Oregon Healthy Teens Survey
• 2013 •

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:

Please mark your choice on this questionnaire.

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

- **Use a No. 2 pencil only.**
- **Do not use ink, ballpoint, or felt tip pens.**
- **Make solid marks that fill the response completely.**
- **Erase cleanly any marks you wish to change.**
- **Make no stray marks on this form.**

CORRECT: ●   **INCORRECT:** ⊘ ⊠ ⊖ ◌

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 blank boxes.
   Fill in the matching circle below each number.

Height		Height	
Feet	Inches	Feet	Inches
4	**11**		
○3	○0	○3	○0
●4	○1	○4	○1
○5	○2	○5	○2
○6	○3	○6	○3
○7	○4	○7	○4
	○5		○5
	○6		○6
	○7		○7
	○8		○8
	○9		○9
	○10		○10
	●11		○11

Example

8. How much do you weigh without your shoes on?
   Directions: Write your weight in the blank boxes.
   Fill in the matching circle below each number.

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

Example

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

Zip Code				
9	**7**			
		○0	○0	○0
		○1	○1	○1
		○2	○2	○2
		○3	○3	○3
		○4	○4	○4
		○5	○5	○5
		○6	○6	○6
	●7	○7	○7	○7
		○8	○8	○8
●9		○9	○9	○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

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

15. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses).**
- ○ Yes – during school hours
- ○ Yes – during the summer
- ○ Yes – on the weekend or before/after school
- ○ No
- ○ Don't know

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
16. I can do most things if I try.	○	○	○	○
17. There is at least one teacher or other adult in my school that really cares about me.	○	○	○	○
18. I volunteer to help others in my community.	○	○	○	○
19. I can work out my problems.	○	○	○	○

The next questions ask about grades and school.

20. 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

	Did not miss any school days in past year	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
21. During the past 12 months, how many days of school did you miss for any reason?	○	○	○	○	○	○
22. During the past 12 months, how many days of school did you miss because of physical health reasons?	○	○	○	○	○	○
23. During the past 12 months, how many days of school did you miss because of emotional health reasons?	○	○	○	○	○	○
24. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	○	○	○	○	○	○

The next questions ask about oral health.

25. 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

	Yes	No
26. Have you ever had a cavity?	○	○
27. Did you brush your teeth in the past 24 hours?	○	○
28. Do you wear piercing or jewelry in or around the mouth area (tongue, lip, cheek, tooth, etc.)?	○	○

29. 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

30. 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

PLEASE DO NOT WRITE IN THIS AREA ■ ○○○○○○○○○○○○○○○○○○○○○○○○○○ ■ [SERIAL]

31. Has a doctor or nurse ever told you that you have asthma?
    ○ Yes
    ○ No
    ○ Not sure

32. Do you still have asthma?
    ○ I have never had asthma
    ○ Yes
    ○ No
    ○ Not sure

The next questions are about School Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

33. Does your school have a School-Based Health Center?
    ○ Yes
    ○ No
    ○ Don't know

34. How many times have you used the School-Based Health Center at your school in the past 12 months?
    ○ Never
    ○ I've used it, but not in the last 12 months
    ○ Once
    ○ Twice
    ○ 3-5 times
    ○ 6-10 times
    ○ More than 10 times

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

35. 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.

36. 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

37. 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

38. 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

39. 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

40. 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

41. 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

42. During the past 7 days, on how many days did you eat breakfast?
    ○ 0 days   ○ 4 days
    ○ 1 day   ○ 5 days
    ○ 2 days   ○ 6 days
    ○ 3 days   ○ 7 days

43. 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

44. 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

45. 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

46. During the past 7 days, how many times did all, or most, of your family eat a meal together?
   ○ Never   ○ 5-6 times
   ○ 1-2 times   ○ 7 times
   ○ 3-4 times   ○ More than 7 times

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

47. 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   ○ 4 days
   ○ 1 day   ○ 5 days
   ○ 2 days   ○ 6 days
   ○ 3 days   ○ 7 days

48. 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   ○ 4 days
   ○ 1 day   ○ 5 days
   ○ 2 days   ○ 6 days
   ○ 3 days   ○ 7 days

49. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
   ○ 0 days   ○ 3 days
   ○ 1 day   ○ 4 days
   ○ 2 days   ○ 5 days

50. 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

51. 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

52. 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? (Count time spent on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, 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.**

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

54. 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

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
55. **Soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop).	○	○	○	○	○	○	○
56. **Fruit-flavored beverages** such as Kool-Aid, Sunny Delight, or Snapple? (Do **not** include 100% fruit juice).	○	○	○	○	○	○	○
57. **Energy drinks** such as Red Bull, Rockstar, or Monster? (Do **not** include diet or sugar-free energy drinks)	○	○	○	○	○	○	○
58. **Sports drinks** such as Gatorade or Powerade?	○	○	○	○	○	○	○
59. **Flavored milk** such as Chocolate or Strawberry milk? (Do **not** include plain milk).	○	○	○	○	○	○	○
60. **Sweetened coffee or tea beverages** such as Starbucks Frappuccino or an Arizona Iced Tea?	○	○	○	○	○	○	○
61. **Plain water**? (Include tap and bottled water).	○	○	○	○	○	○	○

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
62. Walk	○	○	○	○	○	○
63. Ride a bike	○	○	○	○	○	○
64. Ride a skateboard, scooter, or other non-motorized vehicle	○	○	○	○	○	○
65. Ride a school bus or use public transportation	○	○	○	○	○	○
66. Ride in a car or other motorized vehicle	○	○	○	○	○	○

The next section asks 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.

67. 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

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

69. 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

70. **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.

71. 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

72. 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

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

74. 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.**

75. 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.**

76. 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've 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

77. How many times in your life have **you** participated in the Choking Game **yourself**?
- ○ None – I have never participated myself
- ○ One time
- ○ Two times
- ○ 3 to 5 times
- ○ More than 5 times

78. 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.**

79. 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

During the last 12 months, have you ever …

	I don't bet for money	Yes	No
80. Felt bad about the amount you bet, or about what happens when you bet money?	○	○	○
81. Felt that you would like to stop betting money but didn't think you could?	○	○	○
82. Lied to anyone about betting or gambling?	○	○	○
83. Bet or gambled more than you wanted to?	○	○	○

> **The next section asks about sexual behavior.**

84. Have you ever had sexual intercourse?
- ○ Yes
- ○ No

85. 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

86. 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

87. 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

88. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- ○ I have never had sexual intercourse
- ○ Yes
- ○ No

89. The **last time** you had sexual intercourse, did you or your partner use a condom?
- ○ I have never had sexual intercourse
- ○ Yes
- ○ No

90. 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

91. Which of the following best describes you?
- ○ Heterosexual (straight)
- ○ Gay or lesbian
- ○ Bisexual
- ○ Not sure

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
92. Smoke **cigarettes**?	○	○	○	○	○	○	○
93. Smoke **menthol** cigarettes?	○	○	○	○	○	○	○
94. Use **chewing tobacco, snuff, dip, or snus**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus?	○	○	○	○	○	○	○
95. Use **dissolvable** tobacco products, such as Camel orbs, sticks, or strips?	○	○	○	○	○	○	○
96. Smoke **cigars, cigarillos, or little cigars**?	○	○	○	○	○	○	○
97. Smoke **tobacco in a pipe**?	○	○	○	○	○	○	○
98. Smoke **tobacco in a hookah**, also known as a waterpipe?	○	○	○	○	○	○	○
99. Smoke an **electronic** nicotine delivery product, such as an e-cigarette, e-cigar, or e-hookah?	○	○	○	○	○	○	○

100. 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 19 cigarettes per day
- ○ 20 or more cigarettes per day

101. 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

102. 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

103. 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   ◯ 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

104. Do you want to completely stop smoking cigarettes?
- ◯ I do not smoke now
- ◯ Yes
- ◯ No

105. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- ◯ I did not smoke during the past 12 months
- ◯ Yes
- ◯ No

106. If one of your best friends were to offer you a cigarette, would you smoke it?
- ◯ Definitely not
- ◯ Probably not
- ◯ Probably would
- ◯ Definitely would

107. What type of location were you in, the last time you smoked tobacco in a hookah?
- ◯ I have never smoked tobacco in a hookah
- ◯ A private location, like your home or a friend's home
- ◯ A lounge with a hookah
- ◯ Some other public place

108. 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

109. During the past 30 days, have you seen **anyone** smoke on school property?
- ◯ Yes
- ◯ No

110. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
- ◯ 0 days
- ◯ 1 to 2 days
- ◯ 3 to 4 days
- ◯ 5 to 6 days
- ◯ 7 days

111. During the past 7 days when you were riding in a car with someone who was smoking cigarettes, who was smoking cigarettes? (**Select one or more responses**).
- ◯ I did not ride in a car with someone who was smoking cigarettes in the past 7 days
- ◯ Parent/stepparent/guardian
- ◯ Friend 18 or older
- ◯ Friend under the age of 18
- ◯ Someone else

112. Does someone living in your house (other than you) smoke tobacco?
- ◯ 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
113. On a storefront or in a store?	◯	◯	◯
114. Online?	◯	◯	◯
115. In a magazine or newspaper?	◯	◯	◯
116. That came in the mail to your home?	◯	◯	◯

117. 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
- ◯ Don't know / Not sure
- ◯ Somewhat disagree
- ◯ Strongly disagree

118. 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

119. What percentage of youth in **your grade** do you think smoked cigarettes 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%

120. 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%

121. 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.

122. 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

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

124. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
○ 0 days
○ 1 day   ○ 6 to 9 days
○ 2 days   ○ 10 to 19 days
○ 3 to 5 days   ○ 20 or more days

125. 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

The next section asks about marijuana (also called grass or pot), and other drugs.

126. 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

127. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?
○ 0 times
○ 1 or 2 times
○ 3 to 9 times
○ 10 to 19 times
○ 20 to 39 times
○ 40 or more times

128. During the past 30 days, how many times did you use **prescription drugs** (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?
○ 0 times
○ 1 or 2 times
○ 3 to 9 times
○ 10 to 19 times
○ 20 to 39 times
○ 40 or more times

During the past 30 days,
how many times have you …

	1 or more times	0 times
129. Used **methamphetamines** (also called speed, crystal, crank, or ice)?	○	○
130. Used **any** form of **cocaine**, including powder, crack, or freebase?	○	○
131. Used **heroin** or other opiates or narcotics?	○	○
132. Used **ecstasy** (also called MDMA)?	○	○
133. Used **LSD** or other hallucinogens or psychedelics?	○	○

134. 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

135. How wrong do you think it is for someone your age to use prescription drugs not prescribed to them?
○ 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
136. Smoke one or more packs of cigarettes per day?	○	○	○	○
137. Use smokeless tobacco every day?	○	○	○	○
138. Smoke marijuana once or twice a week?	○	○	○	○
139. Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	○	○	○	○
140. Have five or more drinks of an alcoholic beverage once or twice a week?	○	○	○	○
141. Use prescription drugs that are not prescribed to them?	○	○	○	○

The following questions ask about family and friends.

How wrong do your parents feel it would be for you to …

	Very wrong	Wrong	A little bit wrong	Not wrong at all
142. Smoke cigarettes?	○	○	○	○
143. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?	○	○	○	○
144. Smoke marijuana?	○	○	○	○
145. Use prescription drugs not prescribed to you?	○	○	○	○

How wrong do your friends feel it would be for you to …

	Very wrong	Wrong	A little bit wrong	Not wrong at all
146. Have one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
147. Smoke tobacco?	○	○	○	○
148. Smoke marijuana?	○	○	○	○
149. Use prescription drugs not prescribed to you?	○	○	○	○

150. Does your family own a car, van, or truck?
○ No
○ Yes, one
○ Yes, two or more

151. Do you have your own bedroom for yourself?
○ No
○ Yes

152. During the past 12 months, how many times did you travel away on vacation with your family?
○ Not at all
○ Once
○ Twice
○ More than twice

153. How many computers does your family own?
- ○ None
- ○ One
- ○ Two
- ○ More than two

154. Do you receive free or reduced price lunches at school?
- ○ Yes
- ○ No
- ○ Don't know

Finally, please tell us how truthful you were.

155. 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 YOUR PARTICIPATION