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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

Surveillance Summaries

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Abstract

Problem: Sexual minority youths are youths who identify themselves as gay or lesbian, bisexual, or unsure of their sexual identity or youths who have only had sexual contact with persons of the same sex or with both sexes. Population-based data on the health-risk behaviors practiced by sexual minority youths are needed at the state and local levels to most effectively monitor and ensure the effectiveness of public health interventions designed to address the needs of this population.

Reporting Period Covered: January 2001--June 2009

Description of the System: The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors (behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, dietary behaviors, physical activity and sedentary behaviors, and weight management) and the prevalence of obesity
and asthma among youths and young adults. YRBSS includes state and local school-based Youth Risk Behavior Surveys (YRBSs) conducted by state and local education and health agencies. This report summarizes results from YRBSs conducted during 2001–2009 in seven states and six large urban school districts that included questions on sexual identity (i.e., heterosexual, gay or lesbian, bisexual, or unsure), sex of sexual contacts (i.e., same sex only, opposite sex only, or both sexes), or both of these variables. The surveys were conducted among large population-based samples of public school students in grades 9--12.

**Results:** Across the nine sites that assessed sexual identity, the prevalence among gay or lesbian students was higher than the prevalence among heterosexual students for a median of 63.8% of all the risk behaviors measured, and the prevalence among bisexual students was higher than the prevalence among heterosexual students for a median of 76.0% of all the risk behaviors measured. In addition, the prevalence among gay or lesbian students was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in seven of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management). Similarly, the prevalence among bisexual students was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in eight of the 10 risk behavior categories (behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management).

Across the 12 sites that assessed sex of sexual contacts, the prevalence among students who had sexual contact with both sexes was higher than the prevalence among students who only had sexual contact with the opposite sex for a median of 71.1% of all the risk behaviors measured, and the prevalence among students who only had sexual contact with the same sex was higher than the prevalence among students who only had sexual contact with the opposite sex for a median of 29.7% of all the risk behaviors measured. Furthermore, the prevalence among students who had sexual contact with both sexes was more likely to be higher than (rather than equal to or lower than) the prevalence among students who only had sexual contact with the opposite sex for behaviors in six of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, and weight management). The prevalence among students who only had sexual contact with the same sex was more likely to be higher than (rather than equal to or lower than) the prevalence among students who only had sexual contact with the opposite sex for behaviors in two risk behavior categories (behaviors related to attempted suicide and weight management).

**Interpretation:** Sexual minority students, particularly gay, lesbian, and bisexual students and students who had sexual contact with both sexes, are more likely to engage in health-risk behaviors than other students.

**Public Health Action:** Effective state and local public health and school health policies and practices should be developed to help reduce the prevalence of health-risk behaviors and improve health outcomes among sexual minority youths. In addition, more state and local surveys designed to monitor health-risk behaviors and selected health outcomes among population-based samples of students in grades 9--12 should include questions on sexual identity and sex of sexual contacts.

**Introduction**

Sexual minority youths may be defined in at least two ways: by sexual identity or by the sex of their sexual contacts. Sexual minority youths defined by sexual identity include those who identify themselves as gay, lesbian, or bisexual or who are unsure of their sexual identity. Sexual minority youths defined by the sex of their sexual contacts include those who have only had sexual contact with persons of the same sex or with both sexes. Youths who identify themselves as heterosexual, gay, lesbian, or bisexual might not have had any sexual contact. Furthermore, youths who have only had sexual contact with persons of the same sex or with both sexes might identify themselves as heterosexual, and youths who have only had sexual contact with persons of the
opposite sex might identify themselves as gay, lesbian, or bisexual. Some youths who eventually identify themselves as a sexual minority or only have sexual contact with persons of the same sex or both sexes might not identify themselves as a sexual minority and might not have had any sexual contact. This dissonance between sexual identity and sex of sexual contacts is well documented, particularly among youths (1--7).

Sexual minority youths have specific health needs and are at disproportionate risk for certain health problems. However, as described in a recent Institute of Medicine (IOM) report, more data about sexual minority youths are needed (8). CDC developed the Youth Risk Behavior Surveillance System (YRBSS) to monitor priority health-risk behaviors and selected health outcomes among all youths and young adults (9--13). The YRBSS includes biennial, school-based Youth Risk Behavior Surveys (YRBSs) conducted among population-based samples of students in grades 9--12 in participating states and large urban school districts. To address the lack of knowledge about the health-risk behaviors and selected health outcomes among sexual minority students at the state and local levels, state and local agencies participating in YRBSS may add questions to their YRBS questionnaire to measure sexual identity, sex of sexual contacts, or both. Understanding state-level and local-level differences in the prevalence of health-risk behaviors and health outcomes by sexual minority status (defined by sexual identity or by sex of sexual contacts) as reported by large population-based samples of high school students will provide additional information about sexual minority youths and might help reduce the health disparities they experience (8,10,11).

This report summarizes results from YRBSs conducted during 2001--2009 from seven states and six large urban school districts that included questions on sexual identity, sex of sexual contacts, or both. The prevalence of health-risk behaviors and obesity and overweight is compared among subgroups of students defined by sexual identity and by sex of sexual contacts. All surveys were conducted during the spring semester of each survey year.

Methods

Detailed information about the state and local YRBSs has been published elsewhere (9--13). Information also is available at http://www.cdc.gov/yrbs.

Inclusion Criteria

States and cities that included questions on sexual identity, the sex of sexual contacts, or both and had weighted YRBS data were eligible for inclusion in this report. To ensure stable estimates, each state and city was required to have ≥75 students per subgroup defined by sexual identity and sex of sexual contacts. To meet this minimum subgroup sample size requirement, multiple years of weighted YRBS data collected during 2001--2009 were combined by site (Table 1).

Five states (Delaware, Maine, Massachusetts, Rhode Island, and Vermont) and four large urban school districts (Boston, Massachusetts; Chicago, Illinois; New York City, New York; and San Francisco, California) asked a question on sexual identity and met the subgroup sample size requirement. Seven states (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, and Wisconsin) and five large urban school districts (Boston; Chicago; Milwaukee, Wisconsin; New York City; and San Diego, California) asked a question on the sex of sexual contacts and met the subgroup sample size requirement. Five states (Delaware, Maine, Massachusetts, Rhode Island, and Vermont) and three large urban school districts (Boston, Chicago, and New York City) asked questions on both sexual identity and sex of sexual contacts and met the subgroup sample size requirement.

Sampling
Each state and local YRBS included in this report used an independent, cross-sectional, two-stage cluster sample design to produce a representative sample of public school students in grades 9--12 in their jurisdiction. In the first sampling stage in Connecticut, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Chicago, Milwaukee, and New York City, schools with any of the grades 9--12 were sampled with probability proportional to school enrollment size. In Delaware, Boston, San Diego, and San Francisco, all schools with any of the grades 9--12 were sampled. In the second sampling stage, intact classes from either a required subject (e.g., English or social studies) or a required period (e.g., homeroom or second period) were sampled randomly, and all students in the sampled classes were eligible to participate. In Vermont, all students in sampled schools were eligible to participate.

**Data Collection Procedures and Questionnaires**

Survey procedures for each state and local YRBS were designed to protect student privacy by allowing for anonymous and voluntary participation. Before survey administration, local parental permission procedures were followed. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet.

Each survey year, the standard YRBS questionnaire contained approximately 87 questions. Sites could add or delete questions from the standard questionnaire. A YRBS optional question list was provided to all sites and was the source for the questions on sexual identity and the sex of sexual contacts for most sites. To protect student privacy, skip patterns were not included in any YRBS questionnaire, which ensured that all students took about the same amount of time to complete the questionnaire. Information about the reliability of most of the questions on the standard questionnaire has been published elsewhere (12).

**Data Processing Procedures and Response Rates**

Data from each state and local YRBS were cleaned and edited for inconsistencies using standard procedures each survey year. Among the surveys included in this report, the number of completed questionnaires that failed quality control checks and were excluded from analysis ranged from 0 to 249 (median: 12). School response rates ranged from 73% to 100%, student response rates ranged from 63% to 90%, and overall response rates ranged from 60% to 90%. After the data from multiple survey years were combined by site, the total sample sizes used for this report ranged from 3,733 to 36,774 (Table 2). Demographic characteristics of the samples varied by site.

For most sites in most survey years, the sexual identity of students was based on responses to the optional YRBS question, "Which of the following best describes you?" and the response options 1) "heterosexual (straight)," 2) "gay or lesbian," 3) "bisexual," and 4) "not sure." This optional YRBS question was modified by three sites in selected survey years. In 2007 and 2009, New York City changed the response options for this question to "heterosexual or straight," "gay or lesbian," "bisexual," and "not sure." In 2003 and 2005, Delaware changed the response options for this question to "heterosexual (straight)," "homosexual (gay or lesbian)," "bisexual," "not sure," and "none of the above." The 49 students in 2003 and 40 students in 2005 who selected "none of the above" were excluded from the sexual identity analyses. In 2007, Delaware changed the response options for this question to "heterosexual (straight)," "homosexual (gay or lesbian)," "bisexual," and "not sure." In 2001, the San Francisco survey asked "How would you describe your sexual orientation/preference?" with response options "heterosexual, attracted to the opposite sex," "bisexual, attracted to both sexes," "homosexual, gay or lesbian," and "not sure." In this report, students who responded to the question on sexual identity were classified as heterosexual, gay or lesbian, bisexual, or unsure.

For most sites in most survey years, the sex of the students' sexual contacts was based on responses to 1) the standard YRBS question, "What is your sex?" and the response options "female" and "male" and 2) the optional YRBS question, "During your life, with whom have you had sexual contact?" and the response options "I have never had sexual contact," "females," "males," and "females and males." This optional YRBS question was
modified by seven sites in selected survey years. Maine modified this question in 2001, 2003, and 2005 to "The person(s) with whom you have had sexual contact during your life is (are)," with the response options "I have never had sexual contact," "female," "male," and "male and female." Massachusetts and Boston in 2001, 2003, and 2005 and Chicago in 2003 asked, "During your life, the person(s) with whom you have had sexual contact is (are)," with the response options "I have not had sexual contact with anyone," "female(s)," "male(s)," and "female(s) and male(s)." Delaware in 2003 and 2005; Vermont in 2001, 2003, 2005, 2007, and 2009; and San Diego in 2001, 2003, and 2005 asked, "With whom have you had sexual intercourse?" with the response options "I have never had sexual intercourse," "females," "males," and "females and males." Delaware in 2007 and 2009 asked, "During your life, with whom have you had sexual intercourse?" with the response options "I have never had sexual intercourse," "females," "males," and "females and males." In this report, students who responded to the question on the sex of sexual contacts were classified as students who only had sexual contact with the opposite sex, students who only had sexual contact with the same sex, or students who had sexual contact with both sexes. Students who had never had sexual contact were excluded from these analyses.

Since 2001, race/ethnicity has been assessed by the standard YRBS questionnaire two ways. In 2001, 2003, and 2005, race/ethnicity was based on responses to one standard YRBS question: "How do you describe yourself? (select one or more responses)," with response options "American Indian or Alaska Native," "Asian," "black or African American," "Hispanic or Latino," "Native Hawaiian or other Pacific Islander," and "white." In this report, students are classified as Hispanic/Latino and are referred to as Hispanic if they selected Hispanic or Latino only or with any other response option. Students are classified as black or African American and referred to as black if they selected black or African American and did not select Hispanic or Latino. Students who did not select Hispanic or Latino and selected white are classified as white and referred to as white.

In 2007 and 2009, race/ethnicity was based on responses to two standard YRBS questions: "Are you Hispanic or Latino?" with response options "yes" or "no" and "What is your race? (select one or more responses)," with response options "American Indian or Alaska Native," "Asian," "black or African American," "Native Hawaiian or other Pacific Islander," or "white." In this report, students are classified as Hispanic/Latino and referred to as Hispanic if they responded "yes" to the first question, regardless of how they answered the second question. Students who responded "no" to the first question and selected only black or African American for the second question are classified as black or African American and are referred to as black. Students who responded "no" to the first question and selected only white for the second question are classified as white and referred to as white. Race/ethnicity was classified as missing for students who did not answer the first question and for students who answered "no" to the first question but did not answer the second question.

Students were classified as obese or overweight based on their body mass index (BMI), measured as kilograms/meters2 (kg/m2). BMI was calculated from responses to two standard YRBS questions assessing self-reported height and weight. The BMI values were compared with sex- and age-specific reference data from the 2000 CDC growth charts (13). Obese was defined as a BMI of ≥95th percentile for age and sex. Overweight was defined as a BMI of ≥85th percentile and <95th percentile for age and sex. These classifications are not intended to diagnose obesity or overweight in individual students but to provide estimates of obesity and overweight for the populations of students surveyed.

Weighting

For each survey included in this report, a weight was applied to each student record to adjust for student nonresponse and the distribution of students by grade, sex, and race/ethnicity in each site. Therefore, weighted state and local estimates are representative of all students in grades 9--12 attending public schools in each site.

Analytic Methods

Statistical analyses were conducted on weighted data using statistical software (14,15) to account for the complex sample designs. For every site and each subgroup of students categorized by sexual identity (i.e.,
heterosexual, gay or lesbian, bisexual, or unsure) and sex of sexual contacts (i.e., opposite sex only, same sex only, or both sexes), prevalence estimates and confidence intervals were computed for 76 behaviors distributed across 10 categories of health-risk behaviors (behaviors that contribute to unintentional injuries; behaviors that contribute to violence; behaviors related to attempted suicide; tobacco use; alcohol use; other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including human immunodeficiency virus [HIV] infection; dietary behaviors; physical activity and sedentary behaviors; and weight management), as well as obesity and overweight. Only variables assessed in at least two YRBS cycles during 2001–2009 were included. For condom use, female students who only had sexual contact with females were excluded from the analyses. For birth control pill use, Depo-Provera use, birth control pill use or Depo-Provera use, and condom use and birth control pill or Depo-Provera use, all students who only had sexual contact with the same sex were excluded from the analyses. For all variables assessed, percentages for the variables are only reported if the denominator was $\geq$25 cases.

Differences in prevalence estimates among subgroups of students defined by sexual identity and sex of sexual contacts were identified by t-tests, and differences were considered statistically significant if a t-test p value was $<0.05$. Only statistically significant differences in prevalence estimates are reported for each variable in the results section in the following order: for sexual identity --- heterosexual vs. gay or lesbian, heterosexual vs. bisexual, heterosexual vs. unsure, gay or lesbian vs. bisexual, gay or lesbian vs. unsure, and bisexual vs. unsure; for sex of sexual contacts --- opposite sex only vs. same sex only, opposite sex only vs. both sexes, and same sex only vs. both sexes.

To produce estimates by sex and race/ethnicity and maintain subgroups of $\geq$75 students, gay or lesbian and bisexual students were combined to form a sexual minority subgroup based on sexual identity, and students who only had sexual contact with the same sex and students who had sexual contact with both sexes were combined to form another sexual minority subgroup based on any sexual contact with persons of the same sex. As a result, estimates were calculated by 1) sex and sexual identity and 2) sex and sex of sexual contacts for all sites, as well as by 1) race/ethnicity (i.e., black, Hispanic, and white) and sex of sexual contacts for Massachusetts and New York City and 2) race/ethnicity and sexual identity for New York City.

To summarize the variations in prevalence of health-risk behaviors (overall and for the 10 categories of health-risk behaviors) among subgroups of students (i.e., gay or lesbian vs. heterosexual, bisexual vs. heterosexual, same sex only vs. opposite sex only, and both sexes vs. opposite sex only), the percentage of each possible t-test outcome (i.e., higher, lower, or equal to [i.e., no statistical difference]) across the total number of comparisons was calculated by site, and a median and range were calculated for all sites combined. For this analysis, all behaviors were recalculated in the greater risk direction (e.g., did not use a condom at last sexual intercourse rather than used a condom at last sexual intercourse). Furthermore, obesity and overweight were excluded from these summary analyses.

**Results**

Across the nine sites that assessed sexual identity, the percentage of students who identified themselves as heterosexual ranged from 90.3% to 93.6% (median: 93.0%), as gay or lesbian ranged from 1.0% to 2.6% (median: 1.3%), and as bisexual ranged from 2.9% to 5.2% (median: 3.7%) (Table 3). The percentage of students who were unsure of their sexual identity ranged from 1.3% to 4.7% (median 2.5%). Across the 12 sites that assessed sex of sexual contacts, the percentage of students who only had sexual contact with the opposite sex ranged from 37.2% to 60.9% (median: 53.5%), only had sexual contact with the same sex ranged from 0.7% to 3.9% (median: 2.5%), and had sexual contact with both sexes ranged from 1.9% to 4.9% (median: 3.3%). The percentage of students who had no sexual contact ranged from 30.4% to 59.3% (median: 40.5%).

Across the eight sites that assessed both sex of sexual contacts and sexual identity, the percentage of students who identified themselves as heterosexual ranged from 94.9% to 97.7% (median: 96.3%) among students who
only had sexual contact with the opposite sex, from 17.0% to 77.8% (median: 61.7%) among students who only had sexual contact with the same sex, and from 17.3% to 63.4% (median: 29.8%) among students who had sexual contact with both sexes. The percentage of students who identified themselves as gay or lesbian ranged from 0.0% to 0.8% (median: 0.4%) among students who only had sexual contact with the opposite sex, from 10.8% to 60.0% (median: 21.7%) among students who only had sexual contact with the same sex, and from 2.3% to 14.7% (median: 9.1%) among students who had sexual contact with both sexes. The percentage of students who identified themselves as bisexual ranged from 0.0% to 3.3% (median: 2.0%) among students who only had sexual contact with the opposite sex, from 10.8% to 22.3% (median: 11.3%) among students who only had sexual contact with the same sex, and from 2.3% to 14.7% (median: 9.1%) among students who had sexual contact with both sexes. The percentage of students who were unsure of their sexual identity ranged from 0.6% to 2.1% (median: 1.4%) among students who only had sexual contact with the opposite sex, from 0.7% to 6.6% (median: 4.4%) among students who only had sexual contact with the same sex, and from 6.1% to 15.9% (median: 10.1%) among students who had sexual contact with both sexes (Table 4).

Behaviors that Contribute to Unintentional Injuries

In a Physical Fight

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having been in a physical fight one or more times during the 12 months before the survey and sexual identity, the prevalence of having been in a physical fight ranged from 23.5% to 40.4% (median: 29.0%) among heterosexual students, from 35.7% to 50.5% (median: 41.8%) among gay or lesbian students, from 41.5% to 50.3% (median: 42.8%) among bisexual students, and from 23.5% to 51.2% (median: 35.0%) among unsure students (Table 11). The prevalence of having been in a physical fight was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and lower among heterosexual than unsure students in five sites (Delaware, Maine, Massachusetts, Rhode Island, and Vermont). The prevalence of having been in a physical fight was higher among gay or lesbian than unsure students in four sites (Massachusetts, Vermont, Boston, and San Francisco) and higher among bisexual than unsure students in six sites (Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having been in a physical fight and sex of sexual contacts, the prevalence of having been in a physical fight ranged from 31.5% to 50.0% (median: 38.7%) among students who only had sexual contact with the opposite sex, from 32.2% to 47.9% (median: 42.0%) among students who only had sexual contact with the same sex, and from 43.3% to 72.4% (median: 49.8%) among students who had sexual contact with both sexes. The prevalence of having been in a physical fight was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Vermont), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in eight sites (Connecticut, Delaware, Massachusetts, Rhode Island, Vermont, Wisconsin, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in six sites (Connecticut, Delaware, Massachusetts, Vermont, Wisconsin, and San Diego).

Dating Violence

Across the eight sites (Delaware, Maine, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend
during the 12 months before the survey (i.e., dating violence) and sexual identity, the prevalence of dating violence ranged from 6.1% to 13.8% (median: 10.2%) among heterosexual students, from 19.1% to 29.2% (median: 27.5%) among gay or lesbian students, from 17.7% to 28.0% (median: 23.3%) among bisexual students, and from 7.7% to 29.9% (median: 19.3%) among unsure students (Table 13). The prevalence of dating violence was lower among heterosexual than gay or lesbian students in six sites (Delaware, Maine, Vermont, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in all eight sites, and lower among heterosexual than unsure students in five sites (Delaware, Maine, Rhode Island, Vermont, and New York City). The prevalence of dating violence was higher among gay or lesbian than bisexual students in one site (Vermont), higher among gay or lesbian than unsure students in two sites (New York City and San Francisco), and higher among bisexual than unsure students in two sites (Chicago and San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed dating violence and sex of sexual contacts, the prevalence of dating violence ranged from 11.5% to 17.1% (median: 14.2%) among students who only had sexual contact with the opposite sex, from 16.3% to 26.2% (median: 19.9%) among students who only had sexual contact with the same sex, and from 26.3% to 39.6% (median: 29.8%) among students who had sexual contact with both sexes. The prevalence of dating violence was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in three sites (Connecticut, Rhode Island, and Vermont), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Delaware, Vermont, New York City, and San Diego).

**Forced to Have Sexual Intercourse**

Across the seven sites (Delaware, Maine, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed ever having been physically forced to have sexual intercourse when they did not want to and sexual identity, the prevalence of having been forced to have sexual intercourse ranged from 5.2% to 8.4% (median: 7.2%) among heterosexual students, from 14.1% to 31.0% (median: 23.7%) among gay or lesbian students, from 16.6% to 32.1% (median: 22.6%) among bisexual students, and from 10.4% to 25.3% (median: 19.8%) among unsure students (Table 14). The prevalence of having been forced to have sexual intercourse was lower among heterosexual than gay or lesbian students in five sites (Delaware, Maine, Rhode Island, Chicago, and New York City), lower among heterosexual than bisexual students in six sites (Delaware, Maine, Rhode Island, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in six sites (Delaware, Maine, Rhode Island, Chicago, New York City, and San Francisco). The prevalence of having been forced to have sexual intercourse was higher among bisexual than unsure students in two sites (Delaware and San Francisco).

Across the eight sites (Connecticut, Delaware, Maine, Rhode Island, Boston, Chicago, New York City, and San Diego) that assessed having been forced to have sexual intercourse and sex of sexual contacts, the prevalence of having been forced to have sexual intercourse ranged from 9.6% to 15.3% (median: 10.6%) among students who only had sexual contact with the opposite sex, from 14.6% to 29.4% (median: 17.3%) among students who only had sexual contact with the same sex, and from 19.9% to 53.4% (median: 27.3%) among students who had sexual contact with both sexes. The prevalence of having been forced to have sexual intercourse was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in three sites (Delaware, Chicago, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in seven sites (Connecticut, Delaware, Maine, Rhode Island, Chicago, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Delaware, Maine, Rhode Island, New York City, and San Diego).
Carried a Weapon on School Property

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having carried a weapon (e.g., a gun, knife, or club) on school property on at least 1 day during the 30 days before the survey and sexual identity, the prevalence of having carried a weapon on school property ranged from 3.7% to 8.3% (median: 4.6%) among heterosexual students, from 9.9% to 30.5% (median: 16.1%) among gay or lesbian students, from 7.8% to 19.3% (median: 12.8%) among bisexual students, and from 5.9% to 16.6% (median: 10.1%) among unsure students (Table 15). The prevalence of having carried a weapon on school property was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in three sites (Massachusetts, Vermont, and New York City). The prevalence of having carried a weapon on school property was higher among gay or lesbian than bisexual students in two sites (Massachusetts and Vermont), higher among gay or lesbian than unsure students in three sites (Rhode Island, Vermont, and San Francisco), lower among bisexual than unsure students in one site (Massachusetts), and higher among bisexual than unsure students in one site (San Francisco).

Threatened or Injured with a Weapon on School Property

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having been threatened or injured with a weapon (e.g., a gun, knife, or club) on school property one or more times during the 12 months before the survey and sexual identity, the prevalence of having been threatened or injured with a weapon on school property ranged from 5.3% to 10.7% (median: 6.1%) among heterosexual students, from 12.0% to 28.1% (median: 18.5%) among gay or lesbian students, from 12.3% to 28.1% (median: 15.5%) among bisexual students, and from 8.4% to 25.7% (median: 17.1%) among unsure students (Table 16). The prevalence of having been threatened or injured with a weapon on school property was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, and New York City). The prevalence of having been threatened or injured with a weapon on school property was higher among gay or lesbian than bisexual students in two sites (Massachusetts and Vermont), lower among gay or lesbian than bisexual students in one site (Chicago), higher among gay or lesbian than unsure students in three sites (Massachusetts, Rhode Island, and Vermont), and higher among bisexual than unsure students in one site (San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having been threatened or injured with a
weapon on school property and sex of sexual contacts, the prevalence of having been threatened or injured with a weapon on school property ranged from 6.7% to 13.3% (median: 8.1%) among students who only had sexual contact with the opposite sex, from 10.6% to 21.8% (median: 17.7%) among students who only had sexual contact with the same sex, and from 13.8% to 33.4% (median: 18.3%) among students who had sexual contact with both sexes. The prevalence of having been threatened or injured with a weapon on school property was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, and Boston), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in two sites (Vermont and New York City).

**In a Physical Fight on School Property**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having been in a physical fight on school property one or more times during the 12 months before the survey and sexual identity, the prevalence of having been in a physical fight on school property ranged from 8.4% to 18.1% (median: 10.5%) among heterosexual students, from 13.5% to 33.3% (median: 22.2%) among gay or lesbian students, from 12.7% to 26.4% (median: 19.1%) among bisexual students, and from 10.5% to 29.2% (median: 15.7%) among unsure students (Table 17). The prevalence of having been in a physical fight on school property was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, and San Francisco), lower among heterosexual than bisexual students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, New York City, and San Francisco), and lower among heterosexual than unsure students in five sites (Delaware, Maine, Massachusetts, Vermont, and Chicago). The prevalence of having been in a physical fight on school property was higher among gay or lesbian than bisexual students in two sites (Massachusetts and Boston), lower among gay or lesbian than bisexual students in one site (New York City), higher among gay or lesbian than unsure students in four sites (Massachusetts, Rhode Island, Boston, and San Francisco), and higher among bisexual than unsure students in one site (San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having been in a physical fight on school property and sex of sexual contacts, the prevalence of having been in a physical fight on school property ranged from 11.4% to 22.9% (median: 13.5%) among students who only had sexual contact with the opposite sex, from 16.8% to 25.0% (median: 19.6%) among students who only had sexual contact with the same sex, and from 17.4% to 41.1% (median: 23.0%) among students who had sexual contact with both sexes. The prevalence of having been in a physical fight on school property was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in five sites (Maine, Massachusetts, Vermont, Boston, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in nine sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in two sites (Massachusetts and Vermont).

**Did Not Go to School Because of Safety Concerns**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having not gone to school on at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school and sexual identity, the prevalence of having not gone to school because of safety concerns ranged from 3.6% to 11.4% (median: 4.8%) among heterosexual students, from 10.8% to 30.3% (median: 21.1%) among gay or lesbian students, from 11.1% to 24.9% (median: 12.7%) among bisexual students, and from 11.8% to 19.6% (median: 17.4%)
among unsure students (Table 18). The prevalence of having not gone to school because of safety concerns was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in all nine sites. The prevalence of having not gone to school because of safety concerns was higher among gay or lesbian than bisexual students in three sites (Massachusetts, Rhode Island, and Vermont), higher among gay or lesbian than unsure students in one site (Rhode Island), lower among gay or lesbian than unsure students in one site (New York City), and lower among bisexual than unsure students in three sites (Massachusetts, Vermont, and Boston).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having not gone to school because of safety concerns and sex of sexual contacts, the prevalence of having not gone to school because of safety concerns ranged from 5.1% to 12.6% (median: 5.9%) among students who only had sexual contact with the opposite sex, from 12.6% to 28.9% (median: 15.2%) among students who only had sexual contact with the same sex, and from 11.4% to 33.0% (median: 15.7%) among students who had sexual contact with both sexes. The prevalence of having not gone to school because of safety concerns was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Milwaukee, New York City, and San Diego), lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in two sites (Vermont and San Diego), and higher among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Chicago).

Behaviors Related to Attempted Suicide

Felt Sad or Hopeless

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having felt so sad or hopeless that they stopped doing some usual activities almost every day for 2 or more weeks in a row during the 12 months before the survey and sexual identity, the prevalence of having felt sad or hopeless ranged from 19.3% to 29.0% (median: 24.8%) among heterosexual students, from 28.8% to 52.8% (median: 41.3%) among gay or lesbian students, from 47.2% to 62.9% (median: 56.3%) among bisexual students, and from 33.3% to 50.7% (median: 37.6%) among unsure students (Table 19). The prevalence of having felt sad or hopeless was lower among heterosexual than gay or lesbian students in five sites (Delaware, Massachusetts, Rhode Island, Vermont, and Chicago), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco). The prevalence of having felt sad or hopeless was lower among gay or lesbian than bisexual students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, New York City, and San Francisco), higher among gay or lesbian than unsure students in two sites (Massachusetts and Chicago), lower among gay or lesbian than unsure students in one site (Maine), and higher among bisexual than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having felt sad or hopeless and sex of sexual contacts, the prevalence of having felt sad or hopeless ranged from 24.9% to 37.1% (median: 28.5%) among students who only had sexual contact with the opposite sex, from 28.4% to 52.8% (median: 38.5%) among students who only had sexual contact with the same sex, and from 49.8% to 75.1% (median: 54.8%) among students who had sexual contact with both sexes. The prevalence of having felt sad or hopeless was
lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in seven sites (Connecticut, Delaware, Massachusetts, Rhode Island, Vermont, New York City, and San Diego), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 12 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego).

**Seriously Considered Attempting Suicide**

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having seriously considered attempting suicide during the 12 months before the survey and sexual identity, the prevalence of having seriously considered attempting suicide ranged from 9.9% to 13.2% (median: 11.7%) among heterosexual students, from 18.8% to 43.4% (median: 29.6%) among gay or lesbian students, from 35.4% to 46.2% (median: 40.3%) among bisexual students, and from 17.5% to 40.4% (median: 23.7%) among unsure students (Table 20). The prevalence of having seriously considered attempting suicide was lower among heterosexual than gay or lesbian students in six sites (Delaware, Maine, Massachusetts, Rhode Island, Chicago, and New York City), lower among heterosexual than bisexual students in all eight sites, and lower among heterosexual than unsure students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, New York City, and San Francisco). The prevalence of having seriously considered attempting suicide was lower among gay or lesbian than bisexual students in four sites (Rhode Island, Boston, New York City, and San Francisco), higher among gay or lesbian than unsure students in one site (Massachusetts), and higher among bisexual than unsure students in six sites (Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having seriously considered attempting suicide and sex of sexual contacts, the prevalence of having seriously considered attempting suicide ranged from 11.7% to 23.6% (median: 14.3%) among students who only had sexual contact with the opposite sex, from 17.3% to 45.5% (median: 25.3%) among students who only had sexual contact with the same sex, and from 36.0% to 56.4% (median: 44.3%) among students who had sexual contact with both sexes. The prevalence of having seriously considered attempting suicide was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in eight sites (Connecticut, Delaware, Massachusetts, Rhode Island, Wisconsin, Chicago, New York City, and San Diego), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in nine sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Milwaukee, and New York City).

**Made a Suicide Plan**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having made a plan about how they would attempt suicide during the 12 months before the survey and sexual identity, the prevalence of having made a suicide plan ranged from 8.0% to 11.9% (median: 10.0%) among heterosexual students, from 15.8% to 37.1% (median: 21.2%) among gay or lesbian students, from 30.0% to 37.7% (median: 35.7%) among bisexual students, and from 17.8% to 31.7% (median: 20.9%) among unsure students (Table 21). The prevalence of having made a suicide plan was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in all nine sites. The prevalence of having made a suicide plan was lower among gay or lesbian than bisexual students in five sites (Rhode Island, Vermont, Boston, New York City, and San Francisco), higher among gay or lesbian than unsure students in two sites.
(Massachusetts and Vermont), and higher among bisexual than unsure students in six sites (Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having made a suicide plan and sex of sexual contacts, the prevalence of having made a suicide plan ranged from 9.8% to 18.7% (median: 11.0%) among students who only had sexual contact with the opposite sex, from 11.4% to 32.5% (median: 19.7%) among students who only had sexual contact with the same sex, and from 26.3% to 48.8% (median: 35.6%) among students who had sexual contact with both sexes. The prevalence of having made a suicide plan was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in nine sites (Connecticut, Delaware, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, and San Diego), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 12 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in nine sites (Connecticut, Maine, Massachusetts, Rhode Island, Vermont, Chicago, Milwaukee, New York City, and San Diego).

**Attempted Suicide**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having attempted suicide one or more times during the 12 months before the survey and sexual identity, the prevalence of having attempted suicide ranged from 3.8% to 9.6% (median: 6.4%) among heterosexual students, from 15.1% to 34.3% (median: 25.8%) among gay or lesbian students, from 20.6% to 32.0% (median: 28.0%) among bisexual students, and from 13.0% to 26.7% (median: 18.5%) among unsure students (Table 22). The prevalence of having attempted suicide was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and New York City), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in all nine sites. The prevalence of having attempted suicide was higher among gay or lesbian than unsure students in two sites (Massachusetts and Vermont) and higher among bisexual than unsure students in four sites (Rhode Island, Vermont, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having attempted suicide and sex of sexual contacts, the prevalence of having attempted suicide ranged from 6.7% to 14.4% (median: 8.4%) among students who only had sexual contact with the opposite sex, from 13.1% to 26.0% (median: 19.7%) among students who only had sexual contact with the same sex, and from 20.2% to 43.7% (median: 29.8%) among students who had sexual contact with both sexes. The prevalence of having attempted suicide was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in nine sites (Delaware, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, New York City, and San Diego), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 12 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Milwaukee, New York City, and San Diego).

**Suicide Attempt Treated by a Doctor or Nurse**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse during the 12 months before the survey and sexual identity, the prevalence of having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse ranged from 0.9% to 3.4% (median: 2.2%) among heterosexual students, from 7.0% to 15.7% (median: 12.6%) among gay or lesbian students, from 8.3% to 15.9% (median: 11.3%) among
bisexual students, and from 4.4% to 16.8% (median: 8.4%) among unsure students (Table 23). The prevalence of having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse was lower among heterosexual than gay or lesbian students in six sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, and New York City), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in five sites (Delaware, Massachusetts, Vermont, Boston, and New York City). The prevalence of having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse was higher among bisexual than unsure students in one site (San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse and sex of sexual contacts, the prevalence of having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse ranged from 2.1% to 4.6% (median: 3.0%) among students who only had sexual contact with the opposite sex, from 3.3% to 11.6% (median: 7.2%) among students who only had sexual contact with the same sex, and from 7.4% to 21.9% (median: 14.5%) among students who had sexual contact with both sexes. The prevalence of having made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in four sites (Massachusetts, Rhode Island, Vermont, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Maine, Massachusetts, Vermont, Boston, and San Diego).

Tobacco Use

Ever Smoked Cigarettes

Across the seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having ever tried cigarette smoking (even one or two puffs) (i.e., ever smoked cigarettes) and sexual identity, the prevalence of having ever smoked cigarettes ranged from 39.1% to 57.2% (median: 47.5%) among heterosexual students, from 57.7% to 77.1% (median: 70.8%) among gay or lesbian students, from 64.2% to 81.5% (median: 71.2%) among bisexual students, and from 35.5% to 50.8% (median: 48.2%) among unsure students (Table 24). The prevalence of having ever smoked cigarettes was lower among heterosexual than gay or lesbian students in all seven sites and lower among heterosexual than bisexual students in all seven sites. The prevalence of having ever smoked cigarettes was lower among gay or lesbian than bisexual students in one site (Delaware), higher among gay or lesbian than unsure students in six sites (Delaware, Massachusetts, Boston, Chicago, New York City, and San Francisco), and higher among bisexual than unsure students in all seven sites.

Across the nine sites (Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever smoked cigarettes and sex of sexual contacts, the prevalence of having ever smoked cigarettes ranged from 51.2% to 74.0% (median: 59.5%) among students who only had sexual contact with the opposite sex, from 55.4% to 78.1% (median: 69.7%) among students who only had sexual contact with the same sex, and from 70.0% to 86.6% (median: 78.1%) among students who had sexual contact with both sexes. The prevalence of having ever smoked cigarettes was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in five sites (Massachusetts, Boston, Chicago, Milwaukee, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in eight sites (Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Milwaukee, New York City, and San Diego),
and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Delaware, Massachusetts, Rhode Island, and New York City).

**Smoked a Whole Cigarette Before Age 13 Years**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having smoked a whole cigarette for the first time before age 13 years and sexual identity, the prevalence of having smoked a whole cigarette before age 13 years ranged from 8.5% to 16.3% (median: 10.0%) among heterosexual students, from 19.7% to 37.0% (median: 25.7%) among gay or lesbian students, and from 17.7% to 37.3% (median: 24.0%) among bisexual students, and from 9.9% to 27.4% (median: 19.6%) among unsure students (Table 25). The prevalence of having smoked a whole cigarette before age 13 years was lower among heterosexual than gay or lesbian students in all nine sites, lower among heterosexual than bisexual students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and lower among heterosexual than unsure students in six sites (Delaware, Maine, Massachusetts, Vermont, Boston, and New York City). The prevalence of having smoked a whole cigarette before age 13 years was higher among gay or lesbian than unsure students in three sites (Massachusetts, Vermont, and San Francisco) and higher among bisexual than unsure students in five sites (Delaware, Massachusetts, Rhode Island, Vermont, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having smoked a whole cigarette for the first time before age 13 years and sex of sexual contacts, the prevalence of having smoked a whole cigarette before age 13 years ranged from 11.2% to 25.9% (median: 16.6%) among students who only had sexual contact with the opposite sex, from 12.8% to 32.5% (median: 25.0%) among students who only had sexual contact with the same sex, and from 18.2% to 56.0% (median: 33.2%) among students who had sexual contact with both sexes. The prevalence of having smoked a whole cigarette before age 13 years was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, and Milwaukee), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in six sites (Delaware, Maine, Massachusetts, Vermont, New York City, and San Diego).

**Ever Smoked Cigarettes Daily**

Across the seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having ever smoked at least one cigarette every day for 30 days (i.e., ever smoked cigarettes daily) and sexual identity, the prevalence of having ever smoked cigarettes daily ranged from 5.2% to 13.3% (median: 7.6%) among heterosexual students, from 10.0% to 33.9% (median: 23.4%) among gay or lesbian students, from 15.8% to 38.1% (median: 24.8%) among bisexual students, and from 6.1% to 19.0% (median: 13.3%) among unsure students (Table 26). The prevalence of having ever smoked cigarettes daily was lower among heterosexual than gay or lesbian students in six sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, and New York City), lower among heterosexual than bisexual students in all seven sites, and lower among heterosexual than unsure students in three sites (Massachusetts, Boston, and New York City). The prevalence of having ever smoked cigarettes daily was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in four sites (Delaware, Massachusetts, Chicago, and New York City), and higher among bisexual than unsure students in all seven sites.

Across the nine sites (Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever smoked cigarettes daily and sex of sexual contacts, the
prevalence of having ever smoked cigarettes daily ranged from 8.0% to 20.8% (median: 12.3%) among students who only had sexual contact with the opposite sex, from 11.5% to 25.2% (median: 17.0%) among students who only had sexual contact with the same sex, and from 19.2% to 44.1% (median: 36.9%) among students who had sexual contact with both sexes. The prevalence of having ever smoked cigarettes daily was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all nine sites and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in eight sites (Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Milwaukee, New York City, and San Diego).

**Current Cigarette Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having smoked cigarettes on at least 1 day during the 30 days before the survey (i.e., current cigarette use) and sexual identity, the prevalence of current cigarette use ranged from 8.5% to 19.3% (median: 13.6%) among heterosexual students, from 20.0% to 48.2% (median: 30.5%) among gay or lesbian students, from 26.1% to 49.2% (median: 30.8%) among bisexual students, and from 9.9% to 25.6% (median: 18.2%) among unsure students (Table 27). The prevalence of current cigarette use was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in four sites (Maine, Rhode Island, Vermont, and New York City). The prevalence of current cigarette use was higher among gay or lesbian than unsure students in four sites (Delaware, Massachusetts, Vermont, and San Francisco) and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current cigarette use and sex of sexual contacts, the prevalence of current cigarette use ranged from 12.7% to 36.3% (median: 25.1%) among students who only had sexual contact with the opposite sex, from 13.4% to 42.9% (median: 29.4%) among students who only had sexual contact with the same sex, and from 30.5% to 66.4% (median: 50.9%) among students who had sexual contact with both sexes. The prevalence of current cigarette use was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in five sites (Delaware, Massachusetts, Rhode Island, Vermont, and Wisconsin), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 12 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in nine sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Milwaukee, and New York City).

**Current Frequent Cigarette Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having smoked cigarettes on 20 or more days during the 30 days before the survey (i.e., current frequent cigarette use) and sexual identity, the prevalence of current frequent cigarette use ranged from 2.6% to 8.5% (median: 5.1%) among heterosexual students, from 3.8% to 29.0% (median: 15.5%) among gay or lesbian students, from 8.0% to 30.7% (median: 16.7%) among bisexual students, and from 2.5% to 17.6% (median: 7.3%) among unsure students (Table 28). The prevalence of current frequent cigarette use was lower among heterosexual than gay or lesbian students in five sites (Delaware, Maine, Massachusetts, Vermont, and New York City), lower among heterosexual than bisexual students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and lower among heterosexual than unsure students in four sites (Maine, Massachusetts, Vermont, and New York City). The prevalence of current frequent cigarette use was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in three sites (Delaware,
Massachusetts, and Vermont), and higher among bisexual than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current frequent cigarette use and sex of sexual contacts, the prevalence of current frequent cigarette use ranged from 4.1% to 18.7% (median: 8.9%) among students who only had sexual contact with the opposite sex, from 3.4% to 21.7% (median: 9.7%) among students who only had sexual contact with the same sex, and from 8.8% to 44.2% (median: 27.2%) among students who had sexual contact with both sexes. The prevalence of current frequent cigarette use was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego) and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego).

### Smoked More than 10 Cigarettes per Day

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among students who currently smoked cigarettes, having smoked more than 10 cigarettes per day on the days they smoked during the 30 days before the survey and sexual identity, the prevalence of having smoked more than 10 cigarettes per day ranged from 4.5% to 13.1% (median: 9.1%) among heterosexual students, from 15.1% to 42.5% (median: 27.8%) among gay or lesbian students, from 7.9% to 24.3% (median: 12.8%) among bisexual students, and from 2.7% to 58.6% (median: 21.4%) among unsure students (Table 29). The prevalence of having smoked more than 10 cigarettes per day was lower among heterosexual than gay or lesbian students in four sites (Delaware, Maine, Massachusetts, and Vermont), lower among heterosexual than bisexual students in two sites (Vermont and San Francisco), and lower among heterosexual than unsure students in three sites (Maine, Massachusetts, and Vermont). The prevalence of having smoked more than 10 cigarettes per day was higher among gay or lesbian than bisexual students in one site (Vermont), lower among bisexual than unsure students in two sites (Maine and Vermont), and higher among bisexual than unsure students in one site (San Francisco).

Across the 11 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having smoked more than 10 cigarettes per day and sex of sexual contacts, the prevalence of having smoked more than 10 cigarettes per day ranged 4.9% to 17.4% (median: 7.5%) among students who only had sexual contact with the opposite sex, from 4.1% to 30.8% (median: 14.5%) among students who only had sexual contact with the same sex, and from 9.2% to 36.7% (median: 16.9%) among students who had sexual contact with both sexes. The prevalence of having smoked more than 10 cigarettes per day was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in two sites (Vermont and Wisconsin), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in seven sites (Vermont, Wisconsin, Boston, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Boston).

### Smoked Cigarettes on School Property

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having smoked cigarettes on school property on at least 1 day during the 30 days before the survey and sexual identity, the prevalence of having smoked cigarettes on school property ranged from 2.9% to 7.9% (median: 5.2%) among heterosexual students, from 6.2% to 27.2% (median: 15.3%) among gay or lesbian students, from 11.2% to 24.7% (median: 18.2%) among bisexual students, and from 5.0% to 21.2% (median: 9.1%) among unsure students (Table 30). The prevalence of having smoked cigarettes on
school property was lower among heterosexual than gay or lesbian students in five sites (Delaware, Massachusetts, Rhode Island, Boston, and New York City), lower among heterosexual than bisexual students in seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in three sites (Maine, Massachusetts, and New York City). The prevalence of having smoked cigarettes on school property was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in two sites (Delaware and Massachusetts), and higher among bisexual than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco).

Across the 10 sites (Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having smoked cigarettes on school property and sex of sexual contacts, the prevalence of having smoked cigarettes on school property ranged from 5.3% to 11.9% (median: 7.9%) among students who only had sexual contact with the opposite sex, from 4.1% to 23.3% (median: 11.0%) among students who only had sexual contact with the same sex, and from 15.4% to 31.4% (median: 24.2%) among students who had sexual contact with both sexes. The prevalence of having smoked cigarettes on school property was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Delaware), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 10 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in seven sites (Maine, Massachusetts, Wisconsin, Boston, Milwaukee, New York City, and San Diego).

Tried to Quit Smoking Cigarettes

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed, among students who currently smoked cigarettes, having tried to quit smoking cigarettes during the 12 months before the survey and sexual identity, the prevalence of having tried to quit smoking cigarettes ranged from 46.1% to 62.2% (median: 54.4%) among heterosexual students, from 41.8% to 56.9% (median: 52.3%) among gay or lesbian students, from 54.5% to 69.2% (median: 55.5%) among bisexual students, and from 65.3% to 67.1% (median: 66.2%) among unsure students (Table 31). The prevalence of having tried to quit smoking cigarettes was lower among heterosexual than bisexual students in one site (Massachusetts).

Across the 11 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having tried to quit smoking cigarettes and sex of sexual contacts, the prevalence of having tried to quit smoking cigarettes ranged from 51.1% to 58.1% (median: 54.8%) among students who only had sexual contact with the opposite sex, from 21.2% to 66.1% (median: 49.6%) among students who only had sexual contact with the same sex, and from 36.0% to 62.7% (median: 52.6%) among students who had sexual contact with both sexes. The prevalence of having tried to quit smoking cigarettes was higher among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in two sites (Delaware and Maine).

Current Smokeless Tobacco Use

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on at least 1 day during the 30 days before the survey (i.e., current smokeless tobacco use) and sexual identity, the prevalence of current smokeless tobacco use ranged from 1.9% to 8.1% (median: 4.6%) among heterosexual students, from 6.6% to 24.8% (median: 14.7%) among gay or lesbian students, from 5.2% to 15.6% (median: 9.5%) among bisexual students, and from 5.6% to 16.1% (median: 11.5%) among unsure students (Table 32). The prevalence of current smokeless tobacco use was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and New York City), lower among heterosexual than bisexual students in six sites (Delaware, Rhode Island, Boston, Chicago, New York
York City, and San Francisco), and lower among heterosexual than unsure students in six sites (Delaware, Massachusetts, Vermont, Boston, Chicago, and New York City). The prevalence of current smokeless tobacco use was higher among gay or lesbian than bisexual students in four sites (Massachusetts, Rhode Island, Vermont, and New York City), higher among gay or lesbian than unsure students in four sites (Massachusetts, Rhode Island, Vermont, and New York City), and lower among bisexual than unsure students in two sites (Massachusetts and Vermont).

Across the 11 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current smokeless tobacco use and sex of sexual contacts, the prevalence of current smokeless tobacco use ranged from 1.5% to 12.5% (median: 6.8%) among students who only had sexual contact with the opposite sex, from 7.2% to 17.9% (median: 12.5%) among students who only had sexual contact with the same sex, and from 4.5% to 29.3% (median: 11.7%) among students who had sexual contact with both sexes. The prevalence of current smokeless tobacco use was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Maine, Massachusetts, Vermont, Boston, Chicago, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in six sites (Delaware, Massachusetts, Vermont, Boston, New York City, and San Diego), lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Vermont), and higher among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Chicago).

**Used Smokeless Tobacco on School Property**

Across the six sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, and San Francisco) that assessed having used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on school property at least 1 day during the 30 days before the survey and sexual identity, the prevalence of having used smokeless tobacco on school property ranged from 0.7% to 3.2% (median: 1.4%) among heterosexual students, from 4.2% to 17.6% (median: 8.8%) among gay or lesbian students, from 2.4% to 11.7% (median: 7.3%) among bisexual students, and from 4.5% to 9.8% (median: 7.1%) among unsure students (Table 33). The prevalence of having used smokeless tobacco on school property was lower among heterosexual than gay or lesbian students in three sites (Delaware, Massachusetts, and Chicago), lower among heterosexual than bisexual students in four sites (Delaware, Rhode Island, Chicago, and San Francisco), and lower among heterosexual than unsure students in four sites (Delaware, Massachusetts, Boston, and Chicago). The prevalence of having used smokeless tobacco on school property was higher among gay or lesbian than bisexual students in one site (Massachusetts), higher among gay or lesbian than unsure students in one site (Massachusetts), and lower among bisexual than unsure students in one site (Massachusetts).

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, and San Diego) that assessed having used smokeless tobacco on school property and sex of sexual contacts, the prevalence of having used smokeless tobacco on school property ranged from 0.6% to 5.1% (median: 2.8%) among students who only had sexual contact with the opposite sex, from 1.2% to 12.3% (median: 6.1%) among students who only had sexual contact with the same sex, and from 2.6% to 13.8% (median: 9.0%) among students who had sexual contact with both sexes. The prevalence of having used smokeless tobacco on school property was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in two sites (Delaware and Chicago), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in five sites (Delaware, Massachusetts, Rhode Island, Boston, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in two sites (Boston and San Diego).

**Current Cigar Use**
Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey (i.e., current cigar use) and sexual identity, the prevalence of current cigar use ranged from 4.5% to 13.5% (median: 11.0%) among heterosexual students, from 12.4% to 33.4% (median: 25.6%) among gay or lesbian students, from 11.8% to 24.6% (median: 20.4%) among bisexual students, and from 6.4% to 24.4% (median: 16.8%) among unsure students (Table 34). The prevalence of current cigar use was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and New York City), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in four sites (Maine, Massachusetts, Boston, and New York City). The prevalence of current cigar use was higher among gay or lesbian than bisexual students in one site (Massachusetts), higher among gay or lesbian than unsure students in one site (Massachusetts), and higher among bisexual than unsure students in one site (San Francisco).

Across the 11 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current cigarette use, current smokeless tobacco use, or current cigar use (i.e., current tobacco use) and sexual identity, the prevalence of current tobacco use ranged from 10.5% to 25.0% (median: 18.9%) among heterosexual students, from 24.1% to 54.0% (median: 35.4%) among gay or lesbian students, from 27.9% to 51.6% (median: 39.6%) among bisexual students, and from 10.2% to 26.9% (median: 20.5%) among unsure students (Table 35). The prevalence of current tobacco use was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in one site (New York City). The prevalence of current tobacco use was higher among gay or lesbian than unsure students in four sites (Delaware, Massachusetts, Vermont, and New York City) and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Current Tobacco Use

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed current cigarette use, current smokeless tobacco use, or current cigar use (i.e., current tobacco use) and sexual identity, the prevalence of current tobacco use ranged from 10.5% to 25.0% (median: 18.9%) among heterosexual students, from 24.1% to 54.0% (median: 35.4%) among gay or lesbian students, from 27.9% to 51.6% (median: 39.6%) among bisexual students, and from 10.2% to 26.9% (median: 20.5%) among unsure students (Table 35). The prevalence of current tobacco use was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in one site (New York City). The prevalence of current tobacco use was higher among gay or lesbian than unsure students in four sites (Delaware, Massachusetts, Vermont, and New York City) and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Across the 11 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current tobacco use and sex of sexual contacts, the prevalence of current tobacco use ranged from 6.3% to 21.6% (median: 16.5%) among students who only had sexual contact with the opposite sex, from 13.3% to 28.3% (median: 21.0%) among students who only had sexual contact with the same sex, and from 16.3% to 45.7% (median: 28.7%) among students who had sexual contact with both sexes. The prevalence of current tobacco use was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with the same sex in four sites (Delaware, Boston, Milwaukee, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in nine sites (Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Massachusetts, Vermont, Milwaukee, and San Diego).

Current Tobacco Use

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed current cigarette use, current smokeless tobacco use, or current cigar use (i.e., current tobacco use) and sexual identity, the prevalence of current tobacco use ranged from 10.5% to 25.0% (median: 18.9%) among heterosexual students, from 24.1% to 54.0% (median: 35.4%) among gay or lesbian students, from 27.9% to 51.6% (median: 39.6%) among bisexual students, and from 10.2% to 26.9% (median: 20.5%) among unsure students (Table 35). The prevalence of current tobacco use was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in one site (New York City). The prevalence of current tobacco use was higher among gay or lesbian than unsure students in four sites (Delaware, Massachusetts, Vermont, and New York City) and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Across the 11 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current tobacco use and sex of sexual contacts, the prevalence of current tobacco use ranged from 15.2% to 47.0% (median: 30.5%) among students who only had sexual contact with the opposite sex, from 18.4% to 46.8% (median: 31.6%) among students who only had sexual contact with the same sex, and from 31.0% to 70.9% (median: 55.6%) among students who had sexual contact with both sexes. The prevalence of current tobacco use was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Delaware), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had
sexual contact with the same sex than students who had sexual contact with both sexes in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Diego).

**Alcohol Use**

**Ever Drank Alcohol**

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having ever had at least one drink of alcohol on at least 1 day during their life (i.e., ever drank alcohol) and sexual identity, the prevalence of having ever drunk alcohol ranged from 54.2% to 75.0% (median: 70.4%) among heterosexual students, from 63.9% to 83.3% (median: 75.9%) among gay or lesbian students, from 76.0% to 92.2% (median: 86.5%) among bisexual students, and from 43.4% to 67.8% (median: 58.5%) among unsure students (Table 36). The prevalence of having ever drunk alcohol was lower among heterosexual than gay or lesbian students in four sites (Maine, Massachusetts, Boston, and San Francisco), lower among heterosexual than bisexual students in all eight sites, and higher among heterosexual than unsure students in four sites (Massachusetts, Boston, Chicago, and San Francisco). The prevalence of having ever drunk alcohol was lower among gay or lesbian than bisexual students in two sites (Delaware and Chicago), higher among gay or lesbian than unsure students in six sites (Delaware, Maine, Massachusetts, Boston, Chicago, and San Francisco), and higher among bisexual than unsure students in all eight sites.

Across the nine sites (Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having drunk alcohol and sex of sexual contacts, the prevalence of having ever drunk alcohol ranged from 73.0% to 90.7% (median: 84.2%) among students who only had sexual contact with the opposite sex, from 74.3% to 89.0% (median: 82.3%) among students who only had sexual contact with the same sex, and from 86.7% to 97.6% (median: 94.3%) among students who had sexual contact with both sexes. The prevalence of having ever drunk alcohol was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Milwaukee), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in seven sites (Delaware, Massachusetts, Rhode Island, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in seven sites (Delaware, Massachusetts, Rhode Island, Boston, Milwaukee, New York City, and San Diego).

**Drank Alcohol Before Age 13 Years**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, Milwaukee, New York City, and San Francisco) that assessed having drunk alcohol (other than a few sips) for the first time before age 13 years and sexual identity, the prevalence of having drunk alcohol before age 13 years ranged from 16.7% to 26.1% (median: 21.3%) among heterosexual students, from 21.8% to 38.4% (median: 34.6%) among gay or lesbian students, from 29.2% to 43.2% (median: 36.2%) among bisexual students, and from 22.3% to 36.8% (median: 27.1%) among unsure students (Table 37). The prevalence of having drunk alcohol before age 13 years was lower among heterosexual than gay or lesbian students in five sites (Delaware, Massachusetts, Rhode Island, Vermont, and New York City), lower among heterosexual than bisexual students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, New York City, and San Francisco), and lower among heterosexual than unsure students in four sites (Delaware, Maine, Massachusetts, and Vermont). The prevalence of having drunk alcohol before age 13 years was higher among gay or lesbian than unsure students in three sites (Massachusetts, Rhode Island, and Vermont), lower among gay or lesbian than unsure students in one site (Maine), and higher among bisexual than unsure students in five sites (Massachusetts, Rhode Island, Vermont, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having drunk alcohol for the first time...
before age 13 years and sex of sexual contacts, the prevalence of having drunk alcohol before age 13 years ranged from 21.4% to 35.3% (median: 27.2%) among students who only had sexual contact with the opposite sex, from 25.2% to 37.4% (median: 34.5%) among students who only had sexual contact with the same sex, and from 30.4% to 58.4% (median: 42.9%) among students who had sexual contact with both sexes. The prevalence of having drunk alcohol before age 13 years was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in three sites (Connecticut, Rhode Island, and Wisconsin), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in six sites (Delaware, Massachusetts, Vermont, Milwaukee, New York City, and San Diego).

**Current Alcohol Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having had at least one drink of alcohol on at least 1 day during the 30 days before the survey (i.e., current alcohol use) and sexual identity, the prevalence of current alcohol use ranged from 23.9% to 46.8% (median: 37.6%) among heterosexual students, from 32.1% to 65.3% (median: 47.5%) among gay or lesbian students, from 46.2% to 65.9% (median: 55.6%) among bisexual students, and from 19.5% to 42.2% (median: 35.1%) among unsure students (Table 38). The prevalence of current alcohol use was lower among heterosexual than gay or lesbian students in six sites (Delaware, Massachusetts, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and higher among heterosexual than unsure students in two sites (Massachusetts and Chicago). The prevalence of current alcohol use was lower among gay or lesbian than bisexual students in three sites (Maine, Chicago, and New York City), higher among gay or lesbian than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and higher among bisexual than unsure students in all nine sites.

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current alcohol use and sex of sexual contacts, the prevalence of current alcohol use ranged from 35.1% to 64.9% (median: 57.2%) among students who only had sexual contact with the opposite sex, from 31.3% to 69.8% (median: 56.4%) among students who only had sexual contact with the same sex, and from 59.3% to 79.3% (median: 68.3%) among students who had sexual contact with both sexes. The prevalence of current alcohol use was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Connecticut), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in eight sites (Maine, Massachusetts, Rhode Island, Vermont, Boston, Milwaukee, New York City, and San Diego).

**Binge Drinking**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having had five or more drinks of alcohol in a row (i.e., within a couple of hours) on at least 1 day during the 30 days before the survey (i.e., binge drinking) and sexual identity, the prevalence of binge drinking ranged from 11.0% to 27.0% (median: 20.2%) among heterosexual students, from 20.4% to 50.4% (median: 26.1%) among gay or lesbian students, from 20.8% to 40.5% (median: 33.1%) among bisexual students, and from 10.3% to 41.6% (median: 20.8%) among unsure students (Table 39). The prevalence of binge drinking was lower among heterosexual than gay or lesbian students in five sites (Delaware, Massachusetts, Vermont, New York City, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York
City, and San Francisco), higher among heterosexual than unsure students in one site (Chicago), and lower among heterosexual than unsure students in one site (New York City). The prevalence of binge drinking was lower among gay or lesbian than bisexual students in one site (Rhode Island), higher among gay or lesbian than unsure students in five sites (Delaware, Massachusetts, Vermont, Chicago, and San Francisco), and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed binge drinking and sex of sexual contacts, the prevalence of binge drinking ranged from 15.9% to 44.4% (median: 34.6%) among students who only had sexual contact with the opposite sex, from 17.3% to 44.4% (median: 32.7%) among students who only had sexual contact with the same sex, and from 33.0% to 63.3% (median: 47.5%) among students who had sexual contact with both sexes. The prevalence of binge drinking was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, Milwaukee, New York City, and San Diego) and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in nine sites (Connecticut, Maine, Massachusetts, Rhode Island, Vermont, Boston, Milwaukee, New York City, and San Diego).

**Drank Alcohol on School Property**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having drunk at least one drink of alcohol on school property on at least 1 day during the 30 days before the survey and sexual identity, the prevalence of having drunk at alcohol on school property ranged from 3.2% to 6.9% (median: 4.3%) among heterosexual students, from 4.8% to 22.9% (median: 11.8%) among gay or lesbian students, from 10.1% to 18.8% (median: 13.8%) among bisexual students, and from 5.1% to 18.8% (median: 8.1%) among unsure students (Table 40). The prevalence of having drunk alcohol on school property was lower among heterosexual than gay or lesbian students in five sites (Delaware, Maine, Massachusetts, Vermont, and Boston), lower among heterosexual than bisexual students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in four sites (Delaware, Maine, Massachusetts, and Vermont). The prevalence of having drunk alcohol on school property was higher among gay or lesbian than bisexual students in two sites (Massachusetts and Vermont), lower among gay or lesbian than bisexual students in one site (New York City), higher among gay or lesbian than unsure students in two sites (Massachusetts and Vermont), and higher among bisexual than unsure students in three sites (Boston, Chicago, and San Francisco).

Across the 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Diego) that assessed having drunk alcohol on school property and sex of sexual contacts, the prevalence of having drunk alcohol on school property ranged from 4.9% to 15.2% (median: 6.3%) among students who only had sexual contact with the opposite sex, from 5.4% to 23.0% (median: 11.1%) among students who only had sexual contact with the same sex, and from 13.7% to 38.9% (median: 19.1%) among students who had sexual contact with both sexes. The prevalence of having drunk alcohol on school property was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in three sites (Delaware, Massachusetts, and Vermont), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 10 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Maine, Massachusetts, Rhode Island, Vermont, and New York City).

**Other Drug Use**
Ever Used Marijuana

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having used marijuana one or more times during their life (i.e., ever used marijuana) and sexual identity, the prevalence of having ever used marijuana ranged from 25.8% to 44.3% (median: 38.0%) among heterosexual students, from 45.1% to 65.6% (median: 57.3%) among gay or lesbian students, from 51.0% to 67.2% (median: 60.8%) among bisexual students, and from 17.4% to 45.5% (median: 36.5%) among unsure students (Table 41). The prevalence of having ever used marijuana was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Boston, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in all eight sites, and higher among heterosexual than unsure students in one site (San Francisco). The prevalence of having ever used marijuana was lower among gay or lesbian than bisexual students in one site (Rhode Island), higher among gay or lesbian than unsure students in seven sites (Delaware, Maine, Massachusetts, Boston, Chicago, New York City, and San Francisco), and higher among bisexual than unsure students in all eight sites.

Across the 10 sites (Connecticut, Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever used marijuana and sex of sexual contacts, the prevalence of having ever used marijuana ranged from 39.7% to 67.4% (median: 55.4%) among students who only had sexual contact with the opposite sex, from 43.2% to 67.1% (median: 59.0%) among students who only had sexual contact with the same sex, and from 58.9% to 83.4% (median: 73.6%) among students who had sexual contact with both sexes. The prevalence of having ever used marijuana was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in nine sites (Connecticut, Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, and New York City) and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in eight sites (Connecticut, Delaware, Massachusetts, Rhode Island, Wisconsin, Boston, Milwaukee, and New York City).

Tried Marijuana Before Age 13 Years

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having tried marijuana for the first time before age 13 years and sexual identity, the prevalence of having tried marijuana before age 13 years ranged from 5.4% to 11.3% (median: 8.2%) among heterosexual students, from 14.6% to 29.9% (median: 21.4%) among gay or lesbian students, from 13.8% to 24.0% (median: 21.5%) among bisexual students, and from 5.8% to 20.2% (median: 14.7%) among unsure students (Table 42). The prevalence of having tried marijuana before age 13 years was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and lower among heterosexual than unsure students in four sites (Maine, Massachusetts, Vermont, and New York City). The prevalence of having tried marijuana before age 13 years was higher among gay or lesbian than unsure students in four sites (Massachusetts, Vermont, Boston, and San Francisco) and higher among bisexual than unsure students in four sites (Massachusetts, Vermont, Boston, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having tried marijuana for the first time before age 13 years and sex of sexual contacts, the prevalence of having tried marijuana before age 13 years ranged from 8.7% to 21.0% (median: 13.2%) among students who only had sexual contact with the opposite sex, from 13.7% to 22.1% (median: 18.5%) among students who only had sexual contact with the same sex, and from 18.8% to 44.9% (median: 25.2%) among students who had sexual contact with both sexes. The prevalence of having tried marijuana before age 13 years was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in four sites (Maine, Massachusetts, Rhode Island, and New York City), lower among students who only had sexual contact with the opposite sex
than students who had sexual contact with both sexes in 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Delaware, Massachusetts, Vermont, Milwaukee, and San Diego).

**Current Marijuana Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used marijuana one or more times during the 30 days before the survey (i.e., current marijuana use) and sexual identity, the prevalence of current marijuana use ranged from 11.9% to 26.6% (median: 21.8%) among heterosexual students, from 25.9% to 44.8% (median: 34.5%) among gay or lesbian students, from 28.4% to 47.8% (median: 36.8%) among bisexual students, and from 9.8% to 32.3% (median: 25.4%) among unsure students (Table 43). The prevalence of current marijuana use was lower among heterosexual than gay or lesbian students in six sites (Delaware, Massachusetts, Vermont, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and higher among heterosexual than unsure students in one site (San Francisco). The prevalence of current marijuana use was lower among gay or lesbian than bisexual students in one site (Rhode Island), higher among gay or lesbian than unsure students in five sites (Massachusetts, Vermont, Chicago, New York City, and San Francisco), and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current marijuana use and sex of sexual contacts, the prevalence of current marijuana use ranged from 19.1% to 45.3% (median: 33.5%) among students who only had sexual contact with the opposite sex, from 25.5% to 44.3% (median: 37.1%) among students who only had sexual contact with the same sex, and from 33.6% to 68.0% (median: 49.1%) among students who had sexual contact with both sexes. The prevalence of current marijuana use was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Chicago), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Connecticut, Delaware, Massachusetts, Rhode Island, and Vermont).

**Used Marijuana on School Property**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used marijuana on school property one or more times during the 30 days before the survey and sexual identity, the prevalence of having used marijuana on school property ranged from 2.5% to 7.3% (median: 5.1%) among heterosexual students, from 5.2% to 22.3% (median: 15.1%) among gay or lesbian students, from 9.9% to 18.8% (median: 13.1%) among bisexual students, and from 4.7% to 16.0% (median: 7.7%) among unsure students (Table 44). The prevalence of having used marijuana on school property was lower among heterosexual than gay or lesbian students in five sites (Delaware, Massachusetts, Vermont, Boston, and San Francisco), lower among heterosexual than bisexual students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in four sites (Delaware, Massachusetts, Vermont, and New York City). The prevalence of having used marijuana on school property was higher among gay or lesbian than bisexual students in two sites (Massachusetts and Vermont), higher among gay or lesbian than unsure students in three sites (Massachusetts, Vermont, and San Francisco), and higher among bisexual than unsure students in three sites (Rhode Island, Chicago, and San Francisco).
Across the 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Diego) that assessed having used marijuana on school property and sex of sexual contacts, the prevalence of having used marijuana on school property ranged from 4.0% to 13.6% (median: 8.1%) among students who only had sexual contact with the opposite sex, from 6.8% to 18.3% (median: 12.4%) among students who only had sexual contact with the same sex, and from 13.4% to 39.2% (median: 18.9%) among students who had sexual contact with both sexes. The prevalence of having used marijuana on school property was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in nine sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Boston, Chicago, New York City, and San Diego) and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Massachusetts, Vermont, New York City, and San Diego).

### Ever Used Cocaine

Across the seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having used any form of cocaine (e.g., powder, crack, or freebase) one or more times during their life (i.e., ever used cocaine) and sexual identity, the prevalence of having ever used cocaine ranged from 2.7% to 6.9% (median: 4.1%) among heterosexual students, from 11.3% to 29.1% (median: 22.3%) among gay or lesbian students, from 10.7% to 22.5% (median: 17.7%) among bisexual students, and from 7.7% to 17.6% (median: 13.3%) among unsure students (Table 45). The prevalence of having ever used cocaine was lower among heterosexual than gay or lesbian students in all seven sites, lower among heterosexual than bisexual students in all seven sites, and lower among heterosexual than unsure students in all seven sites. The prevalence of having ever used cocaine was higher among gay or lesbian than unsure students in three sites (Massachusetts, Rhode Island, and San Francisco) and higher among bisexual than unsure students in one site (San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever used cocaine and sex of sexual contacts, the prevalence of having ever used cocaine ranged from 3.3% to 15.0% (median: 7.9%) among students who only had sexual contact with the opposite sex, from 8.2% to 19.8% (median: 16.0%) among students who only had sexual contact with the same sex, and from 17.7% to 37.7% (median: 26.1%) among students who had sexual contact with both sexes. The prevalence of having ever used cocaine was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Maine, Massachusetts, Rhode Island, Boston, Chicago, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in six sites (Connecticut, Massachusetts, Wisconsin, Boston, Milwaukee, and New York City).

### Current Cocaine Use

Across the eight sites (Delaware, Maine, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used any form of cocaine (e.g., powder, crack, or freebase) one or more times during the 30 days before the survey (i.e., current cocaine use) and sexual identity, the prevalence of current cocaine use ranged from 0.7% to 3.7% (median: 1.8%) among heterosexual students, from 5.1% to 20.8% (median: 16.6%) among gay or lesbian students, from 3.2% to 25.0% (median: 11.0%) among bisexual students, and from 3.9% to 27.1% (median: 11.1%) among unsure students (Table 46). The prevalence of current cocaine use was lower among heterosexual than gay or lesbian students in five sites (Delaware, Rhode Island, Vermont, Chicago, and San Francisco), lower among heterosexual than bisexual students in seven sites (Delaware, Maine, Rhode Island, Vermont, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in six sites (Delaware, Maine, Rhode Island, Vermont, Chicago, and San Francisco). The prevalence of current cocaine use was higher among gay or lesbian than bisexual students in
two sites (Vermont and San Francisco) and higher among gay or lesbian than unsure students in two sites (Vermont and San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed current cocaine use and sex of sexual contacts, the prevalence of current cocaine use ranged from 0.5% to 8.1% (median: 2.9%) among students who only had sexual contact with the opposite sex, from 0.0% to 17.6% (median: 9.2%) among students who only had sexual contact with the same sex, and from 2.4% to 39.2% (median: 16.4%) among students who had sexual contact with both sexes. The prevalence of current cocaine use was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in five sites (Delaware, Maine, Rhode Island, Vermont, and Chicago), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Rhode Island, Vermont, Wisconsin, Chicago, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Connecticut, Vermont, New York City, and San Diego).

**Ever Used Inhalants**

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life (i.e., ever used inhalants) and sexual identity, the prevalence of having ever used inhalants ranged from 5.0% to 12.4% (median: 7.6%) among heterosexual students, from 14.7% to 42.6% (median: 26.1%) among gay or lesbian students, from 19.7% to 40.4% (median: 25.9%) among bisexual students, and from 11.6% to 29.7% (median: 18.9%) among unsure students (Table 47). The prevalence of having ever used inhalants was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in all eight sites, and lower among heterosexual than unsure students in six sites (Delaware, Maine, Rhode Island, Chicago, New York City, and San Francisco). The prevalence of having ever used inhalants was lower among gay or lesbian than bisexual students in two sites (Delaware and New York City), higher among gay or lesbian than unsure students in two sites (Massachusetts and San Francisco), and higher among bisexual than unsure students in two sites (Maine and San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever used inhalants and sex of sexual contacts, the prevalence of having ever used inhalants ranged from 5.8% to 15.9% (median: 10.9%) among students who only had sexual contact with the opposite sex, from 13.9% to 27.1% (median: 17.1%) among students who only had sexual contact with the same sex, and from 21.7% to 41.5% (median: 34.2%) among students who had sexual contact with both sexes. The prevalence of having ever used inhalants was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Delaware, Maine, Rhode Island, Chicago, Milwaukee, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the opposite sex than students who had sexual contact with the same sex than students who had sexual contact with both sexes in six sites (Connecticut, Massachusetts, Rhode Island, Wisconsin, New York City, and San Diego).

**Ever Used Ecstasy**

Across the seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having used ecstasy (also called "MDMA") one or more times during their life (i.e., ever used ecstasy) and sexual identity, the prevalence of having ever used ecstasy ranged from 2.6% to 6.5% (median: 4.6%) among heterosexual students, from 11.2% to 30.2% (median: 22.9%) among gay or lesbian students, from 13.3% to 22.2% (median: 20.4%) among bisexual students, and from 8.3% to 18.7% (median:
The prevalence of having ever used ecstasy was lower among heterosexual than gay or lesbian students in six sites (Delaware, Massachusetts, Rhode Island, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in all seven sites, and lower among heterosexual than unsure students in five sites (Delaware, Massachusetts, Rhode Island, Chicago, and New York City). The prevalence of having ever used ecstasy was higher among gay or lesbian than unsure students in two sites (Rhode Island and San Francisco) and higher among bisexual than unsure students in one site (San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever used ecstasy and sex of sexual contacts, the prevalence of having ever used ecstasy ranged from 3.8% to 14.5% (median: 7.3%) among students who only had sexual contact with the opposite sex, from 8.7% to 23.3% (median: 18.3%) among students who only had sexual contact with the same sex, and from 16.9% to 37.6% (median: 25.2%) among students who had sexual contact with both sexes. The prevalence of having ever used ecstasy was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in seven sites (Connecticut, Delaware, Maine, Rhode Island, Chicago, Milwaukee, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Delaware, Massachusetts, New York City, and San Diego).

**Ever Used Heroin**

Across the eight sites (Delaware, Maine, Massachusetts, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used heroin (also called "smack," "junk," or "China White") one or more times during their life (i.e., ever used heroin) and sexual identity, the prevalence of having ever used heroin ranged from 1.1% to 2.6% (median: 1.8%) among heterosexual students, from 8.9% to 22.5% (median: 17.7%) among gay or lesbian students, from 6.6% to 24.4% (median: 9.6%) among bisexual students, and from 5.4% to 30.5% (median: 13.0%) among unsure students (Table 49). The prevalence of having ever used heroin was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Massachusetts, Vermont, Boston, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in all eight sites, and lower among heterosexual than unsure students in all eight sites. The prevalence of having ever used heroin was higher among gay or lesbian than bisexual students in six sites (Delaware, Massachusetts, Vermont, Boston, Chicago, and San Francisco), higher among gay or lesbian than unsure students in three sites (Vermont, Boston, and San Francisco), and lower among bisexual than unsure students in one site (Delaware).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever used heroin and sex of sexual contacts, the prevalence of having ever used heroin ranged from 1.3% to 5.3% (median: 2.9%) among students who only had sexual contact with the opposite sex, from 7.5% to 18.8% (median: 11.2%) among students who only had sexual contact with the same sex, and from 9.9% to 35.8% (median: 17.7%) among students who had sexual contact with both sexes. The prevalence of having ever used heroin was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Chicago, Milwaukee, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in three sites (Massachusetts, Vermont, and San Diego).

**Ever Used Methamphetamine**
Across the eight sites (Delaware, Maine, Massachusetts, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used methamphetamines (also called "speed," "crystal," "crank," or "ice") one or more times during their life (i.e., ever used methamphetamines) and sexual identity, the prevalence of having ever used methamphetamines ranged from 1.6% to 4.0% (median: 3.4%) among heterosexual students, from 10.6% to 25.2% (median: 21.5%) among gay or lesbian students, from 9.7% to 23.0% (median: 14.9%) among bisexual students, and from 6.5% to 29.5% (median: 13.2%) among unsure students (Table 50). The prevalence of having ever used methamphetamines was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Massachusetts, Vermont, Boston, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in seven sites (Delaware, Massachusetts, Vermont, Boston, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in all eight sites. The prevalence of having ever used methamphetamines was higher among gay or lesbian than bisexual students in one site (Vermont), higher among gay or lesbian than unsure students in two sites (Vermont and San Francisco), and higher among bisexual than unsure students in one site (San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever used methamphetamines and sex of sexual contacts, the prevalence of having ever used methamphetamines ranged from 2.2% to 14.1% (median: 4.3%) among students who only had sexual contact with the opposite sex, from 9.6% to 22.0% (median: 15.7%) among students who only had sexual contact with the same sex, and from 12.3% to 44.2% (median: 21.6%) among students who had sexual contact with both sexes. The prevalence of having ever used methamphetamines was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Wisconsin, Boston, Chicago, Milwaukee, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 11 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in three sites (Massachusetts, Vermont, and San Diego).

Ever Took Steroids Without a Doctor's Prescription

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having taken steroid pills or shots without a doctor's prescription one or more times during their life (i.e., ever took steroids without a doctor's prescription) and sexual identity, the prevalence of having ever taken steroids without a doctor's prescription ranged from 1.7% to 3.4% (median: 2.4%) among heterosexual students, from 6.8% to 25.3% (median: 17.1%) among gay or lesbian students, from 6.6% to 28.1% (median: 10.6%) among bisexual students, and from 7.2% to 16.6% (median: 12.4%) among unsure students (Table 51). The prevalence of having ever taken steroids without a doctor's prescription was lower among heterosexual than gay or lesbian students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco). The prevalence of having ever taken steroids without a doctor's prescription was higher among gay or lesbian than bisexual students in four sites (Delaware, Massachusetts, Rhode Island, and Vermont) and higher among gay or lesbian than unsure students in four sites (Massachusetts, Rhode Island, Vermont, and San Francisco).

Across the 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Diego) that assessed having ever taken steroids without a doctor's prescription and sex of sexual contacts, the prevalence of having ever taken steroids without a doctor's prescription ranged from 1.9% to 6.8% (median: 3.8%) among students who only had sexual contact with the opposite sex, from 8.7% to 19.3% (median: 12.6%) among students who only had sexual contact with the same sex, and from 10.2% to 31.8% (median: 15.2%) among students who had sexual contact with both sexes. The prevalence of having ever taken steroids without a doctor's prescription was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in eight sites (Connecticut, Maine,
Massachusetts, Rhode Island, Vermont, Boston, Chicago, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 10 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in two sites (Massachusetts and Vermont).

**Ever Injected Any Illegal Drug**

Across the eight sites (Delaware, Maine, Massachusetts, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having used a needle to inject any illegal drug into their body one or more times during their life (i.e., ever injected any illegal drug) and sexual identity, the prevalence of having ever injected any illegal drug ranged from 1.2% to 2.8% (median: 1.5%) among heterosexual students, from 8.0% to 18.2% (median: 14.9%) among gay or lesbian students, from 4.9% to 12.5% (median: 7.6%) among bisexual students, and from 4.1% to 19.3% (median: 10.3%) among unsure students (Table 52). The prevalence of having ever injected any illegal drug was lower among heterosexual than gay or lesbian students in all eight sites, lower among heterosexual than bisexual students in all eight sites, and lower among heterosexual than unsure students in all eight sites. The prevalence of having ever injected any illegal drug was higher among gay or lesbian than bisexual students in three sites (Delaware, Massachusetts, and Vermont) and higher among gay or lesbian than unsure students in three sites (Massachusetts, Vermont, and San Francisco).

Across the nine sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Boston, Chicago, New York City, and San Diego) that assessed having ever injected any illegal drug and sex of sexual contacts, the prevalence of having ever injected any illegal drug ranged from 1.1% to 3.9% (median: 2.6%) among students who only had sexual contact with the opposite sex, from 3.7% to 16.5% (median: 8.9%) among students who only had sexual contact with the same sex, and from 5.9% to 30.6% (median: 14.1%) among students who had sexual contact with both sexes. The prevalence of having ever injected any illegal drug was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in seven sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Chicago, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in eight sites (Connecticut, Delaware, Maine, Massachusetts, Vermont, Boston, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Massachusetts, Vermont, Boston, and New York City).

**Offered, Sold, or Given an Illegal Drug on School Property**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having been offered, sold, or given an illegal drug by someone on school property during the 12 months before the survey and sexual identity, the prevalence of having been offered, sold, or given an illegal drug on school property ranged from 21.2% to 35.7% (median: 24.6%) among heterosexual students, from 33.2% to 47.3% (median: 40.9%) among gay or lesbian students, from 32.8% to 52.3% (median: 37.2%) among bisexual students, and from 23.8% to 43.0% (median: 27.8%) among unsure students (Table 53). The prevalence of having been offered, sold, or given an illegal drug on school property was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Vermont, Boston, Chicago, and New York City), lower among heterosexual than bisexual students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco), lower among heterosexual than unsure students in three sites (Maine, Massachusetts, and Vermont), and higher among heterosexual than unsure students in one site (Chicago). The prevalence of having been offered, sold, or given an illegal drug on school property was higher among gay or lesbian than unsure students in three sites (Vermont, Chicago, and New York City) and higher among bisexual than unsure students in six sites (Delaware, Vermont, Boston, Chicago, New York City, and San Francisco).
Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having been offered, sold, or given an illegal drug by someone on school property and sex of sexual contacts, the prevalence of having been offered, sold, or given an illegal drug on school property ranged from 26.4% to 47.9% (median: 32.4%) among students who only had sexual contact with the opposite sex, from 22.0% to 51.6% (median: 37.6%) among students who only had sexual contact with the same sex, and from 38.4% to 64.5% (median: 50.9%) among students who had sexual contact with both sexes. The prevalence of having been offered, sold, or given an illegal drug on school property was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in three sites (Rhode Island, Wisconsin, and Boston), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all 12 sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Delaware, Maine, Massachusetts, Vermont, and Chicago).

Sexual Behaviors that Contribute to Unintended Pregnancy and Sexually Transmitted Diseases, Including HIV Infection

Ever Had Sexual Intercourse

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having ever had sexual intercourse and sexual identity, the prevalence of having ever had sexual intercourse ranged from 28.4% to 56.2% (median: 44.1%) among heterosexual students, from 36.6% to 80.6% (median: 67.1%) among gay or lesbian students, from 58.7% to 82.7% (median: 69.0%) among bisexual students, and from 20.5% to 48.9% (median: 43.0%) among unsure students (Table 54). The prevalence of having ever had sexual intercourse was lower among heterosexual than gay or lesbian students in five sites (Delaware, Massachusetts, Rhode Island, Chicago, and New York City), lower among heterosexual than bisexual students in all eight sites, and higher among heterosexual than unsure students in three sites (Delaware, Boston, and San Francisco). The prevalence of having ever had sexual intercourse was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco), and higher among bisexual than unsure students in all eight sites.

Had First Sexual Intercourse Before Age 13 Years

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having had sexual intercourse for the first time before age 13 years and sexual identity, the prevalence of having had sexual intercourse before age 13 years ranged from 4.3% to 11.2% (median: 4.8%) among heterosexual students, from 13.3% to 28.5% (median: 19.8%) among gay or lesbian students, from 9.0% to 23.3% (median: 14.6%) among bisexual students, and from 5.7% to 23.6% (median: 13.1%) among unsure students (Table 55). The prevalence of having had sexual intercourse before age 13 years was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, New York City, and San Francisco), lower among heterosexual than bisexual students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco), and lower among heterosexual than unsure students in four sites (Maine, Massachusetts, Vermont, and Chicago). The prevalence of having had sexual intercourse before age 13 years was higher among gay or lesbian than bisexual students in two sites (Rhode Island and Vermont), higher among gay or lesbian than unsure students in three sites (Delaware, Rhode Island, and Vermont), and higher among bisexual than unsure students in four sites (Delaware, Rhode Island, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having had sexual intercourse for the first time before age 13 years and sex of sexual contacts, the prevalence of having had sexual intercourse before age 13 years ranged from 5.3% to 17.8% (median: 12.4%) among students who only had sexual contact with the
opposite sex, from 10.1% to 33.5% (median: 15.8%) among students who only had sexual contact with the same sex, and from 13.5% to 42.6% (median: 22.9%) among students who had sexual contact with both sexes. The prevalence of having had sexual intercourse before age 13 years was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in three sites (Delaware, Massachusetts, and Vermont), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Milwaukee, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in five sites (Connecticut, Maine, Massachusetts, Vermont, and San Diego).

**Had Sexual Intercourse with Four or More Persons During Their Life**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having had sexual intercourse with four or more persons during their life and sexual identity, the prevalence of having had sexual intercourse with four or more persons ranged from 7.6% to 20.7% (median: 11.1%) among heterosexual students, from 10.6% to 39.9% (median: 29.9%) among gay or lesbian students, from 22.9% to 37.0% (median: 28.2%) among bisexual students, and from 6.6% to 23.8% (median: 18.8%) among unsure students ([Table 56](#table56)). The prevalence of having had sexual intercourse with four or more persons was lower among heterosexual than gay or lesbian students in six sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, and New York City), lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in three sites (Maine, Massachusetts, and Vermont). The prevalence of having had sexual intercourse with four or more persons was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in four sites (Delaware, Massachusetts, Vermont, and New York City), and higher among bisexual than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having had sexual intercourse with four or more persons and sex of sexual contacts, the prevalence of having had sexual intercourse with four or more persons ranged from 15.7% to 35.6% (median: 25.8%) among students who only had sexual contact with the opposite sex, from 11.4% to 37.3% (median: 26.8%) among students who only had sexual contact with the same sex, and from 32.6% to 68.0% (median: 44.1%) among students who had sexual contact with both sexes. The prevalence of having had sexual intercourse with four or more persons was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in two sites (Massachusetts and Vermont), higher among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (San Diego), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in 10 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, and San Diego).

**Currently Sexually Active**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having had sexual intercourse with at least one person during the 3 months before the survey (i.e., currently sexually active) and sexual identity, the prevalence of being currently sexually active ranged from 19.3% to 41.6% (median: 32.0%) among heterosexual students, from 25.0% to 62.9% (median: 53.2%) among gay or lesbian students, from 44.3% to 61.5% (median: 52.6%) among bisexual students, and from 14.3% to 36.1% (median: 32.0%) among unsure students ([Table 57](#table57)). The prevalence of being currently sexually active was lower among heterosexual than gay or lesbian students in six sites
(Delaware, Massachusetts, Rhode Island, Vermont, Chicago, and New York City), lower among heterosexual than bisexual students in all nine sites, and higher among heterosexual than unsure students in one site (San Francisco). The prevalence of being currently sexually active was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in seven sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and New York City), and higher among bisexual than unsure students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed being currently sexually active and sex of sexual contacts, the prevalence of being currently sexually active ranged from 50.8% to 74.9% (median: 59.0%) among students who only had sexual contact with the opposite sex, from 46.7% to 68.0% (median: 52.4%) among students who only had sexual contact with the same sex, and from 58.1% to 87.4% (median: 64.9%) among students who had sexual contact with both sexes. The prevalence of being currently sexually active was higher among students who only had sexual contact with the opposite sex than students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in one site (Maine), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in six sites (Delaware, Massachusetts, Vermont, Wisconsin, Boston, and New York City), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Diego).

**Condom Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among currently sexually active students, having used a condom during their last sexual intercourse and sexual identity, the prevalence of condom use ranged from 61.3% to 72.8% (median: 65.5%) among heterosexual students, from 17.2% to 57.8% (median: 35.8%) among gay or lesbian students, from 42.6% to 54.8% (median: 53.7%) among bisexual students, and from 32.3% to 73.4% (median: 52.7%) among unsure students (Table 58). The prevalence of condom use was higher among heterosexual than gay or lesbian students in six sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, and New York City), higher among heterosexual than bisexual students in six sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, and New York City), and higher among heterosexual than unsure students in three sites (Delaware, Vermont, and New York City). The prevalence of condom use was lower among gay or lesbian than bisexual students in two sites (Delaware and Maine), lower among gay or lesbian than unsure students in two sites (Maine and Vermont), and higher among bisexual than unsure students in one site (Delaware).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed, among currently sexually active students, having used a condom during last sexual intercourse and sex of sexual contacts, the prevalence of condom use ranged from 58.9% to 73.5% (median: 64.2%) among students who only had sexual contact with the opposite sex, from 42.5% to 62.6% (median: 59.6%) among male students who only had sexual contact with males, and from 34.4% to 53.8% (median: 44.1%) among students who had sexual contact with both sexes. The prevalence of condom use was higher among students who only had sexual contact with the opposite sex than male students who only had sexual contact with males in two sites (Vermont and Chicago), higher among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in eleven sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Milwaukee, New York City, and San Diego), and higher among male students who only had sexual contact with males than students who had sexual contact with both sexes in one site (Massachusetts).

**Birth Control Pill Use**
Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among currently sexually active students, having used birth control pills to prevent pregnancy before last sexual intercourse and sexual identity, the prevalence of birth control pill use ranged from 6.5% to 36.9% (median: 18.0%) among heterosexual students, from 0.0% to 15.1% (median: 10.5%) among gay or lesbian students, from 7.5% to 26.4% (median: 16.2%) among bisexual students, and from 4.2% to 25.2% (median: 15.5%) among unsure students (Table 59). The prevalence of birth control pill use was higher among heterosexual than gay or lesbian students in five sites (Delaware, Maine, Massachusetts, Vermont, and Chicago), higher among heterosexual than bisexual students in three sites (Maine, Massachusetts, and Vermont), and higher among heterosexual than unsure students in three sites (Maine, Vermont, and San Francisco). The prevalence of birth control pill use was lower among gay or lesbian than bisexual students in two sites (Delaware and Chicago), lower among gay or lesbian than unsure students in two sites (Massachusetts and Chicago), and higher among bisexual than unsure students in one site (San Francisco).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed, among currently sexually active students, having used birth control pills before last sexual intercourse to prevent pregnancy and sex of sexual contacts, the prevalence of birth control pill use ranged from 6.3% to 37.4% (median: 20.1%) among students who only had sexual contact with the opposite sex and from 6.9% to 21.4% (median: 16.9%) among students who had sexual contact with both sexes. The prevalence of birth control pill use was higher among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in three sites (Delaware, Maine, and Vermont).

**Depo-Provera Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among currently sexually active students, having used Depo-Provera to prevent pregnancy before last sexual intercourse and sexual identity, the prevalence of Depo-Provera use ranged from 1.4% to 5.3% (median: 3.6%) among heterosexual students, from 0.0% to 6.3% (median: 3.7%) among gay or lesbian students, from 1.1% to 10.4% (median: 3.4%) among bisexual students, and from 0.0% to 9.2% (median: 5.1%) among unsure students (Table 60). The prevalence of Depo-Provera use was higher among heterosexual than gay or lesbian students in two sites (Massachusetts and Rhode Island) and higher among heterosexual than unsure students in two sites (Delaware and New York City). The prevalence of Depo-Provera use was lower among gay or lesbian than bisexual students in one site (Rhode Island), lower among gay or lesbian than unsure students in one site (Massachusetts), and higher among bisexual than unsure students in one site (Massachusetts and Rhode Island).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed, among currently sexually active students, having used Depo-Provera to prevent pregnancy before last sexual intercourse and sex of sexual contacts, the prevalence of Depo-Provera use ranged from 1.2% to 10.3% (median: 3.8%) among students who only had sexual contact with the opposite sex and from 1.9% to 8.3% (median: 5.1%) among students who had sexual contact with both sexes. No differences were detected between students who only had sexual contact with the opposite sex and students who had sexual contact with both sexes.

**Birth Control Pill Use or Depo-Provera Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among currently sexually active students, having used birth control pills or Depo-Provera to prevent pregnancy before last sexual intercourse and sexual identity, the prevalence of birth control pill use or Depo-Provera use ranged from 7.9% to 41.8% (median: 21.5%) among heterosexual students, from 3.7% to 21.4% (median: 10.5%) among gay or lesbian students, from 10.0% to 30.8% (median: 20.8%) among bisexual students, and from 6.1% to 31.8% (median: 19.6%) among unsure students (Table 61). The
prevalence of birth control pill use or Depo-Provera use was higher among heterosexual than gay or lesbian students in six sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, and Chicago), higher among heterosexual than bisexual students in two sites (Maine and Massachusetts), and higher among heterosexual than unsure students in three sites (Delaware, Maine, and Vermont). The prevalence of birth control pill use or Depo-Provera use was lower among gay or lesbian than bisexual students in one site (Delaware) and lower among gay or lesbian than unsure students in two sites (Massachusetts and Chicago).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed, among currently sexually active students, having used birth control pills or Depo-Provera to prevent pregnancy before last sexual intercourse and sex of sexual contacts, the prevalence of birth control pill use or Depo-Provera use ranged from 7.5% to 42.3% (median: 23.0%) among students who only had sexual contact with the opposite sex and from 10.8% to 28.0% (median: 22.5%) among students who had sexual contact with both sexes. The prevalence of birth control pill use or Depo-Provera use was higher among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in three sites (Delaware, Maine, and Vermont).

**Condom Use and Birth Control Pill or Depo-Provera Use**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among currently sexually active students, having used both a condom during last sexual intercourse and birth control pills or Depo-Provera to prevent pregnancy before last sexual intercourse and sexual identity, the prevalence of both condom use and birth control pill or Depo-Provera use ranged from 3.1% to 16.7% (median: 7.6%) among heterosexual students, from 0.0% to 15.7% (median: 4.5%) among gay or lesbian students, from 1.7% to 12.9% (median: 6.2%) among bisexual students, and from 0.0% to 13.0% (median: 7.2%) among unsure students (Table 62). The prevalence of both condom use and birth control pill or Depo-Provera use was higher among heterosexual than gay or lesbian students in three sites (Maine, Massachusetts, and Rhode Island), higher among heterosexual than bisexual students in three sites (Maine, Vermont, and Chicago), and higher among heterosexual than unsure students in one site (Delaware). The prevalence of both condom use and birth control pill or Depo-Provera use was lower among gay or lesbian than bisexual students in one site (Rhode Island) and higher among bisexual than unsure students in one site (Delaware).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed, among currently sexually active students, having used both a condom during last sexual intercourse and birth control pills or Depo-Provera to prevent pregnancy before last sexual intercourse and sex of sexual contacts, the prevalence of both condom use and birth control pill or Depo-Provera use ranged from 3.3% to 14.8% (median: 8.4%) among students who only had sexual contact with the opposite sex and from 1.2% to 8.2% (median: 4.7%) among students who had sexual contact with both sexes. The prevalence of both condom use and birth control pill or Depo-Provera use was higher among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in four sites (Connecticut, Delaware, Maine, and Vermont).

**Drank Alcohol or Used Drugs Before Last Sexual Intercourse**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed, among currently sexually active students, having drunk alcohol or used drugs before last sexual intercourse and sexual identity, the prevalence of having drunk alcohol or used drugs before last sexual intercourse ranged from 14.4% to 23.9% (median: 18.7%) among heterosexual students, from 21.6% to 48.0% (median: 35.1%) among gay or lesbian students, from 14.2% to 42.4% (median: 29.9%) among bisexual students, and from 27.5% to 47.6% (median: 37.9%) among unsure students (Table 63). The prevalence of having drunk alcohol or used drugs before last sexual intercourse was lower among heterosexual than gay or lesbian students in four sites (Delaware, Massachusetts, Vermont, and Boston), lower among...
heterosexual than bisexual students in six sites (Delaware, Massachusetts, Vermont, Boston, New York City, and San Francisco), and lower among heterosexual than unsure students in seven sites (Delaware, Maine, Massachusetts, Vermont, Chicago, New York City, and San Francisco). The prevalence of having drunk alcohol or used drugs before last sexual intercourse was higher among gay or lesbian than bisexual students in one site (Delaware) and lower among bisexual than unsure students in one site (Vermont).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having drunk alcohol or used drugs before last sexual intercourse and sex of sexual contacts, the prevalence of having drunk alcohol or used drugs before last sexual intercourse ranged from 14.0% to 24.8% (median: 20.7%) among students who only had sexual contact with the opposite sex, from 18.1% to 39.4% (median: 27.2%) among students who only had sexual contact with the same sex, and from 24.1% to 57.6% (median: 35.0%) among students who had sexual contact with both sexes. The prevalence of having drunk alcohol or used drugs before last sexual intercourse was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in two sites (Delaware and Vermont), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in eight sites (Connecticut, Delaware, Massachusetts, Rhode Island, Vermont, Boston, New York City, and San Diego), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Massachusetts, Vermont, Boston, and San Diego).

Were Taught in School About AIDS or HIV Infection

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed having ever been taught in school about AIDS or HIV infection and sexual identity, the prevalence of having ever been taught in school about AIDS or HIV infection ranged from 82.0% to 91.4% (median: 87.7%) among heterosexual students, from 72.2% to 82.5% (median: 77.4%) among gay or lesbian students, from 72.9% to 89.6% (median: 82.8%) among bisexual students, and from 56.5% to 80.7% (median: 72.5%) among unsure students (Table 64). The prevalence of having ever been taught in school about AIDS or HIV infection was higher among heterosexual than gay or lesbian students in five sites (Delaware, Maine, Massachusetts, Rhode Island, and San Francisco), higher among heterosexual than bisexual students in two sites (Rhode Island and Boston), and higher among heterosexual than unsure students in all eight sites. The prevalence of having ever been taught in school about AIDS or HIV infection was lower among gay or lesbian than bisexual students in one site (Massachusetts), higher among gay or lesbian than unsure students in one site (Boston), and higher among bisexual than unsure students in six sites (Delaware, Massachusetts, Boston, Chicago, New York City, and San Francisco).

Across the 11 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed having ever been taught in school about AIDS or HIV infection and sex of sexual contacts, the prevalence of having ever been taught in school about AIDS or HIV infection ranged from 83.4% to 93.5% (median: 89.5%) among students who only had sexual contact with the opposite sex, from 73.3% to 92.2% (median: 77.5%) among students who only had sexual contact with the same sex, and from 73.9% to 88.1% (median: 84.6%) among students who had sexual contact with both sexes. The prevalence of having ever been taught in school about AIDS or HIV infection was higher among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in seven sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Boston, and Chicago), higher among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in five sites (Connecticut, Delaware, Massachusetts, Wisconsin, and Boston), lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Maine), and higher among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Wisconsin).

Dietary Behaviors
Weight Control

Did Not Eat for 24 or More Hours to Lose Weight or to Keep From Gaining Weight

Across the eight sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Francisco) that assessed not eating for 24 or more hours to lose weight or to keep from gaining weight during the 30 days before the survey and sexual identity, the prevalence of not eating for 24 or more hours to lose weight or to keep from gaining weight ranged from 6.4% to 11.3% (median: 10.3%) among heterosexual students, from 16.8% to 34.8% (median: 25.0%) among gay or lesbian students, from 20.9% to 29.2% (median: 26.6%) among bisexual students, and from 12.8% to 23.4% (median: 20.2%) among unsure students (Table 78). The prevalence of not eating for 24 or more hours to lose weight or to keep from gaining weight was lower among heterosexual than gay or lesbian students in six sites (Delaware, Maine, Massachusetts, Rhode Island, Boston, and Chicago), lower among heterosexual than bisexual students in all eight sites, and lower among heterosexual than unsure students in all eight sites. The prevalence of not eating for 24 or more hours to lose weight or to keep from gaining weight was higher among gay or lesbian than unsure students in one site (Chicago) and higher among bisexual than unsure students in three sites (Massachusetts, Rhode Island, and San Francisco).

Across the nine sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Boston, Chicago, New York City, and San Diego) that assessed not eating for 24 or more hours to lose weight or to keep from gaining weight and sex of sexual contacts, the prevalence of not eating for 24 or more hours to lose weight or to keep from gaining weight ranged from 10.2% to 12.7% (median: 11.3%) among students who only had sexual contact with the opposite sex, from 7.7% to 27.5% (median: 19.0%) among students who only had sexual contact with the same sex, and from 18.1% to 32.0% (median: 30.4%) among students who had sexual contact with both sexes. The prevalence of not eating for 24 or more hours to lose weight or to keep from gaining weight was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in five sites (Delaware, Massachusetts, Rhode Island, Boston, and Chicago), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all nine sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in four sites (Connecticut, Maine, Massachusetts, and Rhode Island).

Took Diet Pills, Powders, or Liquids to Lose Weight or to Keep From Gaining Weight

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight during the 30 days before the survey and sexual identity, the prevalence of having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight ranged from 2.7% to 5.7% (median: 4.8%) among heterosexual students, from 3.5% to 26.6% (median: 17.0%) among gay or lesbian students, from 9.9% to 20.8% (median: 13.8%) among bisexual students, and from 6.0% to 13.2% (median: 11.5%) among unsure students (Table 79). The prevalence of having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight was lower among heterosexual than gay or lesbian students in seven sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, and Chicago), lower among heterosexual than bisexual students in eight sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco), and lower among heterosexual than unsure students in five sites (Delaware, Maine, Vermont, Boston, and San Francisco). The prevalence of having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight was lower among gay or lesbian than bisexual students in one site (San Francisco), higher among gay or lesbian than unsure students in two sites (Massachusetts and Vermont), and higher among bisexual than unsure students in one site (Massachusetts).
Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Diego) that assessed having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight and sex of sexual contacts, the prevalence of having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight ranged from 4.7% to 9.4% (median: 6.2%) among students who only had sexual contact with the opposite sex, from 8.2% to 15.6% (median: 13.7%) among students who only had sexual contact with the same sex, and from 9.9% to 26.9% (median: 17.2%) among students who had sexual contact with both sexes. The prevalence of having taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Delaware, Maine, Massachusetts, Vermont, Boston, and Chicago), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in eight sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, and New York City), and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in two sites (Massachusetts and Vermont).

**Vomited or Took Laxatives to Lose Weight or to Keep From Gaining Weight**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed having vomited or taken laxatives to lose weight or to keep from gaining weight during the 30 days before the survey and sexual identity, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight ranged from 2.8% to 6.0% (median: 4.5%) among heterosexual students, from 12.9% to 19.8% (median: 17.5%) among gay or lesbian students, from 11.9% to 17.5% (median: 15.8%) among bisexual students, and from 7.2% to 17.4% (median: 12.8%) among unsure students (Table 80). The prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was lower among heterosexual than gay or lesbian students in all nine sites, lower among heterosexual than bisexual students in all nine sites, and lower among heterosexual than unsure students in all nine sites. The prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was higher among gay or lesbian than unsure students in one site (Rhode Island) and higher among bisexual than unsure students in two sites (Massachusetts and Rhode Island).

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Diego) that assessed having vomited or taken laxatives to lose weight or to keep from gaining weight and sex of sexual contacts, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight ranged from 3.5% to 6.4% (median: 4.9%) among students who only had sexual contact with the opposite sex, from 4.6% to 18.2% (median: 12.3%) among students who only had sexual contact with the same sex, and from 15.0% to 29.9% (median: 17.0%) among students who had sexual contact with both sexes. The prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in six sites (Delaware, Massachusetts, Rhode Island, Vermont, Boston, and New York City), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in all nine sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in all nine sites, and lower among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in three sites (Massachusetts, Vermont, and San Diego).

**Health Outcomes**

**Obesity**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed obesity (from self-reported height and weight) and sexual identity, the prevalence of obesity ranged from 9.3% to 14.9% (median: 10.6%) among heterosexual students, from 11.5% to 22.8% (median: 14.3%) among gay or lesbian students, from 13.5% to 21.9% (median: 17.1%) among bisexual
students, and from 7.7% to 26.1% (median: 13.8%) among unsure students (Table 81). The prevalence of obesity was lower among heterosexual than gay or lesbian students in two sites (Rhode Island and Vermont), lower among heterosexual than bisexual students in four sites (Delaware, Massachusetts, Vermont, and New York City), and lower among heterosexual than unsure students in three sites (Delaware, Massachusetts, and Vermont). The prevalence of obesity was higher among gay or lesbian than unsure students in one site (Vermont) and higher among bisexual than unsure students in one site (Maine).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed obesity and sex of sexual contacts, the prevalence of obesity ranged from 7.8% to 16.6% (median: 9.4%) among students who only had sexual contact with the opposite sex, from 10.3% to 22.3% (median: 14.3%) among students who only had sexual contact with the same sex, and from 8.0% to 22.1% (median: 16.4%) among students who had sexual contact with both sexes. The prevalence of obesity was lower among students who only had sexual contact with the opposite sex than students who only had sexual contact with the same sex in two sites (Connecticut and Vermont), lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in six sites (Maine, Massachusetts, Rhode Island, Vermont, Boston, and New York City), and higher among students who only had sexual contact with the same sex than students who had sexual contact with both sexes in one site (Connecticut).

**Overweight**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed overweight (from self-reported height and weight) and sexual identity, the prevalence of overweight ranged from 12.4% to 19.1% (median: 16.1%) among heterosexual students, from 10.1% to 30.4% (median: 16.4%) among gay or lesbian students, from 14.7% to 28.9% (median: 19.3%) among bisexual students, and from 13.3% to 22.1% (median: 16.8%) among unsure students (Table 82). The prevalence of overweight was lower among heterosexual than gay or lesbian students in one site (Maine), lower among heterosexual than bisexual students in five sites (Delaware, Maine, Massachusetts, Vermont, and New York City), and lower among heterosexual than unsure students in one site (Rhode Island). The prevalence of overweight was lower among gay or lesbian than bisexual students in one site (Delaware).

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed overweight and sex of sexual contacts, the prevalence of overweight ranged from 13.2% to 20.1% (median: 15.7%) among students who only had sexual contact with the opposite sex, from 12.8% to 25.1% (median: 17.3%) among students who only had sexual contact with the same sex, and from 15.2% to 24.9% (median: 19.0%) among students who had sexual contact with both sexes. The prevalence of overweight was lower among students who only had sexual contact with the opposite sex than students who had sexual contact with both sexes in four sites (Connecticut, Delaware, Massachusetts, and Rhode Island).

**Differences by Sex Subgroups**

Across the nine sites (Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco) that assessed sexual identity, the prevalence among sexual minority male students (as defined by sexual identity [i.e., gay and bisexual]) was higher than the prevalence among heterosexual male students for a range of 46.0% to 87.5% (median: 65.8%) of all the risk behaviors measured, the same as the prevalence among heterosexual male students for a range of 8.9% to 51.4% (median: 34.2%) of all the risk behaviors measured, and lower than the prevalence among heterosexual male students for a range of 0.0% to 3.6% (median: 0.0%) of all the risk behaviors measured. Similarly, the prevalence among sexual minority female students (i.e., lesbian and bisexual) was higher than the prevalence among heterosexual female students for a range of 60.5% to 90.0% (median: 72.0%) of all the risk behaviors measured, the same as the prevalence among heterosexual female students for a range of 8.6% to 39.1% (median: 26.7%) of all the risk behaviors...
measured, and lower than the prevalence among heterosexual female students for a range of 0.0% to 3.9% (median: 0.0%) of all the risk behaviors measured.

Across the 12 sites (Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, Wisconsin, Boston, Chicago, Milwaukee, New York City, and San Diego) that assessed sex of sexual contacts, the prevalence among sexual minority male students, as defined by sex of sexual contacts (i.e., male students who only had sexual contact with males and male students who had sexual contact with both sexes), was higher than the prevalence among male students who only had sexual contact with females for a range of 16.7% to 78.9% (median: 48.2%) of all the risk behaviors measured, the same as the prevalence as among male students who only had sexual contact with females for a range of 17.5% to 83.3% (median: 51.1%) of all the risk behaviors measured, and lower than the prevalence among male students who only had sexual contact with females for a range of 1.5% to 4.2% (median: 0.0%) of all the risk behaviors measured. The prevalence among sexual minority female students, as defined by sex of sexual contacts (i.e., female students who only had sexual contact with females and female students who had sexual contact with both sexes), was higher than the prevalence among female students who only had sexual contact with males for a range of 34.2% to 82.9% (median: 68.5%) of all the risk behaviors measured, the same as the prevalence among female students who only had sexual contact with males for a range of 8.8% to 60.5% (median: 30.1%) of all the risk behaviors measured, and lower than the prevalence among female students who only had sexual contact with males for a range of 0.0% to 10.5% (median: 0.0%) of all the risk behaviors measured.

**Differences by Race/Ethnicity Subgroups**

In New York City, 6.1% of black students, 7.5% of Hispanic students, and 4.5% of white students comprised the sexual minority subgroup as defined by sexual identity (i.e., gay or lesbian and bisexual). The prevalence among these sexual minority black students was higher than the prevalence among heterosexual black students for 46.7% of all the risk behaviors measured, the same as the prevalence among heterosexual black students for 50.7% of all the risk behaviors measured, and lower than the prevalence among heterosexual black students for 2.7% of all the risk behaviors measured. The prevalence among these sexual minority Hispanic students was higher than the prevalence among Hispanic students who only had sexual contact with the opposite sex for 60.9% of all the risk behaviors measured, the same as the prevalence among Hispanic students who only had sexual contact with the opposite sex for 39.1% of all the risk behaviors measured, and lower than the prevalence among Hispanic students who only had sexual contact with the opposite sex for 0.0% of all the risk behaviors measured. The prevalence among these sexual minority white students was higher than the prevalence among white students who only had sexual contact with the opposite sex for 74.3% of all the risk behaviors measured, the same as the prevalence among white students who only had sexual contact with the opposite sex for 25.7% of all the risk behaviors measured.

In Massachusetts, 10.5% of black students, 10.4% of Hispanic students, and 8.9% of white students comprised the sexual minority subgroup as defined by sex of sexual contacts (i.e., students who only had sexual contact with the same sex and students who had sexual contact with both sexes). The prevalence among these sexual minority black students was higher than the prevalence among black students who only had sexual contact with the opposite sex for 56.5% of all the risk behaviors measured, the same as the prevalence among black students who only had sexual contact with the opposite sex for 43.5% of all the risk behaviors measured, and lower than the prevalence among black students who only had sexual contact with the opposite sex for 0.0% of all the risk behaviors measured. The prevalence among these sexual minority Hispanic students was higher than the prevalence among Hispanic students who only had sexual contact with the opposite sex for 60.9% of all the risk behaviors measured, the same as the prevalence among Hispanic students who only had sexual contact with the opposite sex for 39.1% of all the risk behaviors measured, and lower than the prevalence among Hispanic students who only had sexual contact with the opposite sex for 0.0% of all the risk behaviors measured. The prevalence among these sexual minority white students was higher than the prevalence among white students who only had sexual contact with the opposite sex for 74.3% of all the risk behaviors measured, the same as the prevalence among white students who only had sexual contact with the opposite sex for 25.7% of all the risk behaviors measured.
behaviors measured, and lower than the prevalence among white students who only had sexual contact with the opposite sex for 0.0% of all the risk behaviors measured.

Similarly in New York City, 10.5% of black students, 12.0% of Hispanic students, and 12.5% of white students comprised the sexual minority subgroup as defined by sex of sexual contacts (i.e., students who only had sexual contact with the same sex and students who had sexual contact with both sexes). The prevalence among these sexual minority black students was higher than the prevalence among black students who only had sexual contact with the opposite sex for 40.0% of all the risk behaviors measured, the same as the prevalence among black students who only had sexual contact with the opposite sex for 58.7% of all the risk behaviors measured, and lower than the prevalence among black students who only had sexual contact with the opposite sex for 1.3% of all the risk behaviors measured. The prevalence among these sexual minority Hispanic students was higher than the prevalence among Hispanic students who only had sexual contact with the opposite sex for 61.3% of all the risk behaviors measured, the same as the prevalence among Hispanic students who only had sexual contact with the opposite sex for 1.3% of all the risk behaviors measured, and lower than the prevalence among Hispanic students who only had sexual contact with the opposite sex for 1.3% of all the risk behaviors measured. The prevalence among these sexual minority white students was higher than the prevalence among white students who only had sexual contact with the opposite sex for 46.7% of all the risk behaviors measured, the same as the prevalence among white students who only had sexual contact with the opposite sex for 53.3% of all the risk behaviors measured, and lower than the prevalence among white students who only had sexual contact with the opposite sex for 0.0% of all the risk behaviors measured.

Discussion

YRBSS is the only public health surveillance system in the United States that monitors, among interested states and large urban school districts, the prevalence of health-risk behaviors and selected health outcomes among population-based samples of sexual minority youths defined by sexual identity and by the sex of sexual contacts. Two national surveys (16,17) have assessed sexual minority status and health-risk behaviors among large population-based samples of youths, but neither has generated subnational estimates. Many other studies of sexual minority youths and their health-risk behaviors have been based on small, convenience samples and case studies that produced nongeneralizable data (3,6,7,17,18). In addition, previous studies often have focused solely on gay or lesbian students or students who only had sexual contact with the same sex, have excluded bisexual students and students who had sexual contact with both sexes, or have combined bisexual students or students who had sexual contact with both sexes with gay or lesbian students or students who only had sexual contact with the same sex, respectively (8,17).

These YRBSS results document the disproportionate rates at which sexual minority students practice many health-risk behaviors. This disparity is most apparent among students who identify themselves as gay or lesbian or bisexual. Across the nine sites that assessed sexual identity, the prevalence among gay or lesbian students was higher than the prevalence among heterosexual students for a median of 63.8% of all the risk behaviors measured, and the prevalence among bisexual students was higher than the prevalence among heterosexual students for a median of 76.0% of all the risk behaviors measured (Table 83). The prevalence among gay or lesbian students and bisexual students was lower than the prevalence among heterosexual students for a median of only 1.4% and 1.3% of the risk behaviors measured, respectively. In addition, the prevalence among gay or lesbian students was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in seven of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management). Similarly, the prevalence among bisexual students was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in eight of the 10 risk behavior categories (behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management).
This same pattern of disproportionate risk among sexual minority students is evident among students who had sexual contact with both sexes. Across the 12 sites that assessed sex of sexual contacts, the prevalence among students who had sexual contact with both sexes was higher than the prevalence among students who only had sexual contact with the opposite sex for a median of 71.1% of all the risk-behaviors measured (Table 84). The prevalence among students who had sexual contact with both sexes was lower than the prevalence among students who only had sexual contact with the opposite sex for a median of only 1.4% of the risk behaviors measured. Furthermore, the prevalence among students who had sexual contact with both sexes was more likely to be higher than (rather than equal to or lower than) the prevalence among students who only had sexual contact with the opposite sex for behaviors in six of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, and weight management). However, the prevalence among students who only had sexual contact with the same sex was higher than the prevalence among students who only had sexual contact with the opposite sex for a median of 29.7% of all the risk behaviors measured and lower than the prevalence among students who only had sexual contact with the opposite sex for a median of only 1.5% of all the risk behaviors measured. The prevalence among students who only had sexual contact with the same sex was more likely to be higher than (rather than equal to or lower than) the prevalence among students who only had sexual contact with the opposite sex for behaviors in only two risk behavior categories (behaviors related to attempted suicide and weight management). This relative lack of difference between students who only had sexual contact with the same sex and students who only had sexual contact with the opposite sex across the other eight risk behavior categories might be more a function of the small numbers of students who only had sexual contact with the same sex than the lack of real differences between these subgroups of students. The number of students who only had sexual contact with the same sex even after combining as many as five cycles of data is small and, consequently, the power to detect statistically significant differences was limited.

Similar to gay or lesbian or bisexual students, the prevalence among students (from the nine sites that assessed sexual identity) who were unsure of their sexual identity was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in four of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, other drug use, and weight management). Although the proportion of unsure students that will eventually identify as heterosexual, gay or lesbian, or bisexual is unclear, they are more likely to report some of the same risk behaviors as gay or lesbian and bisexual students.

These results are consistent with other studies that also document that sexual minority youths are often more likely than youths who are not sexual minorities to engage in a wide range of health-risk behaviors, including behaviors that contribute to violence, attempted suicide, drug use, and unhealthy weight management practices (1-3,5,7,18). However, these results do not explain why certain health-risk behaviors are more likely to occur among some subgroups of students defined by sexual identity or by sex of sexual contacts (7). Many high school students, regardless of their sexual identities or sex of sexual contacts, transition from childhood to adulthood successfully and become healthy and productive adults (3,6). Nonetheless, large, longitudinal studies of representative samples of students are needed to understand the reasons for differences in the prevalence of health-risk behaviors among students defined by sexual identity or by sex of sexual contacts (5,7,8) and are critical for developing effective interventions and addressing the unique needs of all students. These studies should include sufficient numbers of sexual minority students to allow for analyses by sex, race/ethnicity, socioeconomic status, and other demographic characteristics that might help explain why health-risk behaviors vary across certain groups of youths.

**Comparison of Data Across Sites**

Because all the state and local surveys share similar sampling designs, questionnaires, data collection strategies, and data processing procedures, YRBS data across sites can be compared. For many health-risk behaviors and selected health outcomes, prevalence among sexual minority subgroups does not vary substantially across sites. However, for the nine sites that assessed sexual identity, a range of 25 or more percentage points or a fivefold
variation or greater was identified among at least one subgroup defined by sexual identity for 45% of all the behaviors. Specifically, this variation across sites in prevalence estimates occurred among gay or lesbian students for 34% of the behaviors, among unsure students for 26% of the behaviors, among heterosexual students for 12% of the behaviors, and among bisexual students for 10% of the behaviors:

- Rarely or never wore a bicycle helmet: heterosexual students (minimum: 58.6%, maximum: 95.3%), bisexual students (minimum: 61.2%, maximum: 91.7%), and unsure students (minimum: 53.2%, maximum: 84.6%)
- Rode with a driver who had been drinking alcohol: gay or lesbian students (minimum: 16.6%, maximum: 46.3%) and unsure students (minimum: 19.0%, maximum: 50.1%)
- Drove when drinking alcohol: unsure students (minimum: 2.1%, maximum: 19.5%)
- Carried a weapon: unsure students (minimum: 8.1%, maximum: 34.5%)
- Carried a gun: unsure students (minimum: 2.3%, maximum: 23.5%)
- In a physical fight: unsure students (minimum: 23.5%, maximum: 51.2%)
- Injured in a physical fight: gay or lesbian students (minimum: 3.7%, maximum: 20.3%)
- Current cigarette use: gay or lesbian students (minimum: 20.0%, maximum: 48.2%) and unsure students (minimum: 2.5%, maximum: 17.6%)
- Smoked more than 10 cigarettes per day: gay or lesbian students (minimum: 15.1%, maximum: 42.5%) and unsure students (minimum: 2.7%, maximum: 58.6%)
- Current tobacco use: gay or lesbian students (minimum: 24.1%, maximum: 54.0%)
- Current alcohol use: gay or lesbian students (minimum: 32.1%, maximum: 65.3%)
- Binge drinking: gay or lesbian students (minimum: 20.4%, maximum: 50.4%) and unsure students (minimum: 10.3%, maximum: 41.6%)
- Ever used marijuana: unsure students (minimum: 17.4%, maximum: 45.5%)
- Current cocaine use: heterosexual students (minimum: 0.7%, maximum: 3.7%), bisexual students (minimum: 3.2%, maximum: 25.0%), and unsure students (minimum: 3.9%, maximum: 27.1%)
- Ever used inhalants: gay or lesbian students (minimum: 14.7%, maximum: 42.6%)
- Ever used heroin: unsure students (minimum: 5.4%, maximum: 30.5%)
- Ever had sexual intercourse: heterosexual students (minimum: 28.4%, maximum: 56.2%), gay or lesbian students (minimum: 36.6%, maximum: 80.6%), and unsure students (minimum: 20.5%, maximum: 48.9%)
- Had sexual intercourse with four or more persons during their life: gay or lesbian students (minimum: 10.6%, maximum: 39.9%)
- Currently sexually active: gay or lesbian students (minimum: 25.0%, maximum: 62.9%)
- Condom use: gay or lesbian students (minimum: 17.2%, maximum: 57.8%) and unsure students (minimum: 32.3%, maximum: 73.4%)
- Birth control use: heterosexual students (minimum: 6.5%, maximum: 36.9%), gay or lesbian students (minimum: 0.0%, maximum: 15.1%), and unsure students (minimum: 4.2%, maximum: 25.2%)
- Depo-Provera use: gay or lesbian students (minimum: 0.0%, maximum: 6.3%), bisexual students (minimum: 1.1%, maximum: 10.4%), and unsure students (minimum: 0.0%, maximum: 9.2%)
- Birth control pill use or Depo-Provera use: heterosexual students (minimum: 7.9%, maximum: 41.8%), gay or lesbian students (minimum: 3.7%, maximum: 21.4%), and unsure students (minimum: 6.1%, maximum: 31.8%)
- Condom use and birth control pill use or Depo-Provera use: heterosexual students (minimum: 3.1%, maximum: 16.7%), gay or lesbian students (minimum: 0.0%, maximum: 15.7%), bisexual students (minimum: 1.7%, maximum: 12.9%), and unsure students (minimum: 0.0%, maximum: 13.0%)
- Drank alcohol or used drugs before last sexual intercourse: gay or lesbian students (minimum: 21.6%, maximum: 48.0%) and bisexual students (minimum: 14.2%, maximum: 42.4%)
- Ate fruits and vegetables five or more times per day: gay or lesbian students (minimum: 12.2%, maximum: 46.6%)
- Drank soda or pop at least one time per day: gay or lesbian students (minimum: 14.2%, maximum: 43.9%)
- Physically active at least 60 minutes per day on 5 or more days: gay or lesbian students (minimum: 14.0%, maximum: 41.5%)
- Did not participate in at least 60 minutes of physical activity on any day: gay or lesbian students (minimum: 16.6%, maximum: 42.4%)
- Watched television 3 or more hours per day: heterosexual students (minimum: 24.3%, maximum: 49.6%), gay or lesbian students (minimum: 16.1%, maximum: 44.7%), and bisexual students (minimum: 24.2%, maximum: 52.6%)
- Attended physical education classes: heterosexual students (minimum: 39.7%, maximum: 82.4%), gay or lesbian students (minimum: 28.2%, maximum: 74.7%), bisexual students (minimum: 34.6%, maximum: 81.4%), and unsure students (minimum: 39.8%, maximum: 78.2%)
- Attended physical education classes daily: heterosexual students (minimum: 6.3%, maximum: 44.8%), gay or lesbian students (minimum: 3.6%, maximum: 29.9%), bisexual students (minimum: 4.0%, maximum: 41.9%), and unsure students (minimum: 4.0%, maximum: 46.5%)
- Took diet pills, powders, or liquids to lose weight or to keep from gaining weight: gay or lesbian students (minimum: 3.5%, maximum: 26.6%)

For the 12 sites that assessed sex of sexual contacts, a range of 25 or more percentage points or a fivefold variation or greater was identified among at least one subgroup defined by sex of sexual contacts for 63% of all the health-risk behaviors. More specifically, this variation across sites in prevalence estimates occurred among students who had sexual contact with both sexes for 47% of the behaviors, among students who only had sexual contact with the same sex for 30% of the behaviors, and among students who only had sexual contact with the opposite sex for 20% of the behaviors:

- Drove when drinking alcohol: students who had sexual contact with both sexes (minimum: 9.3%, maximum: 35.0%)
- Carried a weapon: students who had sexual contact with both sexes (minimum: 20.0%, maximum: 45.0%)
- In a physical fight: students who had sexual contact with both sexes (minimum: 43.3%, maximum: 72.4%)
- Forced to have sexual intercourse: students who had sexual contact with both sexes (minimum: 19.9%, maximum: 53.4%)
- Carried a weapon on school property: students who had sexual contact with both sexes (minimum: 9.4%, maximum: 38.2%)
- Felt sad or hopeless: students who had sexual contact with both sexes (minimum: 49.8%, maximum: 75.1%)
- Seriously considered attempting suicide: students who only had sexual contact with the same sex (minimum: 17.3%, maximum: 45.5%)
- Smoked a whole cigarette before age 13 years: students who had sexual contact with both sexes (minimum: 18.2%, maximum: 56.0%)
- Current cigarette use: students who only had sexual contact with the same sex (minimum: 13.4%, maximum: 42.9%) and students who had sexual contact with both sexes (minimum: 30.5%, maximum: 66.4%)
- Current frequent cigarette use: students who only had sexual contact with the same sex (minimum: 3.4%, maximum: 21.7%) and students who had sexual contact with both sexes (minimum: 8.8%, maximum: 44.2%)
- Smoked more than 10 cigarettes per day: students who only had sexual contact with the same sex (minimum: 4.1%, maximum: 30.8%) and students who had sexual contact with both sexes (minimum: 9.2%, maximum: 36.7%)
- Smoked cigarettes on school property: students who only had sexual contact with the same sex (minimum: 4.1%, maximum: 23.3%)
• Tried to quit smoking cigarettes: students who only had sexual contact with the same sex (minimum: 21.2%, maximum: 66.1%) and students who had sexual contact with both sexes (minimum: 36.0%, maximum: 62.7%)
• Current smokeless tobacco use: students who only had sexual contact with the opposite sex (minimum: 1.5%, maximum: 12.5%) and students who had sexual contact with both sexes (minimum: 4.5%, maximum: 29.3%)
• Used smokeless tobacco on school property: students who only had sexual contact with the opposite sex (minimum: 0.6%, maximum: 5.1%), students who only had sexual contact with the same sex (minimum: 1.2%, maximum: 12.3%), and students who had sexual contact with both sexes (minimum: 2.6%, maximum: 13.8%)
• Current cigar use: students who had sexual contact with both sexes (minimum: 16.3%, maximum: 45.7%)
• Current tobacco use: students who only had sexual contact with the opposite sex (minimum: 15.2%, maximum: 47.0%), students who only had sexual contact with the same sex (minimum: 18.4%, maximum: 46.8%), and students who had sexual contact with both sexes (minimum: 31.0%, maximum: 70.9%)
• Drank alcohol before age 13 years: students who had sexual contact with both sexes (minimum: 30.4%, maximum: 58.4%)
• Current alcohol use: students who only had sexual contact with the opposite sex (minimum: 35.1%, maximum: 64.9%) and students who only had sexual contact with the same sex (minimum: 31.3%, maximum: 69.8%)
• Binge drinking: students who only had sexual contact with the opposite sex (minimum: 15.9%, maximum: 44.4%), students who only had sexual contact with the same sex (minimum: 17.3%, maximum: 44.4%), and students who had sexual contact with both sexes (minimum: 33.0%, maximum: 63.3%)
• Drank alcohol on school property: students who had sexual contact with both sexes (minimum: 13.7%, maximum: 38.9%)
• Ever used marijuana: students who only had sexual contact with the opposite sex (minimum: 39.7%, maximum: 67.4%)
• Tried marijuana before age 13 years: students who had sexual contact with both sexes (minimum: 18.8%, maximum: 44.9%)
• Current marijuana use: students who only had sexual contact with the opposite sex (minimum: 19.1%, maximum: 45.3%) and students who had sexual contact with both sexes (minimum: 33.6%, maximum: 68.0%)
• Used marijuana on school property: students who had sexual contact with both sexes (minimum: 13.4%, maximum: 39.2%)
• Current cocaine use: students who only had sexual contact with the opposite sex (minimum: 0.5%, maximum: 8.1%), students who only had sexual contact with the same sex (minimum: 0.0%, maximum: 17.6%), and students who had sexual contact with both sexes (minimum: 2.4%, maximum: 39.2%)
• Ever used heroin: students who had sexual contact with both sexes (minimum: 9.9%, maximum: 35.8%)
• Ever used methamphetamines: students who only had sexual contact with the opposite sex (minimum: 2.2%, maximum: 14.1%) and students who had sexual contact with both sexes (minimum: 12.3%, maximum: 44.2%)
• Ever injected any illegal drug: students who had sexual contact with both sexes (minimum: 5.9%, maximum: 30.6%)
• Offered, sold, or given an illegal drug on school property: students who only had sexual contact with the same sex (minimum: 22.0%, maximum: 51.6%) and students who had sexual contact with both sexes (minimum: 38.4%, maximum: 64.5%)
• Had first sexual intercourse before age 13 years: students who had sexual contact with both sexes (minimum: 13.5%, maximum: 42.6%)
Had sexual intercourse with four or more persons during their life: students who only had sexual contact with the same sex (minimum: 11.4%, maximum: 37.3%) and students who had sexual contact with both sexes (minimum: 32.6%, maximum: 68.0%)

Currently sexually active: students who had sexual contact with both sexes (minimum: 58.1%, maximum: 87.4%)

Birth control pill use: students who only had sexual contact with the opposite sex (minimum: 6.3%, maximum: 37.4%)

Depo-Provera use: students who only had sexual contact with the opposite sex (minimum: 1.2%, maximum: 10.3%)

Birth control pill use or Depo-Provera use: students who only had sexual contact with the opposite sex (minimum: 7.5%, maximum: 42.3%)

Condom use and birth control pill use or Depo-Provera use: students who had sexual contact with both sexes (minimum: 1.2%, maximum: 8.2%)

Drank alcohol or used drugs before last sexual intercourse: students who had sexual contact with both sexes (minimum: 24.1%, maximum: 57.6%)

Ate fruit or drank 100% fruit juices two or more times per day: students who only had sexual contact with the same sex (minimum: 24.1%, maximum: 57.6%)

Ate vegetables three or more times per day: students who had sexual contact with both sexes (minimum: 5.3%, maximum: 29.1%)

Drank three or more glasses per day of milk: students who only had sexual contact with the same sex (minimum: 2.6%, maximum: 23.7%)

Drank soda or pop at least one time per day: students who only had sexual contact with the same sex (minimum: 17.5%, maximum: 47.3%)

Did not participate in at least 60 minutes of physical activity on any day: students who only had sexual contact with the same sex (minimum: 8.9%, maximum: 35.9%)

Used computers 3 or more hours per day: students who only had sexual contact with the same sex (minimum: 16.1%, maximum: 44.1%)

Watched television 3 or more hours per day: students who only had sexual contact with the opposite sex (minimum: 22.7%, maximum: 52.9%), students who only had sexual contact with the same sex (minimum: 21.2%, maximum: 46.8%), and students who had sexual contact with both sexes (minimum: 24.2%, maximum: 50.5%)

Attended physical education classes: students who only had sexual contact with the opposite sex (minimum: 35.8%, maximum: 81.3%), students who only had sexual contact with the same sex (minimum: 36.4%, maximum: 82.3%), and students who had sexual contact with both sexes (minimum: 35.5%, maximum: 78.5%)

Attended physical education classes daily: students who only had sexual contact with the opposite sex (minimum: 7.1%, maximum: 43.9%), students who only had sexual contact with the same sex (minimum: 5.4%, maximum: 40.7%), and students who had sexual contact with both sexes (minimum: 5.5%, maximum: 38.2%)

Public Health and School Health Policies and Practices

Public health and school health policies and practices should be developed to support establishment of safe and supportive environments for all students, including sexual minority students, provision of professional development for school staff and others who work with sexual minority youths, and implementation of effective interventions (19). The policies and practices designed to reduce the prevalence of health-risk behaviors are more likely to have an impact if they consider the context in which risk behaviors occur. For sexual minority students, this means addressing the challenges they face at school. A survey using a convenience sample of 7,261 students aged 13--21 years across the United States who identified themselves as gay or lesbian, bisexual, or unsure or who identified themselves as transgender found that many of these students felt unsafe in school and had been verbally harassed (20). One approach being used to create safe and welcoming school environments is the formation of Gay-Straight Alliances (GSAs) in schools. CDC recently collaborated with
Seattle Public Schools to evaluate the effectiveness of the school system's initiatives to establish safe and supportive school environments for sexual minority youth. The evaluation found that GSAs provided avenues for students to participate meaningfully and feel more connected at school (21).

School staff members and others who work with sexual minority youths can benefit from training to help them understand the needs of sexual minority youths and shape behavioral health messages accordingly. CDC funded the American Psychological Association (APA) Healthy Lesbian, Gay, and Bisexual Students Project to help schools and youth-serving organizations improve health and mental health outcomes for sexual minority youths. APA provided science-based workshops for school counselors, nurses, psychologists, and social workers on how to effectively reach sexual minority youths with HIV prevention messages and other health information. Education agencies in Connecticut, Massachusetts, Delaware, and San Diego have formed their own training cadres to offer the workshop locally.

Other state and local agencies also are implementing policies and practices to reduce sexual and other health-risk behaviors among sexual minority students. The Rhode Island Department of Education established a statewide task force on sexual minority youths. The task force released a plan that makes comprehensive recommendations about education, policy, health and human services, child welfare, mental health, and data collection including that training be provided for teachers, administrators, and school staff on issues pertaining to sexual minority youths and that GSAs be established when requested by students (22).

The HIV/AIDS Prevention Unit of the Los Angeles Unified School District (LAUSD) developed a chapter about sexual orientation for inclusion in their required health education courses in LAUSD high schools. LAUSD employed two full-time staff members to address issues pertaining to sexual minority youths, and approximately 35,000 LAUSD employees and students, including all teachers hired since 2003, have received the district's anti-bias training. In addition, the district has many active GSAs and provides safe zones for students who are concerned about perceived sexual orientation and mistreatment by peers.

In response to requests from school districts throughout Michigan for guidance on creating safe school environments for sexual minority students, the Michigan Department of Education (MDE) collaborated with the Calhoun (Michigan) Intermediate School District (CISD) to update CISD's guide and training program on the topic and to offer trainings statewide. Nearly 2,000 copies of A Silent Crisis: Creating Safe Schools for Sexual Minority Youth have been distributed throughout Michigan and 20 other states. MDE has conducted workshops using the guide for nearly 900 educators in 180 Michigan school districts. (The guide is available for purchase at http://www.emc.cmich.edu/products/silentcrisis/default.htm.)

The School District of Philadelphia offered training for teachers and staff members in all schools serving grades kindergarten through 12 that helped them understand terminology and issues regarding sexual minority youth, reinforced district policy prohibiting harassment, and addressed effective responses to harassing language.

Schools are not the only societal institutions that should help address the health-risk behaviors of sexual minority students. CDC funds health departments and community organizations to promote the use of evidence-based HIV interventions, some of which are geared toward young men who have sex with men and young racial/ethnic minorities. Information about these interventions is available at http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm.

Health-care providers also can play an important role in addressing the medical needs and reducing the health-risk behaviors of sexual minority students. Health care should be provided openly and nonjudgmentally, be culturally sensitive, and address both the physical and mental health issues that sexual minority students might have (1,3,4,7,23,24).

Limitations
The findings in this report are subject to several limitations. First, these data apply only to youths who attend public school and therefore are not representative of all persons in this age group. Nationwide, in 2007, approximately 4% of persons aged 16--17 years were not enrolled in a high school program and had not completed high school (25). Nonetheless, sexual minority students might represent a disproportionate percentage of high school dropouts and other youths who do not attend school (5). Second, these data are representative only of the states and large urban school districts that included questions in their YRBS on sexual identity, sex of sexual contacts, or both and might not be representative of sexual minority students in other jurisdictions or nationwide. Third, BMI is calculated on the basis of self-reported height and weight and therefore tends to underestimate the prevalence of obesity and overweight (26). Fourth, these analyses are based on cross-sectional surveys and thus can only provide an indication of association, not causality, between sexual minority status and health-risk behaviors. Fifth, the power to detect statistically significant differences among all sexual minority subgroups, not just among students who only had sexual contact with the same sex as mentioned previously, was limited because of the small numbers of students in these subgroups. Furthermore, the small numbers of students in the sexual minority subgroups also limited the ability to detect potentially important differences by sex and race/ethnicity. Sixth, the extent of underreporting or overreporting of health-risk behaviors, sexual identity, and sex of sexual contacts cannot be determined, although the questions measuring health-risk behaviors demonstrate good test-retest reliability (12). It is possible that some students did not know their sexual identity, were unwilling to disclose it on the YRBS questionnaire, or did not understand the question on sexual identity. Even students who were sexually attracted to persons of the same sex or who had had sexual contact with persons of the same sex might not have been willing to label themselves as gay, lesbian, or bisexual. In addition, no definition was provided for sexual contact. Finally, the data used in these analyses describe students based on their sexual identity and sex of their sexual contacts. None of the surveys included questions on sexual attraction, which might have identified a different group of sexual minority students and different relationships with health-risk behaviors (4--7).

Conclusion

Compared with students who are not sexual minorities, a disproportionate number of sexual minority students engage in a wide range of health-risk behaviors. Consequently, to enable documentation of these disparities and assessment of the impact of public health and school health policies and practices designed to decrease these disparities, it is important to include questions on sexual identity and on sex of sexual contacts on surveys that monitor health-risk behaviors and selected health outcomes among high school students in states and large urban school districts. Furthermore, because sexual minority students represent a relatively small proportion of all students, use of large, population-based samples of students is important for obtaining the most generalizable and highest quality data on which to base policy and programmatic decisions (8,27). In 2009, only 10 states and seven large urban school districts added questions about sexual identity, sex of sexual contacts, or both to their YRBS questionnaire. Additional support for these questions within the remaining states and large urban school districts conducting YRBSs is necessary to increase knowledge about the health-risk behaviors of sexual minority youths.

| TABLE 1. Surveys that met selection criteria for inclusion* --- selected sites, United States, Youth Risk Behavior Surveys, 2001--2009 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Site | Surveys that included questions on sexual identity | Surveys that included questions on sex of sexual contacts |
| | 2001 | 2003 | 2005 | 2007 | 2009 | 2001 | 2003 | 2005 | 2007 | 2009 |
| State surveys | | | | | | | | | | | | | | | | | |
| Connecticut | NS | UW | ° | ° | ° | NS | UW | ° | º | • | |
| Delaware | ° | • | • | • | • | ° | • | • | • | • | • | |
| Maine | ° | ° | ° | • | • | ° | • | • | • | • | • | ° |
Table 2. Demographic characteristics of students* --- selected sites, United States, Youth Risk Behavior Surveys, 2001--2009

<table>
<thead>
<tr>
<th>Site</th>
<th>Sample size</th>
<th>Sex (%)</th>
<th>Grade (%)</th>
<th>Race/Ethnicity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>9</td>
</tr>
<tr>
<td>State surveys</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td>4,464</td>
<td>50.9</td>
<td>49.1</td>
<td>27.1</td>
</tr>
<tr>
<td>Delaware</td>
<td>10,799</td>
<td>51.1</td>
<td>49.0</td>
<td>31.1</td>
</tr>
<tr>
<td>Maine</td>
<td>15,005</td>
<td>51.3</td>
<td>48.7</td>
<td>26.8</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>17,188</td>
<td>50.7</td>
<td>49.3</td>
<td>28.4</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>5,423</td>
<td>50.5</td>
<td>49.5</td>
<td>29.2</td>
</tr>
<tr>
<td>Vermont</td>
<td>36,774</td>
<td>51.6</td>
<td>48.4</td>
<td>26.2</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>4,528</td>
<td>51.4</td>
<td>48.6</td>
<td>25.5</td>
</tr>
<tr>
<td>Local surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston, MA</td>
<td>7,684</td>
<td>49.8</td>
<td>50.2</td>
<td>31.0</td>
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<td>Chicago, IL</td>
<td>4,320</td>
<td>49.3</td>
<td>50.7</td>
<td>32.6</td>
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<tr>
<td>Milwaukee, WI</td>
<td>3,733</td>
<td>49.8</td>
<td>50.2</td>
<td>33.6</td>
</tr>
<tr>
<td>New York City, NY</td>
<td>29,107</td>
<td>49.0</td>
<td>51.0</td>
<td>33.8</td>
</tr>
<tr>
<td>San Diego, CA</td>
<td>8,529</td>
<td>50.6</td>
<td>49.4</td>
<td>29.7</td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td>8,591</td>
<td>51.4</td>
<td>48.6</td>
<td>27.7</td>
</tr>
</tbody>
</table>

* Weighted population estimates for each site.

Abbreviations: NS = No survey (did not conduct a YRBS); UW = unweighted (conducted a YRBS, but data were unweighted).

* Conducted a YRBS, data were weighted, and site included a question on sexual identity, sex of sexual contacts, or both.

° Conducted a YRBS and data were weighted, but site did not include a question on sexual identity, sex of sexual contacts, or both.

• Conducted a YRBS, data were weighted, and site included a question on sexual identity, sex of sexual contacts, or both.
† Non-Hispanic.

§ American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and multiple race (non-Hispanic).

TABLE 3. Number and percentage of students, by sexual identity and sex of sexual contacts --- selected sites, United States, Youth Risk Behavior Surveys, 2001--2009

<table>
<thead>
<tr>
<th>Site</th>
<th>Sexual identity</th>
<th>Heterosexual</th>
<th>Gay or lesbian</th>
<th>Bisexual</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. (%)</td>
<td>(95% CI)*</td>
<td>No. (%)</td>
<td>(95% CI)</td>
<td>No. (%)</td>
</tr>
<tr>
<td>State surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td>---†</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Delaware</td>
<td>9,801 (93.5)</td>
<td>(93.0--94.1)</td>
<td>133 (1.3)</td>
<td>(1.1--1.6)</td>
<td>396 (3.8)</td>
</tr>
<tr>
<td>Maine</td>
<td>9,513 (93.3)</td>
<td>(92.3--94.2)</td>
<td>186 (1.2)</td>
<td>(0.9--1.6)</td>
<td>432 (3.4)</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>15,780 (93.6)</td>
<td>(93.2--94.0)</td>
<td>196 (1.2)</td>
<td>(1.0--1.4)</td>
<td>536 (3.2)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>4,836 (90.7)</td>
<td>(89.6--91.6)</td>
<td>91 (1.7)</td>
<td>(1.3--2.1)</td>
<td>287 (5.2)</td>
</tr>
<tr>
<td>Vermont</td>
<td>21,466 (93.0)</td>
<td>(92.4--93.4)</td>
<td>264 (1.0)</td>
<td>(0.9--1.2)</td>
<td>941 (3.7)</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
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<tr>
<td>Local surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston, MA</td>
<td>6,792 (93.4)</td>
<td>(92.6--94.2)</td>
<td>79 (1.1)</td>
<td>(0.8--1.5)</td>
<td>215 (2.9)</td>
</tr>
<tr>
<td>Chicago, IL</td>
<td>3,534 (90.5)</td>
<td>(89.2--91.7)</td>
<td>102 (2.6)</td>
<td>(2.0--3.4)</td>
<td>148 (3.7)</td>
</tr>
<tr>
<td>Milwaukee, WI</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>New York City, NY</td>
<td>24,553 (91.2)</td>
<td>(90.5--91.8)</td>
<td>468 (1.4)</td>
<td>(1.2--1.6)</td>
<td>1,353 (4.3)</td>
</tr>
<tr>
<td>San Diego, CA</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td>7,546 (90.3)</td>
<td>(89.4--91.1)</td>
<td>121 (1.4)</td>
<td>(1.1--1.7)</td>
<td>296 (3.7)</td>
</tr>
<tr>
<td>Median</td>
<td>93.0</td>
<td>1.3</td>
<td>3.7</td>
<td>2.5</td>
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</tr>
<tr>
<td>Range</td>
<td>90.3--93.6</td>
<td>1.0--2.6</td>
<td>2.9--5.2</td>
<td>1.3--4.7</td>
<td></td>
</tr>
</tbody>
</table>

* Confidence interval.

† Not available.

TABLE 3. (Continued) Number and percentage of students, by sexual identity and sex of sexual contacts --- selected sites, United States, Youth Risk Behavior Surveys, 2001--2009

<table>
<thead>
<tr>
<th>Site</th>
<th>Sex of sexual contacts</th>
<th>Opposite sex only</th>
<th>Same sex only</th>
<th>Both sexes</th>
<th>Never had sexual contact</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State surveys</td>
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<tr>
<td>Connecticut</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston, MA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milwaukee, WI</td>
<td></td>
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<tr>
<td>New York City, NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Diego, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Confidence interval.

† Not available.
<table>
<thead>
<tr>
<th>State surveys</th>
<th>No. (%)</th>
<th>(95% CI)*</th>
<th>No. (%)</th>
<th>(95% CI)</th>
<th>No. (%)</th>
<th>(95% CI)</th>
<th>No. (%)</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>2,229 (52.9)</td>
<td>(50.8--55.0)</td>
<td>104 (2.5)</td>
<td>(2.1--3.1)</td>
<td>215 (4.8)</td>
<td>(4.1--5.6)</td>
<td>1,793 (39.8)</td>
<td>(37.4--42.2)</td>
</tr>
<tr>
<td>Delaware</td>
<td>5,497 (53.6)</td>
<td>(52.0--55.2)</td>
<td>100 (1.0)</td>
<td>(0.8--1.2)</td>
<td>293 (2.8)</td>
<td>(2.5--3.2)</td>
<td>4,402 (42.6)</td>
<td>(40.9--44.2)</td>
</tr>
<tr>
<td>Maine</td>
<td>2,668 (51.7)</td>
<td>(49.4--53.9)</td>
<td>137 (2.4)</td>
<td>(1.9--2.9)</td>
<td>178 (3.0)</td>
<td>(2.6--3.5)</td>
<td>2,424 (42.9)</td>
<td>(40.6--45.3)</td>
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<tr>
<td>Massachusetts</td>
<td>8,634 (53.3)</td>
<td>(51.9--54.6)</td>
<td>340 (2.1)</td>
<td>(1.9--2.4)</td>
<td>563 (3.4)</td>
<td>(3.1--3.8)</td>
<td>7,072 (41.2)</td>
<td>(39.9--42.5)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>2,915 (56.0)</td>
<td>(53.5--58.5)</td>
<td>159 (2.7)</td>
<td>(2.2--3.3)</td>
<td>258 (4.9)</td>
<td>(4.1--5.8)</td>
<td>1,999 (36.4)</td>
<td>(34.2--38.7)</td>
</tr>
<tr>
<td>Vermont</td>
<td>13,638</td>
<td>(37.1--41.0)</td>
<td>246 (0.7)</td>
<td>(0.6--0.7)</td>
<td>827 (2.0)</td>
<td>(1.9--2.2)</td>
<td>21,169</td>
<td>(56.4--60.2)</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>2,436 (54.7)</td>
<td>(52.1--57.2)</td>
<td>82 (1.9)</td>
<td>(1.5--2.3)</td>
<td>167 (3.6)</td>
<td>(3.0--4.4)</td>
<td>1,812 (39.8)</td>
<td>(37.3--42.5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local surveys</th>
<th>No. (%)</th>
<th>(95% CI)*</th>
<th>No. (%)</th>
<th>(95% CI)</th>
<th>No. (%)</th>
<th>(95% CI)</th>
<th>No. (%)</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston, MA</td>
<td>3,834 (57.3)</td>
<td>(55.6--59.1)</td>
<td>183 (2.7)</td>
<td>(2.3--3.2)</td>
<td>193 (2.8)</td>
<td>(2.4--3.3)</td>
<td>2,769 (37.1)</td>
<td>(35.4--38.9)</td>
</tr>
<tr>
<td>Chicago, IL</td>
<td>2,195 (56.5)</td>
<td>(53.9--59.1)</td>
<td>119 (3.2)</td>
<td>(2.5--4.2)</td>
<td>129 (3.1)</td>
<td>(2.4--4.1)</td>
<td>1,446 (37.2)</td>
<td>(34.4--40.0)</td>
</tr>
<tr>
<td>Milwaukee, WI</td>
<td>2,145 (60.9)</td>
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<td>133 (3.9)</td>
<td>(3.1--4.7)</td>
<td>189 (4.9)</td>
<td>(4.2--5.7)</td>
<td>1,099 (30.4)</td>
<td>(28.2--32.6)</td>
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<tr>
<td>New York City, NY</td>
<td>13,815</td>
<td>(47.6--51.0)</td>
<td>743 (2.5)</td>
<td>(2.2--2.8)</td>
<td>1,169 (4.0)</td>
<td>(3.5--4.6)</td>
<td>11,330</td>
<td>(42.3--46.2)</td>
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<tr>
<td>San Diego, CA</td>
<td>1,904 (37.2)</td>
<td>(35.0--39.4)</td>
<td>83 (1.7)</td>
<td>(1.2--2.2)</td>
<td>100 (1.9)</td>
<td>(1.5--2.4)</td>
<td>3,124 (59.3)</td>
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</tr>
<tr>
<td>San Francisco, CA</td>
<td>---†</td>
<td>---</td>
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<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Median</td>
<td>53.5</td>
<td>(55.0--55.9)</td>
<td>2.5</td>
<td>(2.0--3.0)</td>
<td>3.3</td>
<td>(2.8--3.8)</td>
<td>40.5</td>
<td>(40.0--41.0)</td>
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<td>Range</td>
<td>37.2--60.9</td>
<td>(35.0--55.0)</td>
<td>0.7--3.9</td>
<td>(0.5--2.0)</td>
<td>1.9--4.9</td>
<td>(1.6--2.2)</td>
<td>30.4--59.3</td>
<td>(28.0--61.9)</td>
</tr>
</tbody>
</table>

* Confidence interval.
† Not available.

**TABLE 4.** Sex of sexual contacts, by sexual identity --- selected sites,* United States, Youth Risk Behavior Surveys, 2001--2009

<table>
<thead>
<tr>
<th>Site</th>
<th>Heterosexual</th>
<th>Gay or lesbian</th>
<th>Bisexual</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State surveys</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposite sex only</td>
<td>97.2</td>
<td>0.1</td>
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<td>0.6</td>
</tr>
<tr>
<td>Same sex only</td>
<td>17.0</td>
<td>60.0</td>
<td>19.3</td>
<td>3.7</td>
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<tr>
<td>Both sexes</td>
<td>17.3</td>
<td>14.7</td>
<td>61.9</td>
<td>6.1</td>
</tr>
<tr>
<td>Never had sexual</td>
<td>96.3</td>
<td>0.6</td>
<td>1.5</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Local surveys</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston, MA</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Chicago, IL</td>
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</tr>
<tr>
<td>Milwaukee, WI</td>
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<tr>
<td>San Diego, CA</td>
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</tr>
<tr>
<td>Median</td>
<td>53.5</td>
<td>(55.0--55.9)</td>
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<td>(2.0--3.0)</td>
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<tr>
<td>Range</td>
<td>37.2--60.9</td>
<td>(35.0--55.0)</td>
<td>0.7--3.9</td>
<td>(0.5--2.0)</td>
</tr>
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* Confidence interval.
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* Across the eight sites that assessed both sex of sexual contacts and sexual identity.