

Oregon Healthy Teens Survey 2006

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

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

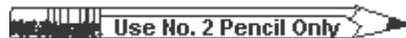
This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. If you are not comfortable answering a question, you can leave it blank.

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 exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

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



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For Office Use Only



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
 13 years old 16 years old
 14 years old 17 years old
 15 years old 18 years old or older

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

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

6. 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 | | |
|------------------------------------|------------------------------------|------------------------------------|
| Pounds | | |
| 1 | 0 | 5 |
| <input type="radio"/> 0 | <input checked="" type="radio"/> 0 | <input type="radio"/> 0 |
| <input checked="" 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"/> 5 | <input checked="" 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 |

| Weight | | |
|-------------------------|-------------------------|-------------------------|
| Pounds | | |
| | | |
| <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"/> 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 |

7. Please tell us your zip code.

Directions: Write the last 3 digits of your zipcode 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"/> 0 | <input type="radio"/> 0 |
| <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"/> 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 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 checked="" type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input checked="" 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 |

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The next 8 questions ask about health care issues.

8. Would you say that in general your **physical health** is ...
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
9. Would you say that in general your **emotional and mental health** is ...
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
10. 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
11. During the past 12 months, did you have any **physical** health care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- Yes No
12. During the past 12 months, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- Yes No
13. 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

14. Have you ever had a cavity?

- Yes No

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

- Yes No

The next 5 questions ask about asthma.

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

- Never had asthma
- Yes
- No
- Not sure

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

- Yes No Not sure

18. Do you still have asthma?

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

19. 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 to 3 days
- 4 to 6 days
- 7 or more days
- Not sure

20. 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 to 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.

21. 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
22. 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
23. 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

24. 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
25. 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
26. 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
27. 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

28. 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

29. 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

30. 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

33. 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 a 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

34. 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

35. 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

36. 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

37. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, computer games and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work
- 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 physical activity.

31. 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

32. 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

The next 7 questions ask about body weight.

38. How do **you** describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
39. 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
40. During the past 30 days, did you **exercise**
- Yes No
41. 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
42. 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
43. 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
44. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- Yes No

The next 2 questions ask about other health conditions.

45. Has a doctor, nurse, or other professional ever told you that you have one or more of the following: (**Mark all that apply.**)
- I do not have any of these conditions
 - A medical condition lasting more than a year, such as asthma, diabetes, cancer, heart problems or seizures
 - A physical condition, including developmental conditions (spina bifida, cerebral palsy, etc.), long-term injuries (spinal cord injury, etc.), or bone, joint, or muscle problems (arthritis, etc.)
 - Blindness or problem seeing (other than needing glasses or contacts) or deafness or problem hearing
 - An emotional condition such as depression or anxiety
 - A learning disorder, attention deficit disorder, ADHD, or severe learning disability such as mental retardation
46. Are you limited in any activities because of ANY disabilities or long-term health problems, including physical health, emotional, or learning problems?
- Yes No Not sure

The next 5 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.

47. 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

48. 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

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

- Yes No

50. 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

51. **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 9 questions ask about sexual behavior.

52. Have you ever had sexual intercourse?

- Yes No

53. 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

54. 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

55. Which of the following best describes you?

- Heterosexual (straight)
 Gay or lesbian
 Bisexual
 Not sure

56. During your life, with whom have you had sexual contact?

- I have never had sexual contact
 Females
 Males
 Females and males

57. 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

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

- I have never had sexual intercourse
 Yes
 No

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

- I have never had sexual intercourse
 Yes
 No

60. 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 5 questions ask about violence-related behaviors.

61. Have you ever been physically forced to have sexual intercourse when you did not want to?
 Yes No
62. Have you ever given in to sexual activity when you didn't want to because of pressure?
 Yes No
63. During your life, has any adult ever had sexual contact with you?
 Yes No
64. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
 Yes No
65. During your life, has any adult ever intentionally hit or physically hurt you?
 Yes No

The next question asks about another health-related topic.

66. During the last 12 months have you been taught about AIDS or HIV infection in school?
 Yes No Not sure

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

67. During the past 30 days, 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 10 questions ask about personal safety.

68. **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
69. 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
70. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
 0 times 4 or 5 times
 1 time 6 or more times
 2 or 3 times
71. 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 4 or 5 times
 1 time 6 or more times
 2 or 3 times
72. 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 4 or 5 times
 1 time 6 or more times
 2 or 3 times
73. 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 times 4 or 5 times
 1 time 6 or more times
 2 or 3 times
74. If you wanted to get a handgun, how easy would it be for you to get one?
 Very easy Sort of hard
 Sort of easy Very hard

| 75. 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 gun ? | <input type="radio"/> |
| b. Carry a weapon other than a gun (such as a knife, club, or other weapon)? | <input type="radio"/> |
| c. Carry a gun on school property ? | <input type="radio"/> |
| d. Carry a weapon other than a gun on school property ? | <input type="radio"/> |

| 76. 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 on school property ? | <input type="radio"/> |
| b. Has someone threatened you with a weapon such as a gun, knife, or club on school property ? | <input type="radio"/> |
| c. Has someone injured you with a weapon on school property ? | <input type="radio"/> |
| d. Has someone taken money or things directly from you by using force, a weapon or threats in school or on school property ? | <input type="radio"/> |
| e. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or on school property ? | <input type="radio"/> |
| f. Have you been drunk or high at school? | <input type="radio"/> |
| g. Have you been suspended from school? | <input type="radio"/> |
| h. Has anyone offered, sold or given you an illegal drug on school property ? | <input type="radio"/> |

| 77. 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"/> |
| b. Have you carried a handgun? | <input type="radio"/> |
| c. Have you sold illegal drugs? | <input type="radio"/> |
| d. Have you stolen or tried to steal a motor vehicle such as a car or motorcycle? | <input type="radio"/> |
| e. Were you in a physical fight? | <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"/> |
| g. Have you attacked someone with the idea of seriously hurting them? | <input type="radio"/> |
| h. Have you been arrested? | <input type="radio"/> |

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The next 21 questions ask about tobacco.

78. 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

79. 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

80. 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

81. 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

82. 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

83. 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

84. Have you ever tried smoking flavored cigarettes (made to taste like chocolate, candy, etc.)?

- Yes No

85. 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

86. 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

87. 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

88. During the last 12 months have you been taught about tobacco in school?

- Yes
- No
- Not Sure

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

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

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

- Yes No

91. During the past 12 months, have you seen other students smoke on school property?

- Yes No

92. During the past 12 months, have you seen teachers, staff, or other adults use chewing tobacco on school property?

- Yes No

93. 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

94. Do you think young people who smoke cigarettes have more friends?

- Definitely yes Probably not
- Probably yes Definitely not

| 95. 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. A store or gas station | <input type="radio"/> |
| b. Friends | <input type="radio"/> |
| c. A family member | <input type="radio"/> |
| d. Through the Internet | <input type="radio"/> |

96. Do you think the smoke from other people's cigarettes is harmful to you?
- Definitely yes Probably not
 Probably yes Definitely not
97. In the last month, have you seen an advertisement promoting cigarettes:
- a. On a storefront or in the store?
 Yes No Not sure
- b. In a magazine?
 Yes No Not sure

98. Do you agree or disagree with the following statement: Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.
- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Not sure

The next 9 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

99. 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 6 to 9 occasions
 1 to 2 occasions 10 or more occasions
 3 to 5 occasions
100. 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 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
101. 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 3 to 5 days
 1 day 6 to 9 days
 2 days 10 to 19 days
 20 or more days
102. During the past 30 days, on how many days did you have at least one drink of alcohol **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

103. During the past 30 days, what type of alcohol did you **usually** drink?
(Select only **one** response.)
- I did not drink alcohol during the past 30 days
 I do not have a usual type
 Beer
 Flavored beverages, such as Smirnoff Ice, Bacardi Silver, and Hard Lemonade
 Wine coolers, such as Bartles and Jaymes or Seagrams Wine
 Wine
 Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 Some other type
104. 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 hard
 Sort of easy Very hard
105. During the past 30 days, on how many days did you have at least one drink of alcohol **at a party**?
- 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

Your participation in this survey is voluntary.

| 106. During the past 30 days, how many times did you get alcohol (beer, wine, or hard liquor) 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"/> |
| b. Convenience stores (such as 7-Eleven) | <input type="radio"/> |
| c. Gas stations | <input type="radio"/> |
| d. Friends 21 and older | <input type="radio"/> |
| e. Friends under 21 | <input type="radio"/> |
| f. Took from home without permission | <input type="radio"/> |
| g. A parent | <input type="radio"/> |
| h. A brother or sister | <input type="radio"/> |
| i. Another family member | <input type="radio"/> |
| j. Through the Internet | <input type="radio"/> |
| k. By asking a stranger to buy it for me | <input type="radio"/> |
| l. Liquor Store | <input type="radio"/> |
| m. Bar/Night Club or Restaurant | <input type="radio"/> |

| 107. 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"/> |
| b. Gotten sick to your stomach because of drinking alcohol? | <input type="radio"/> |
| c. Not been able to remember what happened while you were drinking alcohol? | <input type="radio"/> |
| d. Later regretted something you did while drinking alcohol? | <input type="radio"/> |
| e. Worried that you drank alcohol too much or too often? | <input type="radio"/> |

The next 4 questions ask about marijuana. Marijuana is also called grass or pot.

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

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

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

I have never tried marijuana
 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

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

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

111. If you wanted to get some marijuana, how easy would it be for you to get some?

Very easy
 Sort of easy
 Sort of hard
 Very hard

Your participation in this survey is voluntary.

The next 4 questions ask about other drugs and tobacco.

| 112. 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"/> |
| b. Use prescription drugs (without a doctor's orders) to get high? | <input type="radio"/> |
| c. Use methamphetamines (also called speed, crystal, crank, or ice)? | <input type="radio"/> |
| e. Use any form of cocaine, including powder, crack, or | <input type="radio"/> |
| d. Use heroin or other opiates or narcotics? | <input type="radio"/> |
| f. Use ecstasy (also called MDMA)? | <input type="radio"/> |
| g. Use LSD or other hallucinogens or psychedelics? | <input type="radio"/> |



113. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy do you think it would be for you to get some?

Very easy
 Sort of easy
 Sort of hard
 Very hard



| 114. 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. Use chewing tobacco, snuff, or dip every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Try marijuana once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Smoke marijuana regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. 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"/> |



| 115. Think of your four best friends (the friends you feel closest to). IN THE PAST 12 MONTHS how many of your best friends have: | None | 1 | 2 | 3 | 4 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Smoked cigarettes? | <input type="radio"/> |
| b. Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? | <input type="radio"/> |
| c. Used marijuana? | <input type="radio"/> |
| d. Used LSD, cocaine, amphetamines, or other illegal drugs? | <input type="radio"/> |
| e. Carried a handgun? | <input type="radio"/> |
| f. Been members of a gang? | <input type="radio"/> |
| g. Dropped out of school? | <input type="radio"/> |
| h. Been suspended from school? | <input type="radio"/> |
| i. Sold illegal drugs? | <input type="radio"/> |
| j. Stolen or tried to steal a motor vehicle such as a car or motorcycle? | <input type="radio"/> |
| k. Been arrested? | <input type="radio"/> |



Your participation in this survey is voluntary.

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

Family

116. 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
117. 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

118. 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 hard liquor (for example,
- 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,
- Very wrong A little bit wrong
 Wrong Not wrong at all

Community

120. Have you changed homes in the past year?
 Yes No
121. How many times have you changed homes since kindergarten?
 Never 5 or 6 times
 1 or 2 times 7 or more times
 3 or 4 times
122. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?
 Yes No
123. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?
 Never 5 or 6 times
 1 or 2 times 7 or more times
 3 or 4 times
124. Putting them all together, what were your grades like last year?
 Mostly A's Mostly D's Not sure
 Mostly B's Mostly F's
 Mostly C's None of those grades
125. 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 hard liquor (for example,
- 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

| 119. For these next statements, also mark how true you feel each is for you | Very much true | Pretty much true | A little true | Not at all true |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I can do most things if I try. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. There is at least one teacher or other adult in my school that really cares about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. At school, I help decide things like class activities or rules. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I am part of clubs, sports teams, church/temple or other group activities away from school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I can say no to activities that I think are wrong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I try to understand how other people feel/think. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I help make decisions with my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I volunteer to help others in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I can work out my problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

26. 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
27. 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
28. 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
29. 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
30. Please mark how true each of the following statements is in describing your neighborhood:
- a. There is a lot of crime and/or drug selling
- Very much true A little true
 Pretty much true Not at all true
- b. There are many physical fights
- Very much true A little true
 Pretty much true Not at all true
- c. There are lots of empty or abandoned buildings
- Very much true A little true
 Pretty much true Not at all true
- d. There is a lot of graffiti
- Very much true A little true
 Pretty much true Not at all true
- e. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?
- Very much true A little true
 Pretty much true Not at all true
- f. If someone your age carried a handgun in your neighborhood, would he or she be caught by the police?
- Very much true A little true
 Pretty much true Not at all true
- g. I'd like to get out of my neighborhood
- Very much true A little true
 Pretty much true Not at all true

130. *Continued.*

- h. I like my neighborhood
- Very much true A little true
 Pretty much true Not at all true
- i. I feel safe in my neighborhood
- Very much true A little true
 Pretty much true Not at all true
- j. If I had to move, I would miss the neighborhood I now live in
- Very much true A little true
 Pretty much true Not at all true
131. Did you use the Spanish reference guide to complete the survey?
- Yes No

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:

1. (A) (B) (C) (D) (E) (F) (G) (H)
2. (A) (B) (C) (D) (E) (F) (G) (H)
3. (A) (B) (C) (D) (E) (F) (G) (H)
4. (A) (B) (C) (D) (E) (F) (G) (H)
5. (A) (B) (C) (D) (E) (F) (G) (H)
6. (A) (B) (C) (D) (E) (F) (G) (H)
7. (A) (B) (C) (D) (E) (F) (G) (H)
8. (A) (B) (C) (D) (E) (F) (G) (H)
9. (A) (B) (C) (D) (E) (F) (G) (H)
10. (A) (B) (C) (D) (E) (F) (G) (H)
11. (A) (B) (C) (D) (E) (F) (G) (H)
12. (A) (B) (C) (D) (E) (F) (G) (H)
13. (A) (B) (C) (D) (E) (F) (G) (H)
14. (A) (B) (C) (D) (E) (F) (G) (H)
15. (A) (B) (C) (D) (E) (F) (G) (H)
16. (A) (B) (C) (D) (E) (F) (G) (H)

THANK YOU FOR YOUR PARTICIPATION.

