S. Department of Transportation, 2003.
15. Abbey, A., Zawacki, T., Buck, P.O., et al. Alcohol and sexual assault. Alcohol Research and Health 25(1):43-51, 2001.
16. Miller, J.W., Naimi, T.S., Brewer, R.D., Jones, S.E. Binge drinking and associated health risk behaviors among high school students. Pediatrics 119(1):76-85, 2007.
17. National Research Council and Institute of Medicine (2004). Reducing Underage Drinking: A Collective Responsibility. Committee on Developing a Strategy to Reduce and Prevent Underage Drinking, Richard J. Bonnie and Mary Ellen O'Connell, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
18. U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.
19. U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services; Centers for Disease Control and Prevention; National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health, 2004.

References

20. Mokdad, A.H., Marks, J.S., Stroup, D.F., Gerberding, J.L. Actual causes of death in the United States, 2000. JAMA 291(10):1238-1245, 2004.
21. National Institute on Drug Abuse. Research Report Series: Marijuana Abuse (NIH Publication 05-3859). Bethesda, MD: National Institute on Drug Abuse, 2002.
22. Vermont Substance Abuse Treatment Information System. Data online at: www.healthvermont.gov/adap/clearinghouse/documents/AdolescentsbySAandFY.pdf
23. Newcomb, M.D., Locke T. Health, social, and psychological consequences of drug use and abuse. In: Epidemiology of Drug Abuse (Z. Sloboda, ed.). Springer U.S., 2006.
24. Johnston, L., O'Malley, P., Bachman, J. G., Shulenberg, J.E. National Survey Results on Drug Use From the Monitoring the Future Study, 1975-2007, Volume I: Secondary School Students (NIH Publication No. 08-6418A). Bethesda, MD: National Institute of Drug Abuse, 2008.
25. Abma JC, Martinez GM, Copen CE. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006-2008. National Center for Health Statistics. Vital Health Stat 23 (30). 2010.
26. Centers for Disease Control and Prevention. Fact sheet on STDs and pregnancy. Online: www.cdc.gov/std/pregnancy/STDs-and-pregnancy-fact-sheet.pdf
27. Cavazos-Rehg, P.A., Krauss, M.J., Spitznagel, E.L., et al. Substance use and the risk for sexual intercourse with and without a history of teenage pregnancy among adolescent females. Journal of Studies on Alcohol and Drugs 72(2): 194-198, 2011.
28. Gavin, L., MacKay, A.P., Brown, K., et al. Sexual and reproductive health of persons aged 10-24 years – United States, 2002-2007. MMWR Surveillance Summaries 58(6): 1-58, 2009.
29. Joint United Nations Programme on HIV/AIDS (UNAIDS). Fast Facts about HIV Prevention. Online at: www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2008/20080501_fastfacts_prevention_en.pdf
30. Kann, L., Olsen, E.O., McManus, T., et al. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009. MMWR Early Release 60(7): 1-133, 2011.
31. Ogden, C.L., Carrol, M.D. Prevalence of obesity among children and adolescents: United States, trends 1963-1965 through 2007-2008. National Center for Health Statistics Health E-Stats, June 2010.
32. Daniels, S.R., Arnett, D.K., Eckel, R.H., et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. Circulation 111(15):1999-2012, 2005.
33. Wright, C.M., Parker, L., Lamont, D., Craft, A.W. Implications of childhood obesity for adult health: findings from thousand families cohort study. British Medical Journal 323(7324):1280-1284, 2001.
34. Tremblay, L., Lariviere, M. The influence of puberty onset, body mass index, and pressure to be thin on disordered eating behaviors in children and adolescents. Eating Behaviors 10(2):75-83, 2009.
35. Mitchell, J.E., Eckert, E.D. Scope and significance of eating disorders. Journal of Consulting Clinical Psychology 55:628-634, 1987.
36. Neumark-Sztainer, D., Hannan, P.J. Weight-related behaviors among adolescent girls and boys: results from a national survey. Archives of Pediatric and Adolescent Medicine 154(6):569-577, 2000.
37. Neumark-Sztainer, D., Story, M., Hannan, P.J., et al. Weight-related concerns and behaviors among overweight and nonoverweight adolescents: implications for preventing weight-related disorders. Archives of Pediatric and Adolescent Medicine 156(2):171-178, 2002.
38. Fisher, D.E. and James, W.D. Indoor tanning — science, behavior, and policy. New England Journal of Medicine 363:901-903, 2010.

References

39. Key, T.J., Schatzkin, A., Willet, W.C., et al. Diet, nutrition, and the prevention of cancer. Public Health Nutrition 7(1A):187-200, 2004.
40. National Cancer Institute. 5 A Day for Better Health Program (NIH Publication 01-5019). Betheseda, MD, 2001.
41. Kavey, R.E., Daniels, S.R., Lauer, R.M., et al. American Heart Association guidelines for primary prevention of atherosclerotic cardiovascular disease beginning in childhood. Journal of Pediatrics 142(4):368-372, 2003.
42. Terry, P., Terry, J.B., Wolk, A. Fruit and vegetable consumption in the prevention of cancer: an update. Journal of Internal Medicine 250(4):280-290, 2001.
43. Van Duyn, M.A., Pivonka, E. Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: selected literature. Journal of the American Dieticians Association 100(12):1511-1521, 2000.
44. Malik, V.S., Schulze, M.B., Hu, F.B. Intake of sugar-sweetened beverages and weight gain: a systematic review. American Journal of Clinical Nutrition 84(2):274-288, 2006.
45. Ludwig, D.S., Peterson, K.E., Gortmaker, S.L. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. Lancet 357(9255):505-508, 2001.
46. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, D.C.: U.S. Department of Health and Human Services, 2008.
47. Durant, N., Harris, S.K., Doyle, S., et al. Relation of school environment and policy to adolescent physical activity. Journal of School Health 79(4):153-159, 2009.
48. McKenzie, K.L., Li, D., Derby, C.A., et al. Maintenance of effects of the CATCH Physical Education Program: results from the CATCH-ON Study. Health Education & Behavior 30(4):447-462, 2003.
49. U.S. Department of Health and Human Services and U.S. Department of Education. Promoting better health for young people through physical activity and sports. 2000. Online: www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/pdfs/ppar.pdf
50. Center for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. Morbidity and Mortality Weekly Report 46 (No. RR-6):1-36, 1997.
51. Zabinski, M.F., Norman, G.J., Sallis, J.F., et al. Patterns of sedentary behavior among adolescents. Health Psychology 26(1):113-120, 2007.
52. Crespo, C.J., Smit, E., Troiano, R.P., et al. Television watching, energy intake, and obesity in U.S. children: results from the third National Health and Nutrition Examination Survey, 1988-1994. Archives of Pediatric and Adolescent Medicine 155(3):360-365, 2001.
53. Kaur, H., Choi, W.S., Mayo, M.S., Harris, K.J. Duration of television watching is associated with increased body mass index. Journal of Pediatrics 143(4):506-511, 2003.
54. Kuntsche, E., Pickett, W., Overpeck, M., et al. Television viewing and forms of bullying among adolescents from eight countries. Journal of Adolescent Health 39(6):908-915, 2006.
55. Resnick, M.D., Bearman, P.S., Blum, R.W., et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. JAMA 278(10):823-832, 1997.
56. Fan, X., Chen, M. Parental involvement and students' academic achievement: a meta-analysis. Educational Psychology Review 13(1):1-22, 2001.
57. U.S. Council of Economic Advisors. Teens and their parents in the 21st century: An examination of trends in teen behavior and the role of parental involvement. 2000. Online: http://clinton3.nara.gov/WH/EOP/CEA/html/Teens_Paper_Final.pdf
58. Fredricks, J.A., Eccles, J.S. Is extracurricular participation associated with beneficial outcomes? Developmental Psychology 42(4):698-713, 2006.
59. Scales, P.C., Benson, P.L., Leffert, N., Blyth, D.A. Contribution of developmental assets to prediction of thriving among adolescents. Applied Developmental Science 4(1):27-46, 2000.

Number of Students by Grade and Sex

Grade			Sex			
Missing Grade	**9th and 10th**	**11th and 12th**	**Missing Sex**	**Female**	**Male**	**Total**
10	162	158	4	160	166	330

Percent of Students by Age

	2013
14 years or younger	14%
15 years	27%
16 years	22%
17 years	25%
18 years or older	12%

Percent of Students by Race and Ethnicity

	2013
White non-Hispanic	76%
Racial or ethnic minority	22%

Percent of Students by Mother's Education

	2013
High school or less	10%
Some college	11%
College graduate	41%
Graduate or professional degree after college	34%
Not sure	4%

NOTE: The above numbers are unweighted. They represent the students who took the survey in Rice Memorial High School. All statewide numbers represented in this report are weighted to reflect the enrolled student population.

1 Personal Safety

1.01 Percent of students who were in a physical fight, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	23%	23%	
	11th and 12th	20%	17%	
Sex	Female	13%	13%	
	Male	30%	27%	
Total		21%	20%	

1.02 Percent of students who did not go to school because they felt unsafe, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	.	5%	Too few students
	11th and 12th	.	5%	Too few students
Sex	Female	.	6%	Too few students
	Male	3%	5%	
Total		3%	5%	HS statistically lower

1.03 Percent of students who carried a weapon such as a gun, knife, or club on school property, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	.	7%	Too few students
	11th and 12th	.	10%	Too few students
Sex	Female	.	3%	Too few students
	Male	5%	13%	HS statistically lower
Total		3%	9%	HS statistically lower

1 Personal Safety

1.04 Percent of students who were in a physical fight on school property, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	8%	10%	
	11th and 12th	6%	6%	
Sex	Female	4%	4%	
	Male	11%	12%	
Total		7%	8%	

1.05 Percent of students who were threatened or injured with a weapon on school property, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	.	6%	Too few students
	11th and 12th	.	5%	Too few students
Sex	Female	.	4%	Too few students
	Male	4%	7%	
Total		2%	5%	HS statistically lower

1.06 Percent of students who rode a bicycle and reported never or rarely wearing a bicycle helmet, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	42%	54%	HS statistically lower
	11th and 12th	55%	57%	
Sex	Female	43%	51%	
	Male	52%	59%	
Total		48%	56%	HS statistically lower

1 Personal Safety

1.07 Percent of students who never or rarely wore a seatbelt when riding in a car

		Rice	Vermont	Notes
Grade	9th and 10th	.	6%	Too few students
	11th and 12th	.	8%	Too few students
Sex	Female	.	5%	Too few students
	Male	3%	9%	HS statistically lower
Total		2%	7%	HS statistically lower

1.08 Percent of drivers who texted or e-mailed while driving a car or other vehicle, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	14%	15%	
	11th and 12th	61%	49%	HS statistically higher
Sex	Female	34%	35%	
	Male	53%	36%	HS statistically higher
Total		44%	35%	HS statistically higher

1.09 Percent of students who rode with a drinking driver, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	18%	20%	
	11th and 12th	14%	21%	HS statistically lower
Sex	Female	18%	20%	
	Male	15%	21%	HS statistically lower
Total		16%	21%	

1.10 Percent of drivers who drove a car or other vehicle when they had been drinking alcohol, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	.	5%	Too few students
	11th and 12th	10%	10%	
Sex	Female	7%	6%	
	Male	9%	11%	
Total		8%	8%	

1.11 Percent of students who rode with a driver who had been smoking marijuana, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	10%	17%	HS statistically lower
	11th and 12th	20%	29%	HS statistically lower
Sex	Female	12%	22%	HS statistically lower
	Male	20%	25%	
Total		16%	23%	HS statistically lower

1.12 Percent of drivers who drove a car or other vehicle when they had been smoking marijuana, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	6%	10%	
	11th and 12th	19%	20%	
Sex	Female	9%	11%	
	Male	20%	20%	
Total		15%	16%	

1.13 Percent of students who dated in the past 12 months and were physically hurt by someone they were dating or going out with

		Rice	Vermont	Notes
Grade	9th and 10th	.	8%	Too few students
	11th and 12th	.	9%	Too few students
Sex	Female	.	10%	Too few students
	Male	4%	8%	
Total		4%	9%	HS statistically lower

1.14 Percent of students who have ever been physically forced to have sexual intercourse

		Rice	Vermont	Notes
Grade	9th and 10th	.	5%	Too few students
	11th and 12th	3%	7%	HS statistically lower
Sex	Female	5%	9%	
	Male	.	3%	Too few students
Total		3%	6%	HS statistically lower

NOTE: This question changed in 2013, previously it read: During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? Response options: Yes ; No. In 2013 it was changed to: 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.) Response options: I did not date or go out with anyone during the past 12 months; 0 times; 1 time; 2 or 3 times; 4 or 5 times; 6 or more times

1.15 Percent of students who reported being bullied, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	17%	21%	
	11th and 12th	10%	14%	
Sex	Female	15%	23%	HS statistically lower
	Male	14%	13%	
Total		14%	18%	

1.16 Percent of students who bullied someone else, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	18%	15%	
	11th and 12th	11%	12%	
Sex	Female	13%	12%	
	Male	18%	16%	
Total		15%	14%	

NOTE: For the purposes of the Vermont YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her, or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property; on a school bus; or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight, or when teasing is done in a friendly way.

1.17 Percent of students who reported being electronically bullied, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	10%	17%	HS statistically lower
	11th and 12th	6%	14%	HS statistically lower
Sex	Female	8%	23%	HS statistically lower
	Male	8%	9%	
Total		9%	16%	HS statistically lower

NOTE: See definition of bullying on previous page. Electronic bullying includes through e-mail, chat rooms, instant messaging, Web sites, or texting.

1.18 Percent of students who purposefully hurt themselves without wanting to die, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	13%	18%	
	11th and 12th	12%	14%	
Sex	Female	20%	24%	
	Male	5%	9%	
Total		13%	16%	

1.19 Percent of students who felt sad or hopeless for two weeks in a row, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	19%	21%	
	11th and 12th	20%	21%	
Sex	Female	23%	29%	
	Male	14%	14%	
Total		19%	21%	

1.20 Percent of students who made a suicide plan, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	19%	11%	HS statistically higher
	11th and 12th	10%	10%	
Sex	Female	20%	14%	
	Male	9%	8%	
Total		14%	11%	

1.21 Percent of students who attempted suicide, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	.	5%	Too few students
	11th and 12th	.	4%	Too few students
Sex	Female	4%	6%	
	Male	.	3%	Too few students
Total		2%	5%	HS statistically lower

2 Alcohol, Tobacco and other Drug Use

2.01 Percent of students who ever drank alcohol other than a few sips

		Rice	Vermont	Notes
Grade	9th and 10th	45%	48%	
	11th and 12th	67%	70%	
Sex	Female	50%	59%	HS statistically lower
	Male	63%	59%	
Total		57%	59%	

2.02 Percent of students who drank alcohol, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	19%	24%	
	11th and 12th	33%	42%	
Sex	Female	22%	32%	HS statistically lower
	Male	31%	34%	
Total		27%	33%	HS statistically lower

2.03 Percent of students who drank alcohol, other than a few sips, before age 13

		Rice	Vermont	Notes
Grade	9th and 10th	9%	15%	HS statistically lower
	11th and 12th	15%	12%	
Sex	Female	8%	11%	
	Male	17%	17%	
Total		12%	14%	

2 Alcohol, Tobacco and other Drug Use

2.04 Percent of students who had five or more drinks in a row (binged), past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	9%	13%	
	11th and 12th	20%	26%	
Sex	Female	10%	17%	HS statistically lower
	Male	19%	22%	
Total		15%	19%	HS statistically lower

2.05 Percent of students who drank 10+ drinks in a row, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	.	3%	Too few students
	11th and 12th	3%	6%	
Sex	Female	.	2%	Too few students
	Male	4%	7%	
Total		3%	5%	

2.06 Percent of students who drank liquor (out of those who drank), past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	48%	45%	
	11th and 12th	66%	46%	HS statistically higher
Sex	Female	58%	47%	
	Male	57%	45%	
Total		57%	46%	

2.07 Of students who drank in the past 30 days, the percent who bought their own alcohol (including a bar, store, public event)

		Rice	Vermont	Notes
Grade	9th and 10th	.	3%	Too few students
	11th and 12th	13%	5%	
Sex	Female	.	2%	Too few students
	Male	15%	6%	
Total		12%	5%	HS statistically higher

2.08 Of students who drank in the past 30 days, the percent who got their alcohol from someone else (either were given, or gave someone money to purchase)

		Rice	Vermont	Notes
Grade	9th and 10th	53%	57%	
	11th and 12th	48%	70%	HS statistically lower
Sex	Female	50%	70%	HS statistically lower
	Male	50%	60%	
Total		49%	65%	HS statistically lower

NOTE: Students were asked that if they drank in the past 30 days, where they usually got their alcohol. Response options included: Bought it at a store, supermarket or gas station; bought it at a restaurant, bar or club; bought it at a public event such as a concert; gave someone money to buy it for them; someone else gave it to them; took it from a store or family member; and got it some other way.

2.09 Percent of students who have ever smoked a whole cigarette

		Rice	Vermont	Notes
Grade	9th and 10th	8%	18%	HS statistically lower
	11th and 12th	23%	29%	
Sex	Female	9%	21%	HS statistically lower
	Male	23%	26%	
Total		16%	24%	HS statistically lower

2.10 Percent of students who smoked cigarettes, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	4%	10%	HS statistically lower
	11th and 12th	9%	17%	HS statistically lower
Sex	Female	4%	11%	HS statistically lower
	Male	9%	15%	HS statistically lower
Total		7%	13%	HS statistically lower

2.11 Percent of students who smoked a whole cigarette before age 13

		Rice	Vermont	Notes
Grade	9th and 10th	3%	7%	HS statistically lower
	11th and 12th	4%	7%	
Sex	Female	.	5%	Too few students
	Male	7%	8%	
Total		4%	7%	HS statistically lower

2.12 Percent of students who smoked on all 30 days of the past month

		Rice	Vermont	Notes
Grade	9th and 10th	.	2%	Too few students
	11th and 12th	.	5%	Too few students
Sex	Female	.	3%	Too few students
	Male	.	5%	Too few students
Total		2%	4%	HS statistically lower

2.13 Percent of students who smoked 11 or more cigarettes on days they smoked

		Rice	Vermont	Notes
Grade	9th and 10th	.	1%	Too few students
	11th and 12th	.	2%	Too few students
Sex	Female	.	1%	Too few students
	Male	.	2%	Too few students
Total		2%	2%	

2.14 Percent of smokers who tried to quit smoking, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	.	45%	Too few students
	11th and 12th	45%	44%	
Sex	Female	50%	49%	
	Male	32%	41%	
Total		39%	44%	

2.15 Percent of students who smoked in the past 30 days who bought their own cigarettes

		Rice	Vermont	Notes
Grade	9th and 10th	.	5%	Too few students
	11th and 12th	36%	31%	
Sex	Female	.	15%	Too few students
	Male	38%	25%	
Total		35%	21%	

2.16 Percent of students who smoked in the past 30 days who were given or bummed their cigarettes from someone else, or gave someone money to buy cigarettes for them

		Rice	Vermont	Notes
Grade	9th and 10th	83%	68%	
	11th and 12th	50%	58%	
Sex	Female	.	70%	Too few students
	Male	50%	56%	
Total		52%	61%	

NOTE: Students were asked if they smoked in the past 30 days, where they usually got their own cigarettes. Answer options included: Bought them in a store, bought them at a vending machine, gave someone money to buy them, borrowed or bummed them, someone 18 years old or older gave them to me, took them from a friend or family member, got them some other way.

2.17 Percent of students who used snuff or dip, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	7%	7%	
	11th and 12th	8%	9%	
Sex	Female	.	2%	Too few students
	Male	16%	13%	
Total		9%	8%	

2.18 Percent of students who smoked cigars or little cigars, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	7%	8%	
	11th and 12th	13%	18%	
Sex	Female	6%	7%	
	Male	15%	19%	
Total		11%	13%	

2.19 Percent of students who used snus, ever

		Rice	Vermont	Notes
Grade	9th and 10th	6%	5%	
	11th and 12th	10%	9%	
Sex	Female	4%	3%	
	Male	14%	10%	
Total		9%	7%	

2.20 Percent of students who think that at least 56 out of 100 high school students smoke cigarettes

		Rice	Vermont	Notes
Grade	9th and 10th	7%	15%	HS statistically lower
	11th and 12th	6%	14%	HS statistically lower
Sex	Female	8%	15%	HS statistically lower
	Male	7%	14%	HS statistically lower
Total		8%	15%	HS statistically lower

2.21 Percent of students who heard or saw an ad about the dangers of smoking, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	83%	80%	
	11th and 12th	84%	79%	
Sex	Female	85%	82%	
	Male	80%	77%	
Total		83%	80%	

2.22 Percent of students who ever heard about Our Voices Exposed - OVX

		Rice	Vermont	Notes
Grade	9th and 10th	10%	15%	
	11th and 12th	17%	25%	HS statistically lower
Sex	Female	15%	21%	
	Male	13%	20%	HS statistically lower
Total		14%	20%	HS statistically lower

2.23 Percent of students who were in the same room as someone smoking, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	23%	39%	HS statistically lower
	11th and 12th	20%	43%	HS statistically lower
Sex	Female	24%	40%	HS statistically lower
	Male	21%	42%	HS statistically lower
Total		22%	41%	HS statistically lower

2.24 Percent of students who were in the same car as someone smoking, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	8%	30%	HS statistically lower
	11th and 12th	10%	33%	HS statistically lower
Sex	Female	9%	31%	HS statistically lower
	Male	12%	32%	HS statistically lower
Total		10%	31%	HS statistically lower

2.25 Percent of students who were asked if they smoked by a health care provider, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	46%	51%	
	11th and 12th	58%	58%	
Sex	Female	52%	59%	
	Male	50%	50%	
Total		51%	54%	

2.26 Percent of students who have ever tried marijuana

		Rice	Vermont	Notes
Grade	9th and 10th	21%	29%	HS statistically lower
	11th and 12th	40%	48%	
Sex	Female	23%	36%	HS statistically lower
	Male	39%	41%	
Total		31%	39%	HS statistically lower

2.27 Percent of students who used marijuana, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	12%	18%	HS statistically lower
	11th and 12th	22%	29%	HS statistically lower
Sex	Female	9%	20%	HS statistically lower
	Male	25%	27%	
Total		18%	24%	HS statistically lower

2.28 Percent of students who used marijuana before age 13

		Rice	Vermont	Notes
Grade	9th and 10th	.	7%	Too few students
	11th and 12th	4%	6%	
Sex	Female	.	4%	Too few students
	Male	5%	9%	
Total		4%	7%	HS statistically lower

2.29 Percent of students who ever misused a stimulant or prescription pain reliever

		Rice	Vermont	Notes
Grade	9th and 10th	12%	10%	
	11th and 12th	13%	16%	
Sex	Female	11%	12%	
	Male	14%	14%	
Total		13%	13%	

2.30 Percent of students who misused a stimulant or prescription pain reliever, past 30 days

		Rice	Vermont	Notes
Grade	9th and 10th	6%	5%	
	11th and 12th	6%	8%	
Sex	Female	6%	6%	
	Male	7%	8%	
Total		6%	7%	

2.31 Percent of students who ever used cocaine

		Rice	Vermont	Notes
Grade	9th and 10th	4%	4%	
	11th and 12th	6%	7%	
Sex	Female	4%	4%	
	Male	8%	7%	
Total		6%	5%	

2.32 Percent of students who ever used hallucinogens

		Rice	Vermont	Notes
Grade	9th and 10th	3%	6%	HS statistically lower
	11th and 12th	9%	12%	
Sex	Female	5%	6%	
	Male	8%	11%	
Total		7%	9%	

NOTE: Hallucinogens include LSD, acid, PCP, angel dust, mescaline or mushrooms.

2.33 Percent of students who ever used methamphetamines

		Rice	Vermont	Notes
Grade	9th and 10th	.	2%	Too few students
	11th and 12th	3%	3%	
Sex	Female	.	2%	Too few students
	Male	5%	4%	
Total		3%	3%	

2.34 Percent of students who ever used inhalants

		Rice	Vermont	Notes
Grade	9th and 10th	7%	7%	
	11th and 12th	4%	7%	
Sex	Female	6%	7%	
	Male	6%	7%	
Total		6%	7%	

2.35 Percent of students who ever used heroin

		Rice	Vermont	Notes
Grade	9th and 10th	.	2%	Too few students
	11th and 12th	.	3%	Too few students
Sex	Female	.	1%	Too few students
	Male	4%	3%	
Total		2%	2%	

2.36 Percent of students who were offered, sold or given an illegal drug on school property, past 12 months

		Rice	Vermont	Notes
Grade	9th and 10th	11%	18%	HS statistically lower
	11th and 12th	19%	19%	
Sex	Female	11%	15%	
	Male	20%	22%	
Total		15%	18%	

3 Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

3.01 Percent of students who think their parents think it is wrong for them to smoke cigarettes

		Rice	Vermont	Notes
Grade	9th and 10th	96%	94%	
	11th and 12th	92%	87%	HS statistically higher
Sex	Female	96%	93%	HS statistically higher
	Male	90%	88%	
Total		93%	90%	

3.02 Percent of students who think their parents think it is wrong for them to drink alcohol

		Rice	Vermont	Notes
Grade	9th and 10th	86%	82%	
	11th and 12th	65%	66%	
Sex	Female	79%	77%	
	Male	72%	71%	
Total		75%	74%	

3.03 Percent of students who think their parents think it is wrong for them to smoke marijuana

		Rice	Vermont	Notes
Grade	9th and 10th	91%	87%	
	11th and 12th	85%	78%	HS statistically higher
Sex	Female	92%	86%	HS statistically higher
	Male	84%	79%	
Total		88%	82%	HS statistically higher

3 Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

3.04 Percent of students who think it is wrong for someone their age to smoke cigarettes

		Rice	Vermont	Notes
Grade	9th and 10th	89%	82%	HS statistically higher
	11th and 12th	73%	68%	
Sex	Female	86%	79%	HS statistically higher
	Male	75%	72%	
Total		80%	75%	HS statistically higher

3.05 Percent of students who think it is wrong for someone their age to drink alcohol

		Rice	Vermont	Notes
Grade	9th and 10th	65%	60%	
	11th and 12th	35%	38%	
Sex	Female	52%	51%	
	Male	48%	48%	
Total		50%	49%	

3.06 Percent of students who think it is wrong for someone their age to smoke marijuana

		Rice	Vermont	Notes
Grade	9th and 10th	65%	65%	
	11th and 12th	55%	48%	
Sex	Female	70%	61%	HS statistically higher
	Male	51%	52%	
Total		60%	57%	

3 Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

3.07 Percent of students who think people their age risk harming themselves if they smoke a pack of cigarettes a day

		Rice	Vermont	Notes
Grade	9th and 10th	68%	63%	
	11th and 12th	77%	64%	HS statistically higher
Sex	Female	77%	67%	HS statistically higher
	Male	67%	60%	
Total		72%	63%	HS statistically higher

3.08 Percent of students who think people their age risk harming themselves if they binge drink on weekends

		Rice	Vermont	Notes
Grade	9th and 10th	47%	42%	
	11th and 12th	42%	35%	
Sex	Female	54%	44%	HS statistically higher
	Male	34%	33%	
Total		44%	38%	

3.09 Percent of students who think people their age risk harming themselves if they smoke marijuana regularly

		Rice	Vermont	Notes
Grade	9th and 10th	41%	37%	
	11th and 12th	35%	25%	HS statistically higher
Sex	Female	47%	36%	HS statistically higher
	Male	29%	26%	
Total		38%	31%	HS statistically higher

3 Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

3.10 Percent of students who think it would be easy to get cigarettes

		Rice	Vermont	Notes
Grade	9th and 10th	41%	55%	HS statistically lower
	11th and 12th	70%	77%	
Sex	Female	44%	63%	HS statistically lower
	Male	65%	69%	
Total		55%	66%	HS statistically lower

3.11 Percent of students who think it would be easy to get alcohol

		Rice	Vermont	Notes
Grade	9th and 10th	71%	67%	
	11th and 12th	78%	77%	
Sex	Female	73%	73%	
	Male	75%	71%	
Total		74%	72%	

3.12 Percent of students who think it would be easy to get marijuana

		Rice	Vermont	Notes
Grade	9th and 10th	51%	54%	
	11th and 12th	66%	72%	
Sex	Female	48%	60%	HS statistically lower
	Male	70%	66%	
Total		59%	63%	

3 Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

3.13 Percent of students who think it is likely or very likely that a party where students from their high school were drinking alcohol would be broken up by police

		Rice	Vermont	Notes
Grade	9th and 10th	29%	30%	
	11th and 12th	19%	23%	
Sex	Female	26%	27%	
	Male	21%	26%	
Total		25%	27%	

4 Sexual Behavior and Orientation

4.01 Percent of students who have ever had sexual intercourse

		Rice	Vermont	Notes
Grade	9th and 10th	23%	28%	
	11th and 12th	50%	57%	
Sex	Female	31%	42%	HS statistically lower
	Male	44%	44%	
Total		38%	43%	

4.02 Percent of students who have ever had oral sex

		Rice	Vermont	Notes
Grade	9th and 10th	29%	31%	
	11th and 12th	51%	57%	
Sex	Female	35%	43%	
	Male	46%	45%	
Total		41%	44%	

4.03 Percent of students who had sexual intercourse before age 13

		Rice	Vermont	Notes
Grade	9th and 10th	5%	4%	
	11th and 12th	3%	4%	
Sex	Female	.	2%	Too few students
	Male	7%	5%	
Total		5%	4%	

4.04 Percent of students who have had sexual intercourse with four or more people

		Rice	Vermont	Notes
Grade	9th and 10th	6%	7%	
	11th and 12th	14%	18%	
Sex	Female	6%	11%	
	Male	14%	13%	
Total		10%	12%	

4.05 Percent of students who have ever been tested for HIV

		Rice	Vermont	Notes
Grade	9th and 10th	5%	8%	
	11th and 12th	10%	16%	HS statistically lower
Sex	Female	4%	15%	HS statistically lower
	Male	12%	10%	
Total		9%	12%	HS statistically lower

4.06 Percent of students who had sex at least once in the past 3 months (sexually active)

		Rice	Vermont	Notes
Grade	9th and 10th	17%	20%	
	11th and 12th	36%	45%	HS statistically lower
Sex	Female	23%	34%	HS statistically lower
	Male	31%	32%	
Total		27%	33%	HS statistically lower

4.07 Of sexually active students, those who used alcohol or drugs the last time they had sex

		Rice	Vermont	Notes
Grade	9th and 10th	19%	22%	
	11th and 12th	25%	21%	
Sex	Female	19%	18%	
	Male	28%	25%	
Total		25%	22%	

4.08 Of sexually active students, those who used condoms the last time they had sex

		Rice	Vermont	Notes
Grade	9th and 10th	81%	68%	
	11th and 12th	66%	59%	
Sex	Female	78%	58%	HS statistically higher
	Male	64%	66%	
Total		69%	62%	

4.09 Of sexually active students, those who used prescription birth control the last time they had sex

		Rice	Vermont	Notes
Grade	9th and 10th	.	36%	Too few students
	11th and 12th	40%	48%	
Sex	Female	31%	53%	HS statistically lower
	Male	29%	34%	
Total		29%	44%	HS statistically lower

4.10 Of sexually active students, those who used either a condom or prescription birth control the last time they had sex

		Rice	Vermont	Notes
Grade	9th and 10th	85%	83%	
	11th and 12th	84%	86%	
Sex	Female	89%	88%	
	Male	80%	83%	
Total		83%	85%	

4.11 Of sexually active students, the percent who used no method of birth control, withdrawal or some other method, or were not sure what method they used the last time they had sex

		Rice	Vermont	Notes
Grade	9th and 10th	.	17%	Too few students
	11th and 12th	16%	14%	
Sex	Female	.	12%	Too few students
	Male	20%	17%	
Total		17%	15%	

4.12 The percent of students who report same-sex sexual contact

		Rice	Vermont	Notes
Grade	9th and 10th	.	4%	Too few students
	11th and 12th	.	6%	Too few students
Sex	Female	4%	7%	HS statistically lower
	Male	.	3%	Too few students
Total		2%	5%	HS statistically lower

4.13 The percent of students who identify as lesbian, gay, bisexual or unsure

		Rice	Vermont	Notes
Grade	9th and 10th	4%	8%	HS statistically lower
	11th and 12th	6%	9%	
Sex	Female	6%	12%	HS statistically lower
	Male	5%	6%	
Total		6%	9%	HS statistically lower

5 Body Image

5.01 The percent of students who are overweight (85th to <95th BMI percentile)

		Rice	Vermont	Notes
Grade	9th and 10th	13%	16%	
	11th and 12th	13%	15%	
Sex	Female	11%	14%	
	Male	14%	17%	
Total		13%	16%	

5.02 The percent of students who are obese (=>95th BMI percentile)

		Rice	Vermont	Notes
Grade	9th and 10th	7%	13%	HS statistically lower
	11th and 12th	4%	12%	HS statistically lower
Sex	Female	3%	9%	HS statistically lower
	Male	9%	16%	HS statistically lower
Total		6%	13%	HS statistically lower

NOTE: BMI = body mass index; weight in kilograms divided by height in meters squared.

5 Body Image

5.03 The percent of students who describe themselves as slightly or very overweight

		Rice	Vermont	Notes
Grade	9th and 10th	26%	30%	
	11th and 12th	22%	29%	
Sex	Female	32%	35%	
	Male	17%	25%	HS statistically lower
Total		25%	30%	

5.04 The percent of students who are trying to lose weight

		Rice	Vermont	Notes
Grade	9th and 10th	36%	43%	
	11th and 12th	38%	43%	
Sex	Female	56%	59%	
	Male	17%	27%	HS statistically lower
Total		37%	43%	

5.05 The percent of students who wear SPF 15 or higher most of the time or always when outside in the sun for one or more hours

		Rice	Vermont	Notes
Grade	9th and 10th	18%	17%	
	11th and 12th	18%	16%	
Sex	Female	26%	23%	
	Male	10%	10%	
Total		19%	16%	

6.01 The percent of students who ate fruits and vegetables 5 or more times per day, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	29%	23%	
	11th and 12th	31%	23%	
Sex	Female	28%	23%	
	Male	31%	24%	
Total		30%	23%	HS statistically higher

6.02 The percent of students who ate fruits or fruit juice 2 or more times per day, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	45%	33%	HS statistically higher
	11th and 12th	49%	33%	HS statistically higher
Sex	Female	42%	33%	HS statistically higher
	Male	52%	33%	HS statistically higher
Total		47%	33%	HS statistically higher

6.03 The percent of students who ate vegetables 3 or more times per day, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	17%	17%	
	11th and 12th	20%	17%	
Sex	Female	19%	17%	
	Male	18%	17%	
Total		18%	17%	

6.04 The percent of students who ate breakfast on all of the past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	56%	43%	HS statistically higher
	11th and 12th	54%	42%	HS statistically higher
Sex	Female	48%	40%	
	Male	62%	46%	HS statistically higher
Total		55%	43%	HS statistically higher

6.05 The percent of students who ate breakfast on at least 3 of the past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	86%	76%	HS statistically higher
	11th and 12th	82%	76%	
Sex	Female	82%	75%	HS statistically higher
	Male	84%	77%	HS statistically higher
Total		84%	76%	HS statistically higher

6.06 The percent of students who ate breakfast on none of the past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	5%	10%	HS statistically lower
	11th and 12th	8%	10%	
Sex	Female	7%	10%	
	Male	7%	10%	
Total		7%	10%	

6.07 The percent of students who drank at least 4 glasses or bottles of water yesterday

		Rice	Vermont	Notes
Grade	9th and 10th	37%	30%	
	11th and 12th	37%	31%	
Sex	Female	30%	28%	
	Male	43%	32%	HS statistically higher
Total		37%	30%	HS statistically higher

6.08 The percent of students who drank at least 1 can, bottle or glass of soda every day, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	9%	16%	HS statistically lower
	11th and 12th	9%	17%	HS statistically lower
Sex	Female	4%	10%	HS statistically lower
	Male	16%	22%	
Total		10%	17%	HS statistically lower

6.09 The percent of students who drank at least 1 can, bottle or glass of sugar-sweetened beverage (not soda) every day, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	17%	16%	
	11th and 12th	18%	17%	
Sex	Female	15%	12%	
	Male	21%	21%	
Total		18%	17%	

6.10 The percent of students who participated in at least 60 minutes of physical activity every day, past 7 days

		Rice	Vermont	Notes
Grade	9th and 10th	35%	26%	HS statistically higher
	11th and 12th	34%	24%	HS statistically higher
Sex	Female	25%	18%	
	Male	45%	31%	HS statistically higher
Total		35%	25%	HS statistically higher

NOTE: The question instructed students to: add up all of the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.

6.11 The percent of students who attended physical education classes one or more days in an average school week

		Rice	Vermont	Notes
Grade	9th and 10th	12%	51%	HS statistically lower
	11th and 12th	9%	27%	HS statistically lower
Sex	Female	10%	36%	HS statistically lower
	Male	11%	43%	HS statistically lower
Total		11%	40%	HS statistically lower

6.12 The percent of students who attended physical education classes daily in an average school week

		Rice	Vermont	Notes
Grade	9th and 10th	10%	17%	HS statistically lower
	11th and 12th	6%	10%	HS statistically lower
Sex	Female	7%	12%	HS statistically lower
	Male	8%	16%	HS statistically lower
Total		8%	14%	HS statistically lower

6.13 The percent of students who had 3 or more hours per school day of non-school screen time

		Rice	Vermont	Notes
Grade	9th and 10th	30%	40%	HS statistically lower
	11th and 12th	34%	40%	
Sex	Female	30%	36%	
	Male	35%	43%	
Total		33%	40%	HS statistically lower

6.14 The percent of students who had 5 or more hours per school day of non-school screen time

		Rice	Vermont	Notes
Grade	9th and 10th	9%	13%	
	11th and 12th	8%	12%	
Sex	Female	8%	10%	
	Male	10%	14%	
Total		9%	12%	HS statistically lower

7 Youth Assets

7.01 The percent of students who report their grades are mostly As or Bs

		Rice	Vermont	Notes
Grade	9th and 10th	92%	77%	HS statistically higher
	11th and 12th	91%	82%	HS statistically higher
Sex	Female	95%	85%	HS statistically higher
	Male	86%	74%	HS statistically higher
Total		91%	79%	HS statistically higher

7.02 The percent of students who spoke with their parents at least weekly about school

		Rice	Vermont	Notes
Grade	9th and 10th	88%	79%	HS statistically higher
	11th and 12th	90%	76%	HS statistically higher
Sex	Female	91%	78%	HS statistically higher
	Male	87%	77%	HS statistically higher
Total		88%	77%	HS statistically higher

7.03 The percent of students volunteer one or more hours on an average week

		Rice	Vermont	Notes
Grade	9th and 10th	60%	54%	
	11th and 12th	75%	59%	HS statistically higher
Sex	Female	70%	58%	HS statistically higher
	Male	63%	55%	HS statistically higher
Total		67%	57%	HS statistically higher

7.04 The percent of students who agree that: in your community you feel like you matter to people

		Rice	Vermont	Notes
Grade	9th and 10th	64%	48%	HS statistically higher
	11th and 12th	62%	52%	HS statistically higher
Sex	Female	60%	47%	HS statistically higher
	Male	67%	53%	HS statistically higher
Total		63%	50%	HS statistically higher

7.05 The percent of students who report that they will probably or definitely complete a post high school program

		Rice	Vermont	Notes
Grade	9th and 10th	92%	80%	HS statistically higher
	11th and 12th	95%	85%	HS statistically higher
Sex	Female	98%	85%	HS statistically higher
	Male	88%	79%	HS statistically higher
Total		93%	82%	HS statistically higher

7.06 The percent of students who agree that teachers really care about them and give them lots of encouragement

		Rice	Vermont	Notes
Grade	9th and 10th	77%	56%	HS statistically higher
	11th and 12th	77%	63%	HS statistically higher
Sex	Female	80%	58%	HS statistically higher
	Male	73%	60%	HS statistically higher
Total		77%	59%	HS statistically higher

7.07 The percent of students who agree that students help decide what goes on in school

		Rice	Vermont	Notes
Grade	9th and 10th	56%	49%	
	11th and 12th	45%	46%	
Sex	Female	49%	48%	
	Male	53%	47%	
Total		50%	47%	