

2006-2007

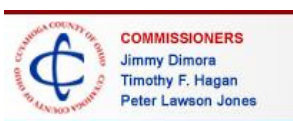
Cuyahoga County Youth Risk Behavior Survey Report



Funded by:

The Cuyahoga County Child and Family Health Services Program (CFHS) and
The Cuyahoga County Commissioners on behalf of
The Cuyahoga County Families and Children First Council (FCFC)
In partnership with the Cuyahoga County Board of Health

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We are especially grateful to the students, teachers, principals and superintendents who agreed to participate in the survey. Also, the survey could not have been administered without the assistance of our many student volunteers.

The Center for Adolescent Health appreciates the support of its home base, the Department of Family Medicine, Case Western Reserve University.

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EXECUTIVE SUMMARY

A total of 25 public and private schools and nearly 5000 students completed the 2006-2007 Cuyahoga County Youth Risk Behavior Survey (YRBS). Although every effort was made to ensure a representative sample, a low school participation rate (52.0%) limits the generalizability of the findings in this report. However, several important trends are clear in the data and are listed below. These trends highlight important information for policy makers, schools, parents, and communities.

GENDER

Patterns of risk differed between boys and girls who took the survey. Girls in this sample were significantly more likely to use alcohol. Females were also at increased risk for injury due to a higher prevalence of behaviors related to suicide, likely caused by females reporting depressive symptomology more often. Despite being significantly more likely than males to be of normal weight, girls in this sample were significantly more likely than boys to describe themselves as overweight.



Boys were significantly more likely to engage in violent behaviors, including fighting and weapon carrying. While males were more likely to report adequate amounts of physical activity, they were also more likely to be overweight than girls. Boys were significantly more likely to be lifetime tobacco users, lifetime and current cigar users, and current smokeless tobacco users. Boys in this sample were significantly less likely than girls to have a variety of protective factors, including having a trusted adult they could talk to regarding an important issue.

In terms of sexual behaviors, boys and girls reported similar rates of engagement. For example, boys and girls were equally likely to have ever had oral sex and sexual intercourse, as well as to be currently engaging in these behaviors. Likewise, both groups reported similar rates of consistent birth control use.

RACE

As we have seen in previously reported rates of behavior in Cuyahoga County, increased risk of certain behaviors falls along racial lines. Black students were more likely than white students to be at risk for STIs and pregnancy through an increased likelihood of sexual behaviors. Additionally, black students were at increased risk to be injured or killed because of a higher prevalence of engagement in violent behaviors including physical fighting, weapon carrying, and forced sexual intercourse. Black students were more likely than white students to watch an excessive amount of television, lack adequate physical activity, and consequently be at increased risk of being overweight or obese.

While black students were more likely to be at risk for sex, violence, and obesity, white students were more likely to be at risk for alcohol and other drug use. White students were significantly more likely to have ever used and currently use alcohol. While black and white students reported similar rates of lifetime and current marijuana use, white students were significantly more likely to have ever tried other illicit drugs, including methamphetamines, cocaine, ecstasy, and inhalants.

CLASS

Socio-economic status (SES) also played an important role in influencing the health of students in this sample. In nearly every case of a significant difference detected by class, those with low SES were at more risk. This includes alcohol use, illegal drug use, injuries and violence, risk factors leading to obesity, sexual behaviors, and tobacco use. The higher prevalence of risk behaviors in low SES students is compounded by a lack of protective factors such as having a trusted adult, seeing a doctor in the past year, and participation in an organized activity outside of school. High SES students were significantly more likely to rate their health, in general, more favorably than low SES students.



BACKGROUND

The Center for Adolescent Health has been actively involved with the Youth Risk Behavior Survey (YRBS) since 1996. In 1999-2000, administration of the YRBS was included in the Child and Family Health Service/Maternal and Child Health (CFHS) program. The plan called for expansion of survey administration into high schools throughout Cuyahoga County over a five year period. A countywide administration of the YRBS was conducted from 2002-2004. Another countywide YRBS administration was planned for 2006-2007 that would collect data from a wide variety of school types: public, private, parochial, independent, and charter. The Center for Adolescent Health administered the YRBS to a diverse set of schools throughout Cuyahoga County in the springs of 2006 and 2007.

Interest in local data has increased recently as the value of this information has been recognized. School-based health and risk behavior surveillance has been included as an integral component of local grants currently sponsored by the CDC Steps to a Healthier US, Child and Family Health Services Program, Cuyahoga County Wellness Initiative, Cuyahoga County Comprehensive Partnership for Tobacco Reduction, and the Drug-Free Communities Support Program and the Office of Juvenile Justice and Delinquency Prevention.

THE INSTRUMENT

The Youth Risk Behavior Survey (YRBS) is a national health behavior survey developed by the Centers for Disease Control and Prevention (CDC). It is a collection of questions designed to provide a “snapshot” of teenage students’ health risk behaviors. Questions are grouped into several broad categories, which have been identified as leading causes of morbidity and mortality.

Youth Risk Behavior Survey Topics

- **Personal safety**
- **Violence and weapons**
- **Depression and suicide**
- **Tobacco**
- **Alcohol**
- **Marijuana and other drugs**
- **Sexual behaviors**
- **Physical activity and nutrition**

The CDC surveys ninth through twelfth grade public and private high school students at the national level and the Ohio Department of Health coordinates the administration of the YRBS for the state of Ohio. Results from the YRBS are used to develop curricula for health and nutrition; safety training; and drug, sexuality, and violence education programs. Survey results also help us to better understand non-academic barriers to learning, which can affect test scores, graduation rates and school attendance rates. The methods used by the Center for Adolescent Health match those used by the CDC.

In addition to the standard YRBS questions, supplemental questions were added to the 2006-2007 Cuyahoga County YRBS in order to meet specific goals of grantors, explore new research questions, and address concerns of specific schools or youth programs. These supplemental questions enhance the YRBS by adding depth to some health topics and providing insight into some of the protective factors which may help to reduce health risk behavior engagement.

The survey results contained in this report are intended to help schools, communities and local youth-serving organizations to better understand the problems faced by our adolescents and to give insight into ways to support and enhance the health of adolescents throughout Cuyahoga County.

CORE 66

In the summer of 2005, the Center for Adolescent Health began meeting with representatives from various granting agencies, community members, and school officials to plan the future of the YRBS in Cuyahoga County. The Surveillance Partnership included representatives from Steps to a Healthier Cleveland, the Cleveland Department of Public Health, the Cuyahoga County Board of Health, the Shaker Prevention Coalition, the SAY Prevention Coalition, and the Center for Adolescent Health. A key outcome of this partnership was the creation of the “Core 66,” or 66 survey items which will be shared by all future youth risk behaviors surveys administered by the Center for Adolescent Health.

Inclusion of the “Core 66” on all future survey administrations serves several purposes. First, by sharing

Core 66: Key Topics

- **Demographics**
- **Alcohol use**
- **Personal safety**
- **Violence and weapon**
- **Tobacco**
- **Marijuana and other drugs**
- **Sexual behaviors**
- **Physical activity**
- **Quality of life**

a core set of survey items, data collected for various agencies can now be combined, providing a more complete picture of risk behaviors in Cuyahoga County. The larger sample size resulting from this combination allows us to detect smaller differences between groups (gender, race, parent education level, and grade level) within our local data as well as differences between local, state, and national data. Second, inclusion of the “Core 66” allows for a greater degree of data sharing across agencies, schools, and communities, improving the sustainability of current countywide surveillance efforts. Items included in the “Core 66” were chosen for several reasons. First, the “Core 66”

was designed to capture a wide range of adolescent risk behaviors and protective factors. The range captured by these items allows the survey to meet many of the requirements set forth by different grants. This range acknowledges youth risk behaviors do not occur in isolation, but are often dependent on one another. Items selected also improve upon previous efforts.

The “Core 66” represents the most valid and commonly used items available on the YRBS. However, several items were added to improve upon existing measures or changed to more accurately capture prevalence of adolescent risk behaviors.

The “Core 66” represents the universal portion of the various surveys administered by the Center for Adolescent Health. In order to further investigate specific risk behaviors and/or to meet grant requirements, surveys were supplemented with items specific to the needs of granting agencies and communities. The “Core 66” and supplemental items allow the Center for Adolescent Health to create data comparable across communities, states and the nation while meeting the specific requirements and needs of local agencies and communities.

METHODOLOGY

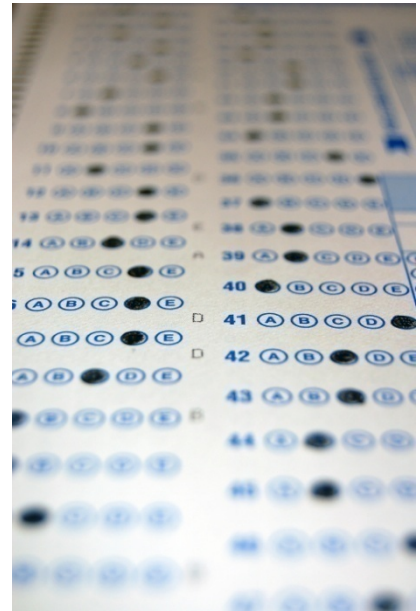
In order to establish a more complete picture of youth health risk behaviors in Cuyahoga County and to shift the administration of public school surveillance to occur simultaneously with both National and State Youth Risk Behavior Survey (YRBS) administrations, the Center for Adolescent Health administered the YRBS survey in private high schools in Cuyahoga County during the spring of 2006. In 2007, public high schools in Cuyahoga County received an identical version of the YRBS. This report represents data collected in both 2006 and 2007. Results are presented in aggregate.

Schools in the 2006 and 2007 Cuyahoga County administrations received a modified version of the YRBS consisting of 103 questions. All current and future surveys administered by the Center for Adolescent Health consist of a shared set of 66 questions that measure a wide range of adolescent risk behaviors. The 2006-07 Cuyahoga County YRBS also included items designed to measure adolescents' depressive symptomology, school conduct, and engagement in sexual risk behaviors.

A total of 48 public and private schools throughout Cuyahoga County were contacted to participate in the Cuyahoga County YRBS administration. Of these, 25 agreed, resulting in a school participation rate of 52%. Each participating school was given an incentive as compensation for time and effort inherent to the survey process. They were also given the opportunity to receive school-specific results. A variety of methods were used to administer the survey, from whole school administration to a random sample of classes within a required subject (e.g., English classes). All students within selected classrooms were asked to participate, resulting in 5,843 students sampled. The survey lasted between 30 and 45 minutes for students. All parties involved in data collection, survey administration, and data analysis signed pledges of confidentiality consistent with the human subjects' research protocol approved by the MetroHealth Medical Center Institutional Review Board.

Student participation was both anonymous and voluntary. Permission slips were mailed home to selected students, giving parents or guardians the option of excluding their child from participating in the survey. Due to school absence, refusal, lack of parent permission, or lack of consistent answers, 847 students were excluded. The final sample consisted of 4,996 high school students, resulting in a student response rate of 85.5%. The overall response rate for the 2006-07 Cuyahoga County survey administration was 44.5%.

Data regarding demographic makeup of private schools are not readily available. Because of this and a low school participation rate, data could not be weighted to reflect the prevalence of health risk behaviors across all schools in Cuyahoga County. **Generalizations should not be made across all schools in the county.** However, due to the high student participation rate within the sample, prevalence rates of health risk behaviors from the participating schools are representative of the collected sample.



LIMITATIONS

Guidelines for the YRBS indicate that an overall response rate of 60% must be reached in order to weight data. The overall response rate is calculated by multiplying the response rate of the schools by the response rate of the students. Weighted data adjusts for student non-response and the distribution of students by grade, sex, and race/ethnicity. Because the overall response rate for this survey administration was 44.1%, data could not be weighted. For this reason, the data presented in this report do not adjust for the probability of participation and the race, gender, and grade distributions of schools in Cuyahoga County. Hence, the data presented in this report are not representative of all adolescents in the county. The data presented in this report are only reflective of those students who participated in the survey administration.

Finally, although every effort was made to ensure a representative sample, it is not logistically possible to guarantee each adolescent in the Cuyahoga County sample had an equal likelihood of being selected. This sample does not include adolescents who were enrolled but did not attend or were absent from school due to disciplinary procedures.

Because of these limitations, generalizations should not be made to students who did not participate in the 2006-07 Cuyahoga County YRBS administration. The rates of risk behaviors reported are only representative of students who participated in this survey rather than all high school students in the county. Any significant differences found between this report and previous countywide administrations, national, and/or state level data are artificial due to sampling bias.

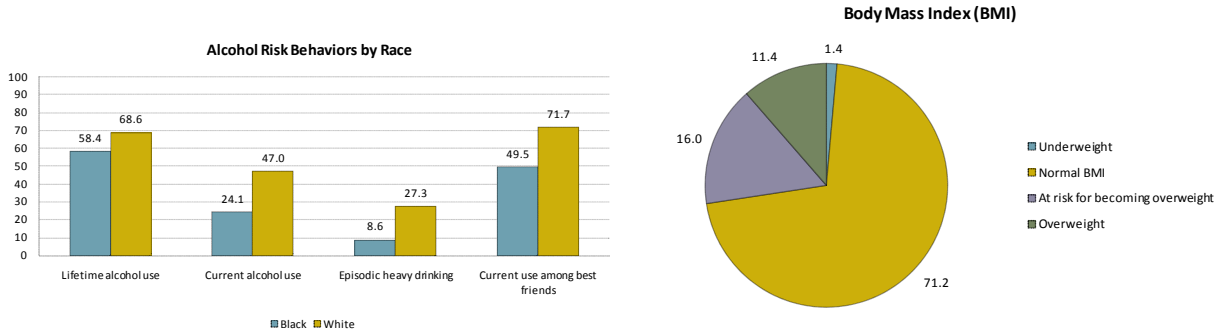
TERMS AND CONVENTIONS

Confidence Interval	A statistical demonstration of the margin of error associated with each risk estimate. In this report a ninety-five percent confidence interval is used. We are ninety-five percent certain the true sample mean falls within the reported range.
Dark Clouds	A criteria-based instrument used to screen for clinical depression. In clinical settings, an endorsement of five or more of the nine criteria, including positive scores on items measuring dysphoria (feeling down or blue), anhedonia (difficulty feeling happy), and/or anger suggests major depressive symptomology meriting further investigation.
Little Cigar	A type of cigar containing less than three grams of tobacco. Product brand names include Black & Mild, Phillies, and Swisher Sweet.
Race	Due to the small number of students reporting they were American Indian/Alaskan Native, Hispanic, Asian and Native Hawaiian or other Pacific Islander, comparisons are only made between Black and White students.
Significant Difference	A result in statistics that is probably true (not due to chance). When results are significantly different, we can be relatively certain the true means are not equal to one another.
Socioeconomic Status (SES)	This construct is defined in this report by levels of parental education. Low SES (-) indicates that neither of the student's parents completed college, while High SES (+) indicates that at least one parent completed college.



USING THIS REPORT

The 2006-2007 Cuyahoga County Youth Risk Behavior Survey (YRBS) report is broken down into a number of primary sections and subsections that cover a wide range of risk behaviors and attitudes. Various charts and tables like the ones below are included to provide a visual depiction of some of the more interesting and relevant findings among this sample.



Text will accompany each chart/graph in order to provide a fuller explanation of the findings, and narrative is present throughout the report to link the data from the Cuyahoga County YRBS to larger health and risk behavior issues for adolescents. When describing the results for a specific behavior or attitude, a standard format is used in the narrative that outlines differences between demographic groups in the following pattern: 2006-07 Cuyahoga County YRBS; gender; race; socio-economic status; and grade level. Prevalence rates were not provided for demographic groups when no significant differences existed between groups.

SIGNIFICANT DIFFERENCES

Frequencies in this report are not reflective of all students in Cuyahoga County. Consequently, comparisons are not made between the sample mean, the state, or nation.

However, differences noted between groups within the text of this report represent statistically significant findings in the data. When the prevalence for a given risk behavior or attitude is noted as “higher” among one group than another, this indicates that the confidence intervals for the group means do not overlap and that a true difference is likely to exist between these groups. Any subgroup differences in this report that are highlighted are significantly different ($p < .05$). In other words, we are 95% confident that the true sample mean falls within the lower and upper ranges around the reported mean.

The data tables that accompany this report include confidence intervals for the sample mean and for the demographic categories of gender, race, SES, and grade level.

DATA TABLES

Data tables are provided at the end of this report that offer means and confidence intervals for nearly all of the questions asked on the 2006-2007 Cuyahoga County YRBS. Each of these tables is broken down by a total prevalence for the sample of Cuyahoga County high school students and by demographic groups. The image below provides an example of the tables included in the appendix.

Were Trying to Lose Weight			
Students were trying to lose weight			
	Mean	Low	High
06-07 Sample	39.3%	38.0%	40.7%
Female	53.0%	51.1%	54.9%
Male	23.3%	21.6%	25.1%
Black	35.4%	32.8%	38.1%
White	40.1%	38.3%	41.9%
Low SES	41.4%	39.3%	43.5%
High SES	37.7%	35.8%	39.5%
9th	37.5%	34.9%	40.1%
10th	41.2%	38.7%	43.7%
11th	38.9%	36.2%	41.5%
12th	40.0%	36.4%	43.6%

To check for a significant difference between groups (e.g., male vs. female), compare the lower and upper bounds of the confidence intervals for both groups. If there is no overlap, groups are significantly different. **For the purposes of this report, significant differences are noted only when the confidence intervals do not overlap.**

The data tables are especially useful in seeing the complete breakdown by demographic groups for particular questions on the YRBS. Inclusion of this data in a rawer format allows readers of this report to have an even more specific portrayal of the data at their disposal. Because certain groups of adolescents demonstrate higher levels of risky behaviors, interventions are often aimed at these high-risk groups. Paying close attention to the prevalence data included in the data tables at the end of this report offers a means to a fuller understanding of the 2006-07 Cuyahoga County YRBS results.

SAMPLE DEMOGRAPHICS

This table shows the demographic make-up of the 2006-2007 Cuyahoga County sample. A total of 4,996 surveys were completed.

Of the total sample, 53.8% or 2,670 respondents were female. Females make up a larger proportion of the sample because they are more likely to be in school than are their male counterparts (UNICEF Division of Policy and Planning, 2007).

Any analysis investigating racial differences is solely between black and white students unless noted otherwise. This was in part due to the large number of students who identify as one of these groups. Students who self-identified as another race or a combination of races were not included in this portion of the analysis. Over 700 students did not identify as white or black alone.

Parental education was used as a proxy indicator of socioeconomic status (SES). Students who indicated neither parent had a college degree were categorized as having low SES (SES-). Students who indicated one or both of their parents had a college degree were included in the high SES category (SES+). Of the total sample, 44.6% of the students were categorized as having low SES.

Tenth graders made up the largest proportion of this sample, with 30.8% or 1,527 students reporting being in the 10th grade. Twelfth grade students made up the smallest group of students, with 14.8% or 735 students indicating they were seniors. Younger students are more likely than older students to be in school due to higher rates of absenteeism, increased likelihood of dropping out, and school-based programs that require older students to be away from school. Likewise, the low participation rate of 12th graders results in an underestimation of risk.

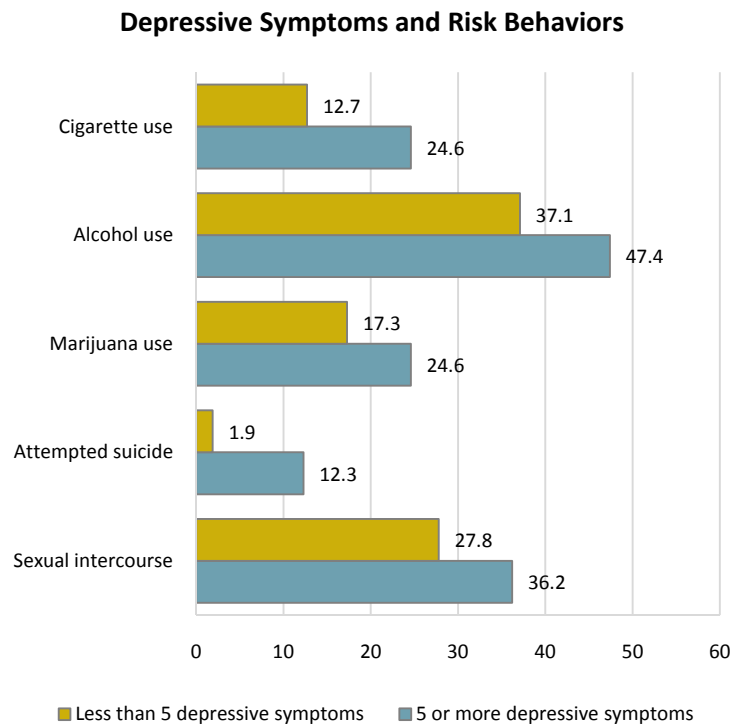
	n	%
Total	4996	100.0%
Gender		
Female	2670	53.8%
Male	2294	46.2%
Race		
Black	1330	31.3%
White	2915	68.7%
SES		
SES(-)	2199	44.6%
SES(+)	2737	55.4%
Grade Level		
9th	1373	27.7%
10th	1527	30.8%
11th	1323	26.7%
12th	735	14.8%

DEPRESSION (DARK CLOUDS)

The Dark Clouds scale, an instrument based on the nine diagnostic criteria for clinical depression, was included in the 2007 Cuyahoga County YRBS. Students were asked how often they experienced depressive symptoms such as dysphoria (feeling down or blue); anhedonia (difficulty feeling happy); difficulty with sleep, appetite, self-esteem, or concentration; and preoccupation with thoughts of death or suicide during the past month. Reporting having such feelings “often” or “always” during the past 30 days) indicates the presence of each criterion. Endorsement of five or more of the nine diagnostic criteria is consistent with the presence of a depressive disorder.

22.5% of students in the 2006-07 Cuyahoga County sample had 5 or more depressive symptoms on the Dark Clouds scale. This mirrors findings provided by the National Mental Health Association, who estimate one in five adolescents may suffer from clinical depression (2007). There is a well established association between depression and risk behavior. Teens struggling with depression may also be more likely to be troubled by drug or alcohol use, to become sexually active, or to engage in violent behaviors. Adolescent depression is also associated with poor academic achievement, deficits in social functioning, and suicide (National Institute of Mental Health, 2007). Adults who can identify the symptoms of depression paired with adequate mental health services are critical to supporting distressed adolescents.

The chart to the right depicts the rates of specific risk behaviors among students in the 2006-07 sample, with and without five or more depressive symptoms identified. Students with symptoms of depression engaged in these behaviors (e.g., current cigarette and alcohol use) significantly more than those without symptoms of a depressive disorder. It is important to note that causality cannot be inferred from these results. Risk behaviors may contribute to the development of depression just as depression may make involvement in those risk behaviors more likely. This association argues for the implementation of comprehensive programs that address mental health in conjunction with prevention of risk behavior.

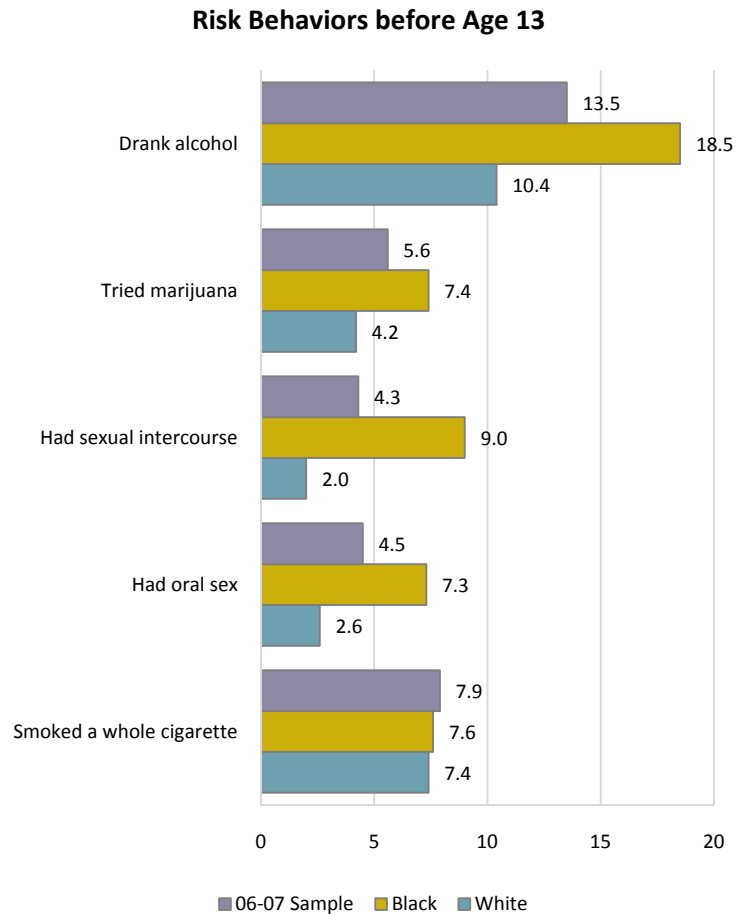


To see the items that comprise the Dark Clouds scale, see question 53 of the 2006-07 Cuyahoga County Youth Risk Behavior Survey.

HIGH RISK BEHAVIORS – EARLY ONSET

Studies have shown that the earlier young people begin to participate in unhealthy risk behaviors, the greater their overall and long-term risk (Institute for Youth Development, 1999). Early initiation of behaviors is associated with risk-taking extension into later adolescence and adulthood (CDC, 2005). Adolescents who initiate health-risk behaviors such as sexual intercourse and substance abuse at an early age frequently have poorer health later on in life, lower educational attainment and less economic productivity than their peers (Institute for Youth Development, 1999).

The figure on this page shows the overall prevalence for early initiation of various risk behaviors, as well as the rates for black and white students. In the 2006-07 Cuyahoga County sample, black students were significantly more likely than white students to have engaged in alcohol use, marijuana use, sexual intercourse, and oral sex before the age of 13. No difference existed between black and white students for having smoked a whole cigarette for the first time before age 13; the prevalence among each group was actually lower than the overall sample (7.9%) because of an increased prevalence among students in other race categories.

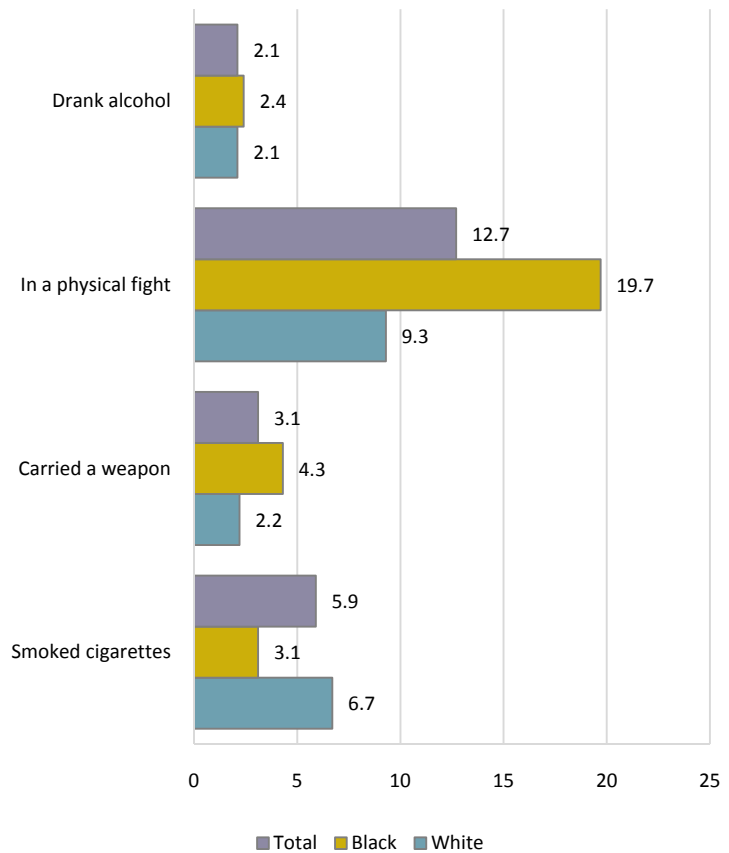


HIGH RISK BEHAVIORS – ON SCHOOL PROPERTY

Schools are particularly well-positioned to foster healthy development and help prevent youth violence by promoting social, cooperative behavior, and a culture of learning (Center for Mental Health Services, 2007). Students engaging in risk behaviors such as tobacco, alcohol, and other drug use at school, can affect the learning environment, show disengagement from academics, and serve as an indicator of substance dependency. There has been a dramatic increase in youth violence in the past decade (Center for Mental Health Services, 2007). Even though most violence incidents take place in homes and neighborhoods, a significant number also occur in and around schools. For this reason, students, teachers, and parents can experience anxiety due to threats, bullying, and assaults in their schools.

In the 2006-07 Cuyahoga County sample, over 10% of students had been in a physical fight on school property during the 12 months preceding the survey. The prevalence of fighting on school property among black students (19.7%) was double that of white students (9.3%) in the sample. Black students were also significantly more likely to have carried a weapon on school property in the past 30 days. The prevalence of having smoked cigarettes on school property in the past 30 days was twice as high among white (6.7%) than black (3.1%) students.

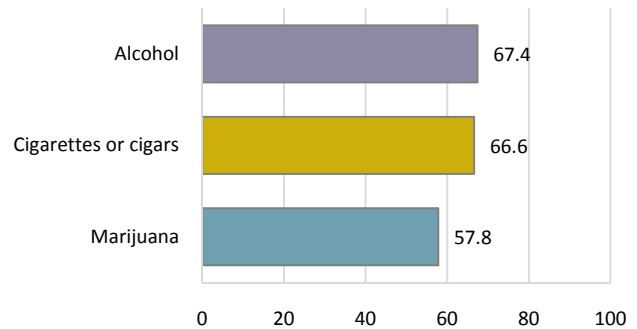
Risk Behaviors on School Property



EASE OF ACCESS

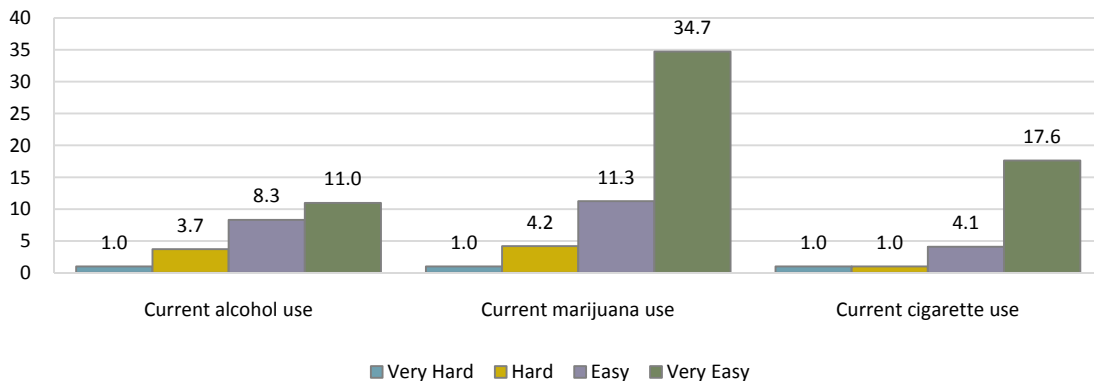
Limiting young people’s access to substances reduces the likelihood of young people engaging in these risk behaviors. There are several important ways to limit adolescents’ access to such products. Increased compliance by stores for age verification provides one avenue of limiting access. Likewise, campaigns such as “Parents Who Host Lost the Most” can increase adult awareness, further limiting young peoples’ access to various products. The figure at the right of the page demonstrates that over half of the students in the 2006-07 Cuyahoga County sample perceived their ease of access to alcohol, cigarettes or cigars, and marijuana as either “easy” or “very easy”.

Perceived Ease of Access (Easy/Very Easy)



The following figure depicts odds ratios for current use rates of alcohol, marijuana, and cigarettes based upon students’ perceived ease of access to the products. The comparison group is students who reported that accessing these products would be “very hard”. Similar patterns exist for lifetime use of these products, but those odds ratios are not shown.

Odds Ratios for Current Behaviors by Ease of Access to Products

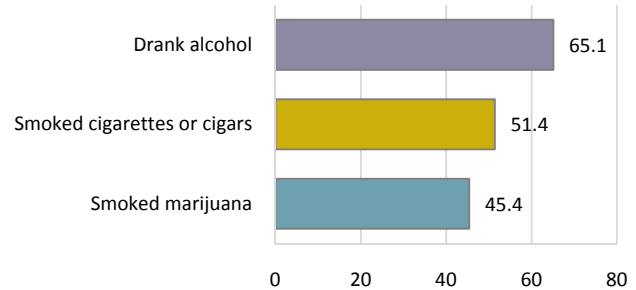


The odds ratios demonstrate a consistent and strong association between current use and increasing perceived ease of access. For instance, students who perceived their access to alcohol as “very easy” were 11 times as likely to have drunk alcohol in the past 30 days as a student who perceived his/her access as “very hard”. Likewise, reporting “very easy” access to marijuana indicated being nearly 35 times as likely to be a current user as a student who reported high inaccessibility. There was no significant difference between current cigarette use across the “very hard” and “hard” groups, hence the odds ratios stay the same. However, those who reported cigarettes were “very easy” to get were 17.6 times more likely to currently smoke than the comparison group.

PEER INFLUENCE

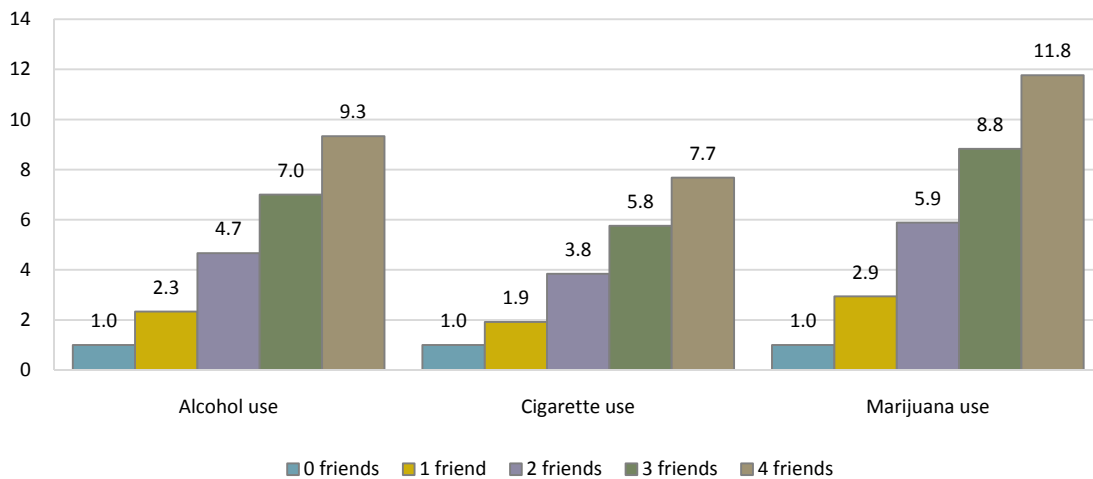
Although a number of individual and social factors interact to influence adolescent engagement in risk behaviors, research has demonstrated that having close peers that engage in risk behaviors increases the odds that a student will engage in such behaviors as well (Ennett, et al., 2006). In order to explore this issue among students in the Cuyahoga County sample, the 2006-07 Cuyahoga County YRBS asked students to think of their four best friends and report how many of them had either smoked cigarettes or cigars, drank alcohol, and smoked marijuana in the past 30 days. The figure above shows the rates of having at least one best friend currently engaging in a specific risk behavior (alcohol use, cigarette/cigar smoking, and smoking marijuana).

Current Use Among 1 or More Best Friends (Past 30 Days)



The figure below contains odds ratios for students' engagement in current cigarette, alcohol, and marijuana use based upon the number of best friends who engaged in those behaviors in the past 30 days. The odds ratios represent the likelihood of current engagement of a given group (e.g., having 4 best friend users) as compared to the group of students who reported having no best friend users.

Odds Ratios for Current Behaviors by Number of Best Friend Users



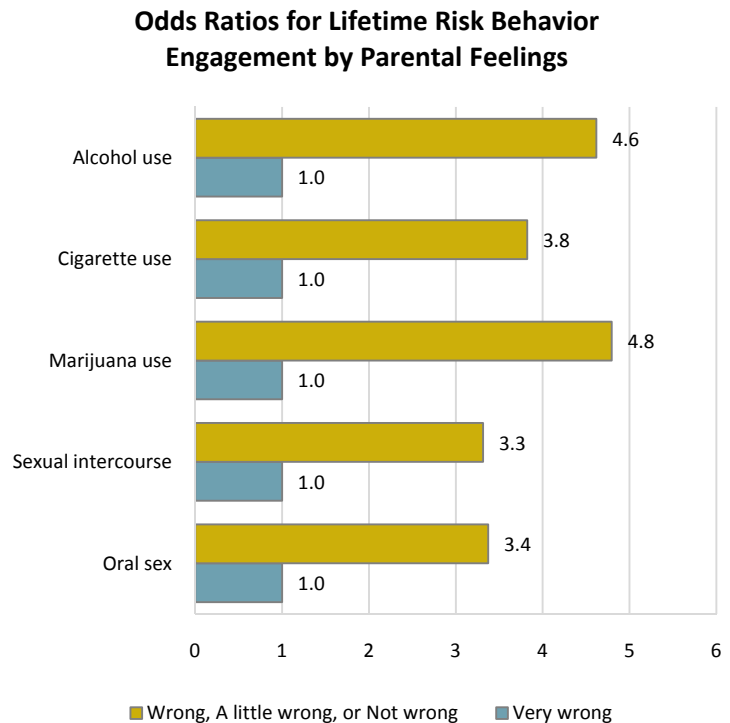
As a student reports a higher number of current best friend users, the odds that he/she are also using continue to increase. Having only one best friend (of four) who engaged in current use resulted in approximately twice the odds of a student's current use for both smoking cigarettes and drinking alcohol, while the odds of marijuana use were nearly three times as high.

PARENTAL INFLUENCE

Parents play an important role in influencing their child’s risk and health behaviors. The figure below highlights the strong association of parents’ beliefs on engagement in risk behaviors by their students. The YRBS asks a number of questions regarding students’ perception of how “wrong” it is for someone their age to participate in risky behaviors like alcohol use and sexual intercourse. In addition to soliciting the student’s own perception, a parallel question is included that asks students how their parent(s) would feel about them engaging in such behaviors. Response choices included “very wrong”, “wrong”, “a little wrong”, and “not wrong”, and for the purposes of the analysis below the three latter categories have been collapsed.

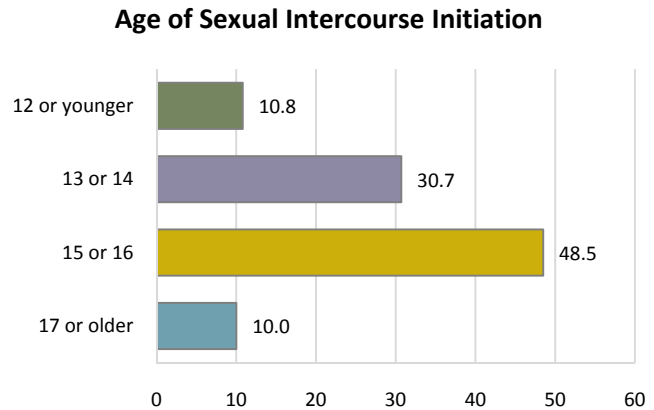
In the figure to the right, the strong association between current risk behavior engagement and parents’ feelings about such behaviors is shown. For each of the five behaviors the comparison group includes students who reported that their parents would feel it is “very wrong” for them to partake in a given behavior. For students who felt their parents would

not have such a strong attitude about risk behavior engagement, the odds of the student ever having engaged in the behavior were more than three times as high as for the comparison group.

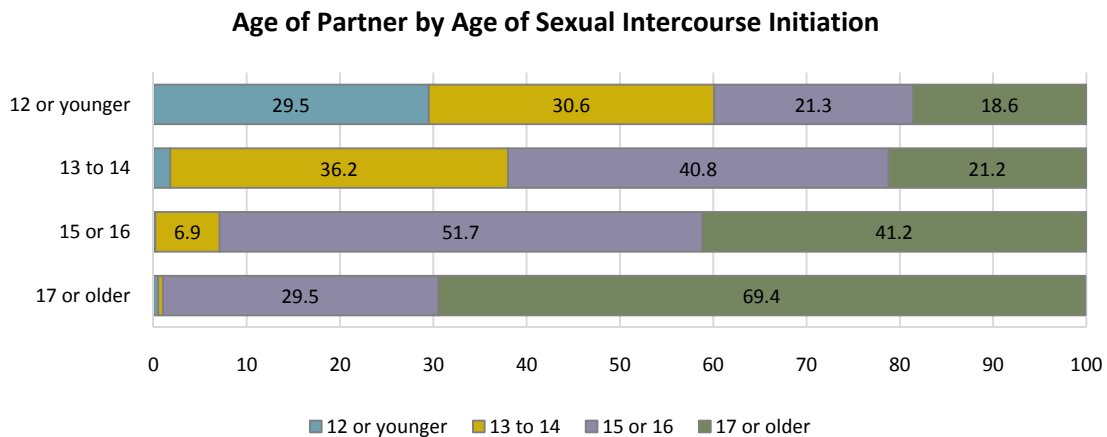


AGE OF SEXUAL INTERCOURSE INITIATION

Included in the 2006-07 Cuyahoga County YRBS were questions related to age of sexual initiation of both respondents and their first partner. Large differences in reported age of partner and reported age of first sexual intercourse suggest risky behavior and possible exploitation. 39.8% of the 2006-07 Cuyahoga County sample had had sexual intercourse in their lifetime. Of the students who reported lifetime sexual intercourse, 48.5% indicated the first time they had sexual intercourse was between the ages of 15 and 16; 30.7% of students had sexual intercourse for the first time between the ages of 13 and 14; 10.8% of the students had sexual intercourse for the first time before the age of 13; and 10.0% of students had sexual intercourse for the first time when they were 17 or older.



Nearly 80% of students who had ever had sexual intercourse had sex for the first time between the ages of 13 and 16. The figure below shows the breakdown of the age of sexual partners by the age that the student had his/her first sexual intercourse experience. Percentages are not listed for categories that were below 2.0% of the total. The four rows depict the age of the student's sexual intercourse initiation, while the colored sections indicate the age of the student's partner.



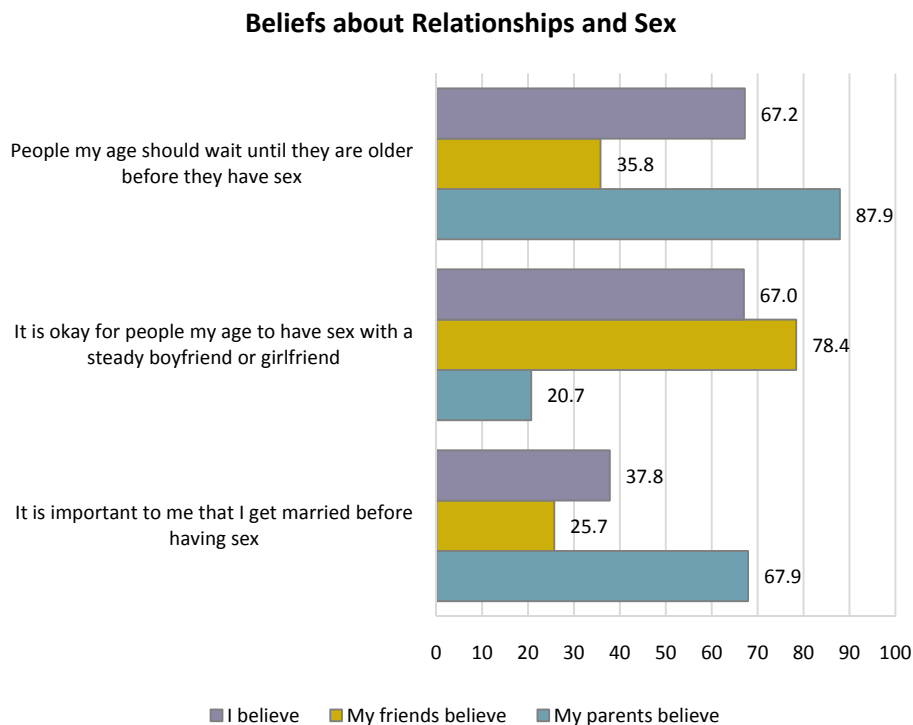
Of those students who had sexual intercourse in their lifetime, most reported the age of their first partner was similar to their own age the first time they had sexual intercourse. "Similar" here indicates being within the same category or within a one category difference. Nearly 20% of students who had sex for the first time before the age of 13 had sexual intercourse with someone who was 17 or older. Conversely, only 1% of students who had sex for the first time at age 17 or older had sexual intercourse with someone who was 12 or younger.

BELIEFS ABOUT RELATIONSHIPS AND SEX

Beliefs play an important role in the types of behaviors that students engage in during their adolescent years. While the Youth Risk Behavior Survey is primarily interested in engagement in actual risk behaviors, it can also be useful to elicit information about the beliefs that students hold. Students in the 2006-07 Cuyahoga County sample were asked whether or not they believed the following statements:

- ❖ People my age should wait until they are older to have sexual intercourse
- ❖ It is okay for people my age to have sexual intercourse with a steady boyfriend or girlfriend
- ❖ It is important to get married before having sexual intercourse

Since student beliefs and behaviors are often shaped within peer and parental relationships, students were also asked whether or not their friends and parents would believe the same statements. Students indicated belief with an endorsement of “Definitely Yes” or “Probably Yes”.



Students felt that their parents would have the most conservative beliefs about relationships and sex (i.e., student should wait to have sex until older; not okay for student to have sex with steady boyfriend/girlfriend; and important for student to get married before having sex). Students’ individual beliefs and friend beliefs differed significantly from parents’ beliefs overall, and student beliefs were slightly more conservative than those of friends.

While not shown here, younger students were more likely to endorse conservative beliefs than students in the upper grades. Females in the sample often had more conservative beliefs than male students.

SCHOOL CONDUCT

Included in the 2006-07 Cuyahoga County YRBS was a series of questions designed to measure perceptions of student conduct in schools. The questions include two scales, one measuring “student conduct” and one measuring “administrative conduct”.

Student Conduct: Measures the perception students have regarding the behaviors of other students. These behaviors include dress, foul language, attendance, and unruly behavior.

Administrative Conduct: Measures the perception students have regarding school rules and administrators.

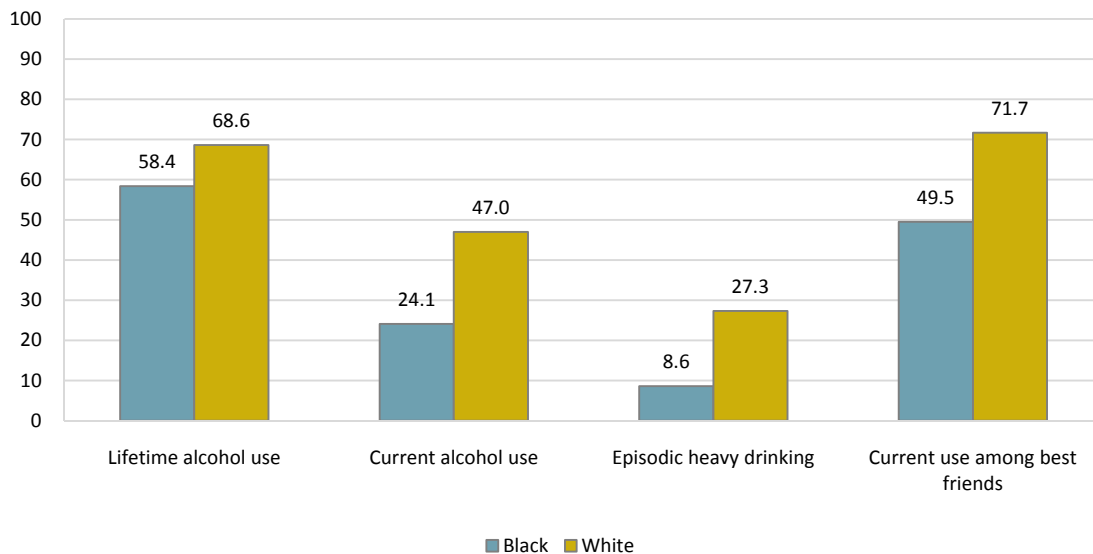
These items were included in part to assess whether large school based initiatives could change the perceptions students have of conduct in their school. These initiatives could include, for example, implementing dress codes, segregating schools by gender, social inclusion programs, or supporting conflict resolution programs. The initial analysis is limited and only provides the baseline for students’ perception of conduct in their schools. We hope to include these items in future survey administrations to assess changes over time. Future analysis will also examine how these factors relate to risk behaviors in school. The adjacent table shows the mean score of the two scales by demographic category. The scale is scored from 1 to 4, with 1 being no problem and 4 being big problem. Female, African American, and low socio-economic students perceive more student conduct problems than their demographic counter-parts, while black students perceive more administrative conduct problems than white students. Overall, student conduct appears to be perceived as a larger problem than administrative conduct across all demographic groups.

	Student Conduct	Admin. Conduct
Mean	2.39	2.21
Gender		
Female	2.47	2.22
Male	2.30	2.19
Race		
Black	2.52	2.45
White	2.33	2.09
SES		
SES(-)	2.49	2.32
SES(+)	2.32	2.12
Grade Level		
9th	2.37	2.16
10th	2.39	2.18
11th	2.43	2.25
12th	2.36	2.29

ALCOHOL USE

The most commonly used drug in the United States is alcohol. Alcohol abuse is associated with a variety of medical conditions in later life. In adolescents it is associated with unintentional injuries, fighting, and academic issues (CDC, 2007). People who begin drinking before the age of 15 are four times more likely to become dependent on alcohol than persons who begin drinking at the age of 21 (Grant & Dawson, 1997). The next set of narratives describes alcohol related behaviors. In this sample, white students were more likely than black students to have ever drunk alcohol, currently drink, and binge drink. Black students were more likely to drink before the age of 13 than white students. The figure below shows the alcohol risk behaviors that white students were significantly more likely to engage in than black students in the sample.

Alcohol Risk Behaviors by Race



LIFETIME ALCOHOL USE

In the Cuyahoga County sample, 65.6% of students had had at least one drink of alcohol on one or more days during their life (i.e., lifetime alcohol use) (Table 1). The prevalence of lifetime alcohol use was higher among female (68.6%) than male (62.0%) students. Overall, the prevalence of lifetime alcohol use was higher among white (68.6%) than black (58.4%) students. The prevalence of lifetime alcohol use was higher among low SES (68.1%) than high SES (64.0%) students. Overall, the prevalence of lifetime alcohol use was higher among 10th grade (66.0%), 11th grade (72.4%) and 12th grade (76.1%) students than 9th grade (52.3%) students. The prevalence of lifetime alcohol use was higher among 11th grade (72.4%) and 12th grade (76.1%) than 10th grade (66.0%) students.

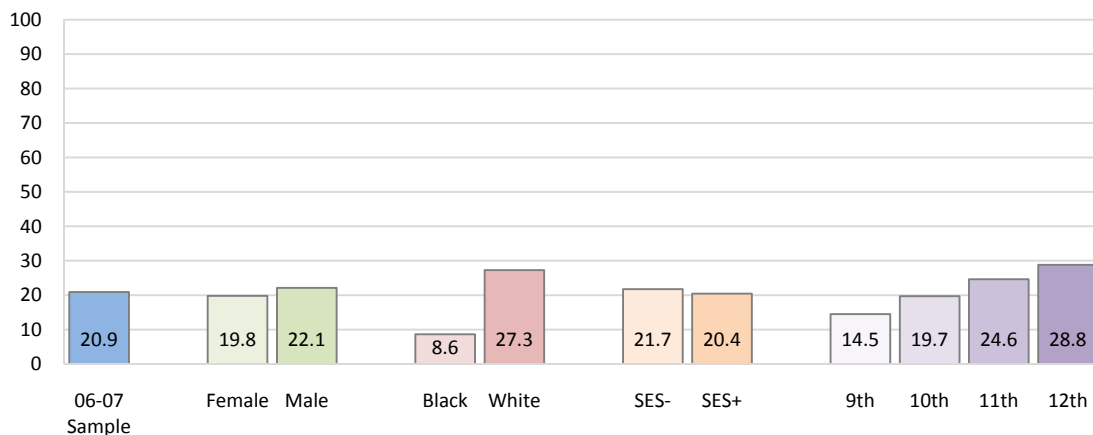
CURRENT ALCOHOL USE

In the Cuyahoga County sample, 39.4% of students had had at least one drink of alcohol on at least one or more of the 30 days preceding the survey (i.e., current alcohol use) (Table 1). Overall, the prevalence of current alcohol use was higher among female (41.2%) than male (37.1%) students. The prevalence of current alcohol use was higher among white (47.0%) than black (24.1%) students. Overall, the prevalence of current alcohol use was higher among 10th grade (38.2%), 11th grade (44.3%) and 12th grade (49.6%) than 9th grade (30.4%) students. The prevalence of current alcohol use was higher among 11th grade (44.3%) and 12th grade (49.6%) than 10th grade (38.2%) students.

EPISODIC HEAVY DRINKING

In the Cuyahoga County sample, 20.9% of students had had five or more drinks of alcohol in a row (i.e., within a couple of hours) on 1 or more of the 30 days preceding the survey (i.e., episodic heavy drinking) (Table 1). The prevalence of episodic heavy drinking was higher among white (27.3%) than black (8.6%) students. Overall, the prevalence of episodic heavy drinking was higher among 10th grade (19.7%), 11th grade (24.6%) and 12th grade (28.8%) than 9th grade (14.5%) students. The prevalence of episodic heavy drinking was higher among 11th grade (24.6%) and 12th grade (28.8%) than 10th grade (19.7%) students.

Episodic Heavy Drinking (Binge Drinking)



CURRENT ALCOHOL USE AMONG BEST FRIENDS

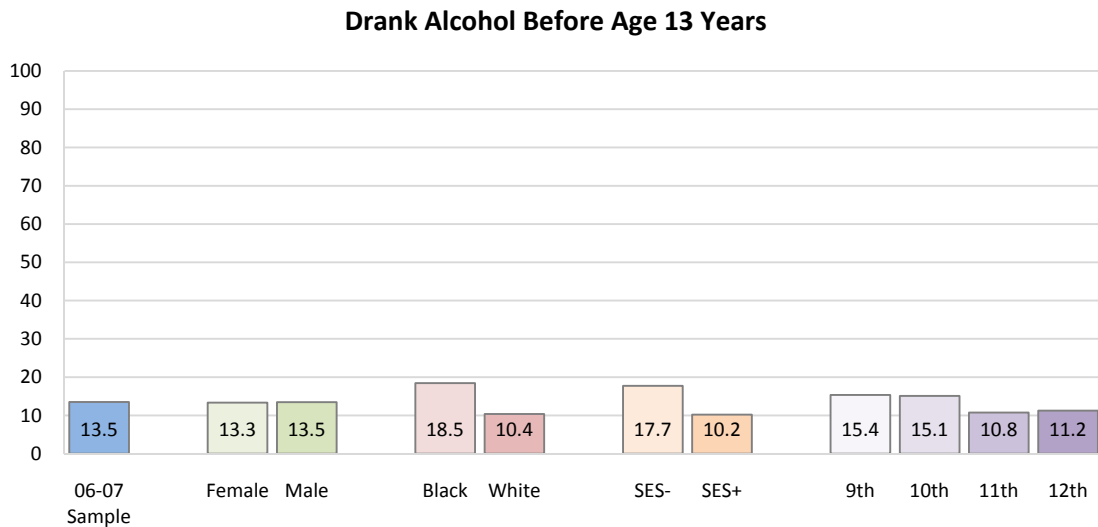
In the Cuyahoga County sample, 65.1% of students had one or more best friends who had at least one drink of alcohol in the past 30 days (Table 1). Overall, the prevalence of having a best friend who drank alcohol was higher among white (71.7%) than black (49.5%) students. The prevalence of having a best friend who drank alcohol was higher among 12th grade (80.2%) than 9th grade (52.6%), 10th grade (64.5%), and 11th grade (70.7%) students. Overall, the prevalence of having a best friend who drank alcohol was higher among 11th grade (70.7%) than 9th grade (52.6%) and 10th grade (64.5%) students. The prevalence of having a best friend who drank alcohol was higher among 10th grade (64.5%) than 9th grade (52.6%) students.

DRANK ALCOHOL ON SCHOOL PROPERTY

In the Cuyahoga County sample, 2.1% of students had had one or more drinks of alcohol on school property on one or more of the 30 days preceding the survey (Table 1).

DRANK ALCOHOL BEFORE AGE 13 YEARS

In the Cuyahoga County sample, 13.5% of students had drunk alcohol (other than a few sips) for the first time before age 13 years (i.e., early initiation of alcohol use) (Table 1). The prevalence of early initiation of alcohol use was higher among black (18.5%) than white (10.4%) students. Overall, the prevalence of early initiation of alcohol use was higher among low SES (17.7%) than high SES (10.2%) students. The prevalence of early initiation of alcohol use was higher among 9th grade (15.4%) and 10th grade (15.1%) than 11th grade (10.8%) students.



ATTITUDES ABOUT ALCOHOL

EASE OF ACCESS TO ALCOHOL

In the Cuyahoga County sample, 67.4% of students believed it would be either “sort of easy” or “very easy” to get beer, wine, or hard liquor (Table 2). Overall, the prevalence of perceived ease of access to alcohol was higher among white (71.1%) than black (58.8%) students. The prevalence of perceived ease of access to alcohol was higher among high SES (69.3%) than low SES (65.5%) students. Overall, the prevalence of perceived ease of access to alcohol was higher among 10th grade (68.2%), 11th grade (70.5%), and 12th grade (75.6%) than 9th grade (58.6%) students. The prevalence of perceived ease of access to alcohol was higher among 12th grade (75.6%) than 10th grade (68.2%) students.

PERCEIVED HARM: GREAT RISK OF REGULAR EXPOSURE TO ALCOHOL

In the Cuyahoga County sample, 33.7% of students perceived “great risk” of harm (physically or in other ways) from taking one or two drinks of an alcoholic beverage nearly every day (Table 2). Overall, the prevalence of perceived great risk of harm from regular exposure to alcohol was higher among female (38.3%) than male (28.4%) students. The prevalence of perceived great risk of harm from regular exposure to alcohol was higher among 11th grade (37.9%) than 9th grade (31.1%) and 10th grade (31.7%) students.

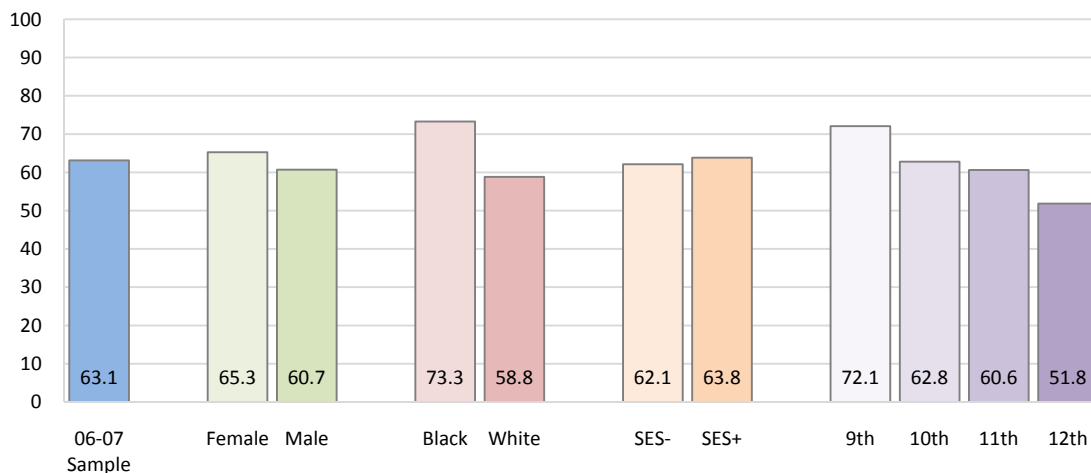
STUDENT PERCEPTION THAT REGULAR ALCOHOL USE IS VERY WRONG

In the Cuyahoga County sample, 25.9% of students thought it was “very wrong” for someone their age to drink beer, wine, or hard liquor regularly (Table 2). Overall, the prevalence of this belief was higher among black (34.7%) than white (21.0%) students. The prevalence of this belief was higher among 9th grade (33.2%) than 10th grade (23.7%), 11th grade (23.6%), and 12th grade (21.6%) students.

PARENTS’ FEELINGS THAT REGULAR ALCOHOL USE IS VERY WRONG

In the Cuyahoga County sample, 63.1% of students believed their parents feel it would be “very wrong” for them to drink beer, wine, or hard liquor, regularly (Table 2). Overall, the prevalence of this belief was higher among female (65.3%) than male (60.7%) students. The prevalence of this belief was higher among black (73.3%) than white (58.8%) students. Overall, the prevalence of this belief was higher among 9th grade (72.1%) than 10th grade (62.8%), 11th grade (60.6%), and 12th grade (51.8%) students. The prevalence of this belief was higher among 10th grade (62.8%) and 11th grade (60.6%) than 12th grade (51.8%) students.

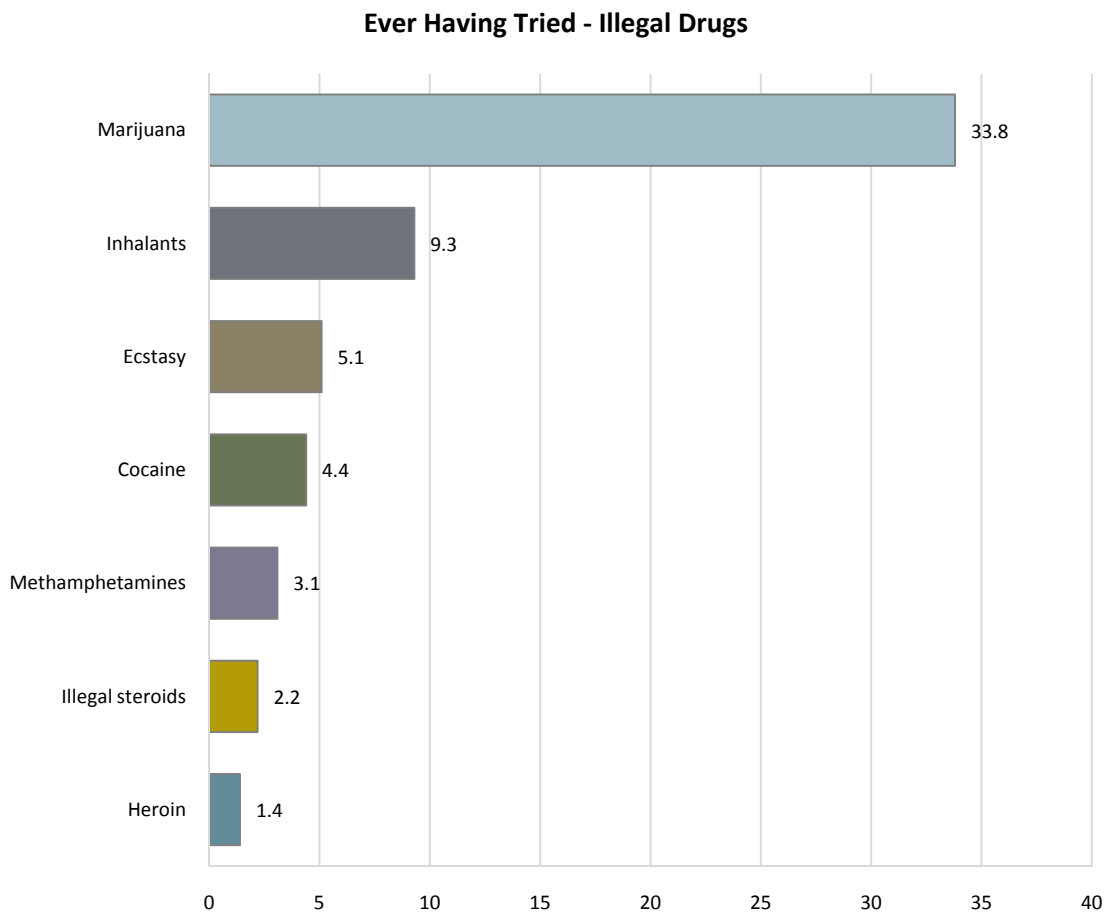
Parents' Feelings that Regular Alcohol Use is Very Wrong



ILLEGAL DRUG USE

Illegal drug use is on the rise in the United States (CDC, 2007). The most common illegal drug in the United States is marijuana. Like alcohol use, illegal drug use is associated with other risk behaviors, including both intentional and unintentional injuries. The use of illegal drugs during childhood can lead to poor academic performance, a greater likelihood of dropping out or being expelled, and many other risk behaviors (The National Center on Addiction and Substance Abuse, 2001).

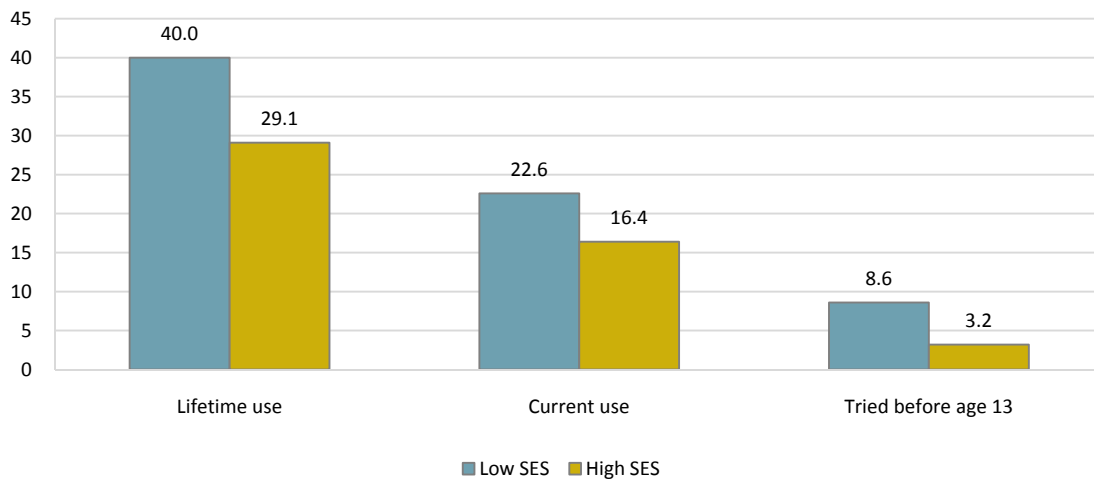
In the 2006-07 Cuyahoga County sample, marijuana was the most common illegal drug students had ever tried. Inhalants were the second most commonly used illegal drug. Students were least likely to have ever tried heroin. The following figure depicts the lifetime use rates for the illicit drugs that the YRBS asks students about.



MARIJUANA USE

The next set of narratives describes various behaviors and attitudes related to marijuana use. In this sample, the data often revealed that the prevalence of behaviors and attitudes related to marijuana were higher among low SES than high SES students. This finding does not correspond with other research that has explored linkages between socioeconomic status and marijuana use. For instance, others have posited that peer and school influences are closely linked to substance use in adolescence, and that this may mediate prevalence rates among different socioeconomic status groups (Hanson & Chen, 2007). The following figure shows differences among socioeconomic status groups for lifetime and current marijuana use, in addition to having tried marijuana for the first time before the age of 13.

Marijuana Use by Socioeconomic Status



LIFETIME MARIJUANA USE

In the Cuyahoga County sample, 33.8% of students had used marijuana one or more times during their life (i.e., lifetime marijuana use) (Table 2). The prevalence of lifetime marijuana use was higher among low SES (40.0%) than high SES (29.1%) students. Overall, the prevalence of lifetime marijuana use was higher among 10th grade (32.1%), 11th grade (41.5%), and 12th grade (45.6%) than 9th grade (21.6%) students. The prevalence of lifetime marijuana use was higher among 11th grade (41.5%) and 12th grade (45.6%) than 10th grade (32.1%) students.

CURRENT MARIJUANA USE

In the Cuyahoga County sample, 19.1% of students had used marijuana one or more times during the 30 days preceding the survey (i.e., current marijuana use) (Table 2). Overall, the prevalence of current marijuana use was higher among low SES (22.6%) than high SES (16.4%) students. The prevalence of current marijuana use was higher among 11th grade (22.0%) and 12th grade (24.3%) than 9th grade (14.4%) students. Overall, the prevalence of current marijuana use was higher among 12th grade (24.3%) than 10th grade (18.2%) students.

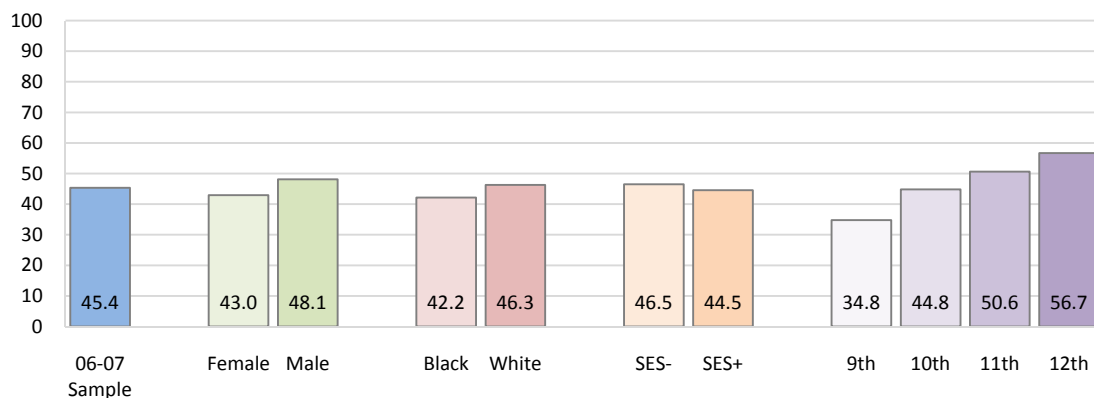
TRIED MARIJUANA BEFORE AGE 13 YEARS

In the Cuyahoga County sample, 5.6% of students had tried marijuana for the first time before age 13 years (i.e., early initiation of marijuana use) (Table 3). The prevalence of early initiation of marijuana use was higher among male (7.5%) than female (3.9%) students. Overall, the prevalence of early initiation of marijuana use was higher among black (7.4%) than white (4.2%) students. The prevalence of early initiation of marijuana use was higher among low SES (8.6%) than high SES (3.2%) students.

CURRENT MARIJUANA USE AMONG BEST FRIENDS

In the Cuyahoga County sample, 45.4% of students had one or more best friends who smoked marijuana in the past 30 days (Table 3). Overall, the prevalence of marijuana use among best friends was higher among male (48.1%) than female (43.0%) students. The prevalence of marijuana use among best friends was higher among 12th grade (56.7%) than 9th grade (34.8%) and 10th grade (44.8%) students. Overall, the prevalence of marijuana use among best friends was higher among 11th grade (50.6%) than 9th grade (34.8%) and 10th grade (44.8%) students. The prevalence of marijuana use among best friends was higher among 10th grade (44.8%) than 9th grade (34.8%) students.

Current Marijuana Use Among Best Friends



ATTITUDES ABOUT MARIJUANA

EASE OF ACCESS TO MARIJUANA

In the Cuyahoga County sample, 57.8% of students believed it would be either “sort of easy” or “very easy” to get marijuana (Table 3). Overall, the prevalence of perceived ease of access to marijuana was higher among black (64.0%) than white (54.6%) students. The prevalence of perceived ease of access to marijuana was higher among low SES (62.4%) than high SES (54.1%) students. Overall, the prevalence of perceived ease of access to marijuana was higher among 10th grade (54.7%), 11th grade (64.9%), and 12th grade (70.4%) than 9th grade (47.4%) students. The prevalence of perceived ease of access to marijuana was higher among 11th grade (64.9%) and 12th grade (70.4%) than 10th grade (54.7%) students.

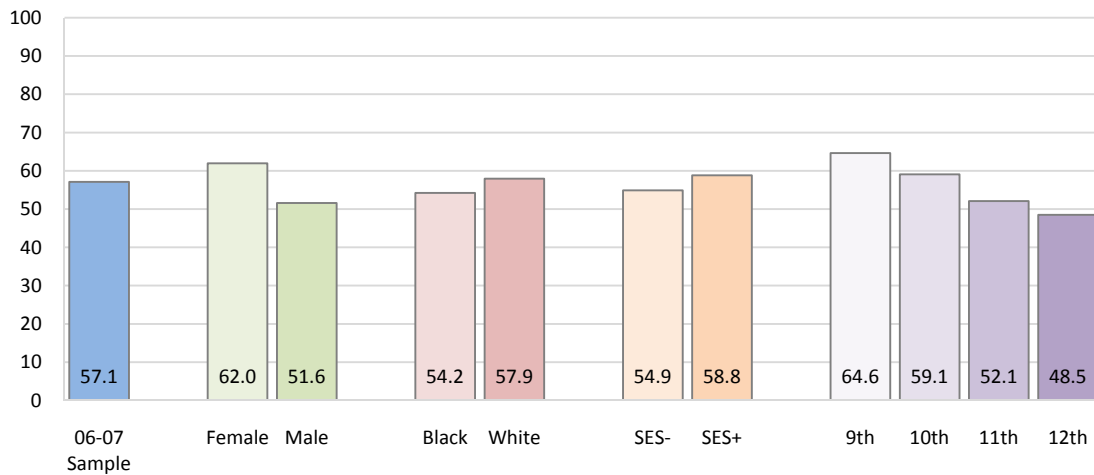
PERCEIVED HARM: GREAT RISK FROM TRYING MARIJUANA

In the Cuyahoga County sample, 16.8% of students perceived “great risk” of harm (physically or in other ways) from trying marijuana once or twice (Table 3). Overall, the prevalence of perceived great risk of harm from trying marijuana was higher among 9th grade (22.7%) than 10th grade (16.6%) students. The prevalence of perceived risk of harm from trying marijuana was higher among 9th grade (22.7%) than 11th grade (13.5%) and 12th grade (12.2%) students. The prevalence of perceived great risk of harm from trying marijuana was higher among 10th grade (16.6%) than 12th grade (12.2%) students.

PERCEIVED HARM: GREAT RISK FROM REGULAR EXPOSURE TO MARIJUANA

In the Cuyahoga County sample, 57.1% of students perceived “great risk” of harm (physically or in other ways) from smoking marijuana regularly (Table 3). Overall, the prevalence of perceived great risk of harm from smoking marijuana regularly was higher among female (62.0%) than male (51.6%) students. The prevalence of perceived great risk of harm from regular exposure to marijuana was higher among 9th grade (64.6%) than 10th grade (59.1%), 11th grade (52.1%), and 12th grade (48.5%) students. Overall, the prevalence of perceived great risk of harm from regular marijuana use was higher among 10th grade (59.1%) than 11th grade (52.1%) and 12th grade (48.5%) students.

Perceived Harm: Great Risk from Regular Exposure to Marijuana



STUDENT PERCEPTION THAT MARIJUANA USE IS VERY WRONG

In the Cuyahoga County sample, 44.3% of students thought it was “very wrong” for someone their age to smoke marijuana (Table 3). Overall, the prevalence of this belief was higher among 9th grade (54.9%) than 10th grade (45.0%), 11th grade (37.4%), and 12th grade (35.9%) students. The prevalence of this belief was higher among 10th grade (45.0%) than 11th grade (37.4%) and 12th grade (35.9%) students.

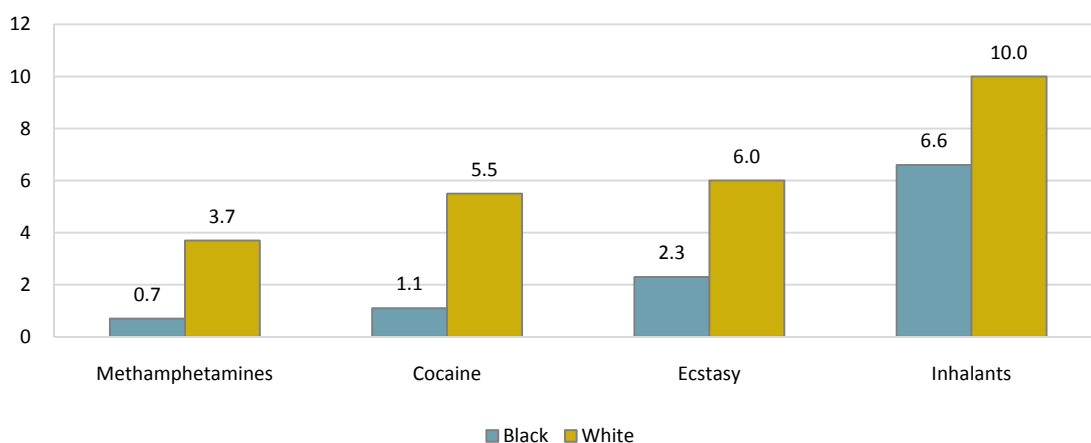
STUDENT PERCEPTION OF PARENTS' FEELINGS THAT MARIJUANA USE IS VERY WRONG

In the Cuyahoga County sample, 81.7% of students believed their parents feel it would be “very wrong” for them to smoke marijuana (Table 4). Overall, the prevalence of this belief was higher among female (84.8%) than male (78.2%) students. The prevalence of this belief was higher among high SES (84.0%) than low SES (79.0%) students. Overall, the prevalence of this belief was higher among 9th grade (87.6%) than 10th grade (82.7%), 11th grade (78.3%), and 12th grade (75.5%) students. The prevalence of this belief was higher among 10th grade (82.7%) than 11th grade (78.3%) and 12th grade (75.5%) students.

OTHER ILLICIT DRUG USE

The Youth Risk Behavior Survey asks about lifetime illicit drug use for substances other than marijuana, including methamphetamines, cocaine, ecstasy, inhalants, illegal steroids, and heroin. Illicit drug use is associated with higher rates of violence and delinquent behaviors among adolescents (Substance Abuse and Mental Health Services Administration, 2006). Additionally, rates of illicit drug use among adolescents is often higher among white than black students (Child Trends DataBank, 2003); a finding that is also replicated in the 2006-07 Cuyahoga County sample. The figure below depicts the rates of illicit drug use between race groups, with a significantly higher prevalence among white than black students for each behavior except lifetime illegal steroid and heroin use (not shown).

Lifetime Illicit Drug Use by Race



LIFETIME METHAMPHETAMINE USE

In the Cuyahoga County sample, 3.1% of students had used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life (i.e., lifetime methamphetamine use) (Table 4). The prevalence of lifetime methamphetamine use was higher among white (3.7%) than black (0.7%) students. Overall, the prevalence of lifetime methamphetamine use was higher among 12th grade (5.6%) than 9th grade (2.2%) and 10th grade (2.4%) students.

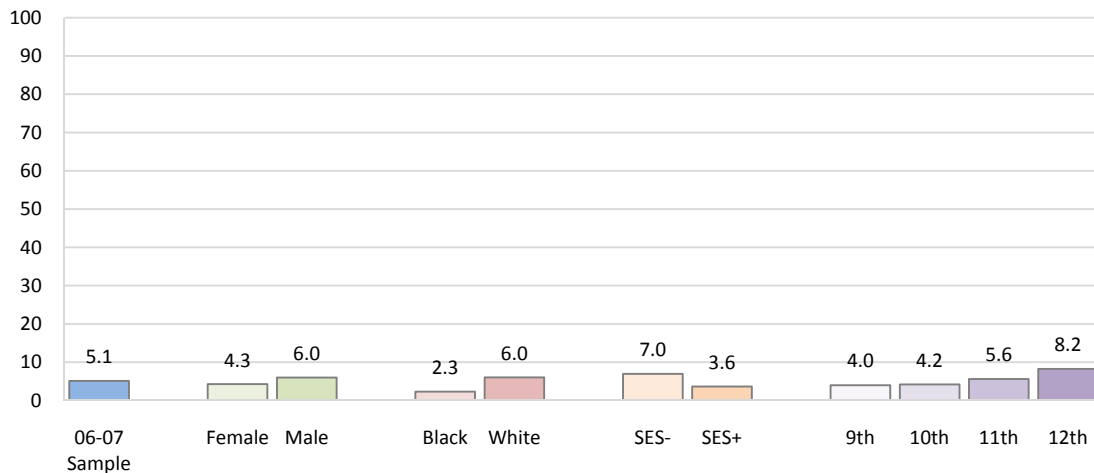
LIFETIME COCAINE USE

In the Cuyahoga County sample, 4.4% of students had used any form of cocaine (e.g., powder, crack, or freebase) one or more times during their life (i.e., lifetime cocaine use) (Table 4). The prevalence of lifetime cocaine use was higher among male (5.4%) than female (3.4%) students. Overall, the prevalence of lifetime cocaine use was higher among white (5.5%) than black (1.1%) students. The prevalence of lifetime cocaine use was higher among low SES (5.6%) than high SES (3.6%) students. Overall, the prevalence of lifetime cocaine use was higher among 11th grade (5.3%) and 12th grade (7.4%) than 9th grade (3.0%) students. The prevalence of lifetime cocaine use was higher among 12th grade (7.4%) than 10th grade (3.4%) students.

LIFETIME ECSTASY USE

In the Cuyahoga County sample, 5.1% of students had used ecstasy (also called MDMA) one or more times during their life (i.e., lifetime ecstasy use) (Table 4). Overall, the prevalence of lifetime ecstasy use was higher among white (6.0%) than black (2.3%) students. The prevalence of lifetime ecstasy use was higher among low SES (7.0%) than high SES (3.6%) students. Overall, the prevalence of lifetime ecstasy use was higher among 12th grade (8.2%) than 9th grade (4.0%) and 10th grade (4.2%) students.

Lifetime Ecstasy Use



LIFETIME INHALANT USE

In the Cuyahoga County sample, 9.3% of students had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life (i.e., lifetime inhalant use) (Table 4). The prevalence of lifetime inhalant use was higher among white (10.0%) than black (6.6%) students.

LIFETIME ILLEGAL STEROID USE

In the Cuyahoga County sample, 2.2% of students had taken steroid pills or shots without a doctor's prescription one or more times during their life (i.e., lifetime illegal steroid use) (Table 4).

LIFETIME HEROIN USE

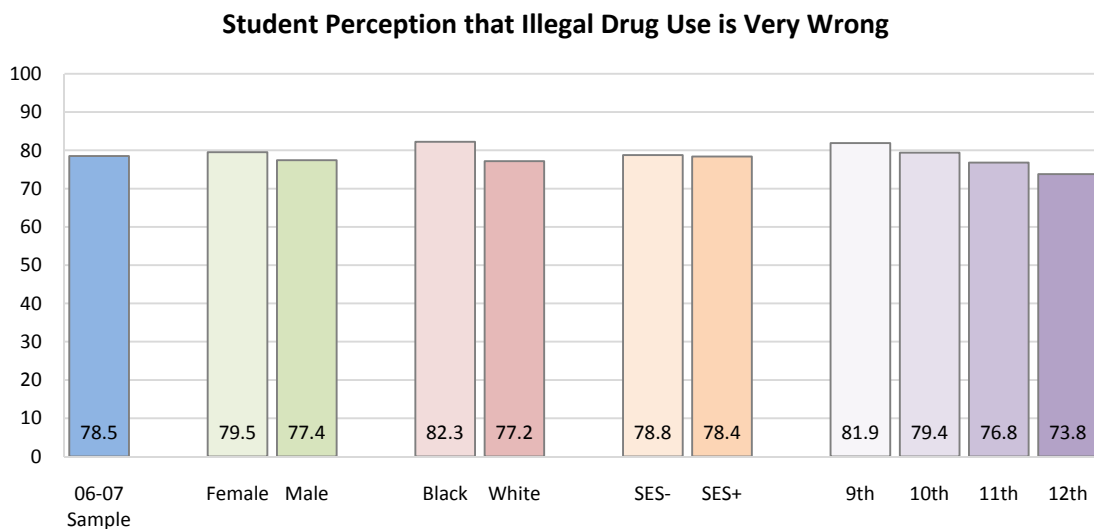
In the Cuyahoga County sample, 1.4% of students had used heroin (also called smack, junk, or China White) one or more times during their life (i.e., lifetime heroin use) (Table 5). The prevalence of lifetime heroin use was higher among male (2.1%) than female (0.8%) students.

OFFERED, SOLD OR GIVEN ILLEGAL DRUGS ON SCHOOL PROPERTY

In the Cuyahoga County sample, 17.2% of students had been offered, sold or given illegal drugs on school property during the 12 months preceding the survey (Table 5). The prevalence of exposure to illegal drugs on school property during the 12 months preceding the survey was higher among male (22.4%) than female (12.6%) students. Overall, the prevalence of exposure to illegal drugs on school property was higher among 11th grade (19.1%) than 9th grade (15.0%) students.

STUDENT PERCEPTION THAT ILLEGAL DRUG USE IS VERY WRONG

In the Cuyahoga County sample, 78.5% of students thought it was "very wrong" for someone their age to use LSD, cocaine, methamphetamines, or another illegal drug (Table 5). Overall, the prevalence of this belief was higher among black (82.3%) than white (77.2%) students. The prevalence of this belief was higher among 9th grade (81.9%) than 11th grade (76.8%) and 12th grade (73.8%) students. Overall, the prevalence of this belief was higher among 10th grade (79.4%) than 12th grade (73.8%) students.

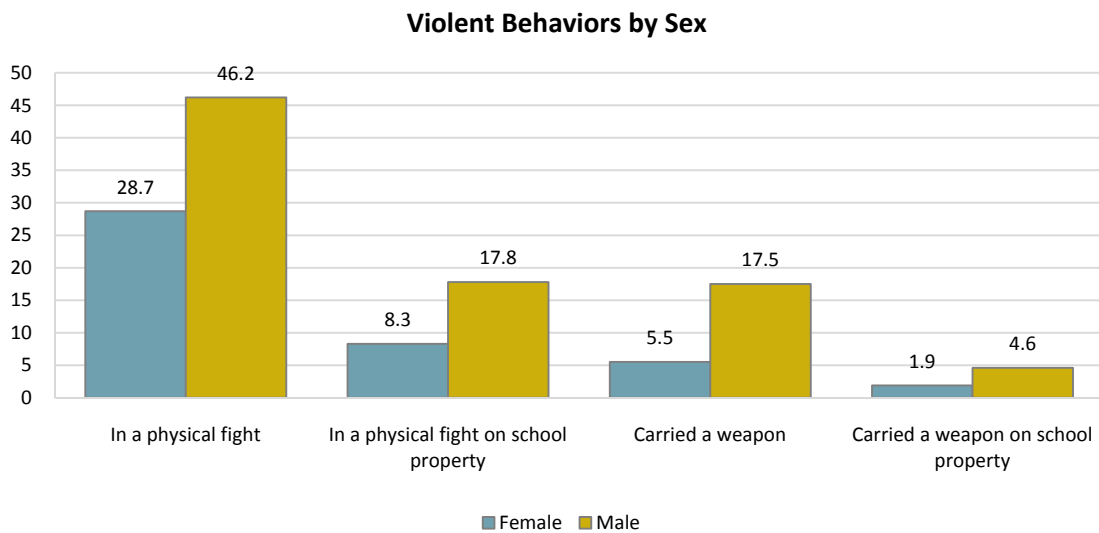


INJURIES AND VIOLENCE

Injuries are the leading cause of death and disability in Americans less than the age of 44 (CDC, 2006). Further, youth violence has become a significant public health problem in the United States. Since the 1980s, youths aged 10 to 17 years, who constitute less than 12% of the U.S. population, have been involved as offenders in approximately 25% of serious violent victimizations (Snyder & Sickmund, 1999). In 2003, U.S. adults reported approximately 1.56 million incidents of victimization by perpetrators between the ages of 12 to 20 years (Maguire & Pastore, 2005).

Risk factors for youth violence include low socioeconomic status (SES), poor parental supervision, harsh and erratic discipline, and delinquent peers (Snyder & Sickmund, 1999). Youths involved in violence commonly have additional problems, including drug abuse, difficulties at school, and mental health problems (Wasserman, Keenan, & Tremblay, 2003). Even though most serious forms of violent crime (i.e., rape, sexual assault, robbery, aggravated assault, and homicide) rarely occur in schools, a disproportionate amount of non-fatal crimes occur in school facilities or on the way to or from school (DeVoe, Peter, Noonan, Snyder, & Baum, 2005).

In the 2006-07 Cuyahoga County sample, males were more likely to engage in violent behavior, while females were more likely to be victims of violence and have suicidal ideation. Likewise, black students were significantly more likely to be at risk for injury or death across many of the variables measured, including fighting, fighting on school property, and carrying a weapon. The figure below shows a breakdown of gender differences across behaviors related to fighting and weapon carrying.

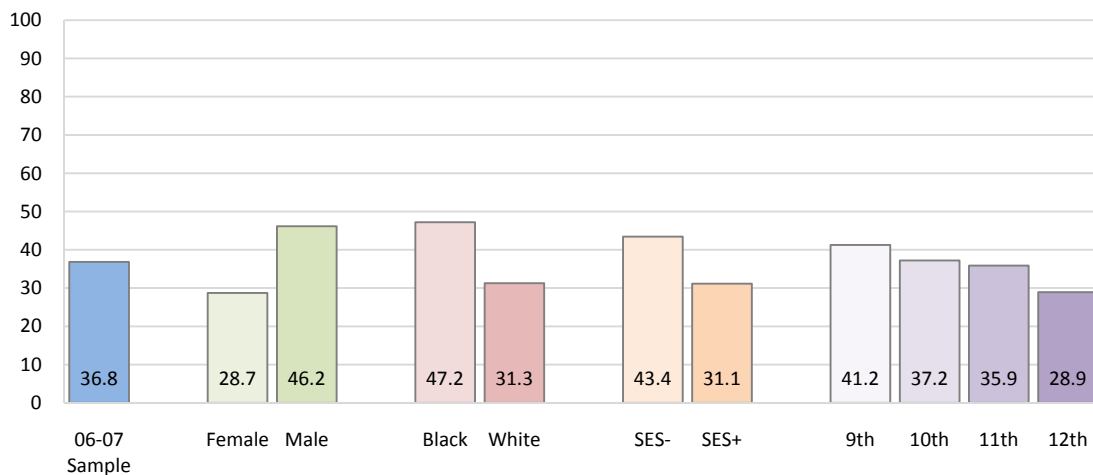


VIOLENCE

IN A PHYSICAL FIGHT

In the Cuyahoga County sample, 36.8% of students had been in a physical fight one or more times during the 12 months preceding the survey (Table 5). Overall, the prevalence of having been in a physical fight was higher among male (46.2%) than female (28.7%) students. The prevalence of having been in a physical fight was higher among black (47.2%) than white (31.3%) students. Overall, the prevalence of having been in a physical fight was higher among low SES (43.4%) than high SES (31.1%) students. The prevalence of having been in a physical fight was higher among 9th grade (41.2%) than 11th grade (35.9%) and 12th grade (28.9%) students. The prevalence of having been in a physical fight was higher among 10th grade (37.2%) and 11th grade (35.9%) than 12th grade (28.9%) students.

In a Physical Fight



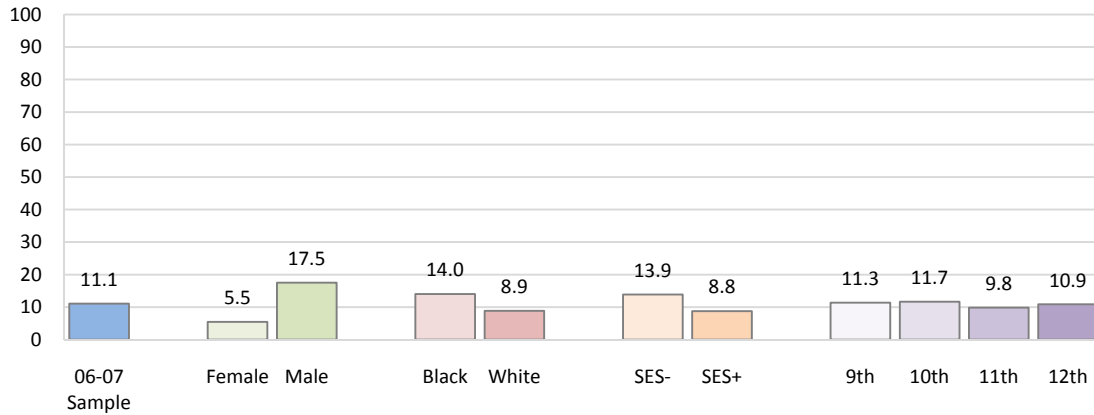
IN A PHYSICAL FIGHT ON SCHOOL PROPERTY

In the Cuyahoga County sample, 12.7% of students had been in a physical fight on school property one or more times during the 12 months preceding the survey (Table 5). Overall, the prevalence of having been in a physical fight on school property was higher among male (17.8%) than female (8.3%) students. The prevalence of having been in a physical fight on school property was higher among black (19.7%) than white (9.3%) students. Overall, the prevalence of having been in a physical fight on school property was higher among low SES (16.5%) than high SES (9.6%) students. The prevalence of having been in a physical fight on school property was higher among 9th grade (16.1%) than 11th grade (10.4%) and 12th grade (8.8%) students. The prevalence of having been in a physical fight on school property was higher among 10th grade (13.2%) than 12th grade (8.8%) students.

CARRIED A WEAPON

In the Cuyahoga County sample, 11.1% of students had carried a weapon (e.g., a gun, knife or club) on one or more of the 30 days preceding the survey (Table 5). The prevalence of having carried a weapon was higher among male (17.5%) than female (5.5%) students. Overall, the prevalence of having carried a weapon was higher among black (14.0%) than white (8.9%) students. The prevalence of having carried a weapon was higher among low SES (13.9%) than high SES (8.8%) students.

Carried a Weapon



CARRIED A WEAPON ON SCHOOL PROPERTY

In the Cuyahoga County sample, 3.1% of students had carried a weapon (e.g., a gun, knife or club) on school property on one or more of the 30 days preceding the survey (Table 6). The prevalence of having carried a weapon on school property was higher among male (4.6%) than female (1.9%) students. Overall, the prevalence of having carried a weapon on school property was higher among black (4.3%) than white (2.2%) students.

DID NOT GO TO SCHOOL BECAUSE OF SAFETY CONCERNS

In the Cuyahoga County sample, 4.0% of students did not go to school because they felt they would be unsafe at school or on the way to and from school on at least one of the past 30 days (Table 6). The prevalence of avoiding school because of unsafe feelings was higher among black (5.7%) than white (2.8%) students. Overall, the prevalence of avoiding school because of unsafe feelings was higher among low SES (5.8%) than high SES (2.6%) students.

DATING VIOLENCE

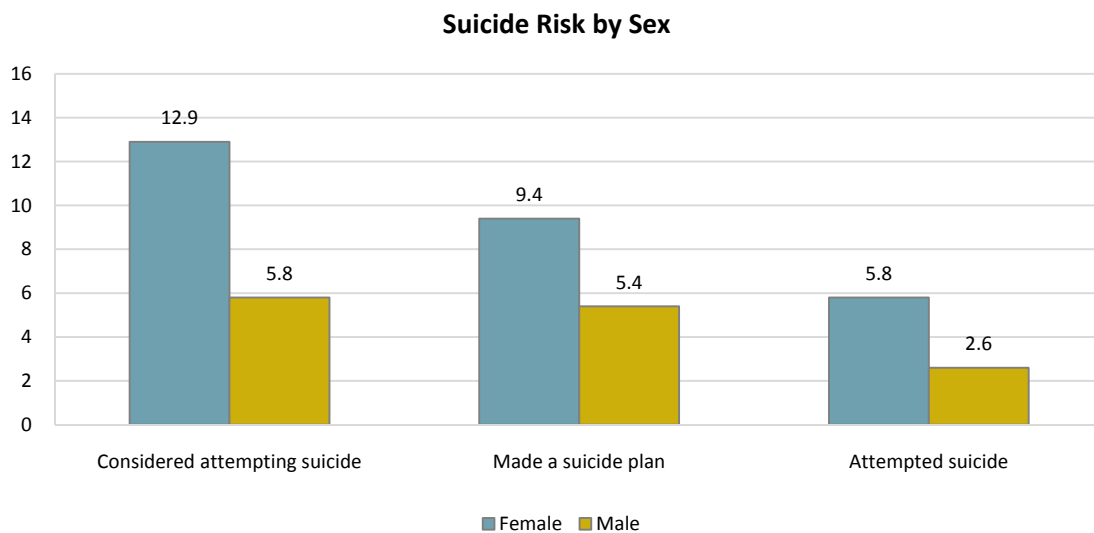
In the Cuyahoga County sample, 6.8% of students had been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend (i.e., dating violence) during the 12 months preceding the survey (Table 6). The prevalence of dating violence was higher among black (9.1%) than white (5.1%) students. Overall, the prevalence of dating violence was higher among low SES (9.2%) than high SES (4.8%) students.

FORCED TO HAVE SEXUAL INTERCOURSE

In the Cuyahoga County sample, 5.0% of students have ever been physically forced to have sexual intercourse when they did not want to (i.e., forced sexual intercourse) (Table 6). The prevalence of forced sexual intercourse was higher among female (6.4%) than male (3.2%) students. Overall, the prevalence of forced sexual intercourse was higher among black (7.3%) than white (3.2%) students. The prevalence of forced sexual intercourse was higher among low SES (7.0%) than high SES (3.3%) students. Overall, the prevalence of forced sexual intercourse was higher among 12th grade (7.8%) than 9th grade (3.7%) and 10th grade (4.7%) students.

SUICIDE

Suicide is the third leading cause of death among teenagers aged 15-19 (Anderson, 2005). Females are at a particular risk for suicidal thoughts and present higher rates of suicide attempts than males (Child Trends DataBank, 2003). These gender differences among suicide risk behaviors were also found in the 2006-07 sample, which the figure below depicts.



SERIOUSLY CONSIDERED ATTEMPTING SUICIDE

In the Cuyahoga County sample, 9.7% of students had seriously considered attempting suicide during the 12 months preceding the survey (Table 6). The prevalence of seriously considering attempting suicide was higher among female (12.9%) than male (5.8%) students.

MADE A SUICIDE PLAN

In the Cuyahoga County sample, 7.6% of students had made a plan about how they would attempt suicide during the 12 months preceding the survey (Table 6). The prevalence of having made a suicide plan was higher among female (9.4%) than male (5.4%) students.

ATTEMPTED SUICIDE

In the Cuyahoga County sample, 4.4% of students had actually attempted suicide one or more times during the 12 months preceding the survey (Table 7). The prevalence of having actually attempted suicide was higher among female (5.8%) than male (2.6%) students. Overall, the prevalence of having actually attempted suicide was higher among low SES (5.6%) than high SES (3.4%) students.

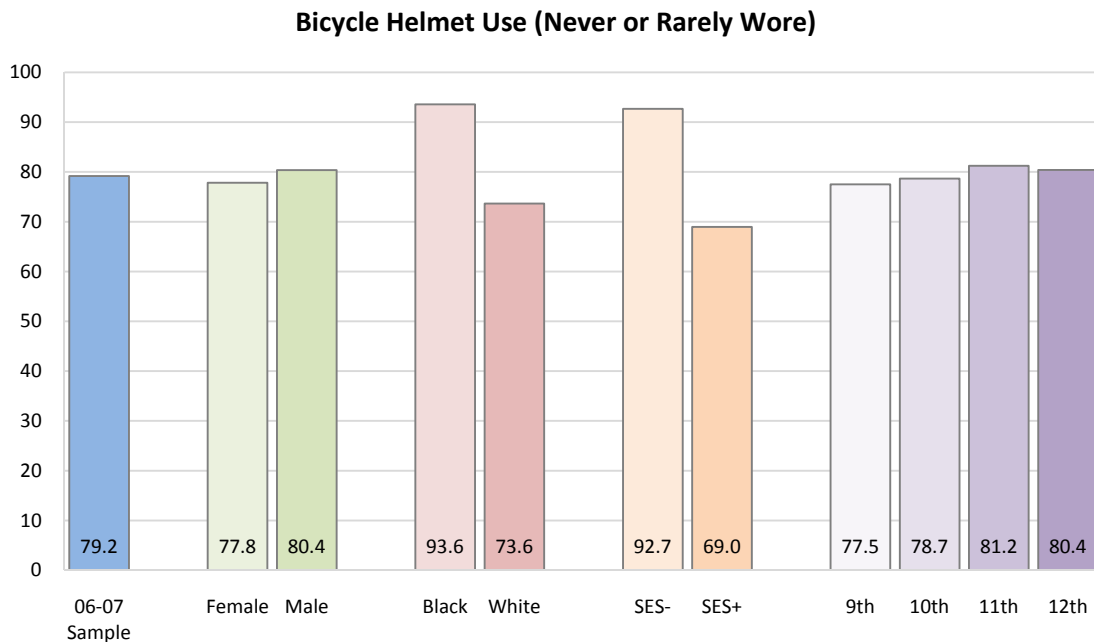
SUICIDE ATTEMPT TREATED BY A DOCTOR OR NURSE

In the Cuyahoga County sample, 1.7% of students had made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months preceding the survey (Table 7).

SAFETY

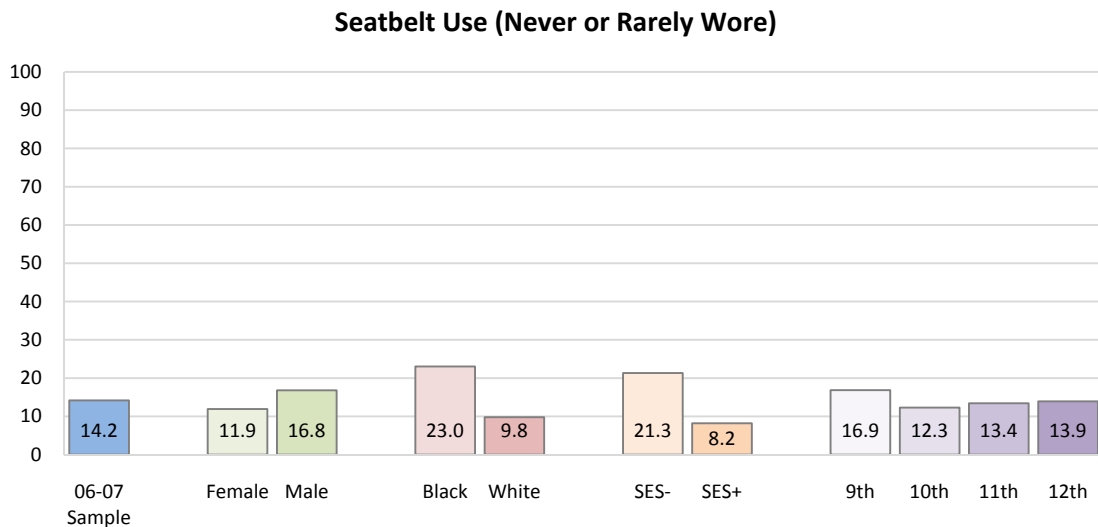
BICYCLE HELMET USE

In the Cuyahoga County sample, 67.4% of students had ridden a bicycle in the past year. Within that group, 79.2% of students had never or rarely worn a bicycle helmet during the 12 months preceding the survey (Table 7). The prevalence of having never or rarely worn a bicycle helmet was higher among black (93.6%) than white (73.6%) students. Overall, the prevalence of having never or rarely worn a bicycle helmet was higher among low SES (92.7%) than high SES (69.0%) students.



SEATBELT USE

In the Cuyahoga County sample, 14.2% of students had never or rarely worn a seatbelt when riding in a car driven by someone else (Table 7). The prevalence of having never or rarely worn a seatbelt was higher among male (16.8%) than female (11.9%) students. Overall, the prevalence of having never or rarely worn a seatbelt was higher among black (23.0%) students than white (9.8%) students. The prevalence of having never or rarely worn a seatbelt was higher among low SES (21.3%) than high SES (8.2%) students. Overall, the prevalence of having never or rarely worn a seatbelt was higher among 9th grade (16.9%) than 10th grade (12.3%) students.



RODE WITH A DRIVER WHO HAD BEEN DRINKING ALCOHOL

In the Cuyahoga County sample, 22.8% of students had ridden one or more times in a car or other vehicle driven by someone who had been drinking alcohol during the 30 days preceding the survey (Table 7). The prevalence of having ridden with a driver who had been drinking alcohol was higher among low SES (26.6%) than high SES (19.6%) students. Overall, the prevalence of having ridden with a driver who had been drinking alcohol was higher among 10th grade (24%) and 12th grade (26.3%) than 9th grade (19.4%) students.

DROVE WHEN DRINKING ALCOHOL

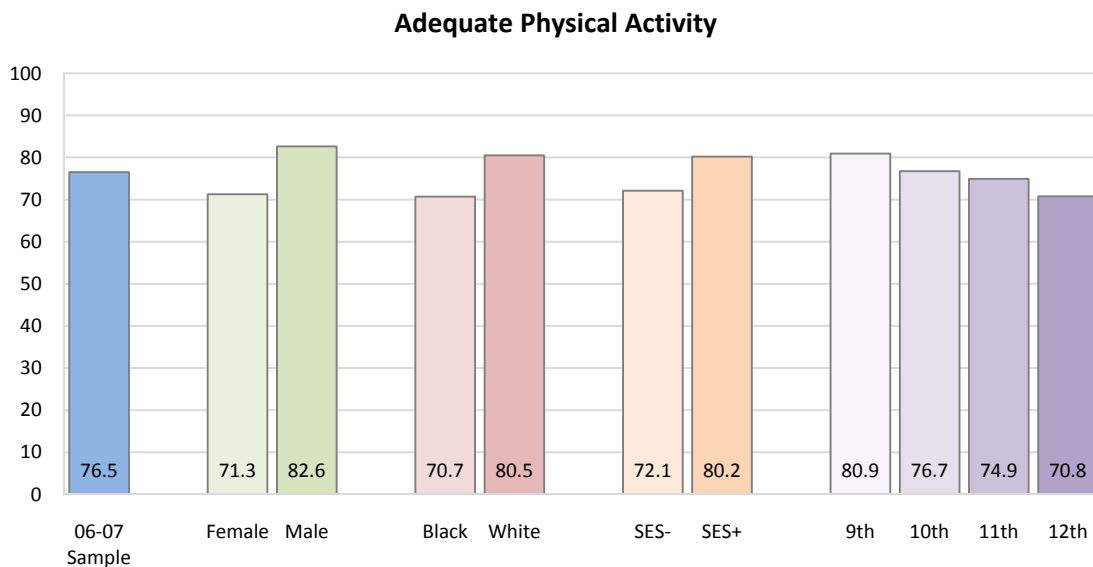
In the Cuyahoga County sample, 7.4% of students had driven a car or other vehicle one or more times when they had been drinking alcohol during the 30 days preceding the survey (Table 7). The prevalence of having driven when they had been drinking alcohol was higher among male (8.7%) than female (6.2%) students. Overall, the prevalence of having driven when they had been drinking alcohol was higher among white (8.6%) than black (5.0%) students. The prevalence of having driven when they had been drinking alcohol was higher among 11th grade (10.1%) and 12th grade (13.1%) than 9th grade (3.5%) and 10th grade (5.5%) students.

PHYSICAL ACTIVITY AND OBESITY

Since 1980, the percentage of overweight youth has tripled with sixteen percent of youth ages six to nineteen (over nine million) considered overweight (U.S. Department of Health and Human Services, 1999). Nearly half of all American youth do not get adequate exercise. In fact, almost 14% of adolescents report no recent physical activity, with inactivity more common among females than males (CDC, 2005). Females in this sample were more likely to view themselves as overweight and trying to lose weight. However, females also indicated BMIs consistent with being a normal weight more so than males. In our sample, black students were more likely to be obese and also be at increased risk for a variety of factors that contribute to obesity including inadequate physical activity and excessive television watching.

ADEQUATE PHYSICAL ACTIVITY

In the Cuyahoga County sample, 76.5% of students participated in sufficient physical activity to meet the requirements of vigorous and/or moderate physical activity in the past seven days (i.e., adequate physical activity) (Table 8). The prevalence of adequate physical activity was higher among male (82.6%) than female (71.3%) students. Overall, the prevalence of adequate physical activity was higher among white (80.5%) than black (70.7%) students. The prevalence of adequate physical activity was higher among high SES (80.2%) than low SES (72.1%) students. The prevalence of adequate physical activity was higher among 9th grade (80.9%) than 11th grade (74.9%) and 12th grade (70.8%) students. The prevalence of adequate physical activity was higher among 10th grade (76.7%) than 12th grade (70.8%) students.



NO PHYSICAL ACTIVITY

In the Cuyahoga County sample, 8.8% of students participated in no vigorous or moderate physical activity in the 7 days preceding the survey (i.e., no physical activity) (Table 8). Overall, the prevalence of no physical activity was higher among female (10.8%) than male (6.5%) students. The prevalence of no physical activity was higher among black (14.8%) than white (5.3%) students. Overall, the prevalence of no physical activity was higher among low SES (12.8%) than high SES (5.6%) students.

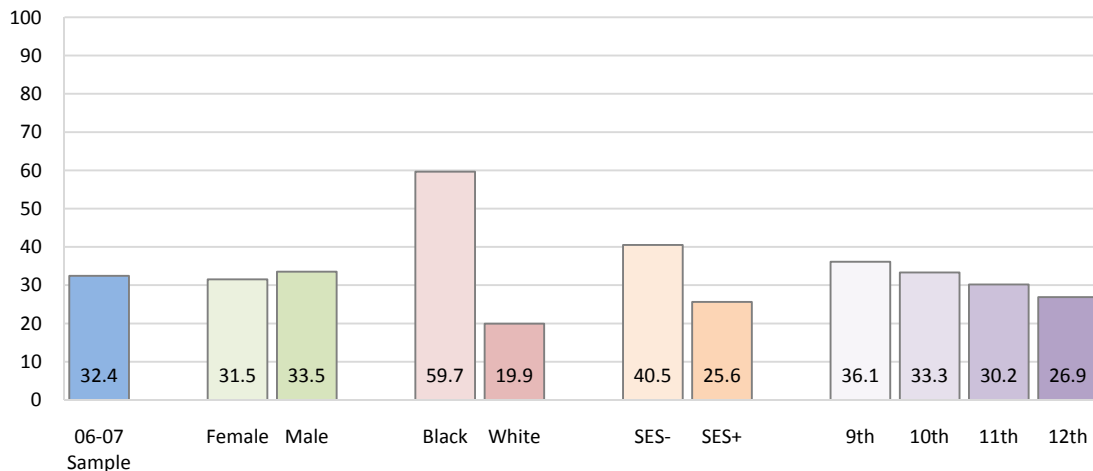
SPORTS TEAM PARTICIPATION

In the Cuyahoga County sample, 62.5% of students played on at least one sports team in the past 12 months (Table 8). The prevalence of sports team participation was higher among male (67.8%) than female (58.0%) students. Overall, the prevalence of sports team participation was higher among white (66.3%) than black (56.9%) students. The prevalence of sports team participation was higher among 9th grade (65.7%), 10th grade (63.5%), and 11th grade (62.2%) than 12th grade (55.2%) students.

EXCESSIVE TELEVISION VIEWING ON SCHOOL DAYS

In the Cuyahoga County sample, 32.4% of students watched three hours or more of television on an average school day (Table 8). Overall, the prevalence of excessive television viewing was higher among black (59.7%) than white (19.9%) students. The prevalence of excessive television viewing was higher among low SES (40.5%) than high SES (25.6%) students. Overall, the prevalence of excessive television viewing was higher among 9th grade (36.1%) than 11th grade (30.2%) and 12th grade (26.9%) students. The prevalence of excessive television viewing was higher among 10th grade (33.3%) than 12th grade (26.9%) students.

Excessive Television Watching on School Days

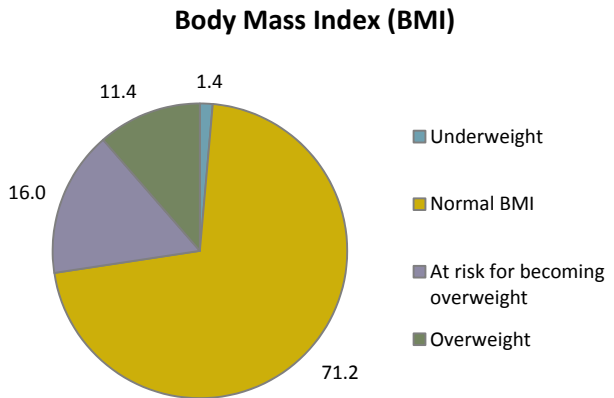


BMI AND OBESITY

Body Mass Index (BMI) is considered an alternative for direct measures of body fat. BMI is calculated from an individual's weight and height. For children and teens, BMI is age- and sex-specific. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual youth in the United States. A BMI above the 95th percentile indicates being overweight. Students being at risk of becoming overweight have a BMI between the 85th and 95th percentiles. A BMI between the 5th and 85th percentile is considered normal weight. A BMI below the 5th percentile indicates being underweight.

In the Cuyahoga County sample, 1.4% of students were underweight (Table 8).

In the Cuyahoga County sample, 71.2% of students were at a normal weight (Table 8). Overall, the prevalence of being normal weight was higher among female (75.4%) than male (66.5%) students. The prevalence of being normal weight was higher among white (76.8%) than black (61.0%) students. The prevalence of being normal weight was higher among high SES (76.3%) than low SES (64.8%) students.



In the Cuyahoga County sample, 16% of students were at risk of becoming overweight (Table 9). Overall, the prevalence of being at risk of becoming overweight was higher among male (17.6%) than female (14.5%) students. The prevalence of being at risk of becoming overweight was higher among black (19.8%) than white (13.3%) students. The prevalence of being at risk of becoming overweight was higher among low SES (19.2%) than high SES (13.4%) students.

In the Cuyahoga County sample, 11.4% of students were overweight (Table 9). Overall, the prevalence of being overweight was higher among male (14.4%) than female (8.8%) students. The prevalence of being overweight was higher among black (18.1%) than white (8.1%) students. Overall, the prevalence of being overweight was higher among low SES (14.7%) than high SES (8.8%) students.

DESCRIBED THEMSELVES AS OVERWEIGHT

In the Cuyahoga County sample, 24.9% of students described themselves as slightly or very overweight (Table 9). The prevalence of describing themselves as overweight was higher among female (29.1%) than male (20.1%) students. Overall, the prevalence of describing themselves as overweight was higher among low SES (27.8%) than high SES (22.6%) students.

WERE TRYING TO LOSE WEIGHT

In the Cuyahoga County sample, 39.3% of students were trying to lose weight (Table 9). The prevalence of trying to lose weight was higher among female (53.0%) than male (23.3%) students. Overall, the prevalence of trying to lose weight was higher among white (40.1%) than black (35.4%) students.

QUALITY OF LIFE

Research has found that adolescents who abstain from engaging in risk behaviors often report higher quality of life than students who engage in risky behaviors either regularly or occasionally (Topolski, Patrick, Edwards, Huebner, Connell, & Mount, 2001). The 2006-07 Cuyahoga County YRBS explored various topics related to health in general and self-reported mental/physical health in the 30 days preceding the survey. Questions related to protective factors were also included on the survey; the presence of which may mediate a youth's risk of engaging in risky behaviors as well.

The graph below shows that a preponderance of students in the 2006-07 Cuyahoga County sample reported their health, in general, to be good or excellent. There are slight differences within demographic groups, with male students, white students, and high SES students reporting better general health than their counterparts in the sample.



DESCRIBED HEALTH AS EXCELLENT, VERY GOOD, OR GOOD

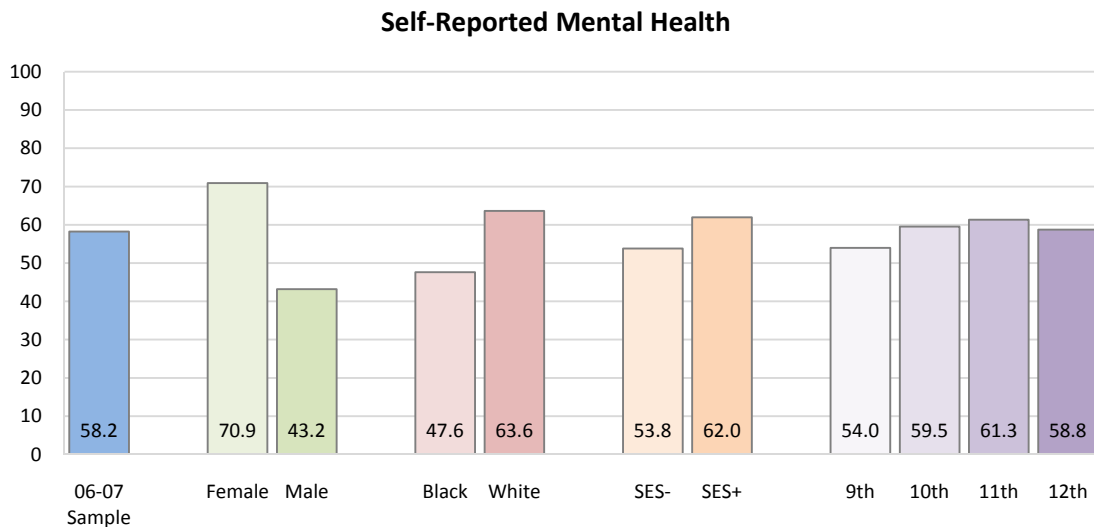
In the Cuyahoga County sample, 89.2% of students described their health, in general, as excellent, very good, or good (Table 9). The prevalence of having described their health as excellent, very good, or good was higher among male (92.6%) than female (86.3%) students. Overall, the prevalence of having described their health as excellent, very good, or good was higher among white (91.1%) than black (87.4%) students. The prevalence of having described their health as excellent, very good, or good was higher among high SES (91.1%) than low SES (86.9%) students.

SELF-REPORTED PHYSICAL HEALTH

In the Cuyahoga County sample, 52.0% of students reported their physical health was “not good” on at least one of the past 30 days (Table 9). Overall, the prevalence of self-reported “not good” physical health was higher among female (57.9%) than male (45.3%) students. The prevalence of self-reported “not good” physical health was higher among white (58.8%) than black (39.2%) students. Overall, the prevalence of self-reported “not good” physical health was higher among high SES (56.8%) than low SES (46.2%) students.

SELF-REPORTED MENTAL HEALTH

In the Cuyahoga County sample, 58.2% of students reported their mental health was “not good” on one or more of the past 30 days (Table 10). Overall, the prevalence of self-reported “not good” mental health was higher among female (70.9%) than male (43.2%) students. The prevalence of self-reported “not good” mental health was higher among white (63.6%) than black (47.6%) students. Overall, the prevalence of self-reported “not good” mental health was higher among high SES (62.0%) than low SES (53.8%) students. The prevalence of self-reported “not good” mental health was higher among 10th grade (59.5%) and 11th grade (61.3%) than 9th grade (54.0%) students.



DOCTOR CHECK-UP IN PAST YEAR

In the Cuyahoga County sample, 73.2% of students saw a doctor or nurse in the past 12 months for a check-up or physical exam when they were not sick or injured (Table 10). Overall, the prevalence of having received a check-up was higher among white (76.0%) than black (71.3%) students. The prevalence of having received a check-up was higher among high SES (78.5%) than low SES (66.8%) students.

PROTECTIVE FACTORS

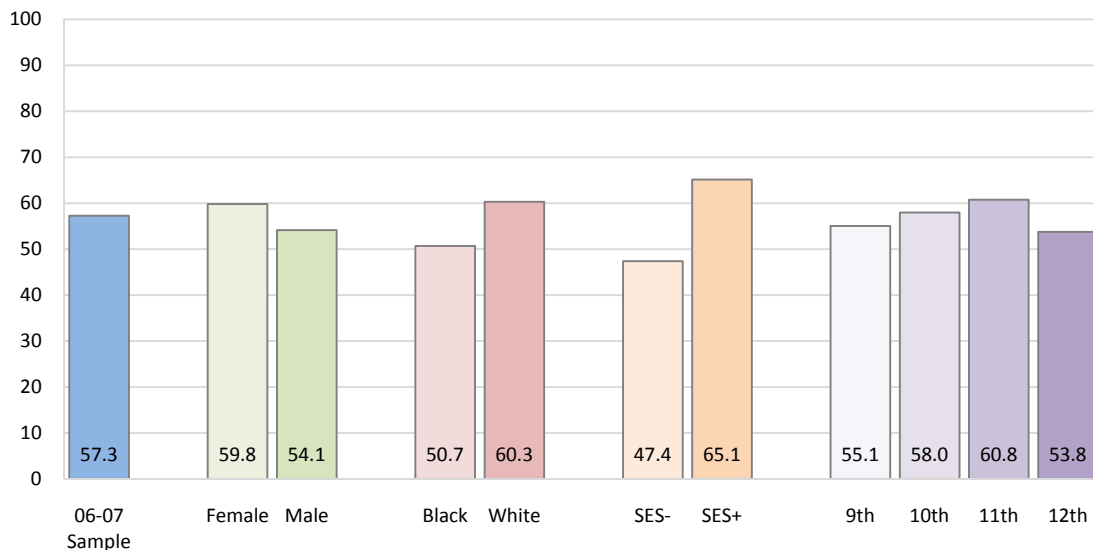
NUMBER OF TRUSTED ADULTS

In the Cuyahoga County sample, 81.9% of students had one or more trusted adults they would feel comfortable seeking help from if they had an important issue or question affecting their life (Table 10). Overall, the prevalence of having at least one trusted adult was higher among female (83.7%) than male (80.0%) students. The prevalence of having at least one trusted adult was higher among white (84.1%) than black (79.9%) students. Overall, the prevalence of having at least one trusted adult was higher among high SES (84.4%) than low SES (78.8%) students.

ORGANIZED ACTIVITIES OUTSIDE OF SCHOOL

In the Cuyahoga County sample, 57.3% of students participated in organized after school, evening, or weekend activities (other than sports teams) such as clubs, community center groups, music/art/dance lessons, drama, church, or other supervised activity in the 7 days preceding the survey (Table 10). Overall, the prevalence of participation in organized activities outside of school was higher among female (59.8%) than male (54.1%) students. The prevalence of participation in organized after school activities was higher among white (60.3%) than black (50.7%) students. Overall, the prevalence of participation in organized activities outside of school was higher among 11th grade (60.8%) than 9th grade (55.1%) students. The prevalence of participation in organized after school activities was higher among 11th grade (60.8%) than 12th grade (53.8%) students.

Organized Activities Outside of School

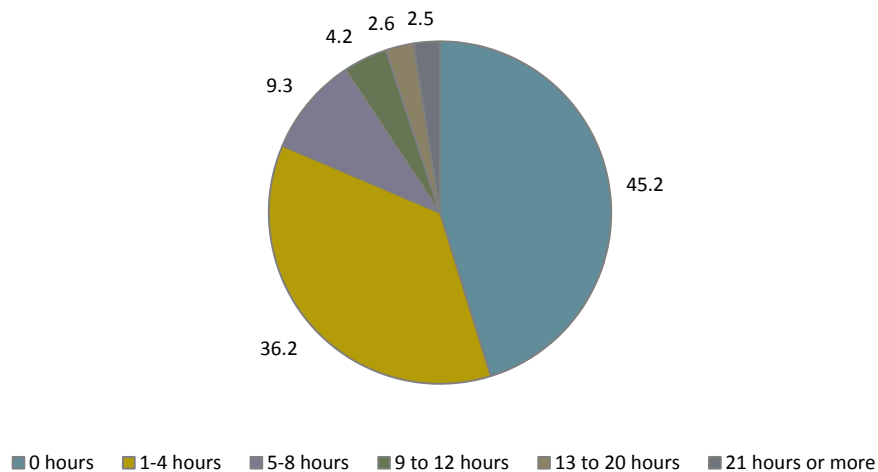


SERVICE AND VOLUNTEERISM

In the Cuyahoga County sample, 54.8% of students spent at least one hour on volunteer work, community service, or helping people outside of their home without getting paid in an average month (Table 10). Overall, the prevalence of volunteerism was higher among female (59.0%) than male (49.7%) students. The prevalence of volunteerism was higher among white (60.0%) than black (44.6%) students. Overall, the prevalence of volunteerism was higher among high SES (60.6%) than low SES (47.6%) students.

The pie chart below shows the full breakdown of the amount of hours that students spend volunteering in an average month.

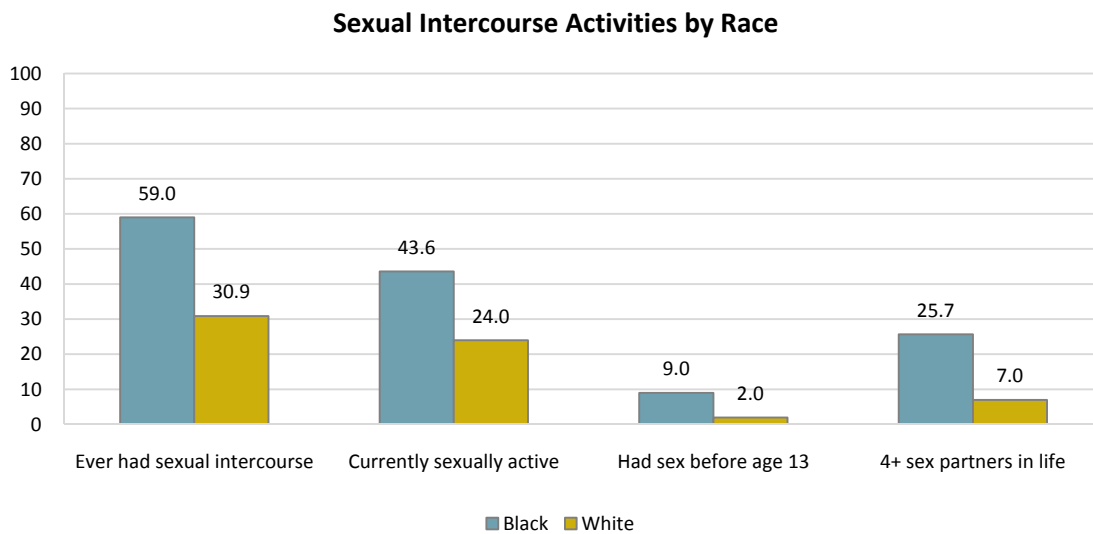
Hours Spent Volunteering in an Average Month



SEXUAL BEHAVIORS

Early sexual activity is associated with a high number of sexual partners, STI contraction, teenage pregnancy, and greater risk for unwanted sex (Child Trends DataBank, 2006). Although incidence of AIDS cases is declining nationally, the number of newly diagnosed AIDS cases among American teens rose to 458 (the highest number ever recorded) in 2003, making 13-24 individuals 4.7% of all persons with AIDS (U.S. Department of Health and Human Services, 2003). Consistent condom and birth control use can prevent the spread of HIV/AIDS.

Males were more likely to report both lifetime and current sexual behavior than females. Black students were also at higher risk for engaging in sexual behaviors than white students. The figure below shows a number of sexual risk behaviors broken down by race groups.



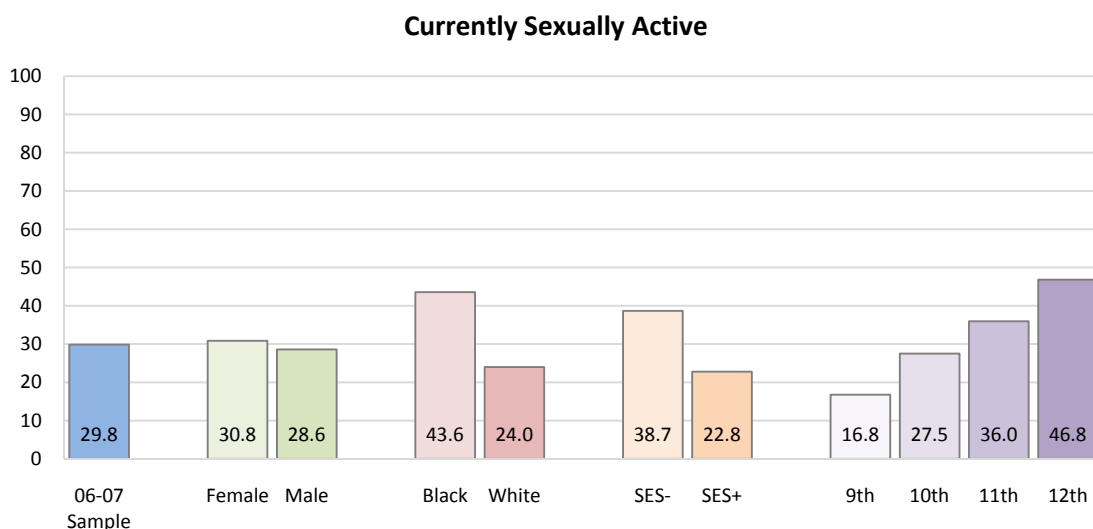
SEXUAL INTERCOURSE ACTIVITY

EVER HAD SEXUAL INTERCOURSE

In the Cuyahoga County sample, 39.8% of students had had sexual intercourse during their life (Table 10). The prevalence of lifetime sexual intercourse was higher among black (59.0%) than white (30.9%) students. Overall, the prevalence of having had sexual intercourse was higher among low SES (51.7%) than high SES (30.4%) students. The prevalence of having had sexual intercourse was higher among 10th grade (35.8%) than 9th grade (26.2%) students. Overall, the prevalence of having had sexual intercourse was higher among 11th grade (47.3%) than 9th grade (26.2%) and 10th grade (35.8%) students. The prevalence of having had sexual intercourse was higher among 12th grade (58.7%) than 9th grade (26.2%) 10th grade (35.8%) and 11th grade (47.3%) students.

CURRENTLY SEXUALLY ACTIVE

In the Cuyahoga County sample, 29.8% of students had had sexual intercourse with one or more persons during the 3 months preceding the survey (i.e., currently sexually active) (Table 11). The prevalence of being currently sexually active was higher in black (43.6%) than white (24.0%) students. Overall, the prevalence of being currently sexually active was higher among low SES (38.7%) than high SES (22.8%) students. The prevalence of being currently sexually active was higher among 12th grade (46.8%) than 9th grade (16.8%), 10th grade (27.5%), and 11th grade (36.0%) students. Overall, the prevalence of being currently sexually active was higher among 11th grade (36.0%) than 9th grade (16.8%) and 10th grade (27.5%) students. The prevalence of being currently sexually active was higher among 10th grade (27.5%) than 9th grade (16.8%) students.



HAD SEXUAL INTERCOURSE BEFORE AGE 13 YEARS

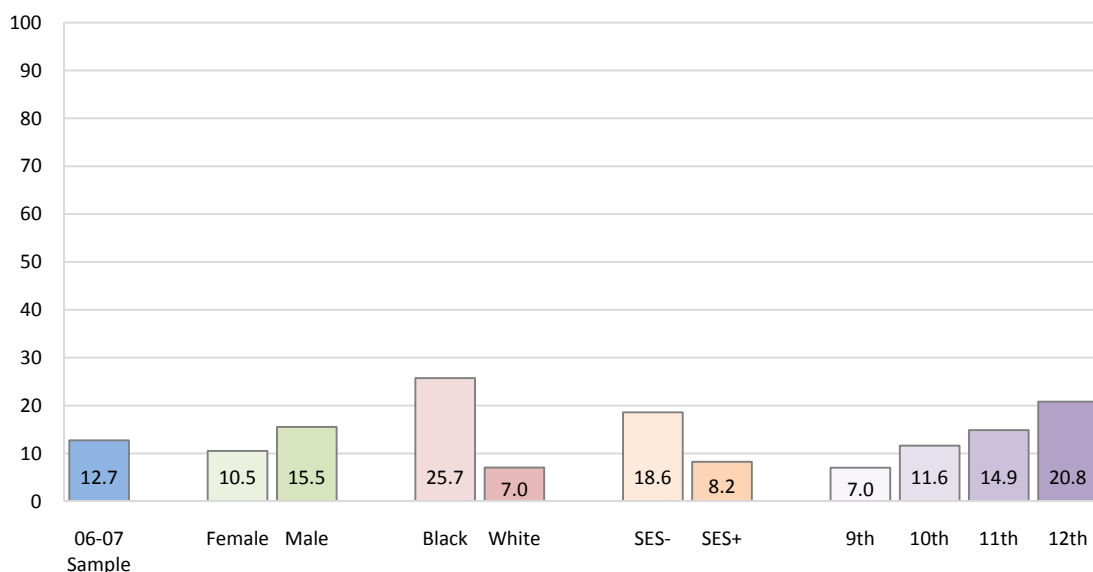
In the Cuyahoga County sample, 4.3% of students had sexual intercourse for the first time before the age of 13 (i.e., early initiation of sexual intercourse) (Table 11). The prevalence of early initiation of sexual intercourse was higher among male (7.2%) than female (1.9%) students. Overall, the prevalence of early initiation of sexual intercourse was higher among black (9.0%) than white (2.0%) students. The prevalence of early initiation of sexual intercourse was higher among low SES (6.6%) than high SES (2.6%) students.

SEXUAL INTERCOURSE WITH FOUR OR MORE PEOPLE IN LIFETIME

In the Cuyahoga County sample, 12.7% of students had had sexual intercourse with four or more persons during their life (Table 11). Overall, the prevalence of having had sexual intercourse with four or more persons was higher among male (15.5%) than female (10.5%) students. The prevalence of having had sexual intercourse with four or more persons was higher among black (25.7%) than white (7.0%) students. Overall, the prevalence of having had sexual intercourse with four or more persons

was higher among low SES (18.6%) than high SES (8.2%) students. The prevalence of having had sexual intercourse with four or more persons was higher among 12th grade (20.8%) than 9th grade (7.0%), 10th grade (11.6%), and 11th grade (14.9%) students. Overall, the prevalence of having had sexual intercourse with four or more persons was higher among 10th grade (11.6%) and 11th grade (14.9%) than 9th grade (7.0%) students.

Sexual Intercourse with Four or More People in Lifetime



CONSISTENT BIRTH CONTROL USE

In the Cuyahoga County sample, 11.5% of currently sexually active students used birth control every time they had sexual intercourse (Table 11). Overall, the prevalence of consistent birth control use was higher among 11th grade (15.9%) and 12th grade (21.0%) than 9th grade (5.9%) and 10th grade (8.1%) students.

CONDOM USE

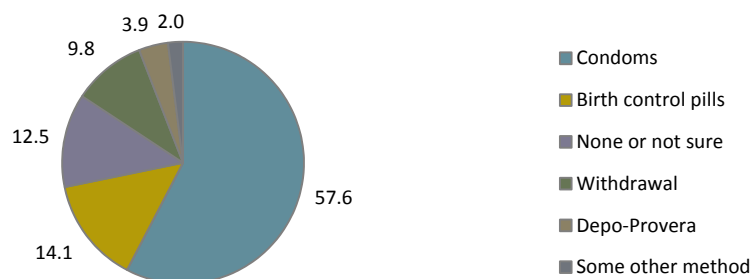
In the Cuyahoga County sample, 66.6% of currently sexually active students used a condom during their most recent sexual intercourse (Table 11). Overall, the prevalence of condom use was higher among male (72.8%) than female (61.7%) students. The prevalence of condom use during most recent sexual intercourse was higher among high SES (71.3%) than low SES (63.0%) students.

METHOD TO PREVENT PREGNANCY AT LAST SEXUAL INTERCOURSE

Among the currently sexually active students in the 2006-2007 Cuyahoga County sample, over half (57.6%) said that condoms were the birth control method they or their partner used the last time they had sexual intercourse. Over 20% of currently sexually active students reported having used withdrawal, no method at all, or not being sure about the method they used to prevent pregnancy at

last sexual intercourse. The following pie chart depicts the breakdown of methods used by this group of students, with the two following questions focusing on the students who used birth control pills and/or hormonal contraceptives.

Birth Control Method at Last Sexual Intercourse



ORAL CONTRACEPTIVE USE PRIOR TO MOST RECENT SEXUAL INTERCOURSE

In the Cuyahoga County sample, 14.1% of sexually active students used oral contraceptive pills to prevent pregnancy the last time they had sexual intercourse (Table 11). Overall, the prevalence of oral contraceptive use was higher among white (20.0%) than black (6.7%) students. The prevalence of oral contraceptive use was higher among 11th grade (15.4%) and 12th grade (23.2%) than 9th grade (7.8%) students. Overall, the prevalence of oral contraceptive use was higher among 12th grade (23.2%) than 10th grade (9.1%) students.

HORMONAL CONTRACEPTIVE USE PRIOR TO MOST RECENT SEXUAL INTERCOURSE

In the Cuyahoga County sample, 18.0% of sexually active students used either hormonal contraceptive pills or Depo-Provera to prevent pregnancy the most recent time they had sexual intercourse (Table 12). Overall, the prevalence of hormonal contraceptive use was higher among female (20.8%) than male (14.4%) students. The prevalence of hormonal contraceptive use was higher among white (21.5%) than black (14.0%) students. Overall, the prevalence of hormonal contraceptive use was higher among 11th grade (18.9%) than 9th grade (9.8%) students. The prevalence of hormonal contraceptive use was higher among 12th grade (28.0%) than 9th grade (9.8%), 10th grade (13.6%), and 11th grade (18.9%) students.

HAVE BEEN PREGNANT OR GOTTEN SOMEONE PREGNANT

In the Cuyahoga County sample, 4.8% of students had been pregnant or gotten someone pregnant in their lifetime (Table 12). Overall the prevalence of having been pregnant or gotten someone pregnant was higher among female (5.5%) than male (3.7%) students. The prevalence of a pregnancy experience was higher among black (10.0%) than white (2.1%) students. Overall, the prevalence of having been pregnant or gotten someone pregnant was higher among low SES (7.5%) than high SES (2.7%) students. The prevalence of a pregnancy experience was higher among 12th grade (6.8%) than 9th grade (3.4%) and 10th grade (3.9%) students. Overall, the prevalence of having been pregnant or gotten someone pregnant was higher among 11th grade (5.9%) than 9th grade (3.4%) students.

ALCOHOL OR DRUG USE BEFORE LAST SEXUAL INTERCOURSE

In the Cuyahoga County sample, 24.8% of currently sexually active students drank or used drugs before they engaged in sexual intercourse the last time (Table 12). Overall, the prevalence of alcohol or drug use before last sexual intercourse was higher among male (29.4%) than female (21.3%) students. The prevalence of alcohol or drug use before last sexual intercourse was higher among white (28.4%) than black (20.2%) students.

ATTITUDES ABOUT SEXUAL INTERCOURSE

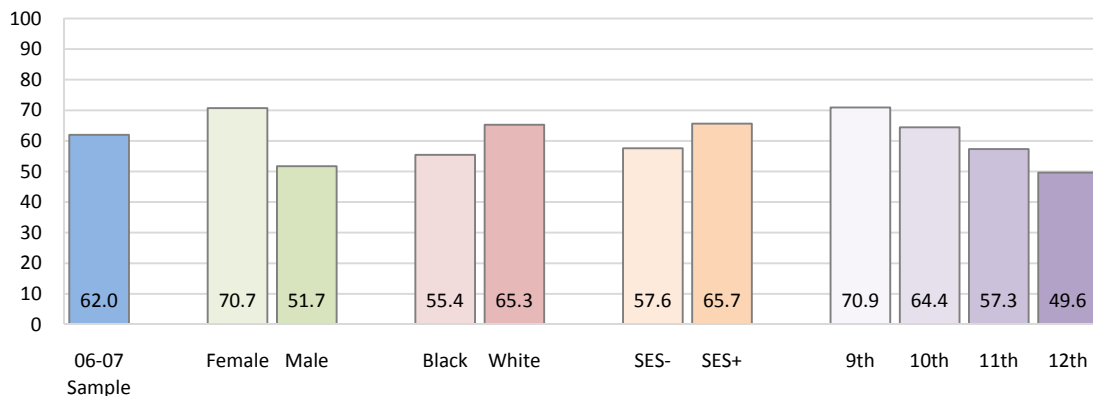
STUDENT PERCEPTION THAT SEXUAL INTERCOURSE IS VERY WRONG

In the Cuyahoga County sample, 17.7% of students thought it was “very wrong” for someone their age to have sexual intercourse (Table 12). Overall, the prevalence of this belief was higher among female (19.9%) than male (15.2%) students. The prevalence of this belief was higher among 9th grade (27.5%) than 10th grade (16.6%), 11th grade (13.0%), and 12th grade (10.7%) students. Overall, the prevalence of this belief was higher among 10th grade (16.6%) than 12th grade (10.7%) students.

PARENTS’ FEELINGS THAT SEXUAL INTERCOURSE IS VERY WRONG

In the Cuyahoga County sample, 62.0% of students believed their parents feel it would be “very wrong” for them to have sexual intercourse (Table 12). Overall, the prevalence of this belief was higher among female (70.7%) than male (51.7%) students. The prevalence of this belief was higher among white (65.3%) than black (55.4%) students. Overall, the prevalence of this belief was higher among high SES (65.7%) than low SES (57.6%) students. The prevalence of this belief was higher among 9th grade (70.9%) than 10th grade (64.4%), 11th grade (57.3%), and 12th grade (49.6%) students. Overall, the prevalence of this belief was higher among 10th grade (64.4%) than 11th grade (57.3%) and 12th grade (49.6%) students. The prevalence of this belief was higher among 11th grade (57.3%) than 12th grade (49.6%) students.

Parents' Feelings that Sexual Intercourse is Very Wrong

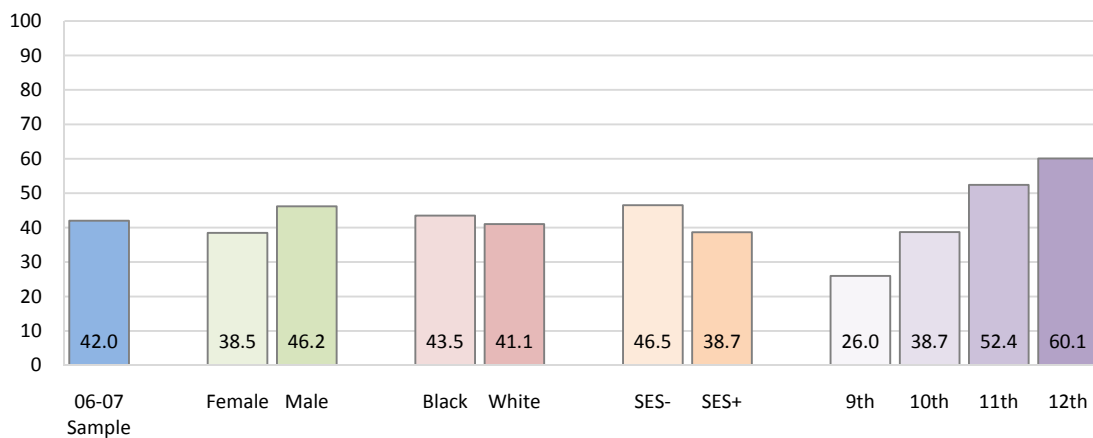


ORAL SEX ACTIVITY

EVER HAD ORAL SEX

In the Cuyahoga County sample, 42.0% of students had had oral sex during their life (Table 12). Overall, the prevalence of having had oral sex was higher among male (46.2%) than female (38.5%) students. The prevalence of having had oral sex was higher among low SES (46.5%) than high SES (38.7%) students. Overall, the prevalence of having had oral sex was higher among 12th grade (60.1%) than 9th grade (26.0%), 10th grade (38.7%) or 11th grade (52.4%) students. The prevalence of having had oral sex was higher among 11th grade (52.4%) than 9th grade (26.0%) or 10th grade (38.7%) students. The prevalence of having had oral sex was higher among 10th grade (38.7%) than 9th grade (26.0%) students.

Ever Had Oral Sex



CURRENT ORAL SEX ACTIVITY

In the Cuyahoga County sample, 30.4% of students had had oral sex with one or more persons during the three months preceding the survey (i.e., current oral sex activity) (Table 13). Overall, the prevalence of current oral sex activity was higher among low SES (33.5%) than high SES (28.1%) students. The prevalence of current oral sex activity was higher among 12th grade (46.8%) than 9th grade (16.3%), 10th grade (28.0%), and 11th grade (38.7%) students. Overall, the prevalence of current oral sex activity was higher among 10th grade (28.0%) and 11th grade (38.7%) than 9th grade (16.3%) students.

ORAL SEX ACTIVITY WITH FOUR OR MORE PEOPLE IN LIFETIME

In the Cuyahoga County sample, 11.2% of students engaged in oral sex activity with four or more people in their lifetime (Table 13). Overall, the prevalence of four or more oral sex partners was higher among male (14.5%) than female (8.4%) students. The prevalence of four or more oral sex partners was higher among 10th grade (10.4%), 11th grade (13.5%), and 12th grade (18.6%) than 9th grade (5.6%) students. Overall, the prevalence of four or more oral sex partners was higher among 12th grade (18.6%) than 10th grade (10.4%) and 11th grade (13.5%) students.

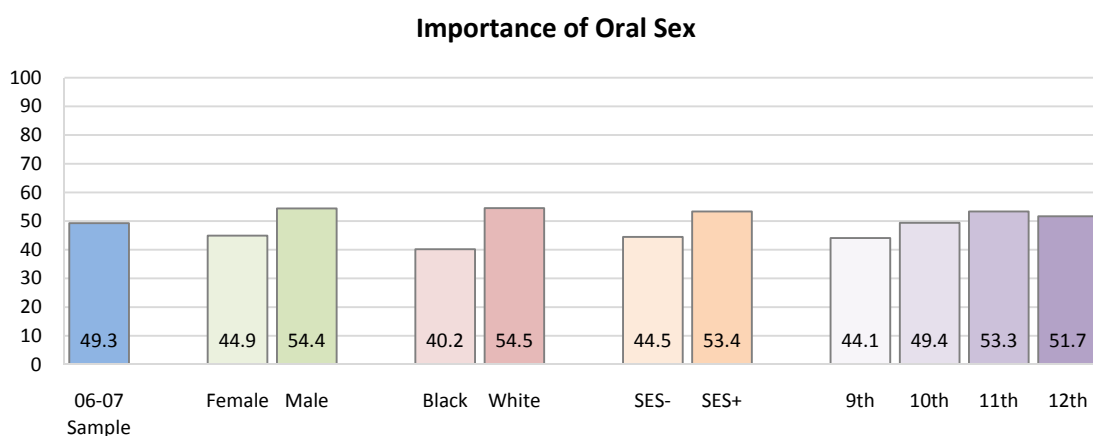
HAD ORAL SEX BEFORE AGE 13 YEARS

In the Cuyahoga County sample, 4.5% of students had oral sex for the first time before the age of 13 (i.e., early initiation of oral sex activity) (Table 13). Overall, the prevalence of early initiation of oral sex activity was higher among male (7.7%) than female (1.7%) students. The prevalence of early initiation of oral sex activity was higher among black (7.3%) than white (2.6%) students. Overall, the prevalence of early initiation of oral sex activity was higher among low SES (6.0%) than high SES (3.2%) students.

ATTITUDES ABOUT ORAL SEX

IMPORTANCE OF ORAL SEX

In the Cuyahoga County sample, 49.3% of students believe oral sex is “not as big of a deal as sexual intercourse” (Table 13). Overall, the prevalence of believing oral sex is “not as big of a deal as sexual intercourse” was higher among male (54.4%) than female (44.9%) students. The prevalence of believing oral sex is “not as big of a deal as sexual intercourse” was higher among white (54.5%) than black (40.2%) students. Overall, the prevalence of believing oral sex is “not as big of a deal as sexual intercourse” was higher among high SES (53.4%) than low SES (44.5%) students. The prevalence of believing oral sex is “not as big of a deal as sexual intercourse” was higher among 12th grade (51.7%), 11th grade (53.3%) and 10th grade (49.4%) than 9th grade (44.1%) students.



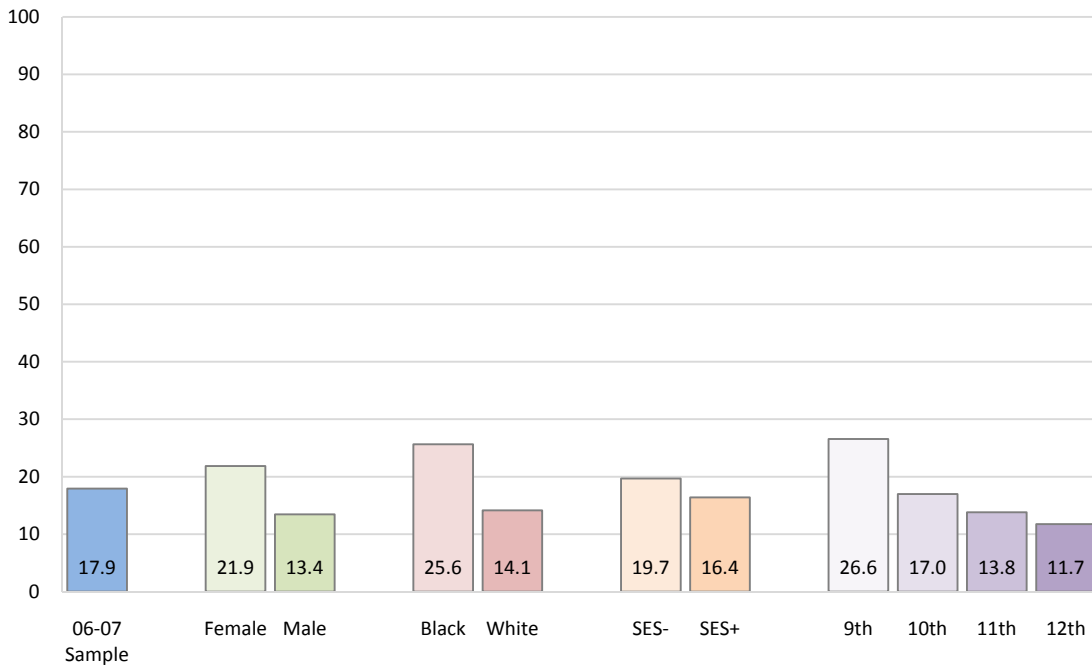
ORAL SEX ACTIVITY TO AVOID SEXUAL INTERCOURSE

In the Cuyahoga County sample, 11.3% of students ever had oral sex to avoid having sexual intercourse (Table 13). Overall, the prevalence of ever engaging in oral sex to avoid having sexual intercourse was higher among low SES (13.6%) than high SES (9.4%) students. The prevalence of ever having engaged in oral sex to avoid sexual intercourse was higher among 12th grade (18.1%) than 9th grade (5.9%), 10th grade (9.6%) and 11th grade (15.1%) students. Overall, the prevalence of ever engaging in oral sex to avoid having sexual intercourse was higher among 11th grade (15.1%) than 9th grade (5.9%) and 10th grade (9.6%) students. The prevalence of ever having engaged in oral sex to avoid sexual intercourse was higher among 10th grade (9.6%) than 9th grade (5.9%) students.

STUDENT PERCEPTION THAT ORAL SEX ACTIVITY IS VERY WRONG

In the Cuyahoga County sample, 17.9% of students thought it was “very wrong” for someone their age to have oral sex (Table 13). Overall, the prevalence of this belief was higher among female (21.9%) than male (13.4%) students. The prevalence of this belief was higher among black (25.6%) than white (14.1%) students. Overall, the prevalence of this belief was higher among low SES (19.7%) than high SES (16.4%) students. The prevalence of this belief was higher among 9th grade (26.6%) than 10th grade (17.0%), 11th grade (13.8%), and 12th grade (11.7%) students. Overall, the prevalence of this belief was higher among 10th grade (17.0%) than 12th grade (11.7%) students.

Student Perception that Oral Sex Activity is Very Wrong



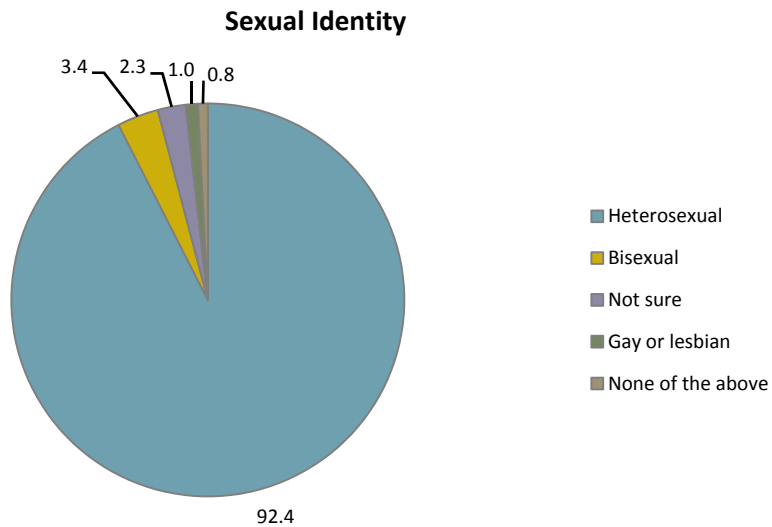
STUDENT PERCEPTION OF PARENTS’ FEELINGS THAT ORAL SEX ACTIVITY IS VERY WRONG

In the Cuyahoga County sample, 62.5% of students believed their parents feel it would be “very wrong” for them to engage in oral sex (Table 14). Overall, the prevalence of this belief was higher among female (73.3%) than male (49.8%) students. The prevalence of this belief was higher among black (67.5%) than white (60.1%) students. Overall, the prevalence of this belief was higher among 9th grade (71.2%) than 10th grade (62.7%), 11th grade (60.0%), and 12th grade (51.2%) students. The prevalence of this belief was higher among 10th grade (62.7%) and 11th grade (60.0%) than 12th grade (51.2%) students.

OTHER SEX TOPICS

SEXUAL IDENTITY

Students were asked on the survey to describe their sexual identity. Over 90% of students in the 2006-07 sample self-reported being heterosexual. The chart below shows the breakdown of sexual identities.



TAUGHT IN SCHOOL ABOUT AIDS OR HIV INFECTION

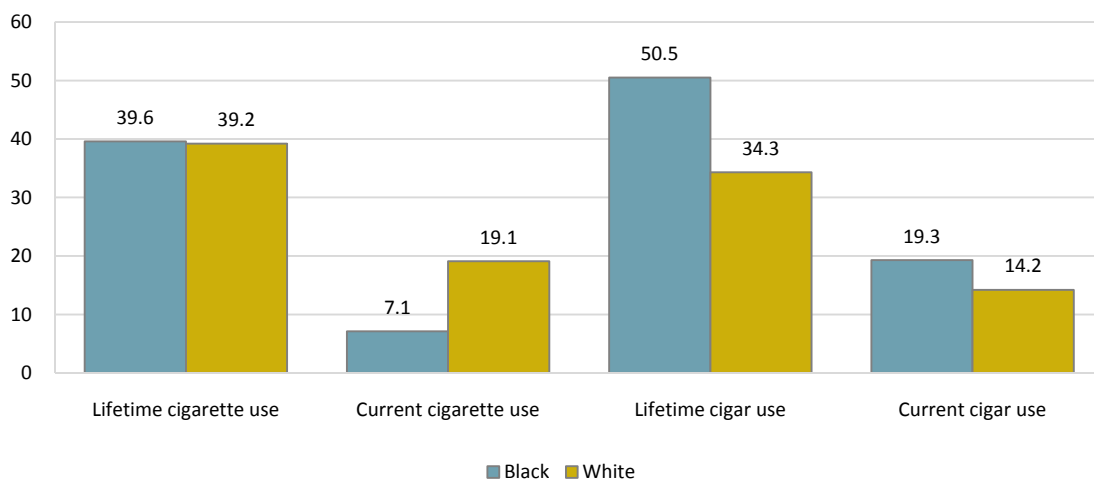
In the Cuyahoga County sample, 94.6% of students had ever been taught in school about acquired immunodeficiency syndrome (AIDS) or HIV infection (Table 14). The prevalence of having been taught in school about AIDS or HIV infection was higher among high SES (95.6%) than low SES (93.3%) students.

TOBACCO USE

Tobacco use is the leading cause of preventable death in the United States. Tobacco use usually begins in early adolescence -- nine in 10 smokers started smoking before the age of 21 (U.S. Department of Health and Human Services, 1994). Even though smoking rates have been declining among Americans, teenagers smoke at a higher rate than adults (American Cancer Society, 2006). Approximately one in four high school students are smokers, a number that has not declined on a national level since 2002 (CDC, 2005).

In the 2006-07 Cuyahoga County sample, rates of lifetime cigarette use (40.2%) and lifetime cigar use (39.7%) were nearly identical, which was also true for current use rates (15.6% and 15.9%). Interestingly, while use was similar across the two products, there were significant differences among race groups for current cigarette use and for both cigar use questions. White students were more likely to smoke cigarettes, while black students more often smoked cigars. The figure below depicts these differences between black and white students in the sample.

Lifetime and Current Cigarette and Cigar Use Rates by Race



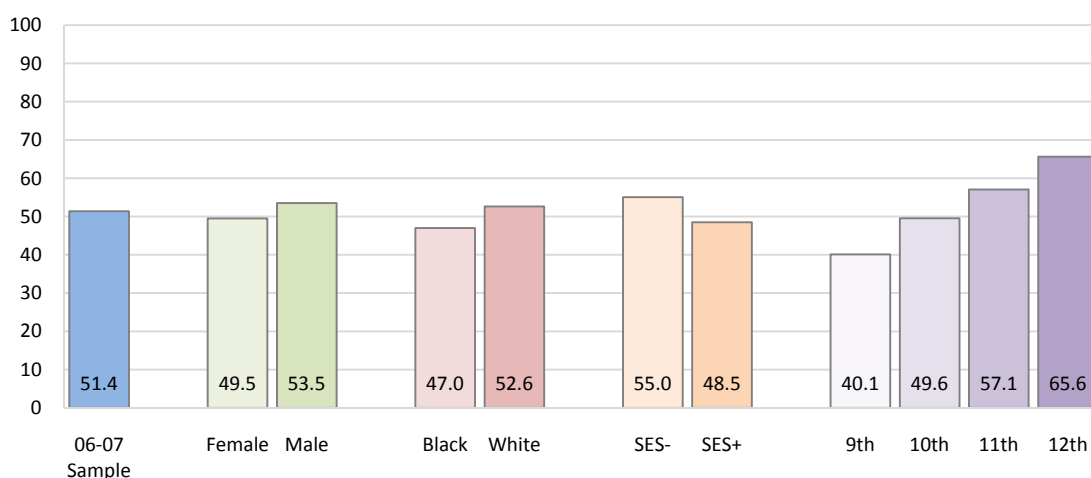
CURRENT TOBACCO USE

In the Cuyahoga County sample, 23.7% of students had used tobacco (cigarettes, cigars, or smokeless tobacco) in the 30 days preceding the survey (i.e., current tobacco use) (Table 14). Overall, the prevalence of current tobacco use was higher among male (25.9%) than female (21.7%) students. The prevalence of current tobacco use was higher among low SES (28.9%) than high SES (19.4%) students. The prevalence of current tobacco use was higher among 11th grade (25.9%) than 9th grade (18.7%) students. The prevalence of current tobacco use was higher among 12th grade (31.0%) than 9th grade (18.7%) and 10th grade (22.4%) students.

CURRENT TOBACCO USE AMONG BEST FRIENDS

In the Cuyahoga County sample, 51.4% of students had one or more best friends who smoked cigarettes, cigars, cigarillos, or little cigars in the past 30 days (Table 14). Overall, the prevalence of having a best friend who smoked was higher among white (52.6%) than black (47.0%) students. The prevalence of having a best friend who smoked was higher among low SES (55.0%) than high SES (48.5%) students. Overall, the prevalence of having a best friend who smoked was higher among 12th grade (65.6%) than 9th grade (40.1%), 10th grade (49.6%), and 11th grade (57.1%) students. The prevalence of having a best friend who smoked was higher among 11th grade (57.1%) than 9th grade (40.1%) and 10th grade (49.6%) students. Overall, the prevalence of having a best friend who smoked was higher among 10th grade (49.6%) than 9th grade (40.1%) students.

Current Tobacco Use Among Best Friends



EASE OF ACCESS TO TOBACCO PRODUCTS

In the Cuyahoga County sample, 66.6% of students believed it would be either sort of easy or very easy to get cigarettes, cigars, cigarillos, or little cigars (such as Black & Milds, Phillies, or Swisher Sweets) (Table 14). Overall, the prevalence of perceived ease of access to tobacco was higher among low SES (69.9%) than high SES (64.1%) students. The prevalence of perceived ease of access to tobacco was higher among 10th grade (64.2%), 11th grade (72.3%), and 12th grade (86.8%) than 9th grade (52.7%) students. Overall, the prevalence of perceived ease of access to tobacco was higher among 11th grade (72.3%) and 12th grade (86.8%) than 10th grade (64.2%) students. The prevalence of perceived ease of access to tobacco was higher among 12th grade (86.8%) than 11th grade (72.3%) students.

CIGARETTE USE

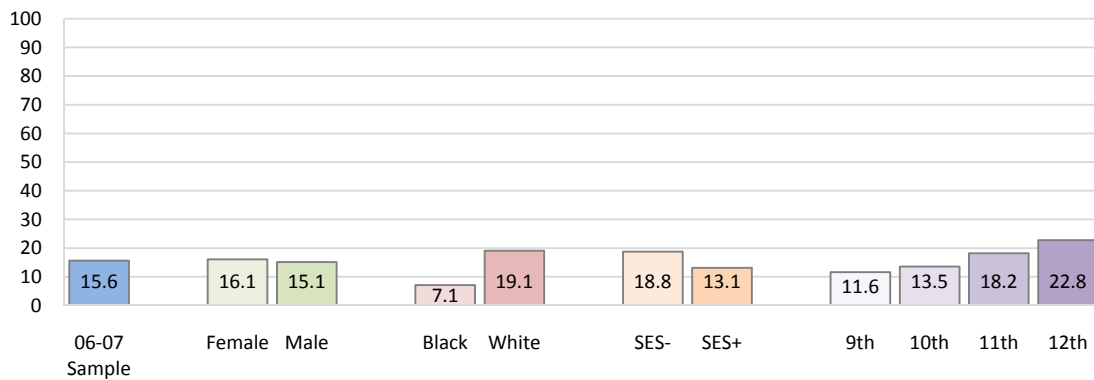
LIFETIME CIGARETTE USE

In the Cuyahoga County sample, 40.2% of students had ever tried cigarette smoking (even one or two puffs) (i.e., lifetime cigarette use) (Table 14). The prevalence of lifetime cigarette use was higher among low SES (48.7%) than high SES (33.4%) students. Overall, the prevalence of lifetime cigarette use was higher among 10th grade (38.2%) than 9th grade (29.6%) students; higher among 11th grade (46.0%) than 9th grade (29.6%) and 10th grade (38.2%) students; and higher among 12th grade (52.5%) than 9th grade (29.6%), 10th grade (38.2%), and 11th grade (46.0%) students.

CURRENT CIGARETTE USE

In the Cuyahoga County sample, 15.6% of students had smoked cigarettes on one or more of the 30 days preceding the survey (i.e., current cigarette use) (Table 15). The prevalence of current cigarette use was higher among white (19.1%) than black (7.1%) students. Overall, the prevalence of current cigarette use was higher among low SES (18.8%) than high SES (13.1%) students. The prevalence of current cigarette use was higher among 11th grade (18.2%) and 12th grade (22.8%) than 9th grade (11.6%) and 10th grade (13.5%) students.

Current Cigarette Use



SMOKED CIGARETTES ON SCHOOL PROPERTY

In the Cuyahoga County sample, 5.9% of students had smoked cigarettes on school property on one or more of the 30 days preceding the survey (Table 15). Overall, the prevalence of having smoked cigarettes on school property was higher among white (6.7%) than black (3.1%) students. The prevalence of having smoked cigarettes on school property was higher among low SES (8.3%) than high SES (4.0%) students. Overall, the prevalence of having smoked cigarettes on school property was higher among 11th grade (7.2%) and 12th grade (8.2%) than 9th grade (4.6%) students. The prevalence of having smoked cigarettes on school property was higher among 12th grade (8.2%) than 10th grade (4.7%) students.

SMOKED A WHOLE CIGARETTE BEFORE AGE 13 YEARS

In the Cuyahoga County sample, 7.9% of students smoked a whole cigarette for the first time before the age of 13 (i.e., early initiation of cigarette use) (Table 15). The prevalence of early initiation of cigarette use was higher among low SES (11.7%) than high SES (4.9%) students.

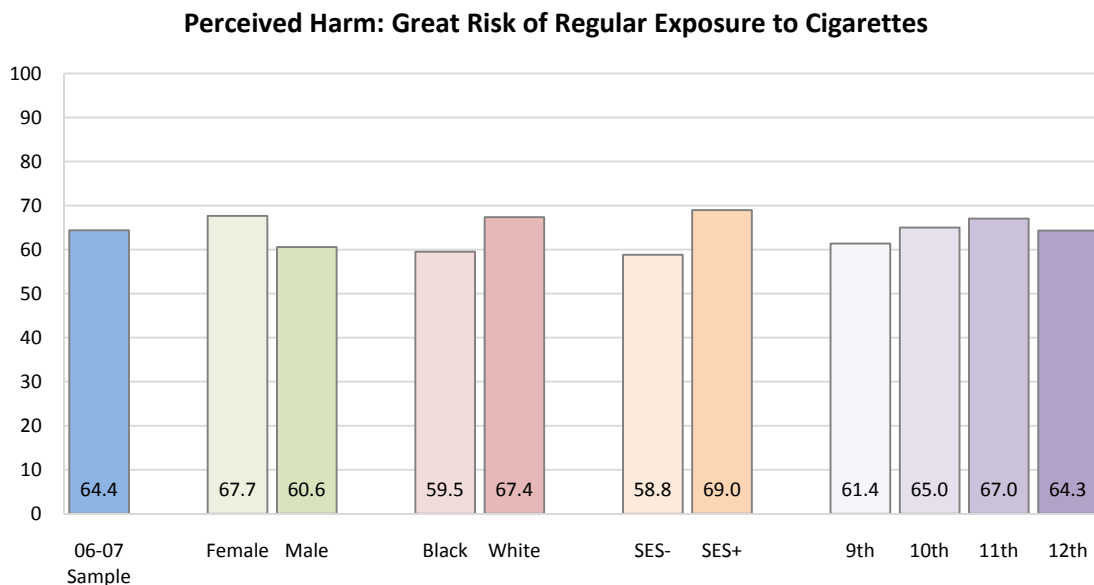
TRIED TO QUIT SMOKING CIGARETTES

In the Cuyahoga County sample, 52.9% of current cigarette smokers indicated they had attempted to quit smoking at least once in the 12 months preceding the survey (Table 15).

ATTITUDES ABOUT CIGARETTES

PERCEIVED HARM: GREAT RISK OF REGULAR EXPOSURE TO CIGARETTES

In the Cuyahoga County sample, 64.4% of students perceived “great risk” of harm (physically or in other ways) from smoking one or more packs of cigarettes per day (Table 15). Overall, the prevalence of perceived great risk of harm from regular cigarette use was higher among female (67.7%) than male (60.6%) students. The prevalence of perceived great risk of harm from smoking one or more packs of cigarettes per day was higher among white (67.4%) than black (59.5%) students. Overall the prevalence of perceived great risk of harm was higher among high SES (69.0%) than low SES (58.8%) students. The prevalence of perceived great risk of harm was higher among 11th grade (67.0%) than 9th grade (61.4%) students.



STUDENT PERCEPTION THAT CIGARETTE SMOKING IS VERY WRONG

In the Cuyahoga County sample, 38.4% of students thought it was “very wrong” for someone their age to smoke cigarettes (Table 15). Overall, the prevalence of this belief was higher among black (48.1%) than white (33.3%) students. The prevalence of this belief was higher among 9th grade (44.2%) than 11th grade (36.4%) and 12th grade (29.7%) students. Overall, the prevalence of this belief was higher among 10th grade (39.3%) and 11th grade (36.4%) than 12th grade (29.7%) students.

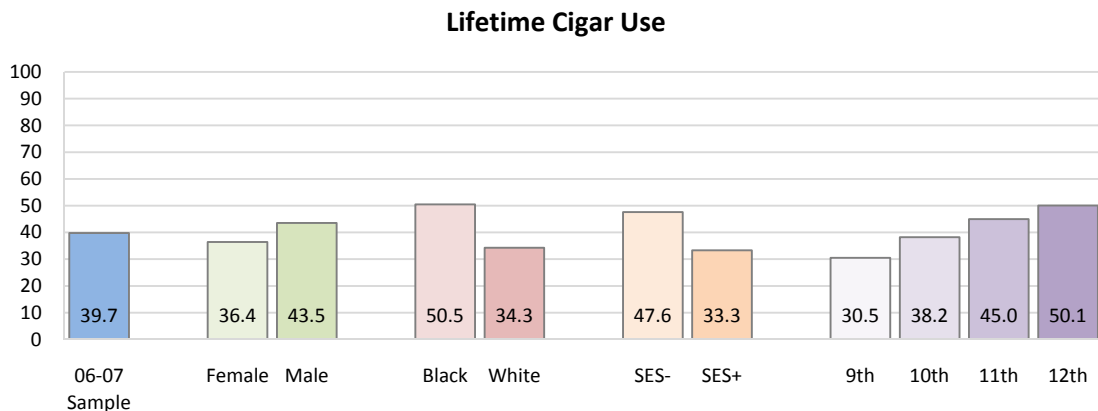
STUDENT PERCEPTION OF PARENTS’ FEELINGS THAT CIGARETTE SMOKING IS VERY WRONG

In the Cuyahoga County sample, 75.6% of students believed their parents feel it would be “very wrong” for them to smoke cigarettes (Table 16). Overall, the prevalence of this belief was higher among female (77.2%) than male (73.7%) students. The prevalence of this belief was higher among black (79.5%) than white (74.1%) students. Overall, the prevalence of this belief was higher among high SES (78.5%) than low SES (71.9%) students. The prevalence of this belief was higher among 9th grade (80.9%) than 11th grade (73.7%) and 12th grade (64.7%) students. Overall, the prevalence of this belief was higher among 10th grade (78.2%) than 11th grade (73.7%) and 12th grade (64.7%) students. The prevalence of this belief was higher among 11th grade (73.7%) than 12th grade (64.7%) students.

CIGAR USE

LIFETIME CIGAR USE

In the Cuyahoga County sample, 39.7% of students had ever tried smoking a cigar, cigarillo, or little cigar (such as Black & Milds, Phillies, or Swisher Sweets) (even one or two puffs) (i.e., lifetime cigar use) (Table 16). Overall, the prevalence of lifetime cigar use was higher among male (43.5%) than female (36.4%) students. The prevalence of lifetime cigar use was higher among black (50.5%) than white (34.3%) students. Overall, the prevalence of lifetime cigar use was higher among low SES (47.6%) than high SES (33.3%) students. The prevalence of lifetime cigar use was higher among 10th grade (38.2%) than 9th grade (30.5) students. Overall, the prevalence of lifetime cigar use was higher among 11th grade (45.0%) and 12th grade (50.1%) than 9th grade (30.5) and 10th grade (38.2%) students.



CURRENT CIGAR USE

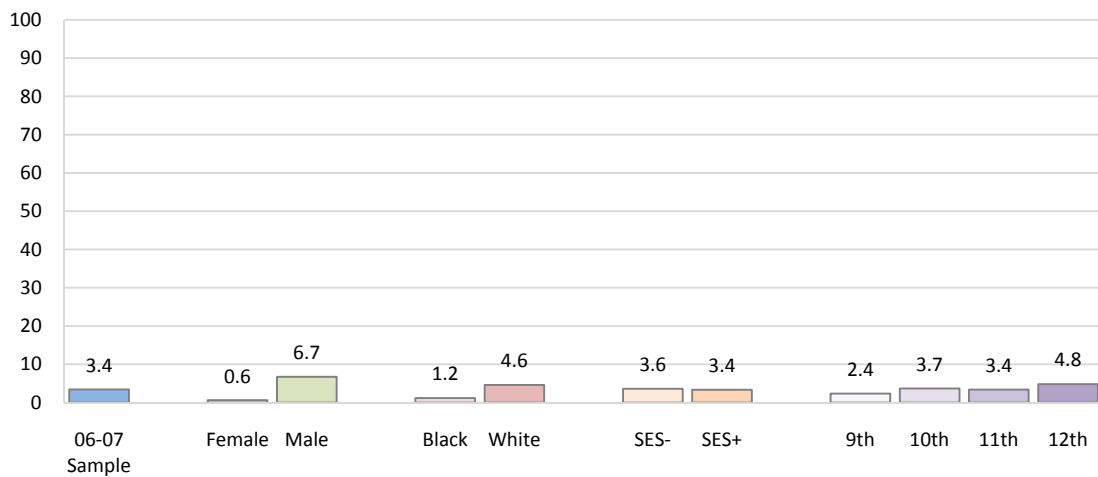
In the Cuyahoga County sample, 15.9% of students had smoked cigars, cigarillos, or little cigars (such as Black & Milds, Phillies, or Swisher Sweets) on one or more of the 30 days preceding the survey (i.e., current cigar use) (Table 16). Overall, the prevalence of current cigar use was higher among male (19.9%) than female (12.4%) students. The prevalence of current cigar use was higher among black (19.3%) than white (14.2%) students. Overall, the prevalence of current cigar use was higher among low SES (21.2%) than high SES (11.7%) students. The prevalence of current cigar use was higher among 12th grade (18.8%) students than 9th grade (13.9%) students.

OTHER TOBACCO PRODUCT USE

CURRENT SMOKELESS TOBACCO USE

In the Cuyahoga County sample, 3.4% of students had used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on one or more of the 30 days preceding the survey (i.e., current smokeless tobacco use) (Table 16). Overall, the prevalence of current smokeless tobacco use was higher among male (6.7%) than female (0.6%) students. The prevalence of current smokeless tobacco use was higher among white (4.6%) than black (1.2%) students. Overall, the prevalence of current smokeless tobacco use was higher among 12th grade (4.8%) than 9th grade (2.4%) students.

Current Smokeless Tobacco Use



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Table 1. Lifetime alcohol use; current alcohol use; episodic heavy drinking; current alcohol use among best friends; drank alcohol on school property; drank alcohol before age 13 years

	Lifetime Alcohol Use			Current Alcohol Use			Episodic Heavy Drinking		
	Students had had at least one drink of alcohol on one or more days during their life			Students had had at least one drink of alcohol on at least one or more of the 30 days preceding the survey			Students had had 5 or more drinks of alcohol in a row (i.e., within a couple of hours) on one or more of the 30 days preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	65.6%	64.2%	67.1%	39.4%	38.0%	40.8%	20.9%	19.8%	22.1%
Female	68.6%	66.7%	70.4%	41.2%	39.3%	43.1%	19.8%	18.3%	21.3%
Male	62.0%	59.8%	64.1%	37.1%	35.1%	39.1%	22.1%	20.4%	23.8%
Black	58.4%	55.4%	61.4%	24.1%	21.7%	26.5%	8.6%	7.1%	10.2%
White	68.6%	66.8%	70.4%	47.0%	45.2%	48.9%	27.3%	25.6%	28.9%
Low SES	68.1%	65.9%	70.2%	39.1%	36.9%	41.2%	21.7%	20.0%	23.5%
High SES	64.0%	62.1%	65.9%	39.8%	37.9%	41.6%	20.4%	18.9%	22.0%
9th	52.3%	49.4%	55.1%	30.4%	27.9%	32.9%	14.5%	12.6%	16.4%
10th	66.0%	63.4%	68.5%	38.2%	35.7%	40.7%	19.7%	17.7%	21.7%
11th	72.4%	69.9%	75.0%	44.3%	41.5%	47.0%	24.6%	22.3%	27.0%
12th	76.1%	72.8%	79.4%	49.6%	45.8%	53.3%	28.8%	25.5%	32.1%
	Current Alcohol Use among Best Friends			Drank Alcohol on School Property			Drank Alcohol Before Age 13 Years		
	Students had one or more best friends who consumed at least one drink of alcohol in the past 30 days			Students had drunk at least one drink of alcohol on school property on one or more of the 30 days preceding the survey			Students had drunk alcohol (other than a few sips) for the first time before age 13 years		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	65.1%	63.8%	66.5%	2.1%	1.7%	2.5%	13.5%	12.5%	14.5%
Female	65.6%	63.8%	67.5%	1.7%	1.2%	2.2%	13.3%	12.0%	14.7%
Male	64.3%	62.3%	66.3%	2.4%	1.8%	3.1%	13.5%	11.9%	15.0%
Black	49.5%	46.7%	52.3%	2.4%	1.5%	3.2%	18.5%	16.1%	20.8%
White	71.7%	70.1%	73.4%	2.1%	1.5%	2.6%	10.4%	9.2%	11.5%
Low SES	63.4%	61.3%	65.5%	2.4%	1.7%	3.0%	17.7%	16.0%	19.5%
High SES	66.7%	64.9%	68.4%	1.8%	1.3%	2.3%	10.2%	9.0%	11.4%
9th	52.6%	49.9%	55.4%	1.5%	0.9%	2.2%	15.4%	13.3%	17.4%
10th	64.5%	62.1%	67.0%	2.3%	1.6%	3.1%	15.1%	13.1%	17.0%
11th	70.7%	68.2%	73.2%	1.9%	1.1%	2.6%	10.8%	9.0%	12.5%
12th	80.2%	77.2%	83.1%	2.7%	1.5%	3.9%	11.2%	8.8%	13.6%

Table 2. Perceived ease of access to alcohol; perceived harm: great risk of regular alcohol use; students: regular alcohol use is very wrong; parents: regular alcohol use is very wrong; lifetime marijuana use; current marijuana use

	Ease of Access to Alcohol			Great Risk of Regular Alcohol Use			Students: Regular Alcohol Use is Very Wrong		
	Students believed it would be either sort of easy or very easy to get beer, wine, or hard liquor			Students perceived great risk of harm (physically or in other ways) from taking one or two drinks of alcohol nearly every day			Students thought it was very wrong for someone their age to drink beer, wine, or hard liquor regularly		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	67.4%	66.1%	68.7%	33.7%	32.4%	35.0%	25.9%	24.7%	27.1%
Female	68.0%	66.2%	69.8%	38.3%	36.5%	40.2%	25.5%	23.8%	27.2%
Male	66.6%	64.6%	68.6%	28.4%	26.6%	30.3%	26.5%	24.6%	28.3%
Black	58.8%	56.0%	61.5%	35.9%	33.3%	38.5%	34.7%	32.1%	37.4%
White	71.1%	69.4%	72.7%	32.0%	30.3%	33.7%	21.0%	19.5%	22.5%
Low SES	65.5%	63.4%	67.5%	31.7%	29.7%	33.6%	27.2%	25.3%	29.1%
High SES	69.3%	67.5%	71.1%	35.4%	33.6%	37.2%	24.8%	23.2%	26.4%
9th	58.6%	55.9%	61.3%	31.1%	28.6%	33.6%	33.2%	30.7%	35.8%
10th	68.2%	65.9%	70.6%	31.7%	29.4%	34.1%	23.7%	21.6%	25.9%
11th	70.5%	68.0%	73.0%	37.9%	35.2%	40.5%	23.6%	21.3%	25.9%
12th	75.6%	72.5%	78.8%	35.1%	31.6%	38.5%	21.6%	18.6%	24.6%
	Parents: Regular Alcohol Use is Very Wrong			Lifetime Marijuana Use			Current Marijuana Use		
	Students believed their parents feel it would be very wrong for them to drink beer, wine, or hard liquor, regularly			Students had used marijuana one or more times during their life			Students had used marijuana one or more times during the 30 days preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	63.1%	61.8%	64.5%	33.8%	32.5%	35.2%	19.1%	18.0%	20.2%
Female	65.3%	63.5%	67.1%	32.2%	30.4%	34.0%	17.7%	16.2%	19.1%
Male	60.7%	58.7%	62.7%	35.5%	33.5%	37.5%	20.8%	19.1%	22.4%
Black	73.3%	70.8%	75.8%	35.7%	33.0%	38.3%	18.9%	16.7%	21.1%
White	58.8%	57.0%	60.6%	32.3%	30.6%	34.0%	19.1%	17.7%	20.5%
Low SES	62.1%	60.1%	64.2%	40.0%	37.9%	42.1%	22.6%	20.8%	24.4%
High SES	63.8%	62.0%	65.7%	29.1%	27.3%	30.8%	16.4%	15.0%	17.8%
9th	72.1%	69.7%	74.5%	21.6%	19.3%	23.8%	14.4%	12.5%	16.2%
10th	62.8%	60.3%	65.3%	32.1%	29.7%	34.5%	18.2%	16.2%	20.1%
11th	60.6%	57.9%	63.3%	41.5%	38.8%	44.2%	22.0%	19.7%	24.2%
12th	51.8%	48.2%	55.5%	45.6%	42.0%	49.3%	24.3%	21.1%	27.4%

Table 3. Tried marijuana before age 13 years; current marijuana use among best friends; ease of access to marijuana; great risk from trying marijuana; great risk from regular exposure to marijuana; students: marijuana use is very wrong

	Tried Marijuana Before Age 13 Years			Current Marijuana Use among Best Friends			Ease of Access to Marijuana		
	Students had tried marijuana for the first time before age 13 years			Students had one or more best friends who smoked marijuana in the past 30 days			Students believed it would be either sort of easy or very easy to get marijuana		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	5.6%	4.9%	6.2%	45.4%	43.9%	46.8%	57.8%	56.4%	59.2%
Female	3.9%	3.2%	4.7%	43.0%	41.0%	44.9%	56.2%	54.3%	58.1%
Male	7.5%	6.4%	8.6%	48.1%	46.0%	50.2%	59.7%	57.6%	61.8%
Black	7.4%	5.9%	8.8%	42.2%	39.3%	45.0%	64.0%	61.3%	66.7%
White	4.2%	3.5%	4.9%	46.3%	44.5%	48.1%	54.6%	52.7%	56.4%
Low SES	8.6%	7.4%	9.8%	46.5%	44.4%	48.7%	62.4%	60.3%	64.5%
High SES	3.2%	2.5%	3.9%	44.5%	42.6%	46.4%	54.1%	52.2%	56.0%
9th	6.1%	4.8%	7.4%	34.8%	32.2%	37.4%	47.4%	44.7%	50.1%
10th	5.5%	4.4%	6.7%	44.8%	42.3%	47.4%	54.7%	52.2%	57.3%
11th	5.0%	3.8%	6.2%	50.6%	47.9%	53.4%	64.9%	62.3%	67.5%
12th	5.4%	3.7%	7.0%	56.7%	53.0%	60.4%	70.4%	67.0%	73.8%
	Great Risk from Trying Marijuana			Great Risk from Regular Exposure to Marijuana			Students: Marijuana Use is Very Wrong		
	Students perceived great risk of harm (physically or in other ways) from trying marijuana once or twice			Students perceived great risk of harm (physically or in other ways) from smoking marijuana regularly			Students thought it was very wrong for someone their age to smoke marijuana		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	16.8%	15.8%	17.9%	57.1%	55.7%	58.5%	44.3%	42.9%	45.7%
Female	16.8%	15.4%	18.2%	62.0%	60.1%	63.8%	46.0%	44.1%	47.9%
Male	16.9%	15.4%	18.5%	51.6%	49.5%	53.6%	42.5%	40.4%	44.6%
Black	18.6%	16.5%	20.7%	54.2%	51.5%	56.9%	46.4%	43.6%	49.2%
White	15.3%	14.0%	16.6%	57.9%	56.1%	59.7%	43.0%	41.2%	44.8%
Low SES	17.2%	15.6%	18.8%	54.9%	52.8%	57.0%	44.9%	42.8%	47.0%
High SES	16.4%	15.0%	17.8%	58.8%	57.0%	60.7%	43.7%	41.8%	45.6%
9th	22.7%	20.4%	24.9%	64.6%	62.1%	67.2%	54.9%	52.3%	57.6%
10th	16.6%	14.7%	18.4%	59.1%	56.6%	61.6%	45.0%	42.5%	47.5%
11th	13.5%	11.6%	15.3%	52.1%	49.4%	54.8%	37.4%	34.8%	40.0%
12th	12.2%	9.8%	14.6%	48.5%	44.9%	52.1%	35.9%	32.4%	39.4%

Table 4. Parents: marijuana use is very wrong; lifetime methamphetamine use; lifetime cocaine use; lifetime ecstasy use; lifetime inhalant use; lifetime illegal steroid use

	Parents: Marijuana Use is Very Wrong			Lifetime Methamphetamine Use			Lifetime Cocaine Use		
	Students believed their parents feel it would be very wrong for them to smoke marijuana			Students had used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life			Students had used any form of cocaine (e.g., powder, crack, or freebase) one or more times during their life		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	81.7%	80.6%	82.8%	3.1%	2.6%	3.6%	4.4%	3.8%	5.0%
Female	84.8%	83.4%	86.2%	2.5%	1.9%	3.1%	3.4%	2.7%	4.1%
Male	78.2%	76.4%	79.9%	3.7%	3.0%	4.5%	5.4%	4.5%	6.3%
Black	81.5%	79.4%	83.7%	0.7%	0.2%	1.1%	1.1%	0.5%	1.6%
White	82.1%	80.7%	83.5%	3.7%	3.0%	4.4%	5.5%	4.6%	6.3%
Low SES	79.0%	77.2%	80.7%	3.9%	3.1%	4.7%	5.6%	4.6%	6.5%
High SES	84.0%	82.6%	85.4%	2.6%	2.0%	3.2%	3.6%	2.9%	4.3%
9th	87.6%	85.8%	89.3%	2.2%	1.4%	3.0%	3.0%	2.1%	3.9%
10th	82.7%	80.7%	84.6%	2.4%	1.7%	3.2%	3.4%	2.5%	4.3%
11th	78.3%	76.0%	80.5%	3.3%	2.4%	4.3%	5.3%	4.0%	6.5%
12th	75.5%	72.4%	78.7%	5.6%	3.9%	7.3%	7.4%	5.5%	9.3%
	Lifetime Ecstasy Use			Lifetime Inhalant Use			Lifetime Illegal Steroid Use		
	Students had used ecstasy (also called MDMA) one or more times during their life			Students had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high in their life			Students had taken steroid pills or shots without a doctor's prescription one or more times during their life		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	5.1%	4.5%	5.7%	9.3%	8.5%	10.1%	2.2%	1.8%	2.6%
Female	4.3%	3.5%	5.0%	9.8%	8.7%	10.9%	1.7%	1.2%	2.1%
Male	6.0%	5.0%	6.9%	8.7%	7.5%	9.8%	2.8%	2.1%	3.5%
Black	2.3%	1.5%	3.1%	6.6%	5.3%	8.0%	1.5%	0.9%	2.2%
White	6.0%	5.1%	6.9%	10.0%	8.9%	11.1%	2.2%	1.7%	2.7%
Low SES	7.0%	5.9%	8.0%	9.8%	8.6%	11.1%	2.5%	1.9%	3.2%
High SES	3.6%	2.9%	4.4%	8.8%	7.7%	9.9%	2.0%	1.5%	2.6%
9th	4.0%	2.9%	5.0%	10.0%	8.4%	11.6%	1.4%	0.8%	2.0%
10th	4.2%	3.2%	5.2%	8.7%	7.3%	10.1%	2.6%	1.8%	3.4%
11th	5.6%	4.3%	6.8%	10.5%	8.8%	12.1%	2.4%	1.5%	3.2%
12th	8.2%	6.2%	10.2%	7.1%	5.3%	9.0%	2.5%	1.3%	3.6%

Table 5. Lifetime heroin use; offered, sold, or given drugs on school property; students: illegal drug use is very wrong; in a physical fight; in a physical fight on school property; carried a weapon

	Lifetime Heroin Use			Offered, Sold, or Given Drugs on School Property			Students: Illegal Drug Use is Very Wrong		
	Students had used heroin (also called smack, junk, or China White) one or more times during their life			Students had been offered, sold or given illegal drugs on school property during the 12 months preceding the survey			Students thought it was very wrong for someone their age to use LSD, cocaine, methamphetamines, or another illegal drug		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	1.4%	1.1%	1.8%	17.2%	16.1%	18.2%	78.5%	77.4%	79.7%
Female	0.8%	0.5%	1.2%	12.6%	11.3%	13.8%	79.5%	78.0%	81.1%
Male	2.1%	1.5%	2.7%	22.4%	20.7%	24.1%	77.4%	75.7%	79.2%
Black	1.1%	0.5%	1.6%	16.1%	14.1%	18.1%	82.3%	80.1%	84.4%
White	1.2%	0.8%	1.6%	16.9%	15.6%	18.3%	77.2%	75.7%	78.7%
Low SES	1.7%	1.2%	2.3%	17.7%	16.1%	19.3%	78.8%	77.0%	80.5%
High SES	1.2%	0.8%	1.6%	16.7%	15.3%	18.1%	78.4%	76.8%	80.0%
9th	1.2%	0.6%	1.8%	15.0%	13.1%	16.9%	81.9%	79.8%	84.0%
10th	1.5%	0.9%	2.1%	17.3%	15.4%	19.2%	79.4%	77.3%	81.5%
11th	1.1%	0.6%	1.7%	19.1%	17.0%	21.2%	76.8%	74.5%	79.1%
12th	2.1%	1.0%	3.1%	17.5%	14.7%	20.2%	73.8%	70.5%	77.0%

	In a Physical Fight			In a Physical Fight on School Property			Carried a Weapon		
	Students had been in a physical fight one or more times during the 12 months preceding the survey			Students had been in a physical fight on school property one or more times during the 12 months preceding the survey			Students had carried a weapon (e.g., a gun, knife or club) on one or more of the 30 days preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	36.8%	35.5%	38.2%	12.7%	11.8%	13.6%	11.1%	10.2%	11.9%
Female	28.7%	27.0%	30.4%	8.3%	7.3%	9.4%	5.5%	4.6%	6.3%
Male	46.2%	44.1%	48.2%	17.8%	16.2%	19.4%	17.5%	15.9%	19.1%
Black	47.2%	44.4%	49.9%	19.7%	17.5%	21.9%	14.0%	12.1%	15.9%
White	31.3%	29.6%	33.0%	9.3%	8.2%	10.4%	8.9%	7.8%	9.9%
Low SES	43.4%	41.3%	45.5%	16.5%	14.9%	18.1%	13.9%	12.4%	15.3%
High SES	31.1%	29.4%	32.9%	9.6%	8.5%	10.7%	8.8%	7.7%	9.8%
9th	41.2%	38.6%	43.9%	16.1%	14.1%	18.1%	11.3%	9.7%	13.0%
10th	37.2%	34.7%	39.6%	13.2%	11.5%	14.9%	11.7%	10.0%	13.3%
11th	35.9%	33.3%	38.5%	10.4%	8.8%	12.1%	9.8%	8.2%	11.4%
12th	28.9%	25.6%	32.2%	8.8%	6.7%	10.9%	10.9%	8.6%	13.1%

Table 6. Carried a weapon on school property; did not go to school because of safety concerns; dating violence; forced to have sexual intercourse; seriously considered attempting suicide; made a suicide plan

	Carried a Weapon on School Property			Did Not Go to School Because of Safety Concerns			Dating Violence		
	Students had carried a weapon (e.g., a gun, knife or club) on school property on one or more of the 30 days preceding the survey			Students did not go to school because they felt they would be unsafe at school or on the way to and from school on ≥ 1 of the past 30 days			Students had been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the 12 months preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	3.1%	2.7%	3.6%	4.0%	3.5%	4.6%	6.8%	6.1%	7.5%
Female	1.9%	1.4%	2.4%	4.3%	3.6%	5.1%	6.0%	5.1%	6.9%
Male	4.6%	3.7%	5.4%	3.4%	2.7%	4.2%	7.5%	6.4%	8.5%
Black	4.3%	3.2%	5.4%	5.7%	4.5%	7.0%	9.1%	7.6%	10.7%
White	2.2%	1.6%	2.7%	2.8%	2.2%	3.3%	5.1%	4.3%	5.9%
Low SES	3.8%	3.0%	4.6%	5.8%	4.8%	6.7%	9.2%	7.9%	10.4%
High SES	2.6%	2.0%	3.2%	2.6%	2.0%	3.2%	4.8%	4.0%	5.7%
9th	2.9%	2.0%	3.8%	4.4%	3.3%	5.5%	5.7%	4.4%	6.9%
10th	2.7%	1.9%	3.5%	3.8%	2.8%	4.7%	5.9%	4.7%	7.1%
11th	3.1%	2.2%	4.1%	3.8%	2.8%	4.9%	7.5%	6.1%	9.0%
12th	4.1%	2.7%	5.6%	3.8%	2.4%	5.2%	8.6%	6.6%	10.6%
	Forced to Have Sexual Intercourse			Seriously Considered Attempting Suicide			Made a Suicide Plan		
	Students have ever been physically forced to have sexual intercourse when they did not want to			Students had seriously considered attempting suicide during the 12 months preceding the survey			Students had made a plan about how they would attempt suicide during the 12 months preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	5.0%	4.4%	5.6%	9.7%	8.9%	10.5%	7.6%	6.8%	8.3%
Female	6.4%	5.5%	7.4%	12.9%	11.7%	14.2%	9.4%	8.3%	10.5%
Male	3.2%	2.4%	3.9%	5.8%	4.9%	6.8%	5.4%	4.5%	6.4%
Black	7.3%	5.8%	8.7%	8.1%	6.6%	9.5%	6.5%	5.2%	7.8%
White	3.2%	2.5%	3.8%	9.6%	8.6%	10.7%	7.0%	6.1%	7.9%
Low SES	7.0%	5.9%	8.1%	10.6%	9.3%	11.9%	8.6%	7.4%	9.7%
High SES	3.3%	2.6%	4.0%	9.1%	8.0%	10.1%	6.8%	5.8%	7.7%
9th	3.7%	2.7%	4.7%	9.4%	7.8%	10.9%	7.5%	6.1%	8.9%
10th	4.7%	3.6%	5.7%	10.9%	9.3%	12.4%	8.1%	6.8%	9.5%
11th	5.0%	3.8%	6.2%	10.0%	8.3%	11.6%	8.2%	6.7%	9.7%
12th	7.8%	5.8%	9.8%	7.7%	5.8%	9.6%	5.4%	3.7%	7.0%

Table 7. Attempted suicide; suicide attempt treated by a doctor or a nurse; bicycle helmet use; seatbelt use; rode with a driver who had been drinking alcohol; drove when drinking alcohol

	Attempted Suicide			Suicide Attempt Treated by a Doctor or a Nurse			Bicycle Helmet Use		
	Students had actually attempted suicide one or more times during the 12 months preceding the survey			Students had made a suicide attempt that resulted in an injury that had to be treated by a doctor during the past 12 months			Students had never or rarely worn a bicycle helmet during the 12 months preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	4.4%	3.8%	4.9%	1.7%	1.3%	2.0%	79.2%	77.8%	80.6%
Female	5.8%	4.9%	6.7%	2.1%	1.5%	2.6%	77.8%	75.8%	79.9%
Male	2.6%	1.9%	3.2%	1.2%	0.7%	1.6%	80.4%	78.5%	82.3%
Black	3.7%	2.7%	4.8%	1.7%	1.0%	2.5%	93.6%	91.7%	95.5%
White	4.2%	3.4%	4.9%	1.5%	1.0%	1.9%	73.6%	71.8%	75.5%
Low SES	5.6%	4.6%	6.6%	1.8%	1.2%	2.3%	92.7%	91.3%	94.0%
High SES	3.4%	2.8%	4.1%	1.6%	1.1%	2.1%	69.0%	66.9%	71.1%
9th	4.9%	3.8%	6.1%	1.3%	0.7%	2.0%	77.5%	74.9%	80.1%
10th	4.9%	3.8%	6.0%	1.8%	1.1%	2.5%	78.7%	76.2%	81.1%
11th	3.7%	2.7%	4.8%	1.5%	0.8%	2.1%	81.2%	78.5%	84.0%
12th	3.2%	1.9%	4.5%	2.2%	1.2%	3.3%	80.4%	76.5%	84.3%

	Seatbelt Use			Rode with Driver Who had Been Drinking Alcohol			Drove When Drinking Alcohol		
	Students had never or rarely worn a seatbelt when riding in a car driven by someone else			Students had ridden one or more times in a car or other vehicle driven by someone who had been drinking alcohol during the past 30 days			Students had driven a car or other vehicle one or more times when they had been drinking alcohol during the past 30 days		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	14.2%	13.2%	15.2%	22.8%	21.6%	23.9%	7.4%	6.6%	8.1%
Female	11.9%	10.7%	13.1%	23.7%	22.1%	25.4%	6.2%	5.3%	7.1%
Male	16.8%	15.3%	18.4%	21.6%	19.9%	23.3%	8.7%	7.5%	9.8%
Black	23.0%	20.7%	25.4%	22.6%	20.3%	24.9%	5.0%	3.8%	6.2%
White	9.8%	8.7%	10.9%	22.7%	21.2%	24.3%	8.6%	7.6%	9.7%
Low SES	21.3%	19.6%	23.1%	26.6%	24.7%	28.4%	7.6%	6.5%	8.8%
High SES	8.2%	7.2%	9.3%	19.6%	18.1%	21.1%	7.2%	6.3%	8.2%
9th	16.9%	14.8%	18.9%	19.4%	17.3%	21.5%	3.5%	2.5%	4.5%
10th	12.3%	10.6%	14.0%	24.0%	21.9%	26.2%	5.5%	4.4%	6.7%
11th	13.4%	11.6%	15.3%	22.6%	20.3%	24.8%	10.1%	8.5%	11.8%
12th	13.9%	11.3%	16.5%	26.3%	23.1%	29.5%	13.1%	10.6%	15.6%

Table 8. Adequate physical activity; no physical activity; sports team participation; excessive television viewing on school days; underweight; normal weight

	Adequate Physical Activity			No Physical Activity			Sports Team Participation		
	Students participated in sufficient physical activity to meet the requirements of physical activity in the past 7 days			Students participated in no vigorous or moderate physical activity in the 7 days preceding the survey			Students played on at least one sports team in the past 12 months		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	76.5%	75.3%	77.7%	8.8%	7.9%	9.7%	62.5%	61.2%	63.9%
Female	71.3%	69.5%	73.0%	10.8%	9.5%	12.2%	58.0%	56.1%	59.9%
Male	82.6%	81.1%	84.2%	6.5%	5.3%	7.6%	67.8%	65.9%	69.8%
Black	70.7%	68.2%	73.3%	14.8%	12.5%	17.1%	56.9%	54.1%	59.6%
White	80.5%	79.0%	81.9%	5.3%	4.4%	6.2%	66.3%	64.6%	68.1%
Low SES	72.1%	70.2%	74.0%	12.8%	11.2%	14.4%	53.5%	51.4%	55.6%
High SES	80.2%	78.7%	81.7%	5.6%	4.6%	6.6%	69.8%	68.1%	71.6%
9th	80.9%	78.8%	83.1%	8.9%	7.2%	10.6%	65.7%	63.2%	68.3%
10th	76.7%	74.6%	78.9%	7.8%	6.3%	9.3%	63.5%	61.0%	65.9%
11th	74.9%	72.6%	77.3%	9.1%	7.4%	10.9%	62.2%	59.6%	64.9%
12th	70.8%	67.4%	74.1%	9.6%	7.2%	12.1%	55.2%	51.5%	58.8%

	Excessive Television Viewing on School Days			Underweight			Normal Weight		
	Students watched three hours or more of television on an average school day			Students were underweight			Students were at a normal weight		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	32.4%	31.1%	33.7%	1.4%	1.1%	1.8%	71.2%	69.9%	72.5%
Female	31.5%	29.8%	33.3%	1.3%	0.9%	1.8%	75.4%	73.7%	77.1%
Male	33.5%	31.6%	35.5%	1.6%	1.0%	2.1%	66.5%	64.5%	68.5%
Black	59.7%	56.9%	62.4%	1.1%	0.5%	1.7%	61.0%	58.2%	63.7%
White	19.9%	18.5%	21.4%	1.7%	1.2%	2.2%	76.8%	75.3%	78.4%
Low SES	40.5%	38.4%	42.6%	1.3%	0.8%	1.8%	64.8%	62.7%	66.9%
High SES	25.6%	24.0%	27.3%	1.5%	1.1%	2.0%	76.3%	74.6%	77.9%
9th	36.1%	33.5%	38.7%	1.1%	0.5%	1.7%	69.6%	67.0%	72.2%
10th	33.3%	30.9%	35.7%	1.1%	0.5%	1.6%	71.6%	69.2%	74.0%
11th	30.2%	27.7%	32.7%	2.0%	1.2%	2.8%	71.8%	69.3%	74.4%
12th	26.9%	23.6%	30.1%	1.7%	0.8%	2.7%	72.1%	68.8%	75.4%

Table 9. At risk for becoming overweight; overweight; described themselves as overweight; were trying to lose weight; described health as excellent, very good, or good; self-reported physical health

	At Risk of Becoming Overweight			Overweight			Described Themselves as Overweight		
	Students were at risk of becoming overweight			Students were overweight			Students described themselves as slightly or very overweight		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	16.0%	14.9%	17.0%	11.4%	10.5%	12.3%	24.9%	23.7%	26.1%
Female	14.5%	13.1%	15.9%	8.8%	7.6%	9.9%	29.1%	27.4%	30.9%
Male	17.6%	16.0%	19.2%	14.4%	12.9%	15.8%	20.1%	18.4%	21.7%
Black	19.8%	17.6%	22.1%	18.1%	15.9%	20.3%	23.9%	21.5%	26.2%
White	13.3%	12.1%	14.6%	8.1%	7.1%	9.1%	24.7%	23.1%	26.2%
Low SES	19.2%	17.5%	20.9%	14.7%	13.1%	16.3%	27.8%	25.9%	29.7%
High SES	13.4%	12.1%	14.7%	8.8%	7.7%	9.9%	22.6%	21.0%	24.1%
9th	17.8%	15.6%	19.9%	11.5%	9.7%	13.3%	24.3%	22.1%	26.6%
10th	16.8%	14.8%	18.7%	10.6%	8.9%	12.2%	24.7%	22.5%	26.9%
11th	14.2%	12.3%	16.2%	11.9%	10.1%	13.7%	25.4%	23.0%	27.7%
12th	14.4%	11.8%	17.0%	11.8%	9.4%	14.2%	26.0%	22.8%	29.1%

	Were Trying to Lose Weight			Described Health as Excellent, Very Good, or Good			Self-Reported Physical Health		
	Students were trying to lose weight			Students described their health, in general, as excellent, very good, or good			Students reported their physical health was “not good” on at least one of the past 30 days		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	39.3%	38.0%	40.7%	89.2%	88.4%	90.1%	52.0%	50.6%	53.4%
Female	53.0%	51.1%	54.9%	86.3%	85.0%	87.6%	57.9%	56.0%	59.8%
Male	23.3%	21.6%	25.1%	92.6%	91.6%	93.7%	45.3%	43.2%	47.3%
Black	35.4%	32.8%	38.1%	87.4%	85.6%	89.2%	39.2%	36.6%	41.9%
White	40.1%	38.3%	41.9%	91.1%	90.0%	92.1%	58.8%	57.0%	60.6%
Low SES	41.4%	39.3%	43.5%	86.9%	85.5%	88.4%	46.2%	44.1%	48.3%
High SES	37.7%	35.8%	39.5%	91.1%	90.0%	92.2%	56.8%	54.9%	58.6%
9th	37.5%	34.9%	40.1%	90.3%	88.7%	91.9%	50.3%	47.6%	53.0%
10th	41.2%	38.7%	43.7%	89.0%	87.4%	90.6%	52.2%	49.7%	54.7%
11th	38.9%	36.2%	41.5%	89.3%	87.6%	90.9%	53.2%	50.5%	55.9%
12th	40.0%	36.4%	43.6%	87.6%	85.2%	90.0%	52.8%	49.2%	56.5%

Table 10. Self-reported mental health; doctor check-up in past year; number of trusted adults; organized activities outside of school; service and volunteerism; ever had sexual intercourse

	Self-Reported Mental Health			Doctor Check-up in Past Year			Number of Trusted Adults		
	Students reported their mental health was “not good” on at least one of the past 30 days			Students saw a doctor or nurse in the past 12 months for a check-up or physical exam when they were not sick or injured			Students had one or more trusted adults they would feel comfortable seeking help from if they had an important issue affecting their life		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	58.2%	56.8%	59.6%	73.2%	71.9%	74.4%	81.9%	80.9%	83.0%
Female	70.9%	69.2%	72.6%	73.3%	71.6%	75.0%	83.7%	82.3%	85.1%
Male	43.2%	41.1%	45.2%	73.1%	71.2%	74.9%	80.0%	78.3%	81.6%
Black	47.6%	44.9%	50.3%	71.3%	68.8%	73.9%	79.9%	77.7%	82.1%
White	63.6%	61.9%	65.4%	76.0%	74.5%	77.6%	84.1%	82.7%	85.4%
Low SES	53.8%	51.7%	55.9%	66.8%	64.8%	68.8%	78.8%	77.1%	80.5%
High SES	62.0%	60.1%	63.8%	78.5%	76.9%	80.0%	84.4%	83.1%	85.8%
9th	54.0%	51.3%	56.6%	72.2%	69.8%	74.6%	80.3%	78.2%	82.4%
10th	59.5%	57.1%	62.0%	73.5%	71.2%	75.7%	81.7%	79.8%	83.7%
11th	61.3%	58.7%	64.0%	74.5%	72.1%	76.9%	82.9%	80.8%	84.9%
12th	58.8%	55.2%	62.3%	72.2%	68.9%	75.5%	83.9%	81.2%	86.6%
	Organized Activities Outside of School			Service and Volunteerism			Ever Had Sexual Intercourse		
	Students participated in organized after school in the 7 days preceding the survey			Students spent at least one hour on volunteer work or community service without getting paid in an average month			Students had had sexual intercourse during their life		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	57.3%	55.9%	58.7%	54.8%	53.4%	56.2%	39.8%	38.4%	41.2%
Female	59.8%	58.0%	61.7%	59.0%	57.2%	60.9%	38.8%	36.9%	40.7%
Male	54.1%	52.0%	56.2%	49.7%	47.6%	51.8%	40.8%	38.7%	42.9%
Black	50.7%	47.9%	53.5%	44.6%	41.8%	47.4%	59.0%	56.2%	61.9%
White	60.3%	58.5%	62.1%	60.0%	58.2%	61.8%	30.9%	29.1%	32.6%
Low SES	47.4%	45.3%	49.5%	47.6%	45.5%	49.7%	51.7%	49.5%	53.9%
High SES	65.1%	63.3%	67.0%	60.6%	58.7%	62.4%	30.4%	28.6%	32.1%
9th	55.1%	52.4%	57.7%	53.0%	50.3%	55.7%	26.2%	23.8%	28.6%
10th	58.0%	55.5%	60.5%	55.8%	53.3%	58.4%	35.8%	33.3%	38.3%
11th	60.8%	58.1%	63.4%	55.8%	53.1%	58.5%	47.3%	44.6%	50.1%
12th	53.8%	50.1%	57.5%	54.3%	50.6%	58.0%	58.7%	55.0%	62.4%

Table 11. Currently sexually active; had sexual intercourse before age 13 years; sexual intercourse with 4+ people in lifetime; consistent birth control use; condom use; oral contraceptive use at last intercourse

	Currently Sexually Active			Had Sexual Intercourse Before Age 13 Years			Sexual Intercourse with 4+ People in Lifetime		
	Students had had sexual intercourse with one or more persons during the 3 months preceding the survey			Students had sexual intercourse for the first time before the age of 13			Students had had sexual intercourse with four or more persons during their life		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	29.8%	28.5%	31.2%	4.3%	3.7%	4.9%	12.7%	11.8%	13.7%
Female	30.8%	29.0%	32.6%	1.9%	1.3%	2.4%	10.5%	9.3%	11.7%
Male	28.6%	26.6%	30.6%	7.2%	6.1%	8.4%	15.5%	14.0%	17.1%
Black	43.6%	40.7%	46.4%	9.0%	7.4%	10.6%	25.7%	23.2%	28.3%
White	24.0%	22.4%	25.6%	2.0%	1.5%	2.5%	7.0%	6.1%	8.0%
Low SES	38.7%	36.5%	40.8%	6.6%	5.5%	7.7%	18.6%	16.8%	20.3%
High SES	22.8%	21.2%	24.4%	2.6%	1.9%	3.2%	8.2%	7.2%	9.3%
9th	16.8%	14.7%	18.8%	5.2%	4.0%	6.4%	7.0%	5.6%	8.4%
10th	27.5%	25.2%	29.8%	4.6%	3.5%	5.7%	11.6%	10.0%	13.3%
11th	36.0%	33.3%	38.6%	3.4%	2.4%	4.4%	14.9%	12.9%	16.8%
12th	46.8%	43.0%	50.6%	3.1%	1.8%	4.4%	20.8%	17.8%	23.9%

	Consistent Birth Control Use			Condom Use			Oral Contraceptive Use at Last Intercourse		
	Among currently sexually active, students used birth control every time they had sexual intercourse			Among currently sexually active, students used a condom during their most recent sexual intercourse			Among currently sexually active, students used oral contraceptive pills to prevent pregnancy the last time they had sexual intercourse		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	11.5%	10.6%	12.4%	66.6%	64.1%	69.1%	14.1%	12.2%	16.0%
Female	12.5%	11.2%	13.8%	61.7%	58.3%	65.2%	15.5%	12.9%	18.2%
Male	10.3%	8.9%	11.6%	72.8%	69.2%	76.4%	12.1%	9.4%	14.9%
Black	12.6%	10.7%	14.6%	65.2%	60.9%	69.4%	6.7%	4.4%	9.0%
White	11.3%	10.1%	12.4%	69.1%	65.6%	72.6%	20.0%	16.8%	23.2%
Low SES	12.9%	11.4%	14.4%	63.0%	59.5%	66.4%	13.3%	10.8%	15.8%
High SES	10.5%	9.3%	11.7%	71.3%	67.6%	75.0%	15.4%	12.3%	18.5%
9th	5.9%	4.6%	7.2%	70.7%	64.5%	76.9%	7.8%	4.0%	11.6%
10th	8.1%	6.7%	9.5%	69.7%	65.0%	74.3%	9.1%	6.1%	12.1%
11th	15.9%	13.8%	17.9%	64.3%	59.8%	68.8%	15.4%	11.9%	18.9%
12th	21.0%	17.9%	24.1%	63.3%	57.9%	68.6%	23.2%	18.3%	28.1%

Table 12. Hormonal contraceptive at last intercourse; have been pregnant or gotten someone pregnant; alcohol or drug use before last intercourse; students: sexual intercourse is very wrong; parents: sexual intercourse is very wrong; ever had oral sex

	Hormonal Contraceptive at Last Intercourse			Have Been Pregnant or Gotten Someone Pregnant			Alcohol or Drug Use Before Last Intercourse		
	Among currently sexually active, students used oral contraceptive pills or Depo-Provera to prevent pregnancy the last time they had sex			Students had been pregnant or gotten someone pregnant			Among currently sexually active, students drank or used drugs before they engaged in sexual intercourse the last time		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	18.0%	15.9%	20.1%	4.8%	4.2%	5.4%	24.8%	22.5%	27.1%
Female	20.8%	17.8%	23.8%	5.5%	4.6%	6.4%	21.3%	18.4%	24.2%
Male	14.4%	11.4%	17.4%	3.7%	2.9%	4.6%	29.4%	25.6%	33.1%
Black	14.0%	10.8%	17.2%	10.0%	8.3%	11.8%	20.2%	16.7%	23.8%
White	21.5%	18.2%	24.7%	2.1%	1.6%	2.6%	28.4%	24.9%	31.8%
Low SES	18.3%	15.4%	21.2%	7.5%	6.3%	8.6%	24.6%	21.5%	27.7%
High SES	17.9%	14.6%	21.1%	2.7%	2.0%	3.3%	25.1%	21.6%	28.7%
9th	9.8%	5.6%	14.1%	3.4%	2.4%	4.4%	25.2%	19.3%	31.2%
10th	13.6%	10.0%	17.2%	3.9%	2.9%	4.9%	25.5%	21.1%	29.8%
11th	18.9%	15.0%	22.7%	5.9%	4.6%	7.2%	21.5%	17.7%	25.4%
12th	28.0%	22.8%	33.2%	6.8%	4.9%	8.7%	27.5%	22.5%	32.4%

	Students: Sexual Intercourse is Very Wrong			Parents: Sexual Intercourse is Very Wrong			Ever Had Oral Sex		
	Students thought it was very wrong for someone their age to have sexual intercourse			Students believed their parents feel it would be very wrong for them to have sexual intercourse			Students had had oral sex during their life		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	17.7%	16.6%	18.8%	62.0%	60.6%	63.3%	42.0%	40.6%	43.4%
Female	19.9%	18.3%	21.4%	70.7%	69.0%	72.5%	38.5%	36.6%	40.4%
Male	15.2%	13.7%	16.8%	51.7%	49.6%	53.8%	46.2%	44.1%	48.3%
Black	15.4%	13.3%	17.4%	55.4%	52.7%	58.2%	43.5%	40.7%	46.3%
White	18.6%	17.2%	20.0%	65.3%	63.5%	67.0%	41.1%	39.2%	42.9%
Low SES	17.0%	15.4%	18.6%	57.6%	55.5%	59.7%	46.5%	44.4%	48.7%
High SES	18.2%	16.8%	19.7%	65.7%	63.9%	67.5%	38.7%	36.8%	40.5%
9th	27.5%	25.1%	29.9%	70.9%	68.5%	73.3%	26.0%	23.6%	28.4%
10th	16.6%	14.7%	18.5%	64.4%	62.0%	66.9%	38.7%	36.2%	41.2%
11th	13.0%	11.1%	14.8%	57.3%	54.6%	60.0%	52.4%	49.6%	55.2%
12th	10.7%	8.4%	13.0%	49.6%	46.0%	53.3%	60.1%	56.4%	63.7%

Table 13. Current oral sex activity; oral sex with 4+ people in lifetime; had oral sex before age 13 years; importance of oral sex; oral sex activity to avoid sexual intercourse; students: oral sex is very wrong

	Current Oral Sex Activity			Oral Sex with 4+ People in Lifetime			Had Oral Sex Before Age 13 Years		
	Students had had oral sex with one or more persons during the 3 months preceding the survey			Students engaged in oral sex activity with four or more people in their lifetime			Students had oral sex for the first time before the age of 13		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	30.4%	29.1%	31.8%	11.2%	10.3%	12.1%	4.5%	3.9%	5.1%
Female	28.7%	27.0%	30.5%	8.4%	7.3%	9.4%	1.7%	1.2%	2.2%
Male	32.5%	30.5%	34.5%	14.5%	13.0%	16.0%	7.7%	6.6%	8.8%
Black	28.9%	26.3%	31.6%	11.8%	9.9%	13.6%	7.3%	5.8%	8.8%
White	31.3%	29.6%	33.0%	10.8%	9.7%	12.0%	2.6%	2.0%	3.2%
Low SES	33.5%	31.4%	35.6%	12.2%	10.8%	13.7%	6.0%	4.9%	7.0%
High SES	28.1%	26.4%	29.8%	10.4%	9.3%	11.6%	3.2%	2.5%	3.9%
9th	16.3%	14.3%	18.3%	5.6%	4.4%	6.9%	5.6%	4.3%	6.8%
10th	28.0%	25.6%	30.3%	10.4%	8.8%	12.0%	4.6%	3.6%	5.7%
11th	38.7%	36.0%	41.4%	13.5%	11.6%	15.4%	3.3%	2.3%	4.3%
12th	46.8%	43.1%	50.5%	18.6%	15.7%	21.5%	3.4%	2.0%	4.7%

	Importance of Oral Sex			Oral Sex Activity to Avoid Sexual Intercourse			Students: Oral Sex is Very Wrong		
	Students believe oral sex is “not as big of a deal as sexual intercourse”			Students ever had oral sex to avoid having sexual intercourse			Students thought it was very wrong for someone their age to have oral sex		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	49.3%	47.9%	50.7%	11.3%	10.4%	12.2%	17.9%	16.8%	19.0%
Female	44.9%	43.0%	46.9%	10.9%	9.7%	12.1%	21.9%	20.3%	23.4%
Male	54.4%	52.4%	56.5%	11.8%	10.4%	13.1%	13.4%	12.0%	14.9%
Black	40.2%	37.5%	42.9%	12.6%	10.8%	14.5%	25.6%	23.2%	28.1%
White	54.5%	52.7%	56.3%	10.6%	9.4%	11.7%	14.1%	12.9%	15.4%
Low SES	44.5%	42.3%	46.6%	13.6%	12.1%	15.0%	19.7%	18.0%	21.4%
High SES	53.4%	51.5%	55.3%	9.4%	8.3%	10.5%	16.4%	15.0%	17.8%
9th	44.1%	41.4%	46.8%	5.9%	4.6%	7.2%	26.6%	24.2%	28.9%
10th	49.4%	46.8%	51.9%	9.6%	8.1%	11.2%	17.0%	15.1%	18.9%
11th	53.3%	50.6%	56.1%	15.1%	13.1%	17.0%	13.8%	11.9%	15.7%
12th	51.7%	48.0%	55.3%	18.1%	15.3%	21.0%	11.7%	9.4%	14.1%

Table 14. Parents: oral sex is very wrong; taught in school about AIDS or HIV infection; current tobacco use; current tobacco use among best friends; perceived ease of access to tobacco products; lifetime cigarette use

	Parents: Oral Sex is Very Wrong			Taught in School about AIDS or HIV Infection			Current Tobacco Use		
	Students believed their parents feel it would be very wrong for them to engage in oral sex			Students had ever been taught in school about acquired immunodeficiency syndrome (AIDS) or HIV infection			Students had used tobacco (cigarettes, cigars, or smokeless tobacco) in the 30 days preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	62.5%	61.1%	63.9%	94.6%	94.0%	95.2%	23.7%	22.5%	24.9%
Female	73.3%	71.6%	75.0%	94.4%	93.5%	95.3%	21.7%	20.1%	23.2%
Male	49.8%	47.7%	51.9%	94.9%	93.9%	95.8%	25.9%	24.1%	27.8%
Black	67.5%	64.9%	70.2%	93.8%	92.5%	95.1%	21.4%	19.1%	23.6%
White	60.1%	58.3%	61.9%	95.8%	95.1%	96.5%	24.8%	23.2%	26.4%
Low SES	62.0%	60.0%	64.1%	93.3%	92.2%	94.4%	28.9%	27.0%	30.9%
High SES	62.9%	61.0%	64.7%	95.6%	94.8%	96.4%	19.4%	17.9%	20.9%
9th	71.2%	68.8%	73.7%	93.4%	92.0%	94.7%	18.7%	16.6%	20.8%
10th	62.7%	60.3%	65.2%	95.5%	94.4%	96.5%	22.4%	20.3%	24.5%
11th	60.0%	57.4%	62.7%	95.1%	93.9%	96.3%	25.9%	23.5%	28.3%
12th	51.2%	47.5%	54.9%	94.4%	92.7%	96.1%	31.0%	27.6%	34.4%

	Current Tobacco Use Among Best Friends			Ease of Access to Tobacco Products			Lifetime Cigarette Use		
	Students had one or more best friends who smoked cigarettes, cigars, cigarillos, or little cigars in the past 30 days			Students believed it would be either sort of easy or very easy to get cigarettes, cigars, cigarillos, or little cigars			Students had ever tried cigarette smoking (even one or two puffs)		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	51.4%	50.0%	52.8%	66.6%	65.3%	68.0%	40.2%	38.8%	41.6%
Female	49.5%	47.6%	51.4%	65.4%	63.6%	67.3%	40.6%	38.7%	42.5%
Male	53.5%	51.4%	55.6%	67.9%	65.9%	69.9%	39.6%	37.5%	41.6%
Black	47.0%	44.2%	49.8%	67.5%	64.8%	70.1%	39.6%	36.9%	42.3%
White	52.6%	50.8%	54.5%	66.2%	64.4%	67.9%	39.2%	37.4%	41.0%
Low SES	55.0%	52.9%	57.2%	69.9%	67.9%	71.9%	48.7%	46.5%	50.8%
High SES	48.5%	46.6%	50.4%	64.1%	62.2%	65.9%	33.4%	31.6%	35.2%
9th	40.1%	37.5%	42.8%	52.7%	50.0%	55.4%	29.6%	27.2%	32.1%
10th	49.6%	47.0%	52.1%	64.2%	61.7%	66.6%	38.2%	35.7%	40.7%
11th	57.1%	54.4%	59.8%	72.3%	69.8%	74.7%	46.0%	43.2%	48.7%
12th	65.6%	62.1%	69.1%	86.8%	84.3%	89.3%	52.5%	48.9%	56.2%

Table 15. Current cigarette use; smoked cigarettes on school property; smoked a whole cigarette before age 13 years; tried to quit smoking cigarettes; perceived harm: great risk of cigarette exposure; students: cigarette smoking is very wrong

	Current Cigarette Use			Smoked Cigarettes on School Property			Smoked a Whole Cigarette Before Age 13 Years		
	Students had smoked cigarettes on one or more of the 30 days preceding the survey			Students had smoked cigarettes on school property on one or more of the 30 days preceding the survey			Students smoked a whole cigarette for the first time before the age of 13		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	15.6%	14.6%	16.6%	5.9%	5.2%	6.5%	7.9%	7.1%	8.7%
Female	16.1%	14.6%	17.5%	5.6%	4.7%	6.5%	7.1%	6.1%	8.0%
Male	15.1%	13.6%	16.6%	6.1%	5.1%	7.1%	8.9%	7.7%	10.1%
Black	7.1%	5.7%	8.5%	3.1%	2.1%	4.0%	7.6%	6.1%	9.1%
White	19.1%	17.7%	20.5%	6.7%	5.8%	7.6%	7.4%	6.4%	8.4%
Low SES	18.8%	17.1%	20.4%	8.3%	7.1%	9.4%	11.7%	10.3%	13.1%
High SES	13.1%	11.8%	14.4%	4.0%	3.2%	4.7%	4.9%	4.1%	5.8%
9th	11.6%	9.9%	13.3%	4.6%	3.5%	5.7%	8.2%	6.7%	9.6%
10th	13.5%	11.8%	15.3%	4.7%	3.6%	5.8%	7.8%	6.4%	9.2%
11th	18.2%	16.1%	20.3%	7.2%	5.7%	8.6%	6.8%	5.4%	8.2%
12th	22.8%	19.7%	25.9%	8.2%	6.2%	10.3%	9.2%	7.1%	11.4%
	Tried to Quit Smoking Cigarettes			Perceived Harm: Great Risk of Cigarette Exposure			Students: Cigarette Smoking is Very Wrong		
	Among current smokers, students indicated they had attempted to quit smoking at least once in the 12 months preceding the survey			Students perceived great risk of harm (physically or in other ways) from smoking one or more packs of cigarettes per day			Students thought it was very wrong for someone their age to smoke cigarettes		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	52.9%	49.4%	56.4%	64.4%	63.0%	65.7%	38.4%	37.0%	39.8%
Female	55.0%	50.2%	59.8%	67.7%	65.9%	69.5%	37.9%	36.0%	39.7%
Male	50.7%	45.5%	55.9%	60.6%	58.5%	62.6%	39.1%	37.0%	41.1%
Black	48.8%	39.8%	57.7%	59.5%	56.8%	62.2%	48.1%	45.4%	50.9%
White	51.7%	47.5%	55.9%	67.4%	65.6%	69.1%	33.3%	31.6%	35.0%
Low SES	57.0%	52.3%	61.7%	58.8%	56.8%	60.9%	38.3%	36.2%	40.3%
High SES	47.3%	42.1%	52.5%	69.0%	67.2%	70.7%	38.4%	36.6%	40.3%
9th	59.8%	52.2%	67.3%	61.4%	58.8%	64.0%	44.2%	41.5%	46.8%
10th	51.9%	45.2%	58.5%	65.0%	62.6%	67.4%	39.3%	36.8%	41.7%
11th	51.3%	44.9%	57.6%	67.0%	64.5%	69.6%	36.4%	33.8%	39.0%
12th	49.7%	41.9%	57.4%	64.3%	60.9%	67.8%	29.7%	26.3%	33.0%

Table 16. Parents: cigarette smoking is very wrong; lifetime cigar use; current cigar use; current smokeless tobacco use

	Parents: Cigarette Smoking is Very Wrong			Lifetime Cigar Use			Current Cigar Use		
	Students believed their parents feel it would be very wrong for them to smoke cigarettes			Students had ever tried smoking a cigar, cigarillo, or little cigar (even one or two puffs)			Students had smoked cigars, cigarillos, or little cigars on one or more of the 30 days preceding the survey		
	Mean	Low	High	Mean	Low	High	Mean	Low	High
06-07 Sample	75.6%	74.4%	76.8%	39.7%	38.4%	41.1%	15.9%	14.9%	16.9%
Female	77.2%	75.6%	78.9%	36.4%	34.6%	38.2%	12.4%	11.2%	13.7%
Male	73.7%	71.9%	75.5%	43.5%	41.5%	45.6%	19.9%	18.2%	21.5%
Black	79.5%	77.3%	81.8%	50.5%	47.8%	53.2%	19.3%	17.1%	21.4%
White	74.1%	72.5%	75.7%	34.3%	32.6%	36.0%	14.2%	13.0%	15.5%
Low SES	71.9%	69.9%	73.8%	47.6%	45.5%	49.7%	21.2%	19.5%	22.9%
High SES	78.5%	77.0%	80.1%	33.3%	31.6%	35.1%	11.7%	10.5%	12.9%
9th	80.9%	78.8%	83.0%	30.5%	28.0%	32.9%	13.9%	12.0%	15.7%
10th	78.2%	76.1%	80.2%	38.2%	35.7%	40.6%	16.0%	14.1%	17.8%
11th	73.7%	71.3%	76.0%	45.0%	42.3%	47.6%	15.9%	13.9%	17.9%
12th	64.7%	61.2%	68.3%	50.1%	46.4%	53.7%	18.8%	16.0%	21.7%

	Current Smokeless Tobacco Use		
	Students had used chewing tobacco, snuff, or dip on one or more of the 30 days preceding the survey		
	Mean	Low	High
06-07 Sample	3.4%	2.9%	3.9%
Female	0.6%	0.3%	0.9%
Male	6.7%	5.7%	7.7%
Black	1.2%	0.6%	1.7%
White	4.6%	3.8%	5.3%
Low SES	3.6%	2.8%	4.4%
High SES	3.4%	2.7%	4.0%
9th	2.4%	1.5%	3.2%
10th	3.7%	2.7%	4.6%
11th	3.4%	2.4%	4.4%
12th	4.8%	3.2%	6.3%



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2007

Cuyahoga County Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing this survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing the survey. The information will not be used to find out your name. No names will ever be reported. Make sure to read every question. Fill in the circles completely. When you are finished, place your completed survey in the envelope provided.

Thank you very much for your help!





Draft

H1

S1

C1

F1

I1

2007 Cuyahoga County Youth Risk Behavior Survey

Directions:

Please fill in the bubble that corresponds to your answer. If you make a mistake, cross out the wrong answer, and fill in the right answer.

Shade Circles Like This--> ●

Not Like This--> ~~○~~ ✓

1. What is your ZIP code?

Directions: Write the last 3 numbers of your zip code in the blank boxes.

2. How old are you?

- 12 years or younger 16 years old
- 13 years old 17 years old
- 14 years old 18 years or older
- 15 years old

3. In what grade are you?

- 9th grade 12th grade
- 10th grade Ungraded or other grade
- 11th grade

4. What is your sex?

- Female Male

5. What is your race?

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

7. What was the highest level of schooling 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

8. What was the highest level of schooling 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

9. What is your father's employment status?

- Works full time Works part-time Not working

10. What is your mother's employment status?

- Works full time Works part-time Not working

11. Which of the following people live in the same house as you? **(Select one or more responses.)**

- Mother Aunt(s)/uncle(s)
- Father Brother(s)/sister(s)
- Stepmother My children
- Stepfather Non-relative
- Grandparent(s) Other



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12. How tall are you without your shoes on?
Directions: Write your height in the blank boxes.

FT IN

Example: FT IN

13. How much do you weigh without your shoes on?
Directions: Write your weight in the blank boxes.

Pounds

Example: Pounds

14. How do **you** describe your weight? Very Underweight Slightly Underweight About the Right Weight Slightly Overweight Very Overweight

15. 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

16. How would you describe your health in general? Excellent Very Good Good Fair Poor

17. Have you ever been taught about AIDS or HIV infection in school? Yes No Not sure

18. Have you ever tried cigarette smoking, even one or two puffs? Yes No

19. Have you ever tried cigar, cigarillo, or little cigar smoking (such as Black & Milds, Phillies, or Swisher Sweets), even one or two puffs? Yes No

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

21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? Yes No

22. Have you ever had oral sex? Yes No

23. Do you feel oral sex is **not** as big of a deal as sexual intercourse? Yes No

24. Have you ever had oral sex to avoid having sexual intercourse? Yes No

25. Have you ever had sexual intercourse? Yes No

26. Have you ever been physically forced to have sexual intercourse when you did not want to? Yes No



		8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
27. How old were you when you smoked a whole cigarette for the first time?	<input type="radio"/> I have never smoked a whole cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How old were you when you had your first drink of alcohol other than a few sips? Drinking alcohol does not include drinking a few sips of wine for religious purposes.	<input type="radio"/> I have never had a drink of alcohol other than a few sips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How old were you when you tried marijuana for the first time? Marijuana is also called grass or pot.	<input type="radio"/> I have never tried marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. How old were you when you had oral sex for the first time?	<input type="radio"/> I have never had oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. How old were you when you had sexual intercourse for the first time?	<input type="radio"/> I have never had sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
32. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the past 30 days, on how many days did you carry 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"/>
34. 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 and from school?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
35. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol ?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. During the past 30 days, how many times did you 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"/>





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	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
37. During the past 30 days, on how many days did you smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. During the past 30 days, on how many days did you smoke cigarettes on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars (such as Black & Milds, Phillies, or Swisher Sweets)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.							
41. During the past 30 days, on how many days did you have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. During the past 30 days, on how many days did you have at least one drink of alcohol on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. During the past 30 days, on how many days was your physical health not good? (Physical health includes physical illness and injury.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. During the past 30 days, on how many days was your mental health not good? (Mental health includes stress, depression, and problems with emotions.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. How much do you think young people risk harming themselves (physically or in other ways), if they....		No risk	Slight risk	Moderate risk	Great risk		
A. ...smoke one or more packs of cigarettes per day?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
B. ...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"/>		
C. ...try marijuana once or twice?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
D. ...smoke marijuana regularly?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		



Draft

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
47. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. During your life, how many times have you used ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. During your life, how many times have you used steroid pills or shots without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. During your life, how many times have you used heroin (also called smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. During the past month....	Never	Rarely	Sometimes	Often	Always	
A. ...have you found yourself feeling down and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
B. ...has it been difficult for you to feel happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C. ...have you felt irritable, angry, or easily annoyed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D. ...have you felt unusually tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E. ...have you felt stuck in the mud, like it was difficult to get up and get going?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F. ...have you found it harder to think or concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G. ...have you found yourself feeling guilty or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
H. ...has your appetite been much more or less than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I. ...have you felt hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J. ...have you been preoccupied with thoughts of death or suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
K. ...have you slept much more or much less than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



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

- Yes No

55. During the past 12 months did you make a plan about how you would attempt suicide?

- Yes No

56. During the past 12 months, how many times did you actually attempt suicide?

- 0 times 4 or 5 times
 1 time 6 or more times
 2 or 3 times

57. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse?

- I did not attempt suicide** during the past 12 months
 Yes
 No

58. How many adults would you feel comfortable seeking help from if you had an important issue or question affecting your life?

- None 3 adults
 1 adult 4 adults
 2 adults 5 or more adults

59. During the past 12 months, how many times were you in a physical fight?

- 0 times 6 or 7 times
 1 time 8 or 9 times
 2 or 3 times 10 or 11 times
 4 or 5 times 12 or more times

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

- 0 times 6 or 7 times
 1 time 8 or 9 times
 2 or 3 times 10 or 11 times
 4 or 5 times 12 or more times

61. During the past 12 months, did you ever try to quit smoking cigarettes?

- I did not smoke during the past 12 months
 Yes
 No

62. During your life, on how many days have you had at least one drink of alcohol? (**Drinking alcohol does not include drinking a few sips of wine for religious purposes.**)

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

63. During your life, how many times have you used marijuana? (**Marijuana is also called grass or pot.**)

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

64. During the past 30 days, how many times did you use marijuana? (**Marijuana is also called grass or pot.**)

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

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

- I have never had sexual intercourse
 Yes
 No

66. With whom have you talked about sex and sexual relationships? (**Select one or more responses.**)

- Parents
 Friends
 Coach
 Teachers or school nurse
 Religious person such as a minister, priest, or rabbi
 Brother, sister, or cousin
 No one



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- 67.** During your life, with how many people have you had oral sex?
- I have never had oral sex
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
- 68.** During the past 3 months, with how many people have you had oral sex?
- I have never had oral sex
 - I have had oral sex, but not during the past 3 months
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
- 69.** 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
- 70.** During the past 3 months, with how many people have you had 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

- 71.** The first time you had sexual intercourse, how old was your partner?
- 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
 - 18 years old or older
- 72.** Since you began having sexual intercourse, how often have you used birth control?
- I have never had sexual intercourse
 - Most of the time
 - Never
 - Almost every time
 - Hardly ever
 - Every time
 - Only sometimes
- 73.** The last time you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No
- 74.** 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
- 75.** How many times in your life have you been pregnant or gotten someone pregnant?
- 0 times
 - 1 time
 - 2 or more times
 - Not sure
- 76.** Which of the following best describes you?
- Heterosexual (straight)
 - Gay or Lesbian
 - Bisexual
 - Not sure



	Definitely Yes	Probably Yes	Probably No	Definitely No
77. I believe people my age should wait until they are older before they have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. I believe it is okay for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. It is important to me that I get married before having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. My friends believe people my age should wait until they are older before they have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. My friends believe it is okay for people to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. It is important to my friends that they get married before having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. My parents believe I should wait until I am older before I have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. My parents believe it is okay for me to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. It is important to my parents that I get married before having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. How wrong do you think it is for someone your age...	Very Wrong	Wrong	A Little Wrong	Not Wrong
A. ...to 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"/>
B. ...to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. ...to smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. ...to use LSD, cocaine, methamphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. ...to have oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. ...to have sexual intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. How wrong do your parents feel it would be for you...	Very Wrong	Wrong	A Little Wrong	Not Wrong
A. ...to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ...to 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"/>
C. ...to smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. ... to have oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. ...to have sexual intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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88. 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
89. On how many of the past 7 days did you 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 4 days
 - 1 day 5 days
 - 2 days 6 days
 - 3 days 7 days
90. 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 and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- 0 days 4 days
 - 1 day 5 days
 - 2 days 6 days
 - 3 days 7 days
91. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- 0 teams
 - 1 team
 - 2 teams
 - 3 or more teams
92. On how many of the past 7 days did you take part in organized after school, evening or weekend activities, other than sports teams, such as school clubs, community center groups, music/art/dance lessons, drama, church, or other supervised activity?
- 0 days 4 days
 - 1 day 5 days
 - 2 days 6 days
 - 3 days 7 days
93. In an average month, how many hours do you spend on volunteer work, community service, or helping people outside of your home without getting paid?
- 0 hours 9 to 12 hours
 - 1 to 4 hours 13 to 20 hours
 - 5 to 8 hours 21 hours or more
94. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle in 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
95. How often do you wear a seat belt when **riding in** a car driven by someone else?
- Never Most of the time
 - Rarely Always
 - Sometimes
96. When was the last time you saw a doctor or nurse 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



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97. <i>There is a problem at my school with...</i>	No Problem	Small Problem	Problem	Big Problem
A. ...some students using offensive language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ...the way students dress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. ...some students being loud and disruptive in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. ...some students showing a lack of respect for teachers and administrators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. ...some students disrespecting other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. ...some students threatening, bullying, or intimidating other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. ...some teachers and administrators showing a lack of respect for students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. ...too many students who really don't want to be here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. ...students being late for class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. ...students cutting class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. ...rules being unfair at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. ...rules being unfairly enforced at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. ...some students fighting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Think of your four best friends (the friends you feel closest to)...</i>	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
98. In the past 30 days how many of your best friends have smoked cigarettes, cigars, cigarillos, or little cigars (such as Black & Milds, Phillies, or Swisher Sweets)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. In the past 30 days how many of your best friends have had a drink of alcohol, other than a few sips? (Drinking alcohol does not include drinking a few sips of wine for religious purposes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. In the past 30 days how many of your best friends have smoked marijuana? (Marijuana is also called grass or pot.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Hard	Sort of Hard	Sort of Easy	Very Easy
101. If you wanted to get some beer, wine, or hard liquor (for example vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. If you wanted to get some cigarettes, cigars, cigarillos, or little cigars (such as Black & Milds, Phillies, or Swisher Sweets) how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>