

2003 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 the 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 this 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 ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: ① ② ● ④
- To change your answer, erase completely.

1. How old are you?

- ① 12 years old or younger
- ② 13 years old
- ③ 14 years old
- ④ 15 years old
- ⑤ 16 years old
- ⑥ 17 years old
- ⑦ 18 years old or older

2. What is your sex?

- ① Female
- ② Male

3. Which of the following best describes you?

- ① Heterosexual (straight)
- ② Gay or lesbian
- ③ Bisexual
- ④ Not sure
- ⑤ None of the above

4. In what grade are you?

- ① 9th grade
- ② 10th grade
- ③ 11th grade
- ④ 12th grade
- ⑤ Ungraded or other grade

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

- ① American Indian or Alaska Native
- ② Asian
- ③ Black or African American
- ④ Hispanic or Latino
- ⑤ Native Hawaiian or Other Pacific Islander
- ⑥ White

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

- ① Mostly A's
- ② Mostly B's
- ③ Mostly C's
- ④ Mostly D's
- ⑤ Mostly F's
- ⑥ None of these grades
- ⑦ Not sure

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

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

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

8. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

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

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

9. What is your zipcode?

Example

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

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

10. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?

- ① Yes
- ② No
- ③ Not sure

The next 4 questions ask about personal safety.

11. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

- ① I did not ride a bicycle during the past 12 months
- ② Never wore a helmet
- ③ Rarely wore a helmet
- ④ Sometimes wore a helmet
- ⑤ Most of the time wore a helmet
- ⑥ Always wore a helmet

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

- ① Never
- ② Rarely
- ③ Sometimes
- ④ Most of the time
- ⑤ Always

13. 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?**

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

14. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol?**

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

The next 7 questions ask about harassment at school. Harassment can include threatening; bullying; name calling or obscenities; offensive notes or graffiti; exclusion from groups; unwanted attention or unwanted touching; and physical assault.

15. During the past 12 months, have you ever been harassed at school (or on the way to or from school)?

- ① Yes
- ② No

16. During the past 12 months, in which of the following school locations have you been harassed? **(Select all that apply)**

- ① Inside the school building
- ② Outside on school grounds
- ③ At a school-sponsored event after school hours
- ④ On the school bus
- ⑤ On the way to or from school (not on bus)
- ⑥ Have never been harassed at school

17. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your race or ethnic origin?

- ① Yes
- ② No

18. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because someone thought you were gay, lesbian or bisexual?

- ① Yes
- ② No

19. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your religious beliefs?

- ① Yes
- ② No

20. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your weight, size, or physical appearance?

- ① Yes
- ② No

21. During the past 12 months, have you received unwanted sexual comments or attention at school (or on your way to or from school)?

- ① Yes
- ② No

The next 13 questions ask about violence-related behaviors.

22. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?

- ① 0 days
- ② 1 day
- ③ 2 or 3 days
- ④ 4 or 5 days
- ⑤ 6 or more days

23. During the past 30 days, on how many days did you carry a **gun**?

- ① 0 days
- ② 1 day
- ③ 2 or 3 days
- ④ 4 or 5 days
- ⑤ 6 or more days

24. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?

- ① 0 days
- ② 1 day
- ③ 2 or 3 days
- ④ 4 or 5 days
- ⑤ 6 or more days

25. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- ① 0 days
- ② 1 day
- ③ 2 or 3 days
- ④ 4 or 5 days
- ⑤ 6 or more days

26. How much of the time do you feel unsafe or afraid while at school?

- ① Never
- ② Rarely
- ③ Sometimes
- ④ Most of the time
- ⑤ All the time

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

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

28. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?

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

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

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

30. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

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

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

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

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

- ① Yes
- ② No

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

- ① Yes
- ② No

34. Other than forced sexual intercourse, have you ever been touched sexually when you did not want to be touched?

- ① Yes
- ② No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

35. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- ① Yes
- ② No

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

- ① Yes
- ② No

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

- ① Yes
- ② No

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

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

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

- ① **I did not attempt suicide** during the past 12 months
- ② Yes
- ③ No

The next 11 questions ask about tobacco use.

40. Have you ever tried cigarette smoking, even one or two puffs?

- ① Yes
- ② No

41. How old were you when you smoked a whole cigarette for the first time?

- ① I have never smoked a whole cigarette
- ② 8 years old or younger
- ③ 9 or 10 years old
- ④ 11 or 12 years old
- ⑤ 13 or 14 years old
- ⑥ 15 or 16 years old
- ⑦ 17 years old or older

42. During the past 30 days, on how many days did you smoke cigarettes?

- ① 0 days
- ② 1 or 2 days
- ③ 3 to 5 days
- ④ 6 to 9 days
- ⑤ 10 to 19 days
- ⑥ 20 to 29 days
- ⑦ All 30 days

43. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- ① I did not smoke cigarettes during the past 30 days
- ② Less than 1 cigarette per day
- ③ 1 cigarette per day
- ④ 2 to 5 cigarettes per day
- ⑤ 6 to 10 cigarettes per day
- ⑥ 11 to 20 cigarettes per day
- ⑦ More than 20 cigarettes per day

44. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- ① I did not smoke cigarettes during the past 30 days
- ② I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- ③ I bought them from a vending machine
- ④ I gave someone else money to buy them for me
- ⑤ I borrowed (or bummed) them from someone else
- ⑥ A person 18 years old or older gave them to me
- ⑦ I took them from a store or family member
- ⑧ I got them some other way

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

- ① 0 days
- ② 1 or 2 days
- ③ 3 to 5 days
- ④ 6 to 9 days
- ⑤ 10 to 19 days
- ⑥ 20 to 29 days
- ⑦ All 30 days

46. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- ① Yes
- ② No

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

- ① I did not smoke during the past 12 months
- ② Yes
- ③ No

48. 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?

- ① 0 days
- ② 1 or 2 days
- ③ 3 to 5 days
- ④ 6 to 9 days
- ⑤ 10 to 19 days
- ⑥ 20 to 29 days
- ⑦ All 30 days

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

- ① 0 days
- ② 1 or 2 days
- ③ 3 to 5 days
- ④ 6 to 9 days
- ⑤ 10 to 19 days
- ⑥ 20 to 29 days
- ⑦ All 30 days

50. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

- ① 0 days
- ② 1 or 2 days
- ③ 3 to 5 days
- ④ 6 to 9 days
- ⑤ 10 to 19 days
- ⑥ 20 to 29 days
- ⑦ All 30 days

The next 5 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.

51. During your life, on how many days have you had at least one drink of alcohol?
- Ⓐ 0 days
 - Ⓑ 1 or 2 days
 - Ⓒ 3 to 9 days
 - Ⓓ 10 to 19 days
 - Ⓔ 20 to 39 days
 - Ⓕ 40 to 99 days
 - Ⓖ 100 or more days
52. How old were you when you had your first drink of alcohol other than a few sips?
- Ⓐ I have never had a drink of alcohol other than a few sips
 - Ⓑ 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
53. During the past 30 days, on how many days did you have at least one drink of alcohol?
- Ⓐ 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
54. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- Ⓐ 0 days
 - Ⓑ 1 day
 - Ⓒ 2 days
 - Ⓓ 3 to 5 days
 - Ⓔ 6 to 9 days
 - Ⓕ 10 to 19 days
 - Ⓖ 20 or more days

55. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- Ⓐ 0 days
 - Ⓑ 1 or 2 days
 - Ⓒ 3 to 5 days
 - Ⓓ 6 to 9 days
 - Ⓔ 10 to 19 days
 - Ⓕ 20 to 29 days
 - Ⓖ All 30 days

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

56. During your life, how many times have you used marijuana?
- Ⓐ 0 times
 - Ⓑ 1 or 2 times
 - Ⓒ 3 to 9 times
 - Ⓓ 10 to 19 times
 - Ⓔ 20 to 39 times
 - Ⓕ 40 to 99 times
 - Ⓖ 100 or more times
57. How old were you when you tried marijuana for the first time?
- Ⓐ I have never tried marijuana
 - Ⓑ 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
58. During the past 30 days, how many times did you use marijuana?
- Ⓐ 0 times
 - Ⓑ 1 or 2 times
 - Ⓒ 3 to 9 times
 - Ⓓ 10 to 19 times
 - Ⓔ 20 to 39 times
 - Ⓕ 40 or more times

59. During the past 30 days, how many times did you use marijuana **on school property**?

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

The next 11 questions ask about other drugs.

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

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

61. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

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

62. 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?

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

63. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

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

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

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

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

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

66. During your life, how many times have you used **ecstasy** (also called MDMA)?

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

67. During your life, how many times have you used any other type of illegal drug such as LSD (acid), PCP, mushrooms, Ketamine (Special K), Rohypnol (Roofies), or GHB?

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

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

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

69. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- ① 0 times
 - ② 1 time
 - ③ 2 or more times

70. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- ① Yes
 - ② No

The next 8 questions ask about sexual behavior.

71. Have you ever had sexual intercourse?
- ① Yes
 - ② No
72. How old were you when you had sexual intercourse for the first time?
- ① I have never had sexual intercourse
 - ② 11 years old or younger
 - ③ 12 years old
 - ④ 13 years old
 - ⑤ 14 years old
 - ⑥ 15 years old
 - ⑦ 16 years old
 - ⑧ 17 years old or older

73. During your life, with how many people have you had sexual intercourse?
- ① I have never had sexual intercourse
 - ② 1 person
 - ③ 2 people
 - ④ 3 people
 - ⑤ 4 people
 - ⑥ 5 people
 - ⑦ 6 or more people

74. During the past 3 months, with how many people did you have sexual intercourse?
- ① I have never had sexual intercourse
 - ② I have had sexual intercourse, but not during the past 3 months
 - ③ 1 person
 - ④ 2 people
 - ⑤ 3 people
 - ⑥ 4 people
 - ⑦ 5 people
 - ⑧ 6 or more people

75. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- ① I have never had sexual intercourse
 - ② Yes
 - ③ No

76. The **last time** you had sexual intercourse, did you or your partner use a condom?
- ① I have never had sexual intercourse
 - ② Yes
 - ③ No

77. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- ① I have never had sexual intercourse
 - ② No method was used to prevent pregnancy
 - ③ Birth control pills
 - ④ Condoms
 - ⑤ Depo-Provera (injectable birth control)
 - ⑥ Withdrawal
 - ⑦ Some other method
 - ⑧ Not sure

78. How many times have you been pregnant or gotten someone pregnant?
- ① 0 times
 - ② 1 time
 - ③ 2 or more times
 - ④ Not sure

The next 7 questions ask about body weight.

79. How do **you** describe your weight?
- ① Very underweight
 - ② Slightly underweight
 - ③ About the right weight
 - ④ Slightly overweight
 - ⑤ Very overweight

80. Which of the following are you trying to do about your weight?
- ① **Lose** weight
 - ② **Gain** weight
 - ③ **Stay** the same weight
 - ④ I am **not trying to do anything** about my weight

81. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- ① Yes
- ② No

82. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

- ① Yes
- ② No

83. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?

- ① Yes
- ② No

84. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)

- ① Yes
- ② No

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

- ① Yes
- ② No

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

86. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- ① I did not drink 100% fruit juice during the past 7 days
- ② 1 to 3 times during the past 7 days
- ③ 4 to 6 times during the past 7 days
- ④ 1 time per day
- ⑤ 2 times per day
- ⑥ 3 times per day
- ⑦ 4 or more times per day

87. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- ① I did not eat fruit during the past 7 days
- ② 1 to 3 times during the past 7 days
- ③ 4 to 6 times during the past 7 days
- ④ 1 time per day
- ⑤ 2 times per day
- ⑥ 3 times per day
- ⑦ 4 or more times per day

88. During the past 7 days, how many times did you eat **green salad**?

- ① I did not eat green salad during the past 7 days
- ② 1 to 3 times during the past 7 days
- ③ 4 to 6 times during the past 7 days
- ④ 1 time per day
- ⑤ 2 times per day
- ⑥ 3 times per day
- ⑦ 4 or more times per day

89. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- ① I did not eat potatoes during the past 7 days
- ② 1 to 3 times during the past 7 days
- ③ 4 to 6 times during the past 7 days
- ④ 1 time per day
- ⑤ 2 times per day
- ⑥ 3 times per day
- ⑦ 4 or more times per day

90. During the past 7 days, how many times did you eat **carrots**?

- ① I did not eat carrots during the past 7 days
- ② 1 to 3 times during the past 7 days
- ③ 4 to 6 times during the past 7 days
- ④ 1 time per day
- ⑤ 2 times per day
- ⑥ 3 times per day
- ⑦ 4 or more times per day

91. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- ① I did not eat other vegetables during the past 7 days
- ② 1 to 3 times during the past 7 days
- ③ 4 to 6 times during the past 7 days
- ④ 1 time per day
- ⑤ 2 times per day
- ⑥ 3 times per day
- ⑦ 4 or more times per day

92. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- ① I did not drink milk during the past 7 days
- ② 1 to 3 glasses during the past 7 days
- ③ 4 to 6 glasses during the past 7 days
- ④ 1 glass per day
- ⑤ 2 glasses per day
- ⑥ 3 glasses per day
- ⑦ 4 or more glasses per day

The next 7 questions ask about physical activity.

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

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

94. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

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

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

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

96. On an average school day, how many hours do you watch TV?

- ① I do not watch TV on an average school day
- ② Less than 1 hour per day
- ③ 1 hour per day
- ④ 2 hours per day
- ⑤ 3 hours per day
- ⑥ 4 hours per day
- ⑦ 5 or more hours per day

97. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

98. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- ① I do not take PE
- ② Less than 10 minutes
- ③ 10 to 20 minutes
- ④ 21 to 30 minutes
- ⑤ 31 to 40 minutes
- ⑥ 41 to 50 minutes
- ⑦ 51 to 60 minutes
- ⑧ More than 60 minutes

99. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- ① 0 teams
- ② 1 team
- ③ 2 teams
- ④ 3 or more teams

The next question asks about AIDS education.

100. Have you ever been taught about AIDS or HIV infection in school?

- ① Yes
- ② No
- ③ Not sure

This is the end of the survey.
Thank you very much for your help.