

142. If you wanted to get a drug like cocaine, LSD, prescription drugs 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

143. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?

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

How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
144. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Use smokeless tobacco every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. 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"/>
148. Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

149. How wrong do your parents feel it would be for you to smoke cigarettes?

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

150. How wrong do your parents feel it would be for you to drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?

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

151. How wrong do your parents feel it would be for you to smoke marijuana?

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

Finally, please tell us how truthful you were.

152. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

Thank you for participating in this survey.

# Oregon Healthy Teens Survey

• 2011 •

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**. Please be honest with your answers. 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 appropriate. 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

Mark your answer by **completely** filling in the bubble or square next to your choice. For questions with circles  mark only one answer, those with squares  mark as many answers as apply. Do **NOT** use check marks.

Mark Answers Like This  • ■  
NOT Like This  ✗ ✓



1. What is your sex?  
 Female  
 Male
2. In what grade are you?  
 7th grade       11th grade  
 8th grade       12th grade  
 9th grade       Ungraded or other grade  
 10th 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. Are you Hispanic or Latino?  
 Yes  
 No

5. 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

6. What is the language you use most often at home?  
 English  
 Spanish  
 Another language

7. 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.

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

8. 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.

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

9. 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"/> 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 checked="" 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	<input type="radio"/> 9

The next questions ask about health care issues.

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

126. What percentage of youth in **your grade** do you think used smokeless tobacco in the past 30 days?  
 Less than 10%       41% to 50%  
 11% to 20%       51% to 60%  
 21% to 30%       61% to 70%  
 31% to 40%       More than 70%

127. What percentage of youth in **your grade** do you think smoked tobacco in a hookah in the past 30 days?  
 Less than 10%       41% to 50%  
 11% to 20%       51% to 60%  
 21% to 30%       61% to 70%  
 31% to 40%       More than 70%

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, energy drinks that contain alcohol, 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.

128. 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

129. During the past 30 days, on how many days did you have at least one drink of alcohol?  
 0 days       10 to 19 days  
 1 or 2 days       20 to 29 days  
 3 to 5 days       All 30 days  
 6 to 9 days

130. 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       6 to 9 days  
 1 or 2 days       10 to 19 days  
 3 to 5 days       20 or more days

131. 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  
 Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade  
 Wine coolers, such as Bartles & Jaymes or Seagrams  
 Wine  
 Liquor, such as vodka, rum, scotch, bourbon, or whiskey  
 Some other type

132. 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 few questions ask about marijuana. Marijuana is also called grass or pot.

133. 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

134. 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

The next section asks about other drugs.

During the past 30 days, how many times have you...	0 times	1 or more times
135. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>
136. Used <b>prescription drugs</b> (without a doctor's orders) to get high?	<input type="radio"/>	<input type="radio"/>
137. Used <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>
138. Used any form of <b>cocaine</b> , including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>
139. Used <b>heroin</b> or other opiates or narcotics?	<input type="radio"/>	<input type="radio"/>
140. Used <b>ecstasy</b> (also called MDMA)?	<input type="radio"/>	<input type="radio"/>
141. Used <b>LSD</b> or other hallucinogens or psychedelics?	<input type="radio"/>	<input type="radio"/>



109. At any time during the next year, do you think you will smoke a cigarette?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

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

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

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

- Yes
- No

112. During the past 30 days, from which of the following sources did you get tobacco (cigarettes, chew, cigars, or any other tobacco product)? (Select one or more responses.)

- I did not get tobacco during the past 30 days
- A store or gas station
- Friends 18 or older
- Friends under 18
- Took from home without permission
- A family member
- The Internet
- Some other source

113. 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 easy
- Sort of hard
- Very hard

114. Do you know if your school has a rule against tobacco use?

- Yes
- No
- Not sure

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

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

116. During the past 30 days, on how many days did you use smokeless tobacco 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

117. During the past 30 days, have you seen anyone smoke on school property?

- Yes
- No

118. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 to 4 days
- 5 to 6 days
- 7 days

119. 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

During the past 30 days, have you seen an advertisement promoting cigarettes or other tobacco products:	Yes	No	Not sure
120. On a storefront or in a store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Online?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. That came in the mail to your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

124. If you have a favorite, what is the brand of your favorite cigarette advertisement? (Select only one answer.)

- I do not have a favorite
- Marlboro
- Camel
- Kool
- Virginia Slim
- Winston
- American Spirit
- Other

125. What percentage of youth in your grade do you think smoked cigarettes in the past 30 days?

- Less than 10%
- 11% to 20%
- 21% to 30%
- 31% to 40%
- 41% to 50%
- 51% to 60%
- 61% to 70%
- More than 70%

12. 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

13. 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

14. 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

For these statements, mark how true you feel each is for you.

	Very much true	Pretty much true	A little true	Not at all true
15. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question asks about grades and school.

19. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

The next questions ask about oral health.

20. 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

21. Have you ever had a cavity?

- Yes
- No

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

- Yes
- No

23. In the past year, were you ever injured in your mouth area while playing sports? The mouth area could be your teeth, gums, lips, cheeks, tongue or jaw. (Select one or more responses.)

- I was not injured in the mouth while playing a sport
- I was injured in the mouth playing an organized sport, like school, club or team sports
- I was injured in the mouth playing a recreational sport I did on my own (with or without other people), like skateboarding or pickup basketball

24. Do you wear piercing or jewelry in or around the mouth area (tongue, lip, cheek, tooth, etc.)?

- Yes
- No

25. During the past 12 months, did you miss one or more hours of school due to any of the following reasons? (Select one or more responses.)

- I had a toothache or painful tooth
- My mouth was hurting
- I had to go to the dentist because of tooth or mouth pain (Do not include regular check-up visits.)
- I had to go to the hospital emergency room because of tooth or mouth pain
- I had a mouth injury from playing a sport
- I did not miss school for any of these reasons

The next questions ask about asthma.

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

- Yes
- No
- Not sure



27. Do you still have asthma?
- I have never had asthma
  - Yes
  - No
  - Not sure

The next questions are about School-Based Health Centers.

28. Does your school have a School-Based Health Center?
- Yes
  - No
  - Not sure
29. Have you ever used a School-Based Health Center in Oregon? (Select one or more responses.)
- Yes, at my school
  - Yes, at another school in Oregon
  - No
30. Why have you gone to a School-Based Health Center for your health care instead of somewhere else? (Select one or more responses.)
- I've never been to a School-Based Health Center
  - It's easy to access
  - It's the only place I can get care
  - I don't have to pay
  - I trust the staff
  - I feel like it's more private
  - My family doesn't have to miss work to take me
  - I don't have to miss much school to get services
  - None of the above
31. Why haven't you ever used a School-Based Health Center? (Select one or more responses.)
- I don't have access to a School-Based Health Center
  - I haven't needed to go
  - It was hard to get an appointment
  - I'm not comfortable getting health care at school
  - I don't trust the SBHC to keep my information private
  - I didn't have my parents' permission
  - The SBHC couldn't help me with my problem
  - None of the above

The next question asks about the food you ate during the past 12 months.

32. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
- Yes
  - No

The next section asks 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.

33. 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
34. 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
35. 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
36. 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
37. 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

The next questions ask about tobacco use.

During the past 30 days, on how many days did you ...	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
94. Smoke <b>cigarettes</b> ?	<input type="radio"/>						
95. Use <b>chewing tobacco, snuff, or dip</b> , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?	<input type="radio"/>						
96. Use <b>other smokeless tobacco</b> products, such as Camel or Marlboro Snus, or Camel orbs, sticks, or strips?	<input type="radio"/>						
97. Smoke <b>cigars, cigarillos, or little cigars</b> ?	<input type="radio"/>						
98. Smoke <b>tobacco in a pipe</b> ?	<input type="radio"/>						
99. Smoke <b>tobacco in a hookah</b> , also known as a waterpipe?	<input type="radio"/>						
100. Smoke <b>electronic cigarettes</b> (e-cigarettes)?	<input type="radio"/>						

101. 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
102. During the past 30 days, which brand of cigarette did you usually smoke? (Select **only one answer**.)
- I did not smoke cigarettes during the past 30 days
  - Marlboro
  - Camel
  - Kool
  - Newport
  - American Spirit
  - Some other brand name
  - Whatever was cheapest

103. 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
  - 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

104. How old were you when you first used any form of tobacco other than cigarettes?
- I have never used any form of tobacco other than cigarettes
  - 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
105. Have you ever smoked a menthol cigarette?
- Yes
  - No
106. Do you want to completely stop smoking cigarettes?
- I do not smoke now
  - Yes
  - No
107. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
  - Yes
  - No
108. Do you think that you will smoke a cigarette soon?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not



78. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could?

- I don't bet for money
- Yes
- No

79. In total, how much money have you bet in any form (lottery, card games, bingo, Internet, sports, with friends) in the past three months?

- \$0
- \$1 to \$10
- \$11 to \$50
- \$51 to \$100
- \$101 to \$200
- \$201 to \$500
- Over \$500

The next questions ask about sexual behavior.

80. Have you ever had sexual intercourse?

- Yes
- No

81. 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

82. 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

83. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Not sure

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

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

85. 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

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

- I have never had sexual intercourse
- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No

88. 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 questions ask about violence-related behaviors.

89. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No

90. Have you ever given in to sexual activity when you didn't want to because of pressure?

- Yes
- No

91. During your life, has any adult ever had sexual contact with you?

- Yes
- No

92. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No

93. During your life, has any adult ever intentionally hit or physically hurt you?

- Yes
- No

38. 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

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

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

40. During the past 7 days, 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

41. During the past 7 days, how many times did you eat from a restaurant or fast food restaurant, including take-out? Take-out food could be from a restaurant, supermarket, or deli counter.

- I did not eat from a restaurant 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

The next questions ask about physical activity.

42. 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 spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

43. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

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

44. 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

45. 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

46. 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

47. 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 Xbox, Play Station, Nintendo DS, iPod touch, Facebook, 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 questions ask about body weight.

48. How do you describe your weight?

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

49. 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

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

- Yes
- No



The next questions ask about beverages you drink.

During the past 7 days, how many times did you drink..	0 times in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
51. Soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Sports drinks such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain milk).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Plain water? (Include tap and bottled water).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about transportation to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?	0 days	1 day	2 days	3 days	4 days	5 days
58. Walk	<input type="radio"/>					
59. Ride a bike	<input type="radio"/>					
60. Ride a skateboard, scooter, or other non-motorized vehicle	<input type="radio"/>					
61. Ride a school bus or use public transportation	<input type="radio"/>					
62. Ride in a car or other motorized vehicle	<input type="radio"/>					

The next 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.

63. 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

64. During the past 12 months, did you ever **seriously** consider attempting suicide?  
 Yes  
 No

65. 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

66. 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 following questions ask about personal safety.

67. 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

68. 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

69. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club **on school property**?  
 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

70. During the past 12 months, has anyone offered, sold or given you an illegal drug **on school property**?  
 Yes  
 No

71. During the past 12 months, how many times were you in a physical fight **on school property**?  
 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

Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and physical attacks.

72. 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 questions refer to the "Choking Game," also called Knock Out, Space Monkey, Flatlining, or The Fainting Game.

73. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you? **(Select one or more responses.)**

- I have never heard of the Choking Game
- I have heard of someone participating in the Choking Game
- I have helped someone else participate in the Choking Game
- I have participated in the Choking Game myself

74. How many times in your life have **you** participated in the Choking Game **yourself**?

- None – I have never participated myself
- 1 time
- 2 times
- 3 to 5 times
- More than 5 times

75. Thinking back to the last time **you yourself** participated in the "Choking Game", were you alone or with other people?

- I have never participated in the "Choking Game"
- I was alone
- I was with other people

The next section asks about gambling.

76. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check ALL the different types of gambling that you have bet on, if any, during the last 30 days. **(Select one or more responses.)**

- I did not gamble in the last 30 days
- Playing lottery tickets
- Playing Powerball or Megabucks
- Playing dice or coin flips
- Playing cards (poker, etc.)
- Betting on a sports team
- Betting on a horse/dog race
- Betting on games of personal skill (bowling, video games, dares, etc.)
- Gambling on the Internet
- Gambling at a casino
- Playing Bingo for money
- Other

77. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?

- I don't bet for money
- Yes
- No

