

# OREGON HEALTHY TEENS SURVEY 2007

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 or that it is normal. 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:**

**Please mark your choice on the corresponding "Answer Sheet"**

**Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.**

**Proper Marks**



**Improper Marks**



- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 7th grade
  - 8th grade
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (**Select one or more responses.**)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- 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 on the answer sheet.

**Example**

Height	
Feet	Inches
4	11
③	⑩
●	⑨
⑤	⑧
⑥	⑦
⑦	⑥
	⑤
	④
	③
	②
	①
	●

- 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 on the answer sheet.

**Example**

Weight		
Pounds		
0	9	5
●	⑩	⑩
①	⑨	⑨
②	⑧	⑧
③	⑦	⑦
	⑥	⑥
	⑤	●
	④	④
	③	③
	②	②
	①	①
	●	⑨

**The next 5 questions ask about health care issues.**

- Would you say that in general your **physical health** is...
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
- Would you say that in general your **emotional and mental health** is...
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
- 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
- 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
- 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

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

13. During the past 12 months, have you had an episode of asthma or an asthma attack?  
A. Never had asthma  
B. Yes  
C. No  
D. Not sure
14. Has a doctor or nurse ever told you that you have asthma?  
A. Yes  
B. No  
C. Not Sure
15. Do you still have asthma?  
A. I have never had asthma  
B. Yes, I still have asthma  
C. No, I no longer have asthma  
D. Not sure
16. During the past 30 days, how many days of school did you miss because of your asthma?  
A. I don't have asthma  
B. None  
C. 1 day  
D. 2 to 3 days  
E. 4 to 6 days  
F. 7 or more days  
G. Not sure
17. During the past 30 days, how many nights did symptoms of asthma make it difficult for you to stay asleep?  
A. I don't have asthma  
B. None  
C. 1 night  
D. 2 to 3 nights  
E. 4 to 6 nights  
F. 7 or more nights  
G. 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.**

18. 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.)  
A. I did not drink 100% fruit juice during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

19. During the past 7 days, how many times did you each **fruit**? (Do **not** count fruit juice.)  
A. I did not eat fruit during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
20. During the past 7 days, how many times did you eat **green salad**?  
A. I did not eat green salad during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
21. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)  
A. I did not eat potatoes during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
22. During the past 7 days, how many times did you eat **carrots**?  
A. I did not eat carrots during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
23. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)  
A. I did not eat other vegetables during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
24. 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.)  
A. I did not drink milk during the past 7 days  
B. 1 to 3 glasses during the past 7 days  
C. 4 to 6 glasses during the past 7 days  
D. 1 glass per day  
E. 2 glasses per day  
F. 3 glasses per day  
G. 4 or more glasses per day

25. 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
26. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- I did not drink soda or pop 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 days did you buy soft drink at school?
- I did not buy soft drinks at school
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 or more days

---

**The next 5 questions ask about physical activity.**

28. 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
29. 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

30. 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
31. 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
32. 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, X-box, 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 question asks about body weight.**

33. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight

---

**The next 9 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.**

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

35. During the past 30 days, how much of the time have you 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
36. During the past 30 days, how much of the time have you 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
37. During the past 30 days, how much of the time have you 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
38. During the past 30 days, how much of the time have you 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
39. 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
40. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No
41. 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
42. **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** in the past 12 months
  - Yes
  - No

**The next 6 questions ask about sexual behavior.**

43. Have you ever had sexual intercourse?
- Yes
  - No
44. 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
45. 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
46. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
  - Yes
  - No
47. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No
48. 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 19 questions ask about personal safety.**

49. **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

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
50. Carry a <b>gun</b> ?	A	B	C	D	E
51. Carry a <b>weapon</b> other than a gun (such as a knife, club, or other weapon)?	A	B	C	D	E
52. Carry a gun <b>on school property</b> ?	A	B	C	D	E
53. Carry a weapon other than a gun <b>on school property</b> ?	A	B	C	D	E

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
54. Were you in a physical fight?	A	B	C	D	E	F	G	H
55. Were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?	A	B	C	D	E	F	G	H
56. Were you in a physical fight <b>on school property</b> ?	A	B	C	D	E	F	G	H
57. Has someone threatened you with a weapon such as a gun, knife, or club <b>on school property</b> ?	A	B	C	D	E	F	G	H
58. Has someone injured you with a weapon <b>on school property</b> ?	A	B	C	D	E	F	G	H
59. Has someone taken money or things directly from you by using force, a weapon or threats in school or <b>on school property</b> ?	A	B	C	D	E	F	G	H
60. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or <b>on school property</b> ?	A	B	C	D	E	F	G	H
61. Has anyone offered, sold or given you an illegal drug <b>on school property</b> ?	A	B	C	D	E	F	G	H

62. How often do you wear a seat belt when **riding in** a car driven by someone else?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
63. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
64. 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**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 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 parent or other adult who had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

66. 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?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
67. If you wanted to get a handgun, how easy would it be for you to get one?
- A. Very easy
  - B. Sort of easy
  - C. Sort of hard
  - D. Very hard

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

68. 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.**)
- A. Harassment about your race or ethnic origin
  - B. Unwanted sexual comments or attention
  - C. Harassment because someone thought you were gay, lesbian or bisexual
  - D. Harassment about your weight, clothes, acne, or other physical characteristics
  - E. Harassment about your group of friends
  - F. Other reasons
  - G. I have not been harassed

**The next 20 questions ask about tobacco use.**

69. How old were you when you smoked a whole cigarette for the first time?  
A. I have never smoked a whole cigarette  
B. 8 years old or younger  
C. 9 years old  
D. 10 years old  
E. 11 years old  
F. 12 years old  
G. 13 years old  
H. 14 years old  
I. 15 years old  
J. 16 years old  
K. 17 years old or older
70. During the past 30 days, on how many days did you smoke cigarettes?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
71. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?  
A. I did not smoke cigarettes during the past 30 days  
B. Less than 1 cigarette per day  
C. 1 cigarette per day  
D. 2 to 5 cigarettes per day  
E. 6 to 10 cigarettes per day  
F. 11 to 20 cigarettes per day  
G. More than 20 cigarettes per day
72. 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?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
73. During the past 30 days, on how many days did you smoke cigarettes **on school property**?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
74. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
75. Have you ever tried smoking flavored cigarettes (made to taste like chocolate, candy, etc.)?  
A. Yes  
B. No
76. During the past 12 months, did you ever try to quit using tobacco?  
A. I did not use tobacco in the past 12 months  
B. Yes  
C. No
77. Does someone living in your house (other than you) smoke cigarettes?  
A. Nobody smokes  
B. Someone smokes, but not inside the house  
C. Someone smokes inside the house
78. Is there a rule against tobacco in your school?  
A. There is no rule  
B. There is a rule, but it isn't enforced  
C. There is a rule and it is sometimes enforced  
D. There is a rule and it is strictly enforced
79. During the last 12 months, have you been taught about tobacco in school?  
A. Yes  
B. No  
C. No sure
80. If one of your best friends were to offer you a cigarette, would you smoke it?  
A. Definitely not  
B. Probably not  
C. Probably would  
D. Definitely would
81. During the past 12 months, have you seen teachers, staff, or other adults smoke on school property?  
A. Yes  
B. No
82. During the past 12 months, have you seen other students smoke on school property?  
A. Yes  
B. No
83. During the past 12 months, have you seen teachers, staff, or other adults use chewing tobacco on school property?  
A. Yes  
B. No
84. Do you think young people who smoke cigarettes have more friends?  
A. Definitely yes  
B. Probably yes  
C. Probably not  
D. Definitely not
85. Do you think the smoke from other people's cigarettes is harmful to you?  
A. Definitely yes  
B. Probably yes  
C. Probably not  
D. Definitely not

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
86.	A store or gas station	A	B	C	D	E	F	G	H
87.	Friends	A	B	C	D	E	F	G	H

88. If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?
- A. Very easy
  - B. Sort of easy
  - C. Sort of hard
  - D. Very hard

**The next 27 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.**

89. 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?
- A. I have never drank alcohol
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old
  - H. 14 years old
  - I. 15 years old
  - J. 16 years old
  - K. 17 years old or older
90. 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?
- A. 0 occasions
  - B. 1 to 2 occasions
  - C. 3 to 5 occasions
  - D. 6 to 9 occasions
  - E. 10 or more occasions
91. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

92. 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?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
93. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
94. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
- A. I did not drink alcohol during the past 30 days
  - B. I do not have a usual type
  - C. Beer
  - D. Flavored beverages, such as Smirnoff Ice, Bacardi Silver, and Hard Lemonade
  - E. Wine coolers, such as Bartles and Jaymes or Seagrams Wine
  - F. Wine
  - G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
  - H. Some other type
95. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
96. 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?
- A. Very easy
  - B. Sort of easy
  - C. Sort of hard
  - D. Very hard

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
97. Grocery stores	A	B	C	D	E	F	G	H
98. Convenience stores (such as 7-Eleven)	A	B	C	D	E	F	G	H
99. Gas stations	A	B	C	D	E	F	G	H
100. Friends 21 and older	A	B	C	D	E	F	G	H
101. Friends under 21	A	B	C	D	E	F	G	H
102. Took from home without permission	A	B	C	D	E	F	G	H
103. A parent	A	B	C	D	E	F	G	H
104. A brother or sister	A	B	C	D	E	F	G	H
105. Another family member	A	B	C	D	E	F	G	H
106. Through the Internet	A	B	C	D	E	F	G	H
107. By asking a stranger to buy it for me	A	B	C	D	E	F	G	H
108. Liquor store	A	B	C	D	E	F	G	H
109. Bar/Night Club or Restaurant	A	B	C	D	E	F	G	H
110. At a party	A	B	C	D	E	F	G	H

In the last 12 months, how often have you:	0 times	1 to 2 times	3 to 5 times	6 to 9 times	10 or more times
111. Missed school or class because of drinking alcohol?	A	B	C	D	E
112. Gotten sick to your stomach because of drinking alcohol?	A	B	C	D	E
113. Not been able to remember what happened while you were drinking alcohol?	A	B	C	D	E
114. Later regretted something you did while drinking alcohol?	A	B	C	D	E
115. Worried that you drank alcohol too much or too often?	A	B	C	D	E

**The next 5 questions ask about marijuana. Marijuana is also called grass or pot.**

116. 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
117. 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
118. 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

119. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

120. 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

**The next 24 questions ask about other drugs.**

121. 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

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
122. Sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	A	B	C	D	E
123. Use prescription drugs (without a doctor's orders) to get high?	A	B	C	D	E
124. Use <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	A	B	C	D	E
125. Use <b>any</b> form of cocaine, including powder, crack, or freebase?	A	B	C	D	E
126. Use heroin or other opiates or narcotics?	A	B	C	D	E
127. Use ecstasy (also called MDMA)?	A	B	C	D	E
128. Use LSD or other hallucinogens or psychedelics?	A	B	C	D	E

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
129. Used <b>any</b> form of cocaine, including powder, crack, or freebase?	A	B	C	D	E	F
130. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	A	B	C	D	E	F
131. Used <b>heroin</b> (also called smack, junk, or China White)?	A	B	C	D	E	F
132. Used <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	A	B	C	D	E	F
133. Used <b>ecstasy</b> (also called MDMA)?	A	B	C	D	E	F
134. Taken <b>steroid pills or shots</b> without a doctor's prescription?	A	B	C	D	E	F
135. Used a needle to inject any <b>illegal</b> drug into your body?	A	B	C	D	E	F

How much do think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
136. Smoke one or more packs of cigarettes per day?	A	B	C	D
137. Use chewing tobacco, snuff, or dip every day	A	B	C	D
138. Try marijuana once or twice?	A	B	C	D
139. Smoke marijuana regularly?	A	B	C	D
140. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	A	B	C	D

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
141. Smoked cigarettes?	A	B	C	D	E
142. Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	A	B	C	D	E
143. Used marijuana?	A	B	C	D	E
144. Used LSD, cocaine, amphetamines, or other illegal drugs?	A	B	C	D	E

The next 33 questions ask about family, friends, personal beliefs, and community.

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
145. I can do most things if I try.	A	B	C	D
146. There is at least one teacher or other adult in my school that really cares about me	A	B	C	D
147. I volunteer to help others in my community.	A	B	C	D
148. I can work out my problems.	A	B	C	D

**Family**

149. In my home, there is a parent or some other adult who always wants me to do my best.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
150. How wrong do your parents feel it would be for you to smoke cigarettes?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
151. How wrong do your parents feel it would be for you to drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
152. How wrong do your parents feel it would be for you to smoke marijuana?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all

**Friends and Personal Beliefs**

153. How wrong do you think it is for someone your age to smoke cigarettes?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
154. How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
155. How wrong do you think it is for someone your age to smoke marijuana?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all

156. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all

**Community**

157. Have you changed homes in the past year?  
 A. Yes  
 B. No
158. How many times have you changed homes since kindergarten?  
 A. Never  
 B. 1 or 2 times  
 C. 3 or 4 times  
 D. 5 or 6 times  
 E. 7 or more times
159. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?  
 A. Yes  
 B. No
160. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?  
 A. Never  
 B. 1 or 2 times  
 C. 3 or 4 times  
 D. 5 or 6 times  
 E. 7 or more times
161. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to smoke cigarettes?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all

 **TURN THE PAGE** 

Continued on the back

162. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
163. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to smoke marijuana?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
164. If someone your age drank some beer, wine or hard liquor in your neighborhood, he or she would be caught by the police.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
165. 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.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
166. If there were a party in your neighborhood where people your age were drinking, the police would come and break it up.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
167. If someone your age asks people 21 or older in your neighborhood to buy alcohol for them, no one would buy it for them.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
- Please mark how true each of the following statements is in describing your neighborhood**
168. There is a lot of crime and/or drug selling.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
169. There are many physical fights.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
170. There are lots of empty or abandoned buildings.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
171. There is a lot of graffiti.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
172. If a kid smoked marijuana in your neighborhood, he or she would be caught by the police.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
173. If someone your age carried a handgun in your neighborhood, he or she would be caught by the police.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
174. I'd like to get out of my neighborhood.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
175. I like my neighborhood.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
176. I feel safe in my neighborhood.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
177. If I had to move, I would miss the neighborhood I now live in.  
 A. Very much true  
 B. Pretty much true  
 C. A little true  
 D. Not at all true
- 
178. Did you use the Spanish reference guide to complete the survey?  
 A. Yes  
 B. No

**THANK YOU FOR YOUR PARTICIPATION**