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.

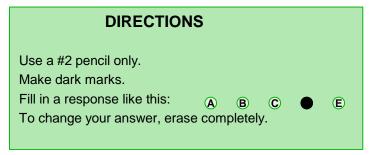
DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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 circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.



PLEASE DO NOT WRITE IN THIS AREA

SERIAL

52	1. What is your zip code?				10th and d				
51	Please fill in the boxes at				10th grade				
50	the top, then fill in the	00000			11th grade				
49	circles in each column.	00000			12th grade		.1.		
48		22222			Ungraded	or other gra	iae		
47		33333							
46		4444							
45		55555							
44		66666		9. H	low tall are	you without	your shoes	on?	
43		$\mathcal{O}\mathcal{O}\mathcal{O}\mathcal{O}\mathcal{O}$		D	irections: W	/rite your he	ight in the	shade	d blank
42		88888				he matching	•		
41	2. How old are you?	99999					,		
40	12 years old or younger			_	Exam	ole			
39					Hei	ght		Height	t
38				-	Feet	Inches	Feet	.	nches
37						7			1101100
36					5				
35					3	0	3		0
34	18 years old or older				4	1	4		1
33						2	5		2
32	What is your sex?				6	3	6		3
31	Female				7	4	7		4
30						⑤			5
29						6			6
28	4. Are you Hispanic or Latino?								7
27						8			8
26	○ No					9			9
25						10			10
24	5. What is your race?					11			11
23	(Select one or more responses	.)							
22	○American Indian or Alaska Na	tive							
21	○Asian			10.	How much	n do you wei	igh without	your s	hoes on?
20	○Black or African American				Directions	: Write your	weight in t	he sha	ded blank
19	Native Hawaiian or Other Pac	ific Islander			boxes. Fill i	n the match	ing oval be	low ea	ch numbei
18									
17					Exam	nple			
16	6. How old is 7. How	old is			Wei	ght		Weigh	nt
15	Age	ather? Age	e)		Pour			Pound	
14	If you don't	don't				_			
13	know, put your know				1 5	2			
12	best guess.		0		0 0	0	0	0	0
11	1 1 guest	100			• 1	1	1	1	1
10	22	20			2 2		2	2	2
9	33	36			3 3	3	3	3	3
8	44	40			4	4		4	4
7	\$ \$	5			•	⑤		⑤	⑤
6	66	60			6	6		6	6
5	77	70			7	©		7	7
5 4 3	88	8 (8	8		8	8
7	99	96		1	9	9		9	9
<u>J</u>			9	2	9	9		9	•

Zip Code

53

52

8. In what grade are you?

9th grade

247770 F 11

11. During the past 12 months, how would	17.	Have you ever been diagnosed by a doctor or nurse	53
you describe your grades in school?		with any of these conditions? (Mark all that apply.)	52
you docondo your grados in concorr		Asthma	51
		Diabetes	50
		High blood pressure	49
Mostly C's		ADD/ADHD	48
Mostly D's		Depression	47
○ Mostly F's		Anxiety	46
None of these grades		Chronic Allergies	45
○ Not sure		I have never had any of these conditions	3 44
		That one of the any of the open contained	43
			42
	18	Are you currently receiving medical treatment for	41
12. Where do you typically sleep at night?	1	any of these conditions? (Mark all that apply.)	40
At home with your parent(s) or guardian(s)		Asthma	
At a friend's or relative's home with your parent(s)		Diabetes	39
or guardian(s)		High blood pressure	38
At a friend's or relative's home without your		ADD/ADHD	37
			36
parent(s) or guardian(s)		Depression	35
Somewhere else (such as a shelter, transitional		Anxiety	34
housing, public place, hotel, car) with your		Chronic Allergies	33
parent(s) or guardian(s)		I do not currently have any of these conditions	32
Somewhere else (such as a shelter,group home,			31
foster care home, public place, car, hotel) without			30
your parent(s) or guardian(s)	The	e next 4 questions ask about personal safety.	29
			28
		When you rode a bicycle during the past 12	27
13. Are either of your parents or other adults in your	l m	onths, how often did you wear a helmet?	26
family serving on active duty in the military?		I did not ride a bicycle during the past 12 months	25
○ Yes	0	Never wore a helmet	24
○ No	0	Rarely wore a helmet	23
	0	Sometimes wore a helmet	22
	0	Most of the time wore a helmet	21
14. During the past 12 months, have either of your	0	Always wore a helmet	20
parents or other adults in your family been in jail or			19
in prison?			18
	20.	How often do you wear a seat belt when riding in	17
○ No		a car driven by someone else?	16
		Never	15
15. Do you have any physical disabilities or long-term		Rarely	14
health problems? (Long-term means 6 months		Sometimes	13
or more.)		Most of the time	12
∩Yes		Always	11
○No		•	10
○Not sure	21.		9
		you ride in a car or other vehicle driven by someone who had been drinking alcohol?	8
16. Do you have any long-term emotional problems		0 times	7
or learning disabilities? (Long-term means 6		1 time	6
months or more.)		2 or 3 times	5
Yes	ı	4 or 5 times	4
○ No	3 0	6 or more times	3
○ Not sure	•		2
		_	1

5 3	22.			During the past 30 days, on how many days has
5 2		you drive a car or other vehicle when you had		someone tried to hurt you by hitting, punching, or
51		been drinking alcohol?	k	cicking you on school property?
50	0	0 times	0	0 days
49	0	1 time	0	1 day
48	0	2 or 3 times	0	2 or 3 days
47	0	4 or 5 times	0	4 or 5 days
46	0	6 or more times	0	6 or more days
45 44 43	The n	ext 11 questions ask about violence-related		
44	behav	•	28.	During the past 12 months, how many times has
43				someone threatened or injured you with a weapon
42	23.	During the past 30 days, on how many days	_	such as a gun, knife, or club on school property ?
41		did you carry a weapon such as a gun, knife,	0	0 times
40		or club?	0	1 time
39	0	0 days	0	2 or 3 times
38	0	1 day	0	4 or 5 times
37	0	2 or 3 days	0	6 or 7 times
36	0	4 or 5 days	0	8 or 9 times
35	0	6 or more days	0	10 or 11 times
34			0	12 or more times
33				
32	24.	During the past 30 days, on how many days		
31		did you carry a gun?	29.	During the past 12 months, how many times
30	0	0 days	20.	has someone stolen or deliberately damaged
	0	1 day		your property such as your car, clothing, or
[#]	0	2 or 3 days		books on school property?
3/8" SPINE PERF	0	4 or 5 days	0	0 times
	0	6 or more days	0	1 time
[%]			0	2 or 3 times
4	25.	During the past 30 days, on how many days did	0	4 or 5 times
23		you carry a weapon such as a gun, knife, or club	0	6 or 7 times
22		on school property?	0	8 or 9 times
21	0	0 days	0	10 or 11 times
20	0	1 day	0	12 or more times
19	0	2 or 3 days		
19 18	0	4 or 5 days	30.	During the past 12 months, how many
17	0	6 or more days		times were you in a physical fight?
16	26.	During the past 30 days, on how many days did	0	0 times
16 15	20.	you not go to school because you felt you would	0	1 time
14		be unsafe at school or on your way to or from	0	2 or 3 times
13		school?	0	4 or 5 times
12	0	0 days	0	6 or 7 times
11	0	1 day	0	8 or 9 times
10	0	2 or 3 days	0	10 or 11 times
9	0	4 or 5 days	0	12 or more times
9	0	6 or more days		
7				
6		,	' I	
5		4	•	
4		DI EASE DO NOT WRITE IN THIS	ADEA	

21	During the past 12 months, how many times	The	next question asks about hurting yourself on	53
31.	During the past 12 months, how many times were you in a physical fight in which you were	pur	pose.	52
	injured and had to be treated by a doctor or nurse?	37.	During the past 12 months, did you do	51
0	0 times		something to purposely hurt yourself without	50
0	1 time	,	wanting to die, such as cutting, scraping, or	49
0	2 or 3 times		burning yourself on purpose?	48
Ō	4 or 5 times	$\mid \circ \mid$	Yes	47
Õ	6 or more times		No	46
				45
				44
32	2. During the past 12 months, how many times	1	next 5 questions ask about sad feelings and	13
	were you in a physical fight on school property?	1	mpted suicide. Sometimes people feel so depressed	42
\bigcirc	0 times	abo	ut the future that they may consider attempting	41
$\tilde{\circ}$	1 time	suid	cide, that is, taking some action to end their own life.	40
$\tilde{\bigcirc}$	2 or 3 times			39
$\tilde{\circ}$	4 or 5 times	38.	During the past 12 months, did you ever feel so	38
$\tilde{\Box}$	6 or 7 times		sad or hopeless almost every day for two weeks	37
$\tilde{\Box}$	8 or 9 times		or more in a row that you stopped doing some	36
\circ	10 or 11 times	10	usual activities?	35
\sim	12 or more times		Yes	34
\circ		\mid	No	33
33	Have you ever been physically forced to have			32
	sexual intercourse when you did not want to?			31
\bigcirc	Yes	39	. During the past 12 months, did you ever	30
\sim	No		seriously consider attempting suicide?	29
O	110		res	
The n	ext question asks about bullying. Bullying is when 1	\mid	No	28
	ore students tease, threaten, spread rumors about,			
	nove, or hurt another student over and over again. It	40	. During the past 12 months, did you make a	26
	bullying when 2 students of about the same	"	plan about how you would attempt suicide?	25
	gth or power argue or fight or tease each other in a			24
	lly way.			23
Hend	ny way.		NO	22
3/1	During the past 12 months, have you ever been bullied			21
54.	on school property?	41	. During the past 12 months, how many	20
	Yes	~''	times did you actually attempt suicide?	19
	No			18
O	110			17
The	novi 2 guartiano are chaut deting relationshine		0 0 1	16
me	next 2 questions are about dating relationships.		4 au F tias as	15
35.	During the past 12 months, did your boyfriend or			14
	girlfriend ever hit, slap, or physically hurt you on		6 or more times	13
	purpose?			12
0	Yes			11
\circ	No	42	. If you attempted suicide during the past 12 months,	10
00			did any attempt result in an injury, poisoning, or	9
36.	During the past 12 months, did your boyfriend or	_	overdose that had to be treated by a doctor or nurse?	8
	girlfriend ever say things to you or to other people		I did not attempt suicide during the past 12	7
	about you to purposely hurt you?		months	6
0	I did not have a boyfriend or girlfriend during the		Yes	5
	past 12 months		No	4
0	Yes	5		3
0	No	-		2
				1

ψΟ				
52 51	The	e next 11 questions ask about tobacco use.	47.	During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
50	43.	Have you ever tried cigarette smoking, even		your own algaration. (Colour only one responden,
49		one or two puffs?		I did not smoke cigarettes during the past 30 days
48	\circ	Yes		I bought them in a store such as a convenience
40		No		store, supermarket, discount store, or gas station
4/	O	140		I bought them from a vending machine
46				_
45				I gave someone else money to buy them for me
44				I borrowed (or bummed) them from someone else
43	44.	How old were you when you smoked a whole	O	A person 18 years old or older gave them to me
42		cigarette for the first time?		I took them from a store or family member
41	\circ	I have never smoked a whole cigarette		I got them some other way
40	\circ	8 years old or younger		
39	\circ	9 or 10 years old		
38	0	11 or 12 years old	48.	During the past 30 days, on how many days did
37	0	13 or 14 years old		you smoke cigarettes on school property?
36	\circ	15 or 16 years old	0	0 days
35	0	17 years old or older		1 or 2 days
34				3 to 5 days
33				6 to 9 days
32				10 to 19 days
31				20 to 29 days
30	45.	During the past 30 days, on how many days did		All 30 days
ل م		you smoke cigarettes?		·
51 50 49 48 47 46 45 44 41 40 39 38 37 36 33 31 30 31 31 31 31 31 31 31 31 31 31 31 31 31	\circ	0 days		
	$\hat{\bigcirc}$	1 or 2 days	49.	Have you ever smoked cigarettes daily, that is,
SPIN	$\tilde{\bigcirc}$	3 to 5 days		at least one cigarette every day for 30 days?
3/8"	$\hat{\bigcirc}$	6 to 9 days		Yes
	$\tilde{\bigcirc}$	10 to 19 days		No
23	$\tilde{\bigcirc}$	20 to 29 days		
24 23 22	$\tilde{\circ}$	All 30 days	50.	During the past 12 months, did you ever
		•		try to quit smoking cigarettes?
20				I did not smoke during the past 12 months
10				Yes
10				No
17	46.	During the past 30 days, on the days you		
16		smoked, how many cigarettes did you smoke per day?		
16		I did not smoke cigarettes during the past 30 days		Ouring the past 30 days, on how many days did
14	\sim	Less than 1 cigarette per day		ou use chewing tobacco, snuff, or dip , such s Redman, Levi Garrett, Beechnut, Skoal, Skoal
12	\circ	1 cigarette per day		andits, or Copenhagen?
10		2 to 5 cigarettes per day		0 days
12		6 to 10 cigarettes per day	_	1 or 2 days
11		11 to 20 cigarettes per day	_	3 to 5 days
10		More than 20 cigarettes per day	_	6 to 9 days
Ä	O	more than 20 digarettes per day	_	•
ğ			_	10 to 19 days
<u>/</u>			_	20 to 29 days
21 20 19 18 17 16 15 14 11 10 9 8 7			6	All 30 days
<u>`</u>		DI EASE DO NOT WRITE IN THIS A	DEA	
4				

52.	During the past 30 days, on how many days	56. During the past 30 days, on how many days
	did you use chewing tobacco, snuff, or	did you have at least one drink of alcohol?
	dip on school property?	○ 0 days
0	0 days	○ 1 or 2 days
0	1 or 2 days	○ 3 to 5 days
0	3 to 5 days	○ 6 to 9 days
0	6 to 9 days	
0	10 to 19 days	O 20 to 29 days
Ō	20 to 29 days	All 30 days
$\tilde{\circ}$	All 30 days	
53.	During the past 30 days, on how many days	57. 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?
	did you smoke cigars, cigarillos, or little	○ 0 days
\bigcirc	cigars? 0 days	1 day
\sim	1 or 2 days	2 days
\circ	3 to 5 days	3 to 5 days
	6 to 9 days	6 to 9 days
0	•	
\circ	10 to 19 days	○ 10 to 19 days
O	20 to 29 days	○ 20 or more days
\circ	All 30 days	
This liquo these drink	next 8 questions ask about drinking alcohol. includes drinking beer, wine, wine coolers, and r such as rum, gin, vodka, or whiskey. For e questions, drinking alcohol does not include ing a few sips of wine for religious purposes. 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	58. During the past 30 days, how did you usually get the alcohol you drank? I did not drink alcohol during the past 30 days I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station I bought it at a restaurant, bar, or club I bought it at a public event such as a concert or sporting event I gave someone else money to buy it for me Someone gave it to me I took it from a store or family member I got it some other way
55.	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	 59. 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
		' 7

53	60.	During the past 30 days, where did you usually	64. During the past 30 days, how many times did you use marijuana?
52		drink alcohol? (Select only one response.)	
<u>5</u> 1		I did not drink alcohol during the past 30 days	0 times
50	_	At my home	1 or 2 times
49 48	_	At another person's home	○ 3 to 9 times
48	_	While riding in or driving a caror other vehicle	○ 10 to 19 times
47		At a restaurant, bar, or club	O 20 to 39 times
46	0	At a public place such as a park, beach, or	40 or more times
45		parking lot	
44	0	At a public event such as a concert or sporting	
45 44 43 42		event	65. During the past 30 days, how many times did
42	0	On school property	you use marijuana on school property?
41			○ 0 times
40			1 or 2 times
41 40 39 38	61.	During the past 30 days, what type of alcohol did	○ 3 to 9 times
38		you usually drink? (Select only one response.)	
37	0	I did not drink alcohol during the past 30 days	20 to 39 times
36	0	I do not have a usual type	40 or more times
35	O	Beer	
35 34 33	Ō	Flavored malt beverages, such as Smirnoff Ice, Bacardi	The next 13 questions ask about other drugs.
33		Silver, or Hard Lemonade	
32	0	Wine coolers, such as Bartles & Jaymes or Seagrams	
31	0	Wine	66. During your life, how many times have you used
30	0	Liquor, such as vodka, rum, scotch, bourbon, or whiskey	any kind of herbal or natural substance to get
$\frac{1}{2}$	0	Some other type	high, such as salvia, woodrose, or morning glory
			seeds?
SPINE PERF			O times
SPIN	The	next 4 questions ask about marijuana use.	1 or 2 times
3/8	Mari	juana also is called grass or pot.	○ 3 to 9 times
<u>4</u> 4			○ 10 to 19 times
23	62.	During your life, how many times have you	20 to 39 times
22		used marijuana?	40 or more times
		○ 0 times	
20		1 or 2 times	
21 20 19 18		○ 3 to 9 times	67. During your life, how many times have you used any
18		○ 10 to 19 times	form of cocaine, including powder, crack, or freebase?
17		○ 20 to 39 times	O times
16			1 or 2 times
15		100 or more times	○ 3 to 9 times
14			10 to 19 times
15 14 13	63.	How old were you when you tried marijuana for	O 20 to 39 times
12		the first time?	
11		☐ I have never tried marijuana	
1		8 years old or younger	
9		○ 9 or 10 years old	
B		11 or 12 years old	
7		13 or 14 years old	
6		15 or 16 years old	
10 9 8 7 6		17 years old or older	3
4		PLEASE DO NOT WRITE IN THI	S AREA
			SEDIAI

SEKIAL

68. During the past 30 days, how many times did	73. During your life, how many times have you	53
you use any form of cocaine, including powder,	used ecstasy (also called MDMA)?	52
crack, or freebase?	○ 0 times	51
○ 0 times	○ 1 or 2 times	50
○ 1 or 2 times	○ 3 to 9 times	49
○ 3 to 9 times		48
	20 to 39 times	47
○ 20 to 39 times	40 or more times	46
40 or more times		45
		44
69. During your life, how many times have you sniffed	74. During your life, how many times have you taken	43
glue, breathed the contents of aerosol spray cans, or	steroid pills or shots without a doctor's prescription?	42
inhaled any paints or sprays to get high?	○ 0 times	41
○ 0 times	☐ 1 or 2 times	40
○ 1 or 2 times	○ 3 to 9 times	39
○ 3 to 9 times		38
	20 to 39 times	37
○ 20 to 39 times	40 or more times	36
40 or more times		35
	75. During your life, how many times have you taken	34
70. During the past 30 days, how many times did you	prescription painkillers , such as OxyContin,	33
sniff glue, breathe the contents of aerosol spray	codeine, or Percocet, without a doctor's	32
cans, or inhale any paints or sprays to get high?	prescription?	31
○ 0 times	○ 0 times	30
1 or 2 times	○ 1 or 2 times	29
→ 3 to 9 times	○ 3 to 9 times	28
		27
○ 20 to 39 times	20 to 39 times	26
40 or more times	40 or more times	25
		24
		23
71. During your life, how many times have you used	76. During your life, how many times have you used a	22
heroin (also called smack, junk, or China White)?	needle to inject any illegal drug into your body?	21
○ 0 times	○ 0 times	20
○ 1 or 2 times	1 time	19
○ 3 to 9 times	2 or more times	18
○ 10 to 19 times		17
○ 20 to 39 times		16
40 or more times	77. During the past 12 months, has anyone offered,	15
	sold, or given you an illegal drug on school property?	14
	Yes	13
72. During your life, how many times have you	○ No	12
used methamphetamines (also called speed,		11
crystal, crank, or ice)?		10
O times	78. During the past 12 months, have you offered, sold,	9
1 or 2 times	or given anyone an illegal drug on school property?	8
3 to 9 times		7
○ 10 to 19 times	Yes	6
O 20 to 39 times	○ No	5
40 or more times		4
		3

53	The next 14 questions ask about sexual behavior.	1
52		84. Did you drink alcohol or use drugs before you had
51	79. Have you ever had sexual intercourse?	sexual intercourse the last time ?
50		 I have never had sexual intercourse
49	○ No	○ Yes
48		○ No
47	80. How old were you when you had sexual	
46	intercourse for the first time?	
45	I have never had sexual intercourse	85. The last time you had sexual intercourse, did
44	11 years old or younger	you or your partner use a condom?
43	12 years old	I have never had sexual intercourse
	13 years old	O Van
42		O No
41) NO
40		
39	16 years old	OO The leaf three as he had a self-stand as a leaf
38	17 years old or older	86. The last time you had sexual intercourse, what
37		one method did you or your partner use to
36		prevent pregnancy? (Select only one response.)
35	many years younger or older than you was your	I have never had sexual intercourse
34	partner?	 No method was used to prevent pregnancy
33	 I have never had sexual intercourse 	Birth control pills
32	3 to 4 years younger	○ Condoms
31	 About the same age 	 Depo-Provera (or any injectable birth control),
30	○ 3 to 4 years older	Nuva Ring (or any birth control ring),
29	○ 5 or more years older	Implanon (or any implant), or any IUD
28	○ Not sure	○ Withdrawal
27		Some other method
26		○ Not sure
25	82. During your life, with how many people have you	
24		
23		87. How many times have you been pregnant or
22		gotten someone pregnant?
21	2 people	0 times
	3 people	1 time
20	4 people	2 or more times
19	<u> </u>	Not sure
18		Not sure
17	○ 6 or more people	
16		00. Hove you ever been told by a dectar or given that
15	OO During the most O secotion 245	88. Have you ever been told by a doctor or nurse that
14		you had a sexually transmitted disease (STD)?
13	people did you have sexual intercourse?	O Yes
12	I have never had sexual intercourse	○ No
11	I have had sexual intercourse, but not during	O Not sure
10	the past 3 months	
9	↑ 1 person	
8	○ 2 people	89. During your life, with whom have you had sexual
7	○ 3 people	intercourse?
6		 I have never had sexual intercourse
5		○ Females
4	6 or more people	Males
3		Females and males
2		10
1		

90.	which of the following best describes you?	95. During the past 30 days, did you exercise	53
\circ	Heterosexual (straight)	to lose weight or to keep from gaining weight?	52
	Gay or lesbian		51
	Bisexual) -	
		○ No	50
\circ	Not sure		49 48
			48
		96. During the past 30 days, did you eat less food,	47
91.	Have you ever given or received oral sex?	fewer calories, or foods low in fat to lose	46
\bigcirc	Yes	weight or to keep from gaining weight?	45
$\tilde{}$	No		44
\cup			44
		○ No	43
			42
	Which of the following people would you say	97. During the past 30 days, did you go without eating	41
h	have given you the most information about	for 24 hours or more (also called fasting) to lose	40
S	afe sex practices? (Select only one response.)	weight or to keep from gaining weight?	39
	No one has talked to me about safe sex practices	○ Yes	39
	My parents	○ No	37
	My brothers or sisters	O 110	36
	My friends		
	My doctor or nurse	98. During the past 30 days, did you take any diet	35
	-	pills, powders, or liquids without a doctor's advice to	34
	Wellness Center staff	lose weight or to keep from gaining weight? (Do not	33
	My health teacher	include meal replacement products such as Slim Fast.)	32
\bigcirc	Someone else	○ Yes	31
		○ No	30
			29 \$\frac{2}{2}\text{\text{\text{Sink}}}\text{\text{\text{2}}}\text{\text{2}}\te
			25
The nex	kt 7 questions ask about body weight.	99. During the past 30 days, did you vomit or take	
		laxatives to lose weight or to keep from gaining	
		weight?	3/8
03	How do you describe your weight?	○ Yes	24
		○ No	24
_	Very underweight	O 140	23
	Slightly underweight		22
	About the right weight	The next 3 questions ask about sleep.	21
_	Slightly overweight	4	20
\circ	Very overweight		19
		100. On an average echeck night, how many hours of class	19
		100. On an average school night, how many hours of sleep	17
94.	Which of the following are you trying to do about	do you get?	16
	your weight?	← 4 or less hours	
	Lose weight	○ 5 hours	15 14 13
	-	○ 6 hours	14
	Gain weight		_13
	Stay the same weight	7 hours	12
\circ	I am not trying to do anything about my weight	○ 8 hours	11
		○ 9 hours	10
		10 or more hours	9
			9 8
			7
	11		6
	DI EASE DO NOT WRITE IN THIS		5

53	10	1. On an average night, how many times do you wake	105. During the past 7 days, how many times did
52		up before it is time to get up?	you eat fruit ? (Do not count fruit juice.)
51		0 times	○ I did not eat fruit during the past 7 days
50		1 time	1 to 3 times during the past 7 days
49		2 times	4 to 6 times during the past 7 days
48		3 or more times	
47			2 times per day
46			○ 3 times per day
45	102	2. When you get up on an average morning, do you	○ 4 or more times per day
44		feel like you have had enough sleep?	
43) Yes	
42) No	106. During the past 7 days, how many times did
41			you eat green salad ?
40	The n	ext 9 questions ask about food you ate or drank	I did not eat green salad during the past 7 days
39	durin	g the past 7 days. Think about all the meals and	1 to 3 times during the past 7 days
38	snacl	s you had from the time you got up until you	4 to 6 times during the past 7 days
		to bed. Be sure to include food you ate at home,	1 time per day
36	at scl	nool, at restaurants, or anywhere else.	○ 2 times per day
35			○ 3 times per day
34	103	. During the past 7 days, on how many days did you	○ 4 or more times per day
33		eat breakfast?	
32		○ 0 days	
31		○ 1 day	107. During the past 7 days, how many times did
30		○ 2 days	you eat other vegetables ? (Do not count green
29		→ 3 days	salad, potatoes, or carrots.)
28			I did not eat other vegetables during the past 7 days
27		○ 5 days	1 to 3 times during the past 7 days
26		6 days	○ 4 to 6 times during the past 7 days
25		○ 7 days	1 time per day
24			2 times per day
23	104.	During the past 7 days, how many times did you	3 times per day
22		drink 100% fruit juices such as orange juice, apple	○ 4 or more times per day
21		juice, or grape juice? (Do not count punch,	
20		Kool-Aid, sports drinks, or other fruit-flavored	
19		drinks.)	108. During the past 7 days, how many times did you drink
18	O	I did not drink 100% fruit juice during the	a can, bottle, or glass of soda or pop, such as
17		past 7 days	Coke, Pepsi, or Sprite? (Do not include diet soda or
16	0	1 to 3 times during the past 7 days	diet pop.)
15	0	4 to 6 times during the past 7 days	I did not drink soda or pop during the past 7 days
14	0	1 time per day	1 to 3 times during the past 7 days
13	0	2 times per day	4 to 6 times during the past 7 days
12	0	3 times per day	1 time per day
11	\circ	4 or more times per day	2 times per day
10			3 times per day
9			○ 4 or more times per day
8			
7			
6			
5			

		9 8 7 6
○ 7 days	○ 3 or more teams	10 9
○ 6 days	○ 2 teams	11
○ 5 days	○ 1 team	12
○ 4 days	○ 0 teams	14
○ 3 days		14
○ 2 days	teams did you play? (Count any teams run by your school or community groups.)	15
○ 1 day	116. During the past 12 months, on how many sports	16
○ 0 days		17
		18
makes you breathe hard some of the time.)	○ 5 days	19 18
physical activity that increases your heart rate and	○ 4 days	20
day? (Add up all the time you spend in any kind of	3 days	21
physically active for a total of at least 60 minutes per	2 days	22
112. During the past 7 days, on how many days were you	1 day	
112. During the post 7 days, as how many days were very	0 days	24
o quodiono don dodat priyolodi donvity.	classes?	28
The next 5 questions ask about physical activity.	115. In an average week when you are in school, on how many days do you go to physical education (PE)	29 23 SPINE PERF (38° SPINE PERF (23° SPINE PE
○No		2#
○Yes		29
in your school?	○ 5 or more hours per day	30
111. Do you buy food or drinks from vending machines		31
	○ 3 hours per day	32
	○ 2 hours per day	33
 3 or more caffeinated drinks 	↑ 1 hour per day	34
2 caffeinated drinks	○ Less than 1 hour per day	35
1 caffeinated drink	computer for something that is not school work	36
 I did not have any caffeinated drinks yesterday 	I do not play video or computer games or use a	37
energy drinks, or other drinks with caffeine.)	Facebook, and the Internet.)	38
(Count coffee, tea, sodas, power drinks,	such as Xbox, PlayStation, Nintendo DS, iPod touch,	
110. Yesterday, how many caffeinated drinks did you have?	something that is not school work? (Include activities	
	play video or computer games or use a computer for	41
	114. On an average school day, how many hours do you	42
4 or more glasses per day		44
3 glasses per day	. ,	44
2 glasses per day	5 or more hours per day	45
1 glass per day	○ 4 hours per day	46
4 to 6 glasses during the past 7 days	○ 3 hours per day	47
1 to 3 glasses during the past 7 days	2 hours per day	48
 I did not drink milk during the past 7 days 	1 hour per day	49
pint of milk served at school as equal to one glass.)	Less than 1 hour per day	50
or a cup, from a carton, or with cereal. Count the half	○ I do not watch TV on an average school day	51
did you drink? (Count the milk you drank in a glass	you watch TV?	5 ₂
109. During the past 7 days, now many grasses of mink	113. On an average school day, now many nours do	1.53

53	The next 2 questions ask about HIV/AIDS.	The following 5 questions ask how you feel about
52	117. Have you ever been taught about AIDS or HIV	the risks of smoking cigarettes, drinking alcohol
51	infection in school?	and using marijuana.
50		
49	○ No	122. How much do you think people risk harming
48	○ Not sure	themselves (physically or in other ways), if
47		they smoke one or more packs of cigarettes
46		per day?
45	118. If you wanted an HIV test, would you know where	○ No risk
44	to have one done?	○ Slight risk
43	○ Yes	Moderate risk
42	○ No	○ Great risk
41		
40	The next 3 questons ask about relationships.	123. How much do you think people risk harming
39		themselves (physically or in other ways) if they
38	119. Which of the following people would you say	have one or two drinks of an alcoholic beverage
37	give you a lot of support and encouragement?	(beer, wine, or liquor) nearly every day?
36	(Mark all that apply.)	○ No risk
35	○ No one	◯ Slight risk
34	My parents	
33	 My brothers, sisters or other relatives 	
32	My teachers	
31	 Other adults in my neighborhood 	
30	 Other adults in my school 	124. How much do you think people risk harming
29		themselves (physically or in other ways) if they
28	My friends' parents	binge drink (5 or more drinks within a couple of
27		hours)?
26		○ No risk
25	120. If you had a personal problem with drinking, drug	○ Slight risk
24	use, or sexual behavior, who would you most	Moderate risk
23	likely talk to? (Select only one response.)	○ Great risk
22	○No one	
21		
20		125. How much do you think people risk harming
19		themselves (physically or in other ways) if they
18	Other adults in my neighborhood	smoke marijuana regularly?
17	Other adults in my school	○ No risk
16		○ Slight risk
15	○My friends' parents	Moderate risk
14		○ Great risk
13	121. How many times in an average week do you	
12	eat dinner with your family?	
11	○ 0 times	126. How much do you think people risk harming
10	1 time	themselves (physically or in other ways) if they
9	○ 2 times	take prescription drugs which were not prescribed
8	○ 3 times	for them?
7		○ No risk
6		◯ Slight risk
5	○ 6 times	
4	7 times	◯ Great risk
3		

For the following 3 questions, pick the column that applies to you. From that column, select the answer that most applies.					
127. Please pick the column that applies to you:					
a. If you <u>DID SMOKE CIGARETTES</u> in the past year,	<u>OR</u>	b. If you DID NOT SMOKE CIGARETTES in the past year,	49		
mark who or what had THE MOST influence		mark who or what had <u>THE MOST</u> influence	47		
on your decision to do so.		on your decision <u>NOT</u> to do so.	46 45		
○ My parents		○My parents	44		
My brothers or sisters		○My brothers or sisters	43		
O My close friends		○My close friends	42		
Other kids at school		Other kids at school	41		
○ The media (movies, TV, etc.)		○The media (movies, TV, etc.)	40		
 Adults at school (teachers, sports coach, 		○Adults at school (teachers, sports coach,	39		
counselor, Wellness Center staff, etc.)		counselor, Wellness Center staff, etc.)	38		
Other adults outside school		Other adults outside school	37		
			36		
128. Please pick the column that applies to you:			35		
" DID DDINK AL COLLOL		DID NOT DDINK ALCOHOL	34		
a. If you <u>DID DRINK ALCOHOL</u> in the past year,	<u>OR</u>	b. If you <u>DID NOT DRINK ALCOHOL</u> in the past year,	33		
in the past year,		in the past year,	32		
mark who or what had THE MOST		mark who or what had THE MOST influence	31		
influence on your decision to do so.		on your decision <u>NOT</u> to do so.	30 29		
O My parents		My parents	28		
My brothers or sisters		My brothers or sisters	27		
My close friends		My close friends	26		
Other kids at school		Other kids at school	25		
The media (movies, TV, etc.)		The media (movies, TV, etc.)	24		
 Adults at school (teachers, sports coach, 		 Adults at school (teachers, sports coach, 	23		
counselor, Wellness Center staff, etc.)		counselor, Wellness Center staff, etc.)	22		
Other adults outside school		Other adults outside school	21		
			20		
			19		
129. Please pick the column that applies to you:			18		
a. If you DID HAVE SEXUAL INTERCOURSE	OΒ	b. If you DID NOT HAVE SEXUAL INTERCOURSE	17		
in the past year,	<u>OR</u>	in the past year,	16		
iii tiio paot youi,		• •	15		
mark the MAIN REASONS why you did.		mark the MAIN REASONS why you did NOT.	14		
			13		
O Peer influence		Hurt/disappoint my family	12		
○ Forced to have sex		Friends would disapprove	11		
○ To keep relationship		O To prevent pregnancy/STD's	10		
Alcohol or drug influence		O Not ready	9		
Wanted to get pregnant		Religious reasons	8		
Curiosity		 Sex belongs only in serious relationships 	7		
Physical enjoyment			6		
			5 4		
			-+		

53 52 51 50 49 48 47 46 45 44 43 42	The following 3 questions ask how you think your parents feel about your smoking cigarettes, drinking alcohol and using marijuana. 130. How wrong do your parents feel it would be for you to smoke cigarettes? Very wrong Wrong A little bit wrong Not at all wrong	 134. During the past 30 days, have you been the victim of any of the following in school? (Select one or more responses.) Verbal abuse Cyberbullying Physical abuse
41 40 39 38 37 36 35 34 33 29 28 27 26 25 24 23 22 21 20 19 18 17 16 13 12 11 10 9 8 7 6 5	 131. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly? Very wrong Wrong A little bit wrong Not at all wrong 132. How wrong do your parents feel it would be for you to smoke marijuana? Very wrong Wrong A little bit wrong Not at all wrong 133. In the past year, which of the following have you done? (Mark all that apply.) Played the lottery or scratch-off tickets Gambled at a casino Bet on team sports Played Bingo for money Bet on dice games such as craps Bet money on horse races Gambled on the Internet Bet on yideo games Bet on games of personal skill such as pool, darts, or basketball 	
3 2 1	PLEASE DO NOT WRITE IN THIS A	CEDIAL

3/8" SPINE PERF