

# Oregon Healthy Teens Survey 2005

## DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

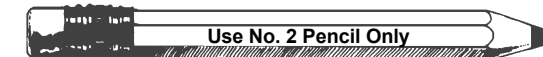
This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to "**Select one or more responses**".

**Marking instructions: Make solid marks that fill in the response bubbles. If you make a mistake, please erase your mistake, then fill in the correct response.**

Improper Marks

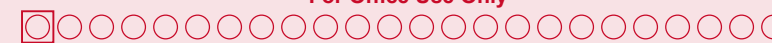


Proper Marks



Your participation in this survey is voluntary.

For Office Use Only



DO NOT WRITE IN THIS AREA

1. What is your sex?

- Female  Male

2. In what grade are you?

- 7th grade  8th grade  9th grade  10th grade  
 11th grade  12th grade  Ungraded or other grade

3. How old are you?

- 12 years old or younger  16 years old  
 13 years old  17 years old  
 14 years old  18 years old or older  
 15 years old

4. How do you describe yourself?

**(Select one or more responses.)**

- Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 American Indian or Alaska Native

5. If you are an American Indian or Alaska Native, which tribe(s) are you associated with?

**(Select one or more responses.)**

- I am not an American Indian or Alaska Native  
 Burns Paiute  
 Coquille Indian Tribe  
 Klamath Tribes  
 Confederated Tribes of Grande Ronde  
 Confederated Tribes of Warm Springs  
 Confederated Tribes of Siletz  
 Confederated Tribes of Coos, et al  
 Confederated Tribes of Umatilla  
 Cow Creek Band of Umpqua Indians  
 Other Tribal affiliation

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number.

Example

Height		Height	
Feet	Inches	Feet	Inches
4	11		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input checked="" type="radio"/> 10		<input type="radio"/> 10
	<input type="radio"/> 11		<input type="radio"/> 11

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Example

Weight			Weight		
Pounds			Pounds		
1	0	5			
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

8. Please tell us your zip code.

Directions: Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number.

Zip Code		
9	7	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

**School**

108. At my school, there is a teacher or some other adult, who believes that I will be a success.

- Very much true  A little true  
 Pretty much true  Not at all true

109. There are lots of chances for students in my school to talk with a teacher one-on-one.

- Very much true  A little true  
 Pretty much true  Not at all true

110. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

- Very much true  A little true  
 Pretty much true  Not at all true

Your school or school district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard.

Fill in the corresponding answers to those questions here:

- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H

**THANK YOU FOR YOUR PARTICIPATION**

The next 12 questions ask about family, friends, community and school.

**Family**

99. In my home, there is a parent or some other adult who always wants me to do my best.

- Very much true
- A little true
- Pretty much true
- Not at all true

100. How wrong do your parents feel it would be for you to:

a. Smoke cigarettes?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

b. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

c. Smoke marijuana?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

**Friends and Personal Beliefs**

101. How wrong do you think it is for someone your age to:

a. Smoke cigarettes?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

b. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

c. Smoke marijuana?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

d. Use LSD, cocaine, amphetamines, or another illegal drug?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

**Community**

102. Outside of my home and school, there is an adult who always wants me to do my best.

- Very much true
- A little true
- Pretty much true
- Not at all true

103. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to:

a. Smoke cigarettes?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

b. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

c. Smoke marijuana?

- Very wrong
- A little bit wrong
- Wrong
- Not wrong at all

104. If someone your age drank some beer, wine, or hard liquor in your neighborhood, he or she would be caught by the police.

- Very much true
- A little true
- Pretty much true
- Not at all true

105. If someone your age tried to purchase alcohol at a store in your neighborhood, he or she would be asked for ID or proof of age.

- Very much true
- A little true
- Pretty much true
- Not at all true

106. If there was a party in your neighborhood where people your age were drinking, the police would come and break it up.

- Very much true
- A little true
- Pretty much true
- Not at all true

107. If someone your age asks people 21 or older in your neighborhood to buy alcohol for them, no one would buy it for them.

- Very much true
- A little true
- Pretty much true
- Not at all true

**The next 6 questions ask about health care issues.**

9. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

10. During the past 12 months, did you have any of the following health care needs? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)

**(Select one or more responses.)**

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Toothache
- Other need not listed here
- I had no health care needs

11. During the past 12 months, did you have any of the following health care needs that were not met? (Count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should.)

**(Select one or more responses.)**

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Toothache
- Other need not listed here
- I had no health care needs

12. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

13. Have you ever had a cavity?

- Yes
- No

14. Did you brush your teeth in the past 24 hours?

- Yes
- No

**The next 5 questions ask about asthma.**

15. During the past 12 months, have you had an episode of asthma or an asthma attack?

- Never had asthma
- Yes
- No
- Not sure

16. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not sure

17. Do you still have asthma?

- I have never had asthma
- Yes, I still have asthma
- No, I no longer have asthma
- Not sure

18. During the past 30 days, how many days of school did you miss because of your asthma?

- I don't have asthma
- None
- 1 day
- 2 or 3 days
- 4 to 6 days
- 7 or more days
- Not sure

19. During the past 30 days, how many nights did symptoms of asthma make it difficult for you to stay asleep?

- I don't have asthma
- None
- 1 night
- 2 or 3 nights
- 4 to 6 nights
- 7 or more nights
- Not sure

The next 10 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

20. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

21. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

22. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

23. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

24. During the past 7 days, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

25. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

26. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- I did not drink milk during the past 7 days
- 1 to 3 glasses during the past 7 days
- 4 to 6 glasses during the past 7 days
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- 4 or more glasses per day

The next 3 questions ask about other drugs and tobacco.

96. During the past 30 days, how many times did you:	0 times	1 to 2 times	3 to 5 times	6 to 9 times	10 or more times
a. Sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Use prescription drugs (without a doctor's orders) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use <b>any</b> form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use heroin or other opiates or narcotics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use LSD or other hallucinogens or psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97. How much do you think people risk harming themselves (physically or in other ways) if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
a. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. During your life, how many times have you:	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
a. Used <b>any</b> form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Used <b>heroin</b> (also called smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Used <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used <b>ecstasy</b> (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Taken <b>steroid pills or shots</b> without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used a needle to inject any <b>illegal</b> drug into your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. During the past 30 days, how many times did you get alcohol (beer, wine, or hard liquor) from the following sources?

	None	1 time	2 times	3 times	4 times	5 to 9 times	10 to 14 times	15 or more times
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Gas stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friends 21 and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Friends under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Took from home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. By asking a stranger to buy it for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Liquor store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Bar/Night Club or Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. At a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. During the past 12 months, how often have you:

	0 times	1 to 2 times	3 to 5 times	6 to 9 times	10 or more times
a. Missed school or class because of drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gotten sick to your stomach because of drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not been able to remember what happened while you were drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Later regretted something you did while drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Worried that you drank alcohol too much or too often?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 3 questions ask about marijuana use. Marijuana is also called grass or pot.

93. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

94. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

95. During the past 30 days, how many times did you use marijuana on school property?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

27. During the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2 to 4 days
- 5 to 6 days
- 7 days

28. During the past 7 days, how many times did you drink soft drinks such as Coke, Diet Coke, Pepsi, Sprite, Slice, Dr. Pepper, or Mountain Dew?

- I did not drink soft drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

29. During the past 7 days, on how many days did you buy soft drinks at school?

- I did not buy soft drinks at school
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

The next 6 questions ask about physical activity.

30. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

31. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

32. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

33. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

34. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

35. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day



The next 7 questions ask about body weight.

36. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

37. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am **not trying to do anything** about my weight

38. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- Yes
- No

39. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

- Yes
- No

40. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?

- Yes
- No

41. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)

- Yes
- No

42. During the past 30 days, did you **vomit or take laxatives** to lose weight or keep from gaining weight?

- Yes
- No

The next 6 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

43. During the past week on how many days did you feel depressed?

- 0 days
- 1 to 2 days
- 3 to 4 days
- 5 to 7 days

44. During the past 30 days, how much of the time have you:

a. Been a very nervous person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

b. Felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

c. Felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

d. Been a happy person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

e. Felt so down in the dumps that nothing could cheer you up?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

84. During the past 30 days, how many times did you get tobacco (cigarettes, chew, snuff, or cigars) from each of the following sources?

	None	1 time	2 times	3 times	4 times	5 to 9 times	10 to 14 times	15 or more times
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vending machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Drug stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Gas stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Friends 18 and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Friends under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Took from home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. People selling tobacco on the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 8 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such for religious purposes.

85. On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor (for example, vodka, whiskey, or gin) to drink during the past 30 days?

- 0 occasions
- 1 to 2 occasions
- 3 to 5 occasions
- 6 to 9 occasions
- 10 or more occasions

86. How old were you when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?

- I have never drank alcohol
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

87. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

88. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

89. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

90. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- Very easy
- Sort of easy
- Sort of hard
- Very hard

The next 14 questions ask about tobacco.

71. How old were you when you smoked a whole cigarette for the first time?

- I have never smoked a whole cigarette
- 8 years old or younger       13 years old
- 9 years old       14 years old
- 10 years old       15 years old
- 11 years old       16 years old
- 12 years old       17 years old or older

72. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days       6 to 9 days
- 1 or 2 days       10 to 19 days
- 3 to 5 days       20 to 29 days
- All 30 days

73. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

74. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 0 days       6 to 9 days
- 1 or 2 days       10 to 19 days
- 3 to 5 days       20 to 29 days
- All 30 days

75. During the past 30 days, on how many days did you smoke cigarettes **on school property**?

- 0 days       6 to 9 days
- 1 or 2 days       10 to 19 days
- 3 to 5 days       20 to 29 days
- All 30 days

76. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?

- 0 days       6 to 9 days
- 1 or 2 days       10 to 19 days
- 3 to 5 days       20 to 29 days
- All 30 days

77. During the past 12 months, did you ever try to quit using tobacco?

- I did not use tobacco in the past 12 months
- Yes
- No

78. Does someone living in your house (other than you) smoke cigarettes?

- Nobody smokes
- Someone smokes, but not inside the house
- Someone smokes inside the house

79. Is there a rule against tobacco in your school?

- There is no rule
- There is a rule, but it isn't enforced
- There is a rule and it is sometimes enforced
- There is a rule and it is strictly enforced

80. During the past 12 months, have you been taught about tobacco in school?

- Yes
- No
- Not sure

81. If one of your best friends were to offer you a cigarette, would you smoke it?

- Definitely not
- Probably not
- Probably would
- Definitely would

82. During the past 12 months, have you seen teachers or staff smoke on school property?

- Yes       No

83. If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?

- Very easy       Sort of hard
- Sort of easy       Very hard

45. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- Yes       No

46. During the past 12 months, did you ever **seriously** consider attempting suicide?

- Yes       No

47. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

48. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- I did not attempt suicide** during the past 12 months
- Yes
- No

The next 7 questions ask about sexual behavior.

49. Have you ever had sexual intercourse?

- Yes       No

50. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

51. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

52. During the past 3 months, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

53. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- I have never had sexual intercourse
- Yes
- No

54. The **last time** you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No

55. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Depo-Provera (injectable birth control)
- Withdrawal
- Some other method
- Not sure

The next question asks about another health-related topic.

56. During the last 12 months have you been taught about AIDS or HIV infection in school?

- Yes
- No
- Not sure

**The next 4 questions ask about violence-related behaviors.**

57. Have you ever been physically forced to have sexual intercourse when you did not want to?  
 Yes  No

58. During your life, has any adult ever had sexual contact with you?  
 Yes  No

59. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?  
 Yes  No

60. During your life, has any adult ever intentionally hit or physically hurt you?  
 Yes  No

**The next question asks about harassment at school. Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and physical attacks.**

61. During the past 12 months, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? **(Select one or more responses.)**

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons
- I have not been harassed

**The next 9 questions ask about personal safety.**

62. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

63. How often do you wear a seat belt when **riding in a car** driven by someone else?  
 Never  
 Rarely  
 Sometimes  
 Most of the time  
 Always

64. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?  
 0 times  
 1 time  
 2 or 3 times  
 4 or 5 times  
 6 or more times

65. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by a teenager who had been drinking alcohol**?  
 0 times  
 1 time  
 2 or 3 times  
 4 or 5 times  
 6 or more times

66. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by a parent or other adult who had been drinking alcohol**?  
 0 times  
 1 time  
 2 or 3 times  
 4 or 5 times  
 6 or more times

67. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?  
 0 days  
 1 day  
 2 or 3 days  
 4 or 5 days  
 6 or more days

68. During the past 30 days, on how many days did you:	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
a. Carry a <b>gun</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Carry a <b>weapon</b> other than a gun (such as a knife, club, or other weapon)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Carry a gun <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Carry a weapon other than a gun <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. During the past 12 months, how many times:	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
a. Were you in a physical fight <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Has someone threatened you with a weapon such as a gun, knife, or club <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Has someone injured you with a weapon <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Has someone taken money or things directly from you by using force, a weapon or threats in school or <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Has anyone offered, sold or given you an illegal drug <b>on school property</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. During the past 12 months, how many times:	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
a. Have you gambled (e.g., bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Were you in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>