

## OREGON HEALTHY TEENS SURVEY 2009

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

**Your participation in this survey is voluntary.**

### **DO NOT WRITE YOUR NAME ON THIS SURVEY.**

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is normal. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to **"Select one or more responses."**

### **Marking Instructions:**

**Please mark your choice on the corresponding "Answer Sheet"**

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

**Proper Marks**



**Improper Marks**



1. What is your sex?
  - A. Female
  - B. Male
  
2. In what grade are you?
  - A. 7th grade
  - B. 8th grade
  - C. 9th grade
  - D. 10th grade
  - E. 11th grade
  - F. 12th grade
  - G. Ungraded or other grade
  
3. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
  
4. Are you Hispanic or Latino?
  - A. Yes
  - B. No
  
5. What is your race? **(Select one or more responses.)**
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  
6. What is the language you use most often at home?
  - A. English
  - B. Spanish
  - C. Another language
  
7. Are you using the Spanish reference guide to complete the survey?
  - A. Yes
  - B. No
  
8. How tall are you without your shoes on? Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

**Example**

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

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

**Example**

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

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

Zipcode				
9	7			
		①	①	①
		①	①	①
		②	②	②
		③	③	③
		④	④	④
		⑤	⑤	⑤
	●	⑥	⑥	⑥
		⑦	⑦	⑦
●		⑧	⑧	⑧
		⑨	⑨	⑨

**The next questions ask about health care issues.**

11. Would you say that in general your **physical health** is...
  - A. Excellent
  - B. Very good
  - C. Good
  - D. Fair
  - E. Poor
  
12. Would you say that in general your **emotional and mental health** is...
  - A. Excellent
  - B. Very good
  - C. Good
  - D. Fair
  - E. Poor

13. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
  - Between 12 and 24 months ago
  - More than 24 months ago
  - Never
  - Not sure
14. During the past 12 months, did you have any **physical** health care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- Yes
  - No
15. During the past 12 months, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- Yes
  - No

**For these statements, mark how true you feel each is for you.**

16. I can do most things if I try.
- Very much true
  - Pretty much true
  - A little true
  - Not at all true
17. There is at least one teacher or other adult in my school that really cares about me.
- Very much true
  - Pretty much true
  - A little true
  - Not at all true
18. I volunteer to help others in my community.
- Very much true
  - Pretty much true
  - A little true
  - Not at all true
19. I can work out my problems.
- Very much true
  - Pretty much true
  - A little true
  - Not at all true

**The next question asks about grades and school.**

20. During the past 12 months, how would you describe your grades in school?
- Mostly A's
  - Mostly B's
  - Mostly C's
  - Mostly D's
  - Mostly F's
  - None of those grades
  - Not sure

**The next 2 questions ask about asthma.**

21. Has a doctor or nurse ever told you that you have asthma?
- Yes
  - No
  - Not sure
22. Do you still have asthma?
- I have never had asthma
  - Yes
  - No
  - Not sure

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

23. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
- Yes
  - No

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

24. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
25. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
26. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

27. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
28. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
29. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
30. During the past 7 days, on how many days did you eat breakfast?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
31. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- I did not drink soda or pop during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

**These questions ask about physical activity.**

32. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
33. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
34. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE
  - Less than 10 minutes
  - 10 to 20 minutes
  - 21 to 30 minutes
  - 31 to 40 minutes
  - 41 to 50 minutes
  - 51 to 60 minutes
  - More than 60 minutes
35. Do you feel that you get as much physical activity as you need, or less than you need?
- As much as needed
  - Less than needed

**The next section asks about body weight.**

36. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
37. 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
38. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- Yes
  - No

**The next 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.**

39. During the past 30 days, how much of the time have you been a very nervous person?
- All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - None of the time
40. During the past 30 days, how much of the time have you felt calm and peaceful?
- All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - None of the time
41. During the past 30 days, how much of the time have you felt downhearted and blue?
- All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - None of the time
42. During the past 30 days, how much of the time have you been a happy person?
- All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - None of the time
43. During the past 30 days, how much of the time have you felt so down in the dumps that nothing could cheer you up?
- All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - None of the time
44. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes
  - No
45. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No

46. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
47. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide** during the past 12 months
  - Yes
  - No

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**The following questions ask about personal safety.**

48. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
49. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
50. During the past 30 days, on how many days did you carry a **gun**?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
51. During the past 30 days, on how many days did you carry a gun **on school property**?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
52. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club **on school property**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or 7 times
  - 8 or 9 times
  - 10 or 11 times
  - 12 or more times

53. During the past 12 months, has anyone offered, sold or given you an illegal drug **on school property**?
- Yes
  - No
54. During the past 12 months, how many times were you in a physical fight?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or 7 times
  - 8 or 9 times
  - 10 or 11 times
  - 12 or more times
55. During the past 12 months, how many times were you in a physical fight **on school property**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or 7 times
  - 8 or 9 times
  - 10 or 11 times
  - 12 or more times

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**Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and physical attacks.**

56. During the past 30 days, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? **(Select one or more responses.)**
- Harassment about your race or ethnic origin
  - Unwanted sexual comments or attention
  - Harassment because someone thought you were gay, lesbian or bisexual
  - Harassment about your weight, clothes, acne, or other physical characteristics
  - Harassment about your group of friends
  - Other reasons
  - I have not been harassed

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**The next questions refer to the “Choking Game,” also called *Knock Out, Space Monkey, Flatlining, or The Fainting Game.***

57. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you? **(Please mark all that apply).**
- I have never heard of the Choking Game
  - I've heard of someone participating in the Choking Game
  - I have helped someone else participate in the Choking Game
  - I have participated in the Choking Game myself

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

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**The next section asks about gambling.**

59. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check **ALL** the different types of gambling that you have bet on, if any, during the last 30 days.
- I did not gamble in the last 30 days
  - Playing lottery tickets
  - Playing Powerball or Megabucks
  - Playing dice or coin flips
  - Playing cards (poker, etc.)
  - Betting on a sports team
  - Betting on a horse/dog race
  - Betting on games of personal skill (bowling, video games, dares, etc.)
  - Gambling on the Internet
  - Gambling at a casino
  - Playing Bingo for money
  - Other
60. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
- I don't bet for money
  - Yes
  - No
61. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could?
- I don't bet for money
  - Yes
  - No
62. In total, how much money have you bet in any form (lottery, card games, bingo, Internet, sports, with friends) in the past three months?
- \$0
  - \$1 to \$10
  - \$11 to \$50
  - \$51 to \$100
  - \$101 to \$200
  - \$201 to \$500
  - Over \$500

**The next questions ask about sexual behavior.**

63. Have you ever had sexual intercourse?  
A. Yes  
B. No
64. How old were you when you had sexual intercourse for the first time?  
A. I have never had sexual intercourse  
B. 11 years old or younger  
C. 12 years old  
D. 13 years old  
E. 14 years old  
F. 15 years old  
G. 16 years old  
H. 17 years old or older
65. During your life, with how many people have you had sexual intercourse?  
A. I have never had sexual intercourse  
B. 1 person  
C. 2 people  
D. 3 people  
E. 4 people  
F. 5 people  
G. 6 or more people
66. Which of the following best describes you?  
A. Heterosexual (straight)  
B. Gay or lesbian  
C. Bisexual  
D. Not sure
67. During your life, with whom have you had sexual contact?  
A. I have never had sexual contact  
B. Females  
C. Males  
D. Females and males
68. During the past 3 months, with how many people did you have sexual intercourse?  
A. I have never had sexual intercourse  
B. I have had sexual intercourse, but not during the past 3 months  
C. 1 person  
D. 2 people  
E. 3 people  
F. 4 people  
G. 5 people  
H. 6 or more people
69. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?  
A. I have never had sexual intercourse  
B. Yes  
C. No

70. The **last time** you had sexual intercourse, did you or your partner use a condom?  
A. I have never had sexual intercourse  
B. Yes  
C. No
71. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)  
A. I have never had sexual intercourse  
B. No method was used to prevent pregnancy  
C. Birth control pills  
D. Condoms  
E. Depo-Provera (injectable birth control)  
F. Withdrawal  
G. Some other method  
H. Not sure

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**The next questions ask about violence-related behaviors.**

72. Have you ever been physically forced to have sexual intercourse when you did not want to?  
A. Yes  
B. No
73. Have you ever given in to sexual activity when you didn't want to because of pressure?  
A. Yes  
B. No
74. During your life, has any adult ever had sexual contact with you?  
A. Yes  
B. No
75. During the past 12 months, did you boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?  
A. Yes  
B. No
76. During your life, has any adult ever intentionally hit or physically hurt you?  
A. Yes  
B. No

The next questions ask about tobacco use.

During the past 30 days, on how many days did you ...	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
77. Smoke cigarettes?	A	B	C	D	E	F	G
78. Use <b>chewing tobacco, snuff, or dip</b> , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?	A	B	C	D	E	F	G
79. Smoke <b>cigars, cigarillos, or little cigars</b> ?	A	B	C	D	E	F	G
80. Smoke tobacco in a pipe?	A	B	C	D	E	F	G
81. Smoke tobacco in a "Hookah," also known as a waterpipe?	A	B	C	D	E	F	G
82. Smoke clove or kretek cigarettes?	A	B	C	D	E	F	G
83. Smoke bidis (or "beedies")? Bidis are small brown cigarettes that have tobacco wrapped in a lead and tied with a thread.	A	B	C	D	E	F	G

84. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day
85. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old
  - H. 14 years old
  - I. 15 years old
  - J. 16 years old
  - K. 17 years old or older
86. Have you ever tried smoking flavored cigarettes (made to taste like chocolate, candy, etc.)?
- A. Yes
  - B. No
87. Do you want to completely stop smoking cigarettes?
- A. I do not smoke now
  - B. Yes
  - C. No
88. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
  - B. Yes
  - C. No

89. Do you think that you will smoke a cigarette soon?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
90. At any time during the next year, do you think you will smoke a cigarette?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
91. If one of your best friends were to offer you a cigarette, would you smoke it?
- A. Definitely not
  - B. Probably not
  - C. Probably would
  - D. Definitely would
92. During the past 30 days, from which of the following sources did you get tobacco (cigarettes, chew, cigars)? **Please mark all that apply.**
- A. I did not get tobacco during the past 30 days
  - B. A store or gas station
  - C. Friends 18 or older
  - D. Friends under 18
  - E. Took from home without permission
  - F. A family member
  - G. The Internet
  - H. Some other source
93. If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?
- A. Very easy
  - B. Sort of easy
  - C. Sort of hard
  - D. Very hard
94. Do you know if your school has a rule against tobacco use?
- A. Yes
  - B. No
  - C. Not sure



95. During the past 30 days, on how many days did you smoke cigarettes **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
96. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip 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
97. During the past 12 months, have you seen **anyone** smoke on school property?
- Yes
  - No
98. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
- 0 days
  - 1 to 2 days
  - 3 to 4 days
  - 5 to 6 days
  - 7 days
99. Does someone living in your house (other than you) smoke cigarettes?
- Nobody smokes
  - Someone smokes, but not inside the house
  - Someone smokes inside the house

During the past 30 days, have you seen an advertisement promoting cigarettes:	Yes	No	Not sure
100. On a storefront or in a store?	A	B	C
101. In a magazine?	A	B	C

102. If you have a favorite, what is the brand of your favorite cigarette advertisement? **Mark only one answer.**
- I do not have a favorite
  - Marlboro
  - Camel
  - Kool
  - Virginia Slim
  - Winston
  - American Spirit
  - Other

103. What percentage of youth in **your grade** do you think smoked cigarettes in the past 30 days?
- Less than 10%
  - 11% to 20%
  - 21% to 30%
  - 31% to 40%
  - 41% to 50%
  - 51% to 60%
  - 61% to 70%
  - More than 70%

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**The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, energy drinks that contain alcohol, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

104. How old were you when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?
- I have never drank alcohol
  - 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older
105. 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
106. 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

107. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
- A. I did not drink alcohol during the past 30 days
  - B. I do not have a usual type
  - C. Beer
  - D. Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
  - E. Wine coolers, such as Bartles & Jaymes or Seagrams
  - F. Wine
  - G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
  - H. Some other type
108. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
109. 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?
- A. Very easy
  - B. Sort of easy
  - C. Sort of hard
  - D. Very hard
110. During the past 30 days, how did you **usually** get the alcohol you drank? (Select only **one** response).
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way

**The next few questions ask about marijuana. Marijuana is also called grass or pot.**

111. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old
  - H. 14 years old
  - I. 15 years old
  - J. 16 years old
  - K. 17 years old or older

112. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
113. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times

**The next section asks about other drugs.**

During the past 30 days, how many times have you ...	0 times	1 or more times
114. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	A	B
115. Used prescription drugs (without a doctor's orders) to get high?	A	B
116. Used <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	A	B
117. Used <b>any</b> form of cocaine, including powder, crack, or freebase?	A	B
118. Used <b>heroin</b> or other opiates or narcotics?	A	B
119. Used ecstasy (also called MDMA)?	A	B
120. Used LSD or other hallucinogens or psychedelics?	A	B

121. If you wanted to get a drug like cocaine, LSD, prescription drugs or amphetamines, how easy do you think it would be for you to get some?
- A. Very easy
  - B. Sort of easy
  - C. Sort of hard
  - D. Very hard

During your life, how many times have you ...	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
122. Used <b>any</b> form of cocaine, including powder, crack, or freebase?	A	B	C	D	E	F
123. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	A	B	C	D	E	F
124. Used <b>heroin</b> (also called smack, junk, or China White)?	A	B	C	D	E	F
125. Used <b>methamphetamines</b> (also called speed, crystal, crank, or ice)?	A	B	C	D	E	F
126. Used <b>ecstasy</b> (also called MDMA)?	A	B	C	D	E	F
127. Taken <b>steroid pills or shots</b> without a doctor's prescription?	A	B	C	D	E	F

How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
128. Smoke one or more packs of cigarettes per day?	A	B	C	D
129. Use chewing tobacco, snuff, or dip every day	A	B	C	D
130. Try marijuana once or twice?	A	B	C	D
131. Smoke marijuana regularly?	A	B	C	D
132. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	A	B	C	D
133. Have five or more drinks of an alcoholic beverage once or twice a week?	A	B	C	D

Think of your four best friends (the friends you feel closest to). IN THE PAST 12 MONTHS how many of your best friends have:	None	1 or more
134. Smoked cigarettes?	A	B
135. Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	A	B

#### ***Friends and Personal Beliefs***

139. How wrong do you think it is for someone your age to smoke cigarettes?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
140. How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
141. How wrong do you think it is for someone your age to smoke marijuana?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all

#### **The following questions ask about family, friends, personal beliefs, and community.**

136. How wrong do your parents feel it would be for you to smoke cigarettes?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
137. How wrong do your parents feel it would be for you to drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
138. How wrong do your parents feel it would be for you to smoke marijuana?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all



142. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

**Community**

143. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to smoke cigarettes?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
144. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

145. How wrong would most adults in your neighborhood, or the area around where you live, think it is for someone your age to smoke marijuana?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
146. If someone your age drank some beer, wine or hard liquor in your neighborhood, he or she would be caught by the police.
- A. Very much true
  - B. Pretty much true
  - C. A little true
  - D. Not at all true

**THANK YOU FOR YOUR PARTICIPATION**

