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1. What is your zip code?
Please fill in the boxes at the top, then fill in the circles in each column.

Zip Code				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

2. 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

3. What is your sex?

- (A) Female
- (B) Male

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. How old is your mother?
If you don't know, put your best guess.

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7. How old is your father?
If you don't know, put your best guess.

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8. In what grade are you?

- (A) 9th grade
- (B) 10th grade
- (C) 11th grade
- (D) 12th grade
- (E) Ungraded or other grade

9. 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		Height	
Feet	Inches	Feet	Inches
5	7		
3	0	3	0
4	1	4	1
●	2	5	2
6	3	6	3
7	4	7	4
	5		5
	6		6
	●		7
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	9		9
	10		10
	11		11

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

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

- (A) Mostly A's
- (B) Mostly B's
- (C) Mostly C's
- (D) Mostly D's
- (E) Mostly F's
- (F) None of these grades
- (G) Not sure

The next 4 questions ask about personal safety.

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

- (A) I did not ride a bicycle during the past 12 months
- (B) Never wore a helmet
- (C) Rarely wore a helmet
- (D) Sometimes wore a helmet
- (E) Most of the time wore a helmet
- (F) Always wore a helmet

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

- (A) Never
- (B) Rarely
- (C) Sometimes
- (D) Most of the time
- (E) Always

14. 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**?

- (A) 0 times
- (B) 1 time
- (C) 2 or 3 times
- (D) 4 or 5 times
- (E) 6 or more times

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

- (A) 0 times
- (B) 1 time
- (C) 2 or 3 times
- (D) 4 or 5 times
- (E) 6 or more times

The next 12 questions ask about violence-related behaviors.

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

- (A) 0 days
- (B) 1 day
- (C) 2 or 3 days
- (D) 4 or 5 days
- (E) 6 or more days

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

- (A) 0 days
- (B) 1 day
- (C) 2 or 3 days
- (D) 4 or 5 days
- (E) 6 or more days

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

- (A) 0 days
- (B) 1 day
- (C) 2 or 3 days
- (D) 4 or 5 days
- (E) 6 or more days

19. 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?

- (A) 0 days
- (B) 1 day
- (C) 2 or 3 days
- (D) 4 or 5 days
- (E) 6 or more days

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53 20. During the past 30 days, on how many days has
52 someone tried to hurt you by hitting, punching, or
51 kicking you **on school property**?

- 50 (A) 0 days
49 (B) 1 day
48 (C) 2 or 3 days
47 (D) 4 or 5 days
46 (E) 6 or more days

45
44

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

- 40 (A) 0 times
39 (B) 1 time
38 (C) 2 or 3 times
37 (D) 4 or 5 times
36 (E) 6 or 7 times
35 (F) 8 or 9 times
34 (G) 10 or 11 times
33 (H) 12 or more times

32

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

- 27 (A) 0 times
26 (B) 1 time
25 (C) 2 or 3 times
24 (D) 4 or 5 times
23 (E) 6 or 7 times
22 (F) 8 or 9 times
21 (G) 10 or 11 times
20 (H) 12 or more times

19

18

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

- 15 (A) 0 times
14 (B) 1 time
13 (C) 2 or 3 times
12 (D) 4 or 5 times
11 (E) 6 or 7 times
10 (F) 8 or 9 times
9 (G) 10 or 11 times
8 (H) 12 or more times

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24. 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?

- (A) 0 times
(B) 1 time
(C) 2 or 3 times
(D) 4 or 5 times
(E) 6 or more times

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

- (A) 0 times
(B) 1 time
(C) 2 or 3 times
(D) 4 or 5 times
(E) 6 or 7 times
(F) 8 or 9 times
(G) 10 or 11 times
(H) 12 or more times

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

- (A) Yes
(B) No

The next question asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

27. During the past 12 months, have you ever been bullied
on school property?

- (A) Yes
(B) No

The next 2 questions are about dating relationships.

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

- (A) Yes
(B) No

29. During the past 12 months, did your boyfriend or
girlfriend ever say things to you or to other people
about you to purposely hurt you?

- (A) I did not have a boyfriend or girlfriend during the
past 12 months
(B) Yes
(C) No

The next 5 questions ask about sad feelings, self-injury, 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.

30. 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?
(A) Yes
(B) No

31. During the past 12 months, did you ever **seriously** consider attempting suicide?
(A) Yes
(B) No

32. During the past 12 months, did you make a plan about how you would attempt suicide?
(A) Yes
(B) No

33. During the past 12 months, how many times did you actually attempt suicide?
(A) 0 times
(B) 1 time
(C) 2 or 3 times
(D) 4 or 5 times
(E) 6 or more times

34. **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?
(A) **I did not attempt suicide** during the past 12 months
(B) Yes
(C) No

The next question asks about hurting yourself on purpose.

35. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself on purpose?
(A) Yes
(B) No

The next 11 questions ask about tobacco use.

36. Have you ever tried cigarette smoking, even one or two puffs?
(A) Yes
(B) No

37. 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 or 10 years old
(D) 11 or 12 years old
(E) 13 or 14 years old
(F) 15 or 16 years old
(G) 17 years old or older

38. During the past 30 days, on how many days did you smoke cigarettes?
(A) 0 days
(B) 1 or 2 days
(C) 3 to 5 days
(D) 6 to 9 days
(E) 10 to 19 days
(F) 20 to 29 days
(G) All 30 days

39. 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

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- 52 40. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- 51
- 50
- 49 (A) I did not smoke cigarettes during the past 30 days
- 48 (B) I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- 47
- 46 (C) I bought them from a vending machine
- 45 (D) I gave someone else money to buy them for me
- 44 (E) I borrowed (or bummed) them from someone else
- 43 (F) A person 18 years old or older gave them to me
- 42 (G) I took them from a store or family member
- 41 (H) I got them some other way
- 40
- 39
- 38 41. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- 37
- 36 (A) 0 days
- 35 (B) 1 or 2 days
- 34 (C) 3 to 5 days
- 33 (D) 6 to 9 days
- 32 (E) 10 to 19 days
- 31 (F) 20 to 29 days
- 30 (G) All 30 days
- 29
- 28
- 27 42. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- 26
- 25 (A) Yes
- 24 (B) No
- 23
- 22
- 21 43. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- 20
- 19 (A) I did not smoke during the past 12 months
- 18 (B) Yes
- 17 (C) No
- 16
- 15
- 14 44. 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?
- 13
- 12
- 11
- 10 (A) 0 days
- 9 (B) 1 or 2 days
- 8 (C) 3 to 5 days
- 7 (D) 6 to 9 days
- 6 (E) 10 to 19 days
- 5 (F) 20 to 29 days
- 4 (G) All 30 days
- 3
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45. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days
46. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days

The next 8 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.

47. 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
48. How old were you when you had your first drink of alcohol other than a few sips?
- (A) I have never had a drink of alcohol other than a few sips
- (B) 8 years old or younger
- (C) 9 or 10 years old
- (D) 11 or 12 years old
- (E) 13 or 14 years old
- (F) 15 or 16 years old
- (G) 17 years old or older

59. During the past 30 days, on how many days did you have at least one drink of alcohol?

- A 0 days
- B 1 or 2 days
- C 3 to 5 days
- D 6 to 9 days
- E 10 to 19 days
- F 20 to 29 days
- G All 30 days

50. 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?

- A 0 days
- B 1 day
- C 2 days
- D 3 to 5 days
- E 6 to 9 days
- F 10 to 19 days
- G 20 or more days

51. During the past 30 days, how did you **usually** get the alcohol you drank?

- 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

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

- A 0 days
- B 1 or 2 days
- C 3 to 5 days
- D 6 to 9 days
- E 10 to 19 days
- F 20 to 29 days
- G All 30 days

53. During the past 30 days, where did you **usually** drink alcohol? (Select only **one** response.)

- A I did not drink alcohol during the past 30 days
- B At my home
- C At another person's home
- D While riding in or driving a car or other vehicle
- E At a restaurant, bar, or club
- F At a public place such as a park, beach, or parking lot
- G At a public event such as a concert or sporting event
- H On school property

54. 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

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

55. 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

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52 56. How old were you when you tried marijuana for the first time?

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50 (A) I have never tried marijuana

49 (B) 8 years old or younger

48 (C) 9 or 10 years old

47 (D) 11 or 12 years old

46 (E) 13 or 14 years old

45 (F) 15 or 16 years old

44 (G) 17 years old or older

43

42

41 57. During the past 30 days, how many times did you use marijuana?

40

39 (A) 0 times

38 (B) 1 or 2 times

37 (C) 3 to 9 times

36 (D) 10 to 19 times

35 (E) 20 to 39 times

34 (F) 40 or more times

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32

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

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29 (A) 0 times

28 (B) 1 or 2 times

27 (C) 3 to 9 times

26 (D) 10 to 19 times

25 (E) 20 to 39 times

24 (F) 40 or more times

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19 **The next 13 questions ask about other drugs.**

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16 59. During your life, how many times have you used any kind of herbal or natural substance to get high, such as salvia, woodrose, or morning glory seeds?

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14 (A) 0 times

13 (B) 1 or 2 times

12 (C) 3 to 9 times

11 (D) 10 to 19 times

10 (E) 20 to 39 times

9 (F) 40 or more times

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

(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

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

(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

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?

(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

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?

(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

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

(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

65. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?	53
A 0 times	52
B 1 or 2 times	51
C 3 to 9 times	50
D 10 to 19 times	49
E 20 to 39 times	48
F 40 or more times	47
66. During your life, how many times have you used ecstasy (also called MDMA)?	46
A 0 times	45
B 1 or 2 times	44
C 3 to 9 times	43
D 10 to 19 times	42
E 20 to 39 times	41
F 40 or more times	40
67. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?	39
A 0 times	38
B 1 or 2 times	37
C 3 to 9 times	36
D 10 to 19 times	35
E 20 to 39 times	34
F 40 or more times	33
68. During your life, how many times have you taken prescription painkillers , such as OxyContin, Codeine, or Percocet, without a doctor's prescription?	32
A 0 times	31
B 1 or 2 times	30
C 3 to 9 times	29
D 10 to 19 times	28
E 20 to 39 times	27
F 40 or more times	26
69. During your life, how many times have you used a needle to inject any illegal drug into your body?	25
A 0 times	24
B 1 time	23
C 2 or more times	22
70. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property ?	21
A Yes	20
B No	19
71. During the past 12 months, have you offered, sold, or given anyone an illegal drug on school property ?	18
A Yes	17
B No	16
The next 13 questions ask about sexual behavior.	
72. Have you ever had sexual intercourse?	15
A Yes	14
B No	13
73. How old were you when you had sexual intercourse for the first time?	12
A I have never had sexual intercourse	11
B 11 years old or younger	10
C 12 years old	9
D 13 years old	8
E 14 years old	7
F 15 years old	6
G 16 years old	5
H 17 years old or older	4
74. During your life, with how many people have you had sexual intercourse?	3
A I have never had sexual intercourse	2
B 1 person	1
C 2 people	
D 3 people	
E 4 people	
F 5 people	
G 6 or more people	
75. 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	

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76. 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
77. 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
78. 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
79. How many times have you been pregnant or gotten someone pregnant?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or more times
 - (D) Not sure
80. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)?
- (A) Yes
 - (B) No
 - (C) Not sure
81. During your life, with whom have you had sexual intercourse?
- (A) I have never had sexual intercourse
 - (B) Females
 - (C) Males
 - (D) Females and males

82. Which of the following best describes you?
- (A) Heterosexual (straight)
 - (B) Gay or lesbian
 - (C) Bisexual
 - (D) Not sure
83. Have you ever given or received oral sex?
- (A) Yes
 - (B) No
84. Which of the following people would you say have given you the most information about safe sex practices? (Select only **one** response.)
- (A) No one has talked to me about safe sex practices
 - (B) My parents
 - (C) My brothers or sisters
 - (D) My friends
 - (E) My doctor or nurse
 - (F) Wellness Center staff
 - (G) My health teacher
 - (H) Someone else

The next 7 questions ask about body weight.

85. How do **you** describe your weight?
- (A) Very underweight
 - (B) Slightly underweight
 - (C) About the right weight
 - (D) Slightly overweight
 - (E) Very overweight
86. Which of the following are you trying to do about your weight?
- (A) **Lose** weight
 - (B) **Gain** weight
 - (C) **Stay** the same weight
 - (D) I am **not trying to do anything** about my weight
87. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- (A) Yes
 - (B) No



88. 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?

- A Yes
- B No

89. 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?

- A Yes
- B No

90. 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.)

- A Yes
- B No

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

- A Yes
- B No

The next 3 questions ask about sleep.

92. On an average school night, how many hours of sleep do you get?

- A 4 or less hours
- B 5 hours
- C 6 hours
- D 7 hours
- E 8 hours
- F 9 hours
- G 10 or more hours

93. On an average night, how many times do you wake up before it is time to get up?

- A 0 times
- B 1 time
- C 2 times
- D 3 or more times

94. When you get up on an average morning, do you feel like you have had enough sleep?

- A Yes
- B No

The next 9 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.

95. During the past 7 days, on how many days did you eat breakfast?

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days
- G 6 days
- H 7 days

96. 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.)

- A I did not drink 100% fruit juice during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

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

- A I did not eat fruit during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

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

- (A) I did not eat green salad during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

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

- (A) I did not eat other vegetables during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

100. 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.)

- (A) I did not drink soda or pop during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

101. 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.)

- (A) I did not drink milk during the past 7 days
- (B) 1 to 3 glasses during the past 7 days
- (C) 4 to 6 glasses during the past 7 days
- (D) 1 glass per day
- (E) 2 glasses per day
- (F) 3 glasses per day
- (G) 4 or more glasses per day

102. Yesterday, how many caffeinated drinks did you have? (Please include coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added.)

- (A) I did not have any caffeinated drinks yesterday
- (B) 1 caffeinated drink
- (C) 2 caffeinated drinks
- (D) 3 or more caffeinated drinks

103. Do you buy food or drinks from vending machines in your school?

- (A) Yes
- (B) No

The next 5 questions ask about physical activity.

104. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- (A) 0 days
- (B) 1 day
- (C) 2 days
- (D) 3 days
- (E) 4 days
- (F) 5 days
- (G) 6 days
- (H) 7 days

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

- (A) I do not watch TV on an average school day
- (B) Less than 1 hour per day
- (C) 1 hour per day
- (D) 2 hours per day
- (E) 3 hours per day
- (F) 4 hours per day
- (G) 5 or more hours per day



106. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)

- A I do not play video or computer games or use a computer for something that is not school work
- B Less than 1 hour per day
- C 1 hour per day
- D 2 hours per day
- E 3 hours per day
- F 4 hours per day
- G 5 or more hours per day

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

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days

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

- A 0 teams
- B 1 team
- C 2 teams
- D 3 or more teams

The next 2 questions ask about HIV/AIDS.

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

- A Yes
- B No
- C Not sure

110. If you wanted an HIV test, would you know where to have one done?

- A Yes
- B No

The next 4 questions ask about what you do after school on an average day.

111. What do you do after school most days?

- A Go home
- B Participate in a sports program
- C Participate in an after-school program
- D Hang out with friends
- E Go to a job, work, or do volunteer work
- F Babysit for younger brothers and/or sisters
- G Something else _____

112. If you go directly home after school, who else is usually there? **(Mark all that apply.)**

- A I don't go home after school
- B No one else is usually there
- C Younger brothers and/or sisters are usually there
- D Older brothers and/or sisters are usually there
- E At least one adult is usually there
- F Someone else _____

113. When you are not at school, at home, or in an organized activity, such as sports, band, or church group, how much of the time do your parents know where you are?

- A Never
- B Rarely
- C Sometimes
- D Most of the time
- E Always

114. How many times in an average week do you eat dinner with your family?

- A 0 times
- B 1 time
- C 2 times
- D 3 times
- E 4 times
- F 5 times
- G 6 times
- H 7 times

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The following 5 questions ask how you feel about the risks of smoking cigarettes, drinking alcohol and using marijuana.

115. How much do you think people risk harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day?
- (A) No risk
 - (B) Slight risk
 - (C) Moderate risk
 - (D) Great risk
116. How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?
- (A) No risk
 - (B) Slight risk
 - (C) Moderate risk
 - (D) Great risk
117. How much do you think people risk harming themselves (physically or in other ways) if they binge drink (5 or more drinks within a couple of hours)?
- (A) No risk
 - (B) Slight risk
 - (C) Moderate risk
 - (D) Great risk
118. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
- (A) No risk
 - (B) Slight risk
 - (C) Moderate risk
 - (D) Great risk
119. How much do you think people risk harming themselves (physically or in other ways) if they take prescription drugs which were not prescribed for them?
- (A) No risk
 - (B) Slight risk
 - (C) Moderate risk
 - (D) Great risk

The following 3 questions ask how you think your parents feel about your smoking cigarettes, drinking alcohol and using marijuana.

120. 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 at all wrong
121. 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?
- (A) Very wrong
 - (B) Wrong
 - (C) A little bit wrong
 - (D) Not at all wrong
122. 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 at all wrong
123. In the past year, which of the following have you done? **(Mark all that apply.)**
- (A) Played the lottery or scratch-off tickets
 - (B) Gambled at a casino
 - (C) Bet on team sports
 - (D) Played Bingo for money
 - (E) Bet on dice games such as craps
 - (F) Bet money on horse races
 - (G) Gambled on the Internet
 - (H) Bet on video games
 - (I) Bet on games of personal skill such as pool, darts, or basketball

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For the following 3 questions, pick the column that applies to you. From that column, select the answer that most applies.

124. Please pick the column that applies to you:

a. If you **DID SMOKE CIGARETTES** in the past year, mark who or what had **THE MOST** influence on your decision to do so.

- A My parents
- B My brothers or sisters
- C My close friends
- D Other kids at school
- E The media (movies, TV, etc.)
- F Adults at school (teachers, sports coach, counselor, Wellness Center staff, etc.)
- G Other adults outside school

OR

b. If you **DID NOT SMOKE CIGARETTES** in the past year, mark who or what had **THE MOST** influence on your decision **NOT** to do so.

- A My parents
- B My brothers or sisters
- C My close friends
- D Other kids at school
- E The media (movies, TV, etc.)
- F Adults at school (teachers, sports coach, counselor, Wellness Center staff, etc.)
- G Other adults outside school

125. Please pick the column that applies to you:

a. If you **DID DRINK ALCOHOL** in the past year,

mark who or what had **THE MOST** influence on your decision to do so.

- A My parents
- B My brothers or sisters
- C My close friends
- D Other kids at school
- E The media (movies, TV, etc.)
- F Adults at school (teachers, sports coach, counselor, Wellness Center staff, etc.)
- G Other adults outside school

OR

b. If you **DID NOT DRINK ALCOHOL** in the past year,

mark who or what had **THE MOST** influence on your decision **NOT** to do so.

- A My parents
- B My brothers or sisters
- C My close friends
- D Other kids at school
- E The media (movies, TV, etc.)
- F Adults at school (teachers, sports coach, counselor, Wellness Center staff, etc.)
- G Other adults outside school

126. Please pick the column that applies to you:

a. If you **DID HAVE SEXUAL INTERCOURSE** in the past year,

mark the **MAIN REASONS** why you did.

- A Peer influence
- B Forced to have sex
- C To keep relationship
- D Alcohol or drug influence
- E Wanted to get pregnant
- F Curiosity
- G Physical enjoyment

OR

b. If you **DID NOT HAVE SEXUAL INTERCOURSE** in the past year,

mark the **MAIN REASONS** why you did **NOT**.

- A Hurt/disappoint my family
- B Friends would disapprove
- C To prevent pregnancy/STD's
- D Not ready
- E Religious reasons
- F Sex belongs only in serious relationships

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52 127. During the past 30 days, why have you been the victim of verbal abuse in school? (Select one or more responses.)

- 51 A I have not been the victim of verbal abuse
- 48 B The way I look
- 47 C When I can't do something well or right
- 46 D My gender (male or female)
- 45 E My sexual orientation
- 44 F My race or ethnicity
- 43 G My beliefs

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40 128. Have you ever been diagnosed by a doctor or nurse with any of these conditions? (Mark all that apply.)

- 39 A Asthma
- 38 B Diabetes
- 37 C High blood pressure
- 36 D ADD/ADHD
- 35 E Depression
- 34 F Anxiety
- 33 G Chronic Allergies
- 32 H A long-term physical disability which limits the things you can do
- 31 I A Learning disability
- 30 J I have never had any of these conditions

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26 129. Are you currently receiving medical treatment for any of these conditions? (Mark all that apply.)

- 25 A Asthma
- 24 B Diabetes
- 23 C High blood pressure
- 22 D ADD/ADHD
- 21 E Depression
- 20 F Anxiety
- 19 G Chronic Allergies
- 18 H A physical disability
- 17 I A learning disability
- 16 J I do not currently have any of these conditions

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The following 3 questions are about recent media campaigns.

130. Have you seen the TV ad called "Couch Busters" where kids get a "couch potato" to "Get Up and Do Something?"

- A Yes
- B No

131. As a result of seeing the "Couch Busters" TV ad, did you think you should be more physically active?

- A Yes
- B No
- C Did not see the TV ad

132. As a result of seeing the "Couch Busters" TV ad, did you become more physically active?

- A Yes
- B No
- C Did not see the TV ad

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



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