

Oregon Healthy Teens ~ Survey

Instructions:

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish. Your participation in this survey is voluntary.
2. Each of the questions should be answered by marking **ONE** of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. Some of the questions have the following format:

Please fill in the bubble for the ONE word that best describes how you feel about that sentence.

NO!
no
yes
YES!

EXAMPLE: The Portland Trailblazers are a good basketball team

Mark (the Big) **NO!** if you think the statement is **definitely not true** for you.
 Mark (the little) **no** if you think the statement is **mostly not true** for you.
 Mark (the little) **yes** if you think the statement is **mostly true** for you.
 Mark (the Big) **YES!** if you think the statement is **definitely true** for you.

In the example above, the student marked **yes** because he or she thinks the statement is **mostly true**.

MARKING INSTRUCTIONS

- 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. How old are you?

- | | |
|-------------------------------------|------------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 15 years old |
| <input type="radio"/> 11 years old | <input type="radio"/> 16 years old |
| <input type="radio"/> 12 years old | <input type="radio"/> 17 years old |
| <input type="radio"/> 13 years old | <input type="radio"/> 18 years old |
| <input type="radio"/> 14 years old | <input type="radio"/> 19 or older |

2. What is your birth month?

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

What is your birth year?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1980 | <input type="radio"/> 1985 | <input type="radio"/> 1990 | <input type="radio"/> 1995 |
| <input type="radio"/> 1981 | <input type="radio"/> 1986 | <input type="radio"/> 1991 | <input type="radio"/> 1996 |
| <input type="radio"/> 1982 | <input type="radio"/> 1987 | <input type="radio"/> 1992 | <input type="radio"/> 1997 |
| <input type="radio"/> 1983 | <input type="radio"/> 1988 | <input type="radio"/> 1993 | <input type="radio"/> 1998 |
| <input type="radio"/> 1984 | <input type="radio"/> 1989 | <input type="radio"/> 1994 | <input type="radio"/> 1999 |

3. Please tell us your ZIP code:

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

4. What is your sex?

- Female
 Male

5. How do you describe yourself?
(Select one or more responses.)

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

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

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

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7. Think of where you live most of the time.
Which of the following people live there with you?
(Choose all that apply.)

- Mother
- Father
- Sister(s)
- Brother(s)
- Grandmother
- Grandfather
- Aunt
- Uncle
- Stepfather
- Stepmother
- Stepbrother(s)
- Stepsister(s)
- Foster Mother
- Foster Father
- Other Children
- Other Adults

8. How tall are you without your shoes on?
*Directions: Write your height in the shaded blank boxes.
Fill in the matching oval below each number.*

EXAMPLE

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

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

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

EXAMPLE

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

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

10. What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

11. What is the language that you first learned to speak at home?

- English
- Spanish
- Russian
- Vietnamese
- Chinese, including Cantonese and Mandarin
- Korean
- Hmong
- Cambodian
- Ukrainian
- Lao
- Mien
- Tagalog
- Romanian
- Arabic
- Japanese
- Other _____

12. What is the highest level of schooling your father (or the man you think of as your father) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know

13. What is the highest level of schooling your mother (or the woman you think of as your mother) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know

Questions About Tobacco Use

A1. How many **CIGARETTES** have you smoked, even a puff, in:

- a. The **LAST 24 hours?** None 1-10 11-20 21-30 31-40 41 or more
-
- b. The **LAST 7 days?** None 1-10 11-20 21-30 31-40 41 or more

A2. During the **PAST 30 DAYS**, on how many **days** did you smoke cigarettes?

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

A3. 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 6 to 10 cigarettes per day
 Less than 1 cigarette per day 11 to 20 cigarettes per day
 1 cigarette per day More than 20 cigarettes per day
 2 to 5 cigarettes per day

A4. How many times did you use **CHEWING TOBACCO** or snuff in:

- a. The **LAST 24 hours?** None 1-10 11-20 21-30 31-40 41 or more
-
- b. The **LAST 7 days?** None 1-10 11-20 21-30 31-40 41 or more

A5. During the **PAST 30 DAYS**, on how many **days** did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

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

A6. During the **PAST 30 DAYS**, on how many **days** did you smoke **cigars, cigarillos, or little cigars**?

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

A7. During the **PAST 30 DAYS**, on how many **days** did you smoke cigarettes **on school property**?

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

A8. During the **PAST 30 DAYS**, on how many **days** did you use **chewing tobacco, snuff, or dip on school property**?

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

Questions About Alcohol Use

A9. How many drinks of **ALCOHOL** have you had in: (Drink = 1 glass of beer or wine, or 1 shot of hard liquor)

- a. The **LAST 24 hours?** None 1-2 3-5 6-9 10 or more
-
- b. The **LAST 7 days?** None 1-2 3-5 6-9 10 or more

A10. On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the **PAST 30 DAYS**?

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

A11. During the **PAST 30 DAYS**, on how many **days** did you have at least one drink of alcohol?

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

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A12. 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 2 days 6 to 9 days 20 or more days
 1 day 3 to 5 days 10 to 19 days

A13. During the **PAST 30 DAYS**, on how many **days** did you have at least one drink of alcohol **on school property**?

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

Questions About Marijuana Use

The next three questions ask about marijuana use. Marijuana is also called weed, pot, dope, or ganja.

A14. How many times did you use **MARIJUANA** or **HASHISH** in:

- a. The **LAST 24 hours**? None 1-2 3-5 6-9 10-19 20 or more
b. The **LAST 7 days**? None 1-2 3-5 6-9 10-19 20 or more

A15. 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

A16. 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

Questions About Other Drugs

The following questions ask about your experience with other drugs. When answering these questions, please **do not include** any drugs that were prescribed **to you** by a doctor or dentist.

A17. On how many occasions (if any) have you . . .

0 **1-2** **3-5** **6-9** **10 or mor**
occasions occasions occasions occasions occasions

- a. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the **PAST 30 DAYS**?
- b. Used prescription drugs (without a doctor's orders) to get high during the **PAST 30 DAYS**?
- c. Used stimulants (amphetamines, meth, crystal, speed, crank) during the **PAST 30 DAYS**?
- d. Used cocaine or "crack" cocaine during the **PAST 30 DAYS**?
- e. Used heroin or other opiates or narcotics during the **PAST 30 DAYS**?
- f. Used Ecstasy or MDMA during the **PAST 30 DAYS**?
- g. Used LSD or other hallucinogens or psychedelics during the **PAST 30 DAYS**?

A18. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

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

A19. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

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

A20. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

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

A21. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

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

Your participation in this survey is voluntary.

A22. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- 0 times 1 time 2 or more times

Questions About Access to Drugs

A23. 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

A24. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

- Very easy Sort of easy Sort of hard Very hard

Questions About Age of First Use and Future Intentions

A25. How old were you when you first . . .	Never have	8 or younger	9	10	11	12	13	14	15	16	17	18 or older
a. Smoked a whole cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tried smokeless tobacco (chew, snuff, plug)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Got drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tried marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tried to sniff or inhale gases, sprays, or glue in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A26. Sometimes we don't know what we will do as adults, but we may have an idea. Please tell us how true these statements may be for you as an **adult**.

	NO!	no	yes	YES!
a. When I am an adult, I will smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When I am an adult, I will drink beer, wine, or liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am an adult, I will smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary.

Questions About Body Weight

- B1. How do **you** describe your weight?
- Very underweight** **About the right weight** **Very overweight**
 Slightly underweight **Slightly overweight**
- B2. Which of the following are you trying to do about your weight?
- Lose** weight **Stay** the same weight
 Gain weight I am **not trying to do anything** about my weight
- B3. During the **PAST 30 DAYS**, did you:
- | | YES | NO |
|--|-----------------------|-----------------------|
| a. Exercise to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |
| b. Eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |
| c. Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |
| d. Take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.) | <input type="radio"/> | <input type="radio"/> |
| e. Vomit or take laxatives to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |

Questions About Nutrition

The next 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.

- B4. 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 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day
- B5. 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 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day
- B6. 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 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day
- B7. 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 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day
- B8. 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 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day
- B9. 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 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

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B10. 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 1 glass per day 3 glasses per day

4 to 6 glasses during the past 7 days 2 glasses per day 4 or more glasses per day

B11. In the **PAST 7 DAYS**, on how many days did you eat breakfast?

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

B12. How many times during the **PAST 7 DAYS** did you eat a meal with your family?

0 times 2-4 times 7 or more times

1 time 5-6 times I was away from home and not with my family during the past 7 days

B13. How often in the **PAST 12 MONTHS** did you or your family have to cut meal size or skip meals **because there wasn't enough money for food?**

Almost every month Only 1 or 2 months

Some months but not every month Did not have to skip or cut the size of meals

Questions About Physical Exercise and Other Activity

B14. On how many of the **PAST 7 DAYS** did you exercise or participate in physical activity for **at least 20 minutes** that **made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

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

B15. 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

B16. 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

B17. Over the **LAST MONTH**, in an average week, how many **hours** did you spend:

	0 hours	1-2 hours	3-5 hours	6-10 hours	11-17 hours	18-24 hours	25 or more hours
a. Working at a job for which you received a paycheck or wages?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In volunteer work, religious activities, youth groups, music, drama, or special school activities such as yearbook, both at school and away from school (not including sports)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participating in sports teams, either through school or in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Doing homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Doing household chores or helping the family with house projects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B18. On an **average school day**, how many hours do you spend:

	None	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
a. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Playing video/computer games like Nintendo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Surfing the Internet? (Do not include time spent using the Internet for school homework.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions About Sexual Activity

B19. Have you ever had sexual intercourse? This question does not appear on the survey for grade 6.

Yes No

Questions B20 - B29 do not appear on the survey for grade 6.

B20. How old were you when you had sexual intercourse for the first time?

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

B21. During your life, with how many people have you had sexual intercourse?

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

B22. During the **PAST 3 MONTHS**, with how many people did you have sexual intercourse?

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

B23. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- I have never had sexual intercourse Yes No

B24. The **last time** you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse Yes No

B25. 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 Depo-Provera (injectable birth control)
 No method was used to prevent pregnancy Withdrawal
 Birth control pills Some other method
 Condoms Not sure

B26. How many times have you been pregnant or gotten someone pregnant?

- 0 times 1 time 2 or more times Not sure

Questions B20 - B29 do not appear on the survey for grade 6.

Questions About AIDS/HIV

B27. What do you consider to be the **one** most reliable or accurate source where you have gotten your information about AIDS/HIV infection? (Select only **one** response.)

- From classroom instruction From brochures available at schools or school health center
 From parents or other adults in my family
 From friends From TV or radio
 From a teacher or school counselor Other sources not mentioned above

B28. During the **LAST 12 MONTHS**, have you ever been taught about AIDS or HIV infection in school?

- Yes No Not sure

B29. If you wanted them, where would you go to get condoms? (Select only **one** response.)

- Parent or other family member County or Community Health program
 Vending machine Not sure; Haven't really thought about it
 Friend It's hard to get condoms in my community
 School health center From some other source
 Pharmacy or store

Questions B20 - B29 do not appear on the survey for grade 6.

Questions About Health Care

B30. In the **PAST 12 MONTHS**, have you had wheezing, dry cough, and/or breathing difficulty **not due to** having a cold or the flu?

- Yes No Don't know

Your participation in this survey is voluntary.

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B31. During the **PAST 12 MONTHS**, have you had an asthma attack or taken asthma medication?

- Never had asthma
- Yes
- No
- Not sure

B32. Has a doctor, nurse, or other health professional ever told you that you have:

	YES	NO	Not sure
a. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Another chronic medical condition which has lasted over a year, such as cancer, heart problems, hearing or vision problems (do not include needing braces, glasses, or contacts)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. An eating disorder (anorexia or bulimia)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A sexually transmitted disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B33. When was the last time you saw a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?

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

B34. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

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

B35. During the **PAST 12 MONTHS**, where did you **usually** go to meet your health care needs? (Choose only one.)

- Emergency room
- County or community health clinic
- I did not need care during the past 12 months
- Family doctor
- Other place not listed
- School-based health center
- I needed care, but didn't see anyone

B36. During the **PAST 12 MONTHS**, did you have any of the following health care needs? (Fill in all that apply; count any situation where you thought you should see a doctor, nurse, or other health professional.)

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

B37. During the **PAST 12 MONTHS**, did you have any of the following health care needs that were **NOT MET**? (Fill in all that apply; count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should.)

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

The next two questions are about School Based Health Centers. (If your school doesn't have a center, please fill in that answer.)

B38. Have you registered or do you have permission to use the School Based Health Center?

- Yes
- No
- Don't have a school Health Center

B39. Have you used the School Based Health Center services at your school?

- Yes
- No
- Don't have a school Health Center

Your participation in this survey is voluntary.

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

F1. Fill in the one circle for each statement which best describes on how many of the days you felt this way **DURING THE PAST WEEK.**

	0 days	1-2 days	3-4 days	5-7 days
a. I did not feel like eating; my appetite was poor . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I could not get going; I had low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F2. **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

F3. **DURING THE PAST 12 MONTHS**, did you ever **seriously** consider attempting suicide?

Yes No

F4. **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

F5. **If you attempted suicide DURING THE PAST 12 MONTHS**, did any attempt result in an injury, poisoning, or overdose that had to be treated **in an emergency room or hospital**?

Yes No I did not attempt suicide in the past 12 months

Questions About Unwanted Physical Behavior

Questions F6 - F8 do not appear on the survey for grade 6

F6. **DURING THE PAST 12 MONTHS**, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

Yes No

F7. Have you ever been pressured into any sexual activity by someone you were going out with?

Yes No

F8. Have you ever been physically forced to have sexual intercourse when you did not want to?

Yes No

F9. During your life, has any adult ever intentionally hit or physically hurt you, OR had sexual contact with you?

a. No c. Yes, an adult had sexual contact with me
 b. Yes, an adult hit or physically hurt me d. Yes, both 'b' and 'c'

Your participation in this survey is voluntary.

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F10. How many times in the **PAST 3 MONTHS** have you:

	0 times	1 or 2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40+ times
a. Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Stolen something worth over \$10?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Been stopped by the police for something you did (but <i>not</i> arrested)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Been in a fight using a weapon (knife, gun, club, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Purposely damaged or destroyed property belonging to your parents or other family members ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Purposely damaged or destroyed property belonging to your school ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Purposely damaged or destroyed other property that did not belong to you, not counting family and school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F11. During the **PAST 30 DAYS**, how many times did you:

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
a. Drive a car or other vehicle when you had been drinking alcohol ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ride in a car or other vehicle with a parent or other adult driver who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ride in a car or other vehicle with a teenage driver who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F12. How many times in the **PAST 3 MONTHS** have you set a fire **where it didn't belong**, without adult permission or supervision?

- 0 times
 1-2 times
 3-5 times
 6-9 times
 10-19 times
 20 or more times

F13. During the **PAST 30 DAYS**, on how many days did you:

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
a. Carry a gun ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Carry a weapon other than a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Carry a gun on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Carry a weapon other than a gun (such as a knife, club, or other weapon not allowed at school) on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F14. If you carried a handgun in the **PAST 30 DAYS**, who did the handgun belong to?

- I did not carry a handgun
 The handgun belongs to another person that lives in my house
 The handgun belongs to me
 The handgun belongs to another person who does not live in my house

F15. If you wanted to get a handgun, how easy would it be for you to get one?

- Very easy
 Sort of easy
 Sort of hard
 Very hard

Questions About Harassment and Threats

F16. In the PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you?
 0 times 1-2 times 3-5 times 6-9 times 10-19 times 20 or more times

F17. The next question asks about harassment at school. Harassment can include threatening, bullying; name calling or obscenities; offensive notes or graffiti; unwanted touching; and physical assault. During the PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? (Please fill in all that apply.)

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

F18. At school, how safe do you feel:

	Not at all safe	Only slightly safe	Somewhat safe	Quite safe	Very safe
a. In the hallways?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the cafeteria?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the classroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Outside the school on school grounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F19. 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

F20. During the PAST 12 MONTHS, how many times:

	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
a. Has someone threatened you with a weapon such as a gun, knife, or club on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Has someone injured you with a weapon on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were you in a physical fight on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Has someone taken money or things directly from you by using force, a weapon, or threats in school or on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F21. During the PAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug **on school property**?
 Yes No

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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

F22. During the **PAST 12 MONTHS**, how many times:

- a. Were you in a physical fight? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- b. Has someone threatened you with a weapon (such as a knife, gun, or club)? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- c. Has someone injured you with a weapon? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- d. Has someone taken money or things directly from you by using force, a weapon, or threats? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- e. Has someone deliberately damaged your property (such as clothing, books, or other property)? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- f. Have you personally seen someone beaten using a weapon? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- g. Have you personally seen someone threatened by using a weapon? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- h. Have you personally seen someone beaten up, but not with a weapon? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- i. Have you personally seen things stolen from another person by force or threats of force? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
- j. Have you been in a physical fight in which you were injured and had to be treated by a doctor, nurse, or emergency medical technician (EMT) for those injuries? 0 1 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more

Questions About Personal Safety

F23. The next questions ask about how much you like to do certain things.

NO! no yes YES!

- a. I would like to explore strange places NO! no yes YES!
- b. I like to do scary things NO! no yes YES!
- c. I like new and exciting experiences, even if I have to break the rules NO! no yes YES!
- d. I prefer friends who are exciting and unpredictable NO! no yes YES!

F24. **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

F25. How often do you wear a seat belt when **riding in** a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

F26. Which of the following best describes you?

- I have never been in a gang
- I used to be in a gang
- I have tried to get out, but am still in a gang
- I am currently in a gang and plan to stay involved

Questions About Parent Supervision

- C1. Please mark how often the following things happen **in general**.
- a. How often does at least one of your parents know what you are doing when you are away from home?
 Never Sometimes Quite often All the time
- b. How often does at least one of your parents know where you are after school?
 Never Sometimes Quite often All the time
- C2. Over the **LAST 2 DAYS**, about how much time (total) have you spent **without any adults around**?
 None 1/2 to 1 hour 2 to 3 hours 4 to 5 hours
 Less than 1/2 hour 1 to 2 hours 3 to 4 hours 5 or more hours
- C3. In the **LAST MONTH**, about how many hours per week were you usually home in the afternoon with **no adult supervision**?
 None 2 hours 5 hours 16 to 20 hours
 Less than 1/2 hour 3 hours 6 to 10 hours 21 to 30 hours
 1/2 to 1 hour 4 hours 11 to 15 hours 31 or more hours
- C4. How wrong do your parents feel it would be for you to:
- | | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Steal anything worth more than \$10? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Pick a fight with someone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Carry a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Questions About Discipline

- C5. This is a list of things that parents have told us they do when their children do things they're not supposed to do. How often does at least one of your parents do the following things **if you break a rule or do something you're not supposed to do**?
- | | Always or almost always | Often | About half the time | Some-times | Never or almost never |
|--|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Notice it but not do anything about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Raise their voice (scold or yell) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Get you to correct the problem or make up for the mistake | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Threaten to punish you (but not really punish you) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Ground you for a week or more | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Not let you do something you like to do (like use the phone or T.V., see friends) for 1 to 3 days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Give you a spanking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Slap or hit you (but not spanking) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Discuss the problem with you or ask questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Give you extra work chores | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Give a time-out or send you to your room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Questions About Family Relationships

- C6. In the **LAST 2 DAYS**, how many times did at least one of your parents praise you or compliment you for anything you did well?
- I wasn't with my parents for the past two days Twice Six or seven times
 None Three times More than seven times
 Once Four or five times

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C7. In the **LAST 2 DAYS**, how many times did at least one of your parents give you something extra, like money, special activities, or other things for something you did well?

I wasn't with my parents for the past two days Twice Six or seven times
 None Three times More than seven times
 Once Four or five times

C8. In the **LAST 2 DAYS**, how many times did at least one of your parents let you do something you like to do (such as watch TV, use the phone, see friends, or play video games) only after you had already done something else that they wanted you to do (like schoolwork, chores, or cleaning up after yourself)?

I wasn't with my parents for the past two days Twice Six or seven times
 None Three times More than seven times
 Once Four or five times

C9. Please mark how you feel about your family relationships:

	NO!	no	yes	YES!
a. People in my family often insult or yell at each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People in my family have serious arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We argue about the same things in my family over and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If I had a personal problem, I could ask my Mom or Dad for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C10. Please mark how you feel about each statement about your parent(s).

	NO!	no	yes	YES!
a. My parents ask if I've gotten my homework done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am not at home, one of my parents knows where I am and who I am with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parent's permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The rules in my family are clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C11. How often do your parents tell you they're proud of you for something you've done?

Never or almost never Sometimes Often All the time

Questions About Family Substance Use

C12. Has anyone in your family ever had a severe alcohol or drug problem?

Yes No

C13. About how many adults (people over 21) have you known personally who in the **PAST YEAR** have:

	None	1 adult	2 adults	3 or 4 adults	5 or more adults
a. Used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gotten drunk or high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary.

Questions About Neighborhood

C14. Please mark how true each of the following statements is in describing your neighborhood:

	NO!	no	yes	YES!
a. There is a lot of crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are many physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is a lot of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel safe in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I'd like to get out of my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. My neighbors notice when I am doing a good job and let me know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I like my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. There are people in my neighborhood who encourage me to do my best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. There are people in my neighborhood who are proud of me when I do something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. If I had to move, I would miss the neighborhood I now live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. There are lots of adults in my neighborhood I could talk to about something important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. People move in and out of my neighborhood a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C15. How wrong would most adults in your neighborhood think it was for kids your age:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. To use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C16. Have you changed homes in the **PAST YEAR**? Yes No

C17. How many times have you changed homes since kindergarten?

- Never
 1 or 2 times
 3 or 4 times
 5 or 6 times
 7 or more times

C18. Have you changed schools (including changing from elementary to middle and middle to high school) in the **PAST YEAR**?

- Yes No

C19. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?

- Never
 1 or 2 times
 3 or 4 times
 5 or 6 times
 7 or more times

C20. Are the following activities for people your age available in your community?

	YES	NO
a. Sports teams	<input type="radio"/>	<input type="radio"/>
b. Scouting	<input type="radio"/>	<input type="radio"/>
c. Boys and girls clubs	<input type="radio"/>	<input type="radio"/>
d. 4-H clubs	<input type="radio"/>	<input type="radio"/>
e. Service clubs	<input type="radio"/>	<input type="radio"/>

Questions About Peers and Siblings

D1. Think of your **four best friends** (the friends you feel closest to).
 In the **PAST YEAR** (12 months), how many of your **best friends** have:

	None	1	2	3	4
a. Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stolen or tried to steal a motor vehicle such as a car or motorcycle? ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Tried beer, wine, or liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Been in Juvenile Court or Family Court as a result of their behavior? ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D2. Have any of your siblings (brothers, sisters, step-brothers, step-sisters) ever:

	YES	NO	I don't have any brothers or sisters
a. Drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Been arrested for something they did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Been involved with a Juvenile Court for something they did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions About School

D3. Are your school grades better than the grades of most students in your class?
 NO! **no** **yes** **YES!**

D4. How often do you feel that the school work you are assigned is meaningful and important?
 Never **Seldom** **Sometimes** **Often** **Almost Always**

D5. How interesting are most of your courses to you?
 Very interesting and stimulating **Fairly interesting** **Very dull**
 Quite interesting **Slightly dull**

D6. How important do you think the things you are learning in school are going to be for your later life?
 Very important **Fairly important** **Not important at all**
 Quite important **Slightly important**

D7. Now, thinking back over the **PAST YEAR** in school, how often did you ...

	Never	Seldom	Some-times	Often	Almost always
a. Enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D8. During the **LAST FOUR WEEKS** how many whole school days have you missed because you skipped or "cut"?
 None **1 day** **2 days** **3 days** **4-5 days** **6-10 days** **11 or more days**

Your participation in this survey is voluntary.

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D9. Choose the answer that best describes how you feel about the statements below.

	NO!	no	yes	YES!
a. In my school, students have lots of chances to help decide things like class activities and rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are lots of chances for students in my school to talk with a teacher one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Teachers ask me to work on special classroom projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have lots of chances to be part of class discussions or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My teacher(s) notices when I am doing a good job and lets me know about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The school lets my parents know when I have done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I feel safe at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. My teachers praise me when I work hard in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question About Church

D10. How often do you attend religious services or activities?
 Never Rarely 1-2 times a month Once a week or more

Questions About Personal Beliefs

D11. Please indicate how true or false the following statements are:

	Very false	Somewhat false	Somewhat true	Very true
a. I do the opposite of what people tell me, just to get them mad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I ignore rules that get in my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I like to see how much I can get away with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D12. How often have you done the following things?

	Never	I've done it, but not in the past year	Less than once a month	About once a month	2 or 3 times a month	Once a week or more
a. Done crazy things even if they are a little dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Done something dangerous because someone dared you to do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Done what feels good no matter what	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D13. Choose the answer that best describes how you feel about the statements below.

	NO!	no	yes	YES!
a. I think it is okay to take something without asking if you can get away with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I think sometimes it's okay to cheat at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is all right to beat up people if they start the fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is important to be honest with your parents, even if they become upset or you get punished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D14. How wrong do you think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. Steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
D15. What are the chances you would be seen as cool if you:					
a. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D16. How much do you think people risk harming themselves (physically or in other ways) if they:		No risk	Slight risk	Moderate risk	Great risk
a. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>	<input type="radio"/>
D17. You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?					
<input type="radio"/> Ignore her					
<input type="radio"/> Grab a CD and leave the store					
<input type="radio"/> Tell her to put the CD back					
<input type="radio"/> Act like it's a joke, and ask her to put the CD back					
D18. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?					
<input type="radio"/> Leave the house anyway					
<input type="radio"/> Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out					
<input type="radio"/> Not say anything and start watching TV					
<input type="radio"/> Get into an argument with her					
D19. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?					
<input type="radio"/> Push the person back					
<input type="radio"/> Say "Excuse me" and keep on walking					
<input type="radio"/> Say "Watch where you're going" and keep on walking					
<input type="radio"/> Swear at the person and walk away					
D20. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?					
<input type="radio"/> Drink it					
<input type="radio"/> Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do something else					
<input type="radio"/> Just say "No, thanks" and walk away					
<input type="radio"/> Make up a good excuse, tell your friend you had something else to do, and leave					

Your participation in this survey is voluntary.

Questions About Intentions

- E1. Do you think you will try a cigarette soon?
 Definitely not Probably not Probably would Definitely would
- E2. If one of your best friends were to offer you a cigarette, would you smoke it?
 Definitely not Probably not Probably would Definitely would
- E3. At any time during the next year, do you think you will smoke a cigarette?
 Definitely not Probably not Probably would Definitely would
- E4. Do you want to completely stop smoking cigarettes?
 Yes No I do not smoke now
- E5. 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 Don't know/Not sure Strongly disagree
 Somewhat agree Somewhat disagree

Questions About Access to Tobacco and Alcohol

- E6. **DURING THE PAST 30 DAYS**, how many times did you get tobacco (cigarettes, chew, snuff, or cigars) from each of the following?
 Fill in this bubble if you DIDN'T get tobacco in the past 30 days, and go to question E7.

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

- E7. **DURING THE PAST 30 DAYS**, how many times has any store or gas station **refused** to sell you cigarettes?
 I did not try to buy cigarettes 1 time 3 times 5 times
 None (I was able to buy cigarettes each time I tried) 2 times 4 times 6 or more times

- E8. How hard or easy do you think it would be to get tobacco (cigarettes or chewing tobacco) from each of the following?

	Very easy	Sort of easy	Sort of hard	Very hard
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friends 18 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friends under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Just taking it at home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. People selling it on the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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E9. **DURING THE PAST 30 DAYS**, how many times did you get alcohol (beer, wine, or hard liquor) from each of the following?

Fill in this bubble if you **DIDN'T** get alcohol in the past 30 days, and go to question E10.

	None	1	2	3	4	5-9	10-14	15 or more
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drug stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gas stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Friends 21 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Friends under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Took from home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. By using fake ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E10. **DURING THE PAST 30 DAYS**, how many times has any store or gas station refused to sell you alcohol (beer, wine, or hard liquor)?

- I did not try to buy alcohol
- None (I was able to buy alcohol each time I tried)
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

E11. How hard or easy do you think it would be to get alcohol (beer, wine, or hard liquor) from each of the following?

	Very easy	Sort of easy	Sort of hard	Very hard
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friends 21 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friends under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Just taking it at home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions About School Activities

In this section, we ask about school activities that happened during the **LAST YEAR** (12 months). When you are answering these questions, think about last school year **AND** what has happened so far during this school year.

E12. During the **LAST YEAR (12 MONTHS)**:

	Very often	A few times	Once	Never
a. Did you have any school lessons about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When you had lessons, how often did you practice different ways to say "no" to tobacco offers during any class at school (for example, in role plays)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did a student from middle or high school come to your class to talk about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did a guest speaker (for example, a nurse or someone from your community) talk to your class about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you discuss the reasons why people your age smoke during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did you discuss how many people your age smoke during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you discuss the effects of cigarette smoking on your body during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Did you discuss the effects of second-hand smoke during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions About School Policies

- E13. What programs or activities have you participated in **THIS YEAR**? (*Fill in all that apply.*)
- Alcohol/Drug-free dances or events
 - "Just Say No" clubs or "Operation Lightspeed"
 - OSSOM or other youth leadership activities like OTLPI, REACH, or Natural Helpers
 - Oregon TOGETHER!
 - Other anti-drug youth activities
 - Treatment program for alcohol or drug use
 - No programs or activities
- E14. Is there a rule against tobacco in your school?
- There is no rule
 - There is a rule, but it isn't enforced
 - There is a rule and it is sometimes enforced
 - There is a rule and it is strictly enforced
- E15. **DURING THE PAST 12 MONTHS**, have you seen teachers or staff smoke on school property?
- Yes
 - No
- E16. **DURING THE PAST 12 MONTHS**, have you done any of the following anti-tobacco activities? (*Fill in all that apply.*)
- Checked to see if stores will sell tobacco to young people
 - Visited stores to reward them for not selling tobacco to young people
 - Made materials (posters, videos, t-shirts) against tobacco use
 - Talked to other young people about not using tobacco
 - Tried to get adults to take action against tobacco
 - Wrote to tobacco companies to complain about what they do
 - Wrote to political leaders or the local paper about the problem of tobacco use
 - Helped to create an advertisement against tobacco use
 - Went into stores to see where tobacco ads are placed or tobacco products are kept
 - Ran an activity for other students that was designed to discourage tobacco use
 - Surveyed students about their use of tobacco
 - Created a web site with information about tobacco use, effects, anti-tobacco activities in your community, and/or tobacco industry manipulation of kids
 - Sponsored or coordinated sporting or entertainment events with an anti-tobacco theme
 - Studied film and print media for tobacco placement and glamorization of smoking, and developed an anti-tobacco alternative
 - Conducted science experiments showing the dangers of tobacco use, or created an anti-tobacco invention (for example, "cigarette destroyer")
 - Wrote a report or presentation
- E17. **IN THE LAST 12 MONTHS**, have you done any of the following anti-tobacco activities with a parent? (*Fill in all that apply.*)
- Took home a quiz to give a parent about tobacco use
 - Tried to help a parent stop using tobacco
 - Took a video about tobacco use home to watch with a parent
 - Did a homework activity with a parent that concerned tobacco use
- E18. **DURING THE LAST YEAR**, how often have your parent(s) talked to you about not smoking cigarettes or using chewing tobacco?
- Very often
 - Fairly often
 - Sometimes
 - Almost never
 - Never

The next questions ask how your parents would react if you did (or didn't do) certain things. Imagine yourself doing the things listed in the questions (even if you never have), then mark how likely it is that your parents would react in the following ways:

- E19. If at least one of your parents knew that you had **used tobacco**, how likely is it that they would discipline you in some way?
- Not at all likely
 - Slightly likely
 - Somewhat likely
 - Quite likely
 - Very likely

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E20. If at least one of your parents knew that you had **used alcohol**, how likely is it that they would discipline you in some way?
 Not at all likely Slightly likely Somewhat likely Quite likely Very likely

E21. If at least one of your parents knew that you had **used illegal drugs**, how likely is it that they would discipline you in some way?
 Not at all likely Slightly likely Somewhat likely Quite likely Very likely

E22. Does someone living in your house (other than you) smoke cigarettes?
 Nobody smokes Someone smokes inside the house
 Someone smokes, but not inside the house

E23. How long can you go without smoking before you feel like you need a cigarette?
 I have never smoked cigarettes 1 to 3 hours Several days
 I do not smoke now More than 3 hours but less than a day A week or more
 Less than an hour A whole day

E24. Does your school or community have any special groups or classes for students who want to **quit** using tobacco?
 Yes No I don't know/Not sure

E25. **DURING THE PAST 12 MONTHS**, did you do any of the following to quit using tobacco? (*Fill in all that apply.*)
 I did not use tobacco during the past 12 months
 I did not try to quit using tobacco during the past 12 months
 Went to a special group or class **at your school** for students who want to quit using tobacco
 Talked to an adult **at your school** about how to quit using tobacco
 Talked to a peer helper **at your school** about how to quit using tobacco
 Went to a special group or class **outside of school** for people who want to quit using tobacco
 Tried to quit on my own
 Tried some other way to quit using tobacco

Questions About Anti-Tobacco Information

E26. In the **LAST MONTH**, how many times have you seen or heard ads that encouraged you **not to use tobacco**?
 Not at all A few times per month About once per day
 Less than once per month About once per week More than once per day
 About once per month A few times per week

E27. In the **LAST MONTH**, how often have you seen or heard any information **against using tobacco** from any of the following sources?

	Very often	Fairly often	Some-times	Almost never	Never
a. Your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. TV show, news story, or commercial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Newspaper article or advertisement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Magazine article or advertisement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Radio news story or advertisement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Movie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Billboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Internet/World Wide Web	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. An event in your town or city	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Boy or girl scouts or a club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Celebrity/Rock/Pop star or sports figure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary.

E28. You may have heard about **reasons to avoid tobacco** or **ways to avoid tobacco**. Please mark how much you have heard about these topics -- not at all, a little, some, or a lot -- from each of the following.

<i>I have heard about avoiding tobacco from . . .</i>	Not at all	A little	Some	A lot
a. Discussions in school classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Discussions with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discussions with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Magazines or newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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