

Sandusky County High School Youth Health Survey

Directions: Please listen to the instructions of the leader. Do **NOT** put your name on this survey. This survey asks you about your health and things you do in your life that affect your health. The information you give us will be used to develop better health education and services for people your age. 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.

Please read and answer each question carefully. Please pick the letter of the answer that best describes you and your views. Circle the letter next to the best answer on your survey. The questions are out of order so that anyone who sees your survey cannot tell what you answered. No one will know what you write, but you must be honest. If you feel you can't be honest, please **DO NOT** answer the question at all. Just leave it blank. When you are done with the survey, fold it and place it in the folder at the front of the class. Thank you for doing your best on this!

Information About You

1. How old are you?
12 years old or younger.....A
13 years old.....B
14 years old.....C
15 years old.....D
16 years old.....E
17 years old.....F
18 years old or older.....G

2. What is your sex?
Female.....A
Male.....B

3. In what grade are you?
6th grade.....A
7th grade.....B
8th grade.....C
9th grade.....D
10th grade.....E
11th grade.....F
12th grade.....G
Ungraded or other grade.....H

4. How do you describe yourself?
(SELECT ONE OR MORE RESPONSES.)
American Indian or Alaskan Native.....A
Asian.....B
Black or African American.....C
Hispanic or Latino.....D
Native Hawaiian or Other Pacific Islander.....E
White.....F
Other.....G



5. During the past 12 months, how would you describe your grades in school?
- Mostly A's A
- Mostly B's B
- Mostly C's C
- Mostly D's D
- Mostly F's E
- None of these grades F
- Not sure G
6. Do you live with.....
(SELECT ONE OR MORE RESPONSES)
- Your mother A
- Your father B
- Another relative C
- Someone you are not related to D
- No one else/on your own E
7. Which of these activities do you currently participate in?
- A club or social organization A
- A church or religious organization B
- A sports or intramural program C
- Some other organized activity D
- Don't participate in any of these activities E
8. What is your zip code?
- _____

Personal Safety

9. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
I did not ride a bicycle during the past 12 months A
- Never wore a helmet B
- Rarely wore a helmet C
- Sometimes wore a helmet D
- Most of the time wore a helmet E
- Always wore a helmet F
10. How often do you wear a seat belt when **riding** in a car or other vehicle driven by someone else?
- Never A
- Rarely B
- Sometimes C
- Most of the time D
- Always E
11. 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**?
- 0 times A
- 1 time B
- 2 or 3 times C
- 4 or 5 times D
- 6 or more times E
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- 0 times A
- 1 time B
- 2 or 3 times C
- 4 or 5 times D
- 6 or more times E



Violence Related Behaviors

13. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club (other than for hunting)?
- 0 days A
1 day B
2 or 3 days C
4 or 5 days D
6 or more days E
14. During the past 30 days, on how many days did you carry a **gun**?
- 0 days A
1 day B
2 or 3 days C
4 or 5 days D
6 or more days E
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club **on school property**?
- 0 days A
1 day B
2 or 3 days C
4 or 5 days D
6 or more days E
16. 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 A
1 day B
2 or 3 days C
4 or 5 days D
6 or more days E

17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- 0 times A
1 time B
2 or 3 times C
4 or 5 times D
6 or 7 times E
8 or 9 times F
10 or 11 times G
12 or more times H
18. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?
- 0 times A
1 time B
2 or 3 times C
4 or 5 times D
6 or 7 times E
8 or 9 times F
10 or 11 times G
12 or more times H
19. During the past 12 months, how many times were you in a physical fight?
- 0 times A
1 time B
2 or 3 times C
4 or 5 times D
6 or 7 times E
8 or 9 times F
10 or 11 times G
12 or more times H



20. 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 a nurse?
- 0 times A
 1 time B
 2 or 3 times C
 4 or 5 times D
 6 or more times E
21. During the past 12 months, how many times were you in a physical fight **on school property**?
- 0 times A
 1 time B
 2 or 3 times C
 4 or 5 times D
 6 or more times E
22. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes A
 No B
23. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes A
 No B

Suicide

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

24. 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 A
 No B
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes A
 No B
26. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes A
 No B
27. During the past 12 months, how many times did you actually attempt suicide?
- 0 times A
 1 time B
 2 or 3 times C
 4 or 5 times D
 6 or more times E
28. **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** in the past 12 months A
 Yes B
 No C



Alcohol

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

29. During your life, on how many days have you had at least one drink of alcohol?
- 0 days..... A
 - 1 or 2 days..... B
 - 3 to 9 days..... C
 - 10 to 19 days..... D
 - 20 to 39 days..... E
 - 40 to 99 days..... F
 - 100 or more days..... G
30. 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..... A
- 8 years old or younger..... B
 - 9 or 10 years old..... C
 - 11 or 12 years old..... D
 - 13 or 14 years old..... E
 - 15 or 16 years old..... F
 - 17 years old or older..... G
31. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days..... A
 - 1 or 2 days..... B
 - 3 to 5 days..... C
 - 6 to 9 days..... D
 - 10 to 19 days..... E
 - 20 to 29 days..... F
 - All 30 days..... G

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

Tobacco Use

34. Have you ever tried cigarette smoking, even one or two puffs?
- Yes..... A
 - No..... B
35. How old were you when you smoked a whole cigarette for the first time?
I have never smoked a whole cigarette..... A
- 8 years old or younger..... B
 - 9 or 10 years old..... C
 - 11 or 12 years old..... D
 - 13 or 14 years old..... E
 - 15 or 16 years old..... F
 - 17 years old or older..... G



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

37. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- I did not smoke cigarettes during the past 30 days..... A
- Less than 1 cigarette per day..... B
- 1 cigarette per day..... C
- 2 to 5 cigarettes per day..... D
- 6 to 10 cigarettes per day..... E
- 11 to 20 cigarettes per day..... F
- More than 20 cigarettes per day..... G

38. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- I did not smoke cigarettes during the past 30 days..... A
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station..... B
- I bought them from a vending machine..... C
- I gave someone else money to buy them for me..... D
- I borrowed (or bummed) them from someone else..... E
- A person 18 years old or older gave them to me..... F
- I took them from a store or family member..... G
- I got them some other way..... H

39. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?
- I did not try to buy cigarettes in a store during the past 30 days..... A
- Yes, I was asked to show proof of age..... B
- No, I was not asked to show proof of age..... C

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

41. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes..... A
- No..... B

42. During the past 12 months, did you ever try to **quit** smoking cigarettes?
- Yes..... A
- No..... B

43. 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?
- 0 days..... A
- 1 or 2 days..... B
- 3 to 5 days..... C
- 6 to 9 days..... D
- 10 to 19 days..... E
- 20 to 29 days..... F
- All 30 days..... G



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

45. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 0 days..... A
- 1 or 2 days..... B
- 3 to 5 days..... C
- 6 to 9 days..... D
- 10 to 19 days..... E
- 20 to 29 days..... F
- All 30 days..... G

Marijuana Use

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

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

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

48. During the past 30 days, how many times did you use marijuana?
- 0 times..... A
- 1 or 2 times..... B
- 3 to 9 times..... C
- 10 to 19 times..... D
- 20 to 39 times..... E
- 40 or more times..... F

49. During the past 30 days, how many times did you use marijuana **on school property**?
- 0 times..... A
- 1 or 2 times..... B
- 3 to 9 times..... C
- 10 to 19 times..... D
- 20 to 39 times..... E
- 40 or more times..... F



Drug Use

The next 9 questions ask about other drugs.

50. During your life, how many times have you used **any** form of cocaine, including powder, crack or freebase?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F
51. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F
52. 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?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F
53. 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?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F
54. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F
55. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F
56. During your life, how many times have you used **ecstasy** (also called E or MDMA)?
- 0 times A
1 or 2 times B
3 to 9 times C
10 to 19 times D
20 to 39 times E
40 or more times F



57. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- 0 times..... A
- 1 or 2 times..... B
- 3 to 9 times..... C
- 10 to 19 times..... D
- 20 to 39 times..... E
- 40 or more times..... F

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

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

Perceived Risk of Drug Use

60. How much do you think people risk harming themselves (physically or in other ways) if they **smoke 3-5 cigarettes per week**?
- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

61. 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**?
- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

62. How much do you think people risk harming themselves (physically or in other ways) if they **smoke marijuana once a month**?
- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

63. How much do you think people risk harming themselves (physically or in other ways) if they **smoke marijuana once or twice a week**?
- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

64. How much do you think people risk harming themselves (physically or in other ways) if they have **five or more drinks of alcohol** (like beer, wine, or hard liquors such as vodka, whiskey, or gin) **once or twice a month**?
- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D



65. How much do you think people risk harming themselves (physically or in other ways) if they have **five or more drinks of alcohol** (like beer, wine, or hard liquors such as vodka, whiskey, or gin) **once or twice a week?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

66. How much do you think people risk harming themselves (physically or in other ways) if they use **pain medications** like Vicodin or Oxycontin either not prescribed for them or if they take more than prescribed to feel good or high **once or twice in their lifetime?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

67. How much do you think people risk harming themselves (physically or in other ways) if they use **pain medications** like Vicodin or Oxycontin either not prescribed for them or if they take more than prescribed to feel good or high **once or twice a week?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

68. How much do you think people risk harming themselves (physically or in other ways) if they use **methamphetamines** (like crystal meth, speed, uppers, meth, chalk, ice glass, copilots, Christmas tree, crak) **once or twice in their lifetime?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

69. How much do you think people risk harming themselves (physically or in other ways) if they use **methamphetamines** (like crystal meth, speed, uppers, meth, chalk, ice glass, copilots, Christmas tree, crak) **once or twice a week?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

70. How much do you think people risk harming themselves (physically or in other ways) if they use **other drugs** like cocaine, crack cocaine, or heroin **once or twice in their lifetime?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

71. How much do you think people risk harming themselves (physically or in other ways) if they use **other drugs** like cocaine, crack cocaine, or heroin **once or twice a week?**

- No risk..... A
- Slight risk..... B
- Moderate risk..... C
- Great risk..... D

Degree of Disapproval of Use by Adults

72. How do you think your parent(s) or guardian(s) would feel about you **smoking 3-5 cigarettes per week?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D



73. How do you think your parent(s) or guardian(s) would feel about you **smoking one or more packs of cigarettes per day?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

74. How do you think your parent(s) or guardian(s) would feel about you **drinking beer, wine or hard liquor** (for example vodka, whiskey, or gin) **nearly every day?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

75. How do you think your parent(s) or guardian(s) would feel about you **trying marijuana or hashish once or twice in your lifetime?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

76. How do you think your parent(s) or guardian(s) would feel about you **using marijuana or hashish once a month or more?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

77. How do you think your parent(s) or guardian(s) would feel about you **using pain medications** like Vicodin or Oxycontin either not prescribed for you or if you took more than prescribed to feel good or high **once or twice in your lifetime?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

78. How do you think your parent(s) or guardian(s) would feel about you **using pain medications** like Vicodin or Oxycontin either not prescribed for you or if you took more than prescribed to feel good or high **once a month or more?**

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

79. How do you think your parent(s) or guardian(s) would feel about you **using methamphetamines** (like crystal meth, speed, uppers, meth, chalk, ice glass, copilots, Christmas tree, crank) once or twice in your lifetime?

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D

80. How do you think your parent(s) or guardian(s) would feel about you **using methamphetamines** (like crystal meth, speed, uppers, meth, chalk, ice glass, copilots, Christmas tree, crank) once a month or more?

- Would Approve..... A
- Would Not Care..... B
- Disapprove Some..... C
- Strongly Disapprove..... D



81. How do you think your parent(s) or guardian(s) would feel about you **using other drugs** (like cocaine, crack cocaine, or heroin) **once or twice in your lifetime?**
 Would Approve.....A
 Would Not Care.....B
 Disapprove Some.....C
 Strongly Disapprove.....D

82. How do you think your parent(s) or guardian(s) would feel about you **using other drugs** (like cocaine, crack cocaine, or heroin) **once a month or more?**
 Would Approve.....A
 Would Not Care.....B
 Disapprove Some.....C
 Strongly Disapprove.....D

Perception of Disapproval of Use by Peers

83. How many of your **closest friends** do you think have **used tobacco** during the past 30 days?
 None of them.....A
 A few of them.....B
 Most of them.....C
 All of them.....D

84. How many of your **closest friends** do you think have **used marijuana** during the past 30 days?
 None of them.....A
 A few of them.....B
 Most of them.....C
 All of them.....D

85. How many of your **closest friends** do you think **have been drunk** during the past 30 days?
 None of them.....A
 A few of them.....B
 Most of them.....C
 All of them.....D

86. How many of your **closest friends** do you think have **had some kind of alcoholic drink** during the past 30 days?
 None of them.....A
 A few of them.....B
 Most of them.....C
 All of them.....D

87. How many of your **closest friends** do you think have **used methamphetamines** (like crystal meth, speed, uppers, meth, chalk, ice glass, copilots, Christmas tree, or crank) during the past 30 days?
 None of them.....A
 A few of them.....B
 Most of them.....C
 All of them.....D

88. How many of your **closest friends** do you think have **used other drugs** such as cocaine, crack cocaine, or heroin during the past 30 days?
 None of them.....A
 A few of them.....B
 Most of them.....C
 All of them.....D



89. How many of your **closest friends** do you think have **used a pain medication** like Vicodin or Oxycontin either not prescribed for them or they took more than prescribed to feel good or high during the past 30 days?
 None of them A
 A few of them B
 Most of them C
 All of them D

90. Who would approve of you **smoking**? (Please check all that apply)
 ___ No one would approve of me doing this
 ___ My closest friends
 ___ My teachers
 ___ My brother/sister
 ___ Others (who?) _____

91. Who would approve of you **drinking beer, wine, or hard liquor**? (Please check all that apply)
 ___ No one would approve of me doing this
 ___ My closest friends
 ___ My teachers
 ___ My brother/sister
 ___ Others (who?) _____

92. Who would approve of you **using marijuana**? (Please check all that apply)
 ___ No one would approve of me doing this
 ___ My closest friends
 ___ My teachers
 ___ My brother/sister
 ___ Others (who?) _____

93. Who would approve of you **using methamphetamines** (like crystal meth, speed, uppers, meth, chalk, ice glass, copilots, Christmas tree, crank)? (Please check all that apply)
 ___ No one would approve of me doing this
 ___ My closest friends
 ___ My teachers
 ___ My brother/sister
 ___ Others (who?) _____

94. Who would approve of you **using other drugs** (like cocaine, crack cocaine, or heroin)? (Please check all that apply)
 ___ No one would approve of me doing this
 ___ My closest friends
 ___ My teachers
 ___ My brother/sister
 ___ Others (who?) _____

95. Who would approve of you **using pain medications** like Vicodin or Oxycontin either not prescribed for you or if you took more than prescribed to feel good or high? (Please check all that apply)
 ___ No one would approve of me doing this
 ___ My closest friends
 ___ My teachers
 ___ My brother/sister
 ___ Others (who?) _____

Sexual Behavior

96. Have you ever had sexual intercourse?
 Yes A
 No B

97. Have you ever participated in oral sex?
 Yes A
 No B



98. How old were you when you had sexual intercourse for the first time?
 I have never had sexual intercourse..... A
 11 years old or younger..... B
 12 years old..... C
 13 years old..... D
 14 years old..... E
 15 years old..... F
 16 years old..... G
 17 years old or older..... H
99. During your life, with how many people have you had sexual intercourse?
 I have never had sexual intercourse..... A
 1 person..... B
 2 people..... C
 3 people..... D
 4 people..... E
 5 people..... F
 6 or more people..... G
100. During the past 3 months, with how many people did you have sexual intercourse?
 I have never had sexual intercourse..... A
 I have had sexual intercourse but not during the past 3 months..... B
 1 person..... C
 2 people..... D
 3 people..... E
 4 people..... F
 5 people..... G
 6 or more people..... H
101. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
 I have never had sexual intercourse..... A
 Yes..... B
 No..... C

102. The last time you had sexual intercourse, did you or your partner use a condom?
 I have never had sexual intercourse..... A
 Yes..... B
 No..... C
103. The last time you had sexual intercourse, what one method did you or your partner use **to prevent pregnancy?** (Select only **one** answer.)
 I have never had sexual intercourse..... A
 No method was used to prevent pregnancy... B
 Birth control pills..... C
 Condoms..... D
 Depo-Provera (injectable birth control)..... E
 Withdrawal..... F
 Some other method..... G
 Not sure..... H
104. Have you ever been taught about sexual practices, sexually transmitted diseases, AIDS or HIV infection in school?
 Yes..... A
 No..... B
 Not sure..... C

Diet, Nutrition, and Exercise

105. How do you describe your weight?
 Very underweight..... A
 Slightly underweight..... B
 About the right weight..... C
 Slightly overweight..... D
 Very overweight..... E



106. Which of the following are you trying to do about your weight?
 Lose weight A
 Gain weight B
 Stay the same weight C
 I am not trying to do anything about my weight D

107. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
 Yes A
 No B

108. 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?
 Yes A
 No B

109. 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?
 Yes A
 No B

110. 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.)
 Yes A
 No B

111. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
 Yes A
 No B

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

112. 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 A
 1 to 3 times during the past 7 days B
 4 to 6 times during the past 7 days C
 1 time per day D
 2 times per day E
 3 times per day F
 4 or more times per day G

113. 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 A
 1 to 3 times during the past 7 days B
 4 to 6 times during the past 7 days C
 1 time per day D
 2 times per day E
 3 times per day F
 4 or more times per day G



114. During the past 7 days, how many times did you eat **green salad**?
I did not eat green salad during the past 7 days..... A
1 to 3 times during the past 7 days..... B
4 to 6 times during the past 7 days..... C
1 time per day..... D
2 times per day..... E
3 times per day..... F
4 or more times per day..... G

115. 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..... A
1 to 3 times during the past 7 days..... B
4 to 6 times during the past 7 days..... C
1 time per day..... D
2 times per day..... E
3 times per day..... F
4 or more times per day..... G

116. During the past 7 days, how many times did you eat **carrots**?
I did not eat carrots during the past 7 days..... A
1 to 3 times during the past 7 days..... B
4 to 6 times during the past 7 days..... C
1 time per day..... D
2 times per day..... E
3 times per day..... F
4 or more times per day..... G

117. During the past 7 days, how many times did you eat **other vegetables**?
I did not eat other vegetables during the past 7 days..... A
1 to 3 times during the past 7 days..... B
4 to 6 times during the past 7 days..... C
1 time per day..... D
2 times per day..... E
3 times per day..... F
4 or more times per day..... G

118. 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.)
I did not drink milk during the past 7 days... A
1 to 3 glasses during the past 7 days..... B
4 to 6 glasses during the past 7 days..... C
1 glass per day..... D
2 glasses per day..... E
3 glasses per day..... F
4 or more glasses per day..... G

119. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
0 days..... A
1 day..... B
2 days..... C
3 days..... D
4 days..... E
5 days..... F
6 days..... G
7 days..... H



120. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- 0 days..... A
- 1 day..... B
- 2 days..... C
- 3 days..... D
- 4 days..... E
- 5 days..... F
- 6 days..... G
- 7 days..... H

121. On how many of the past 7 days were you physically activity for **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:.)
- 0 days..... A
- 1 day..... B
- 2 days..... C
- 3 days..... D
- 4 days..... E
- 5 days..... F
- 6 days..... G
- 7 days..... H

122. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day..... A
- Less than 1 hour per day..... B
- 1 hour per day..... C
- 2 hours per day..... D
- 3 hours per day..... E
- 4 hours per day..... F
- 5 or more hours per day..... G

123. On an average school night, do you care for any children under the age of 18? Include your brothers or sisters if you are the one who is responsible for them.
- Yes, I care for 1 child..... A
- Yes, I care for 2 or 3 children..... B
- Yes, I care for 4 or more children..... C
- No, I don't care for any children..... D

124. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days..... A
- 1 day..... B
- 2 days..... C
- 3 days..... D
- 4 days..... E
- 5 days..... F

125. During an average physical education (PE) class, how many minutes do you spend actually exercising or laying sports?
- I do not take PE..... A
- Less than 10 minutes..... B
- 10-20 minutes..... C
- 21 to 30 minutes..... D
- 31 to 40 minutes..... E
- 41 to 50 minutes..... F
- 51 to 60 minutes..... G
- More than 60 minutes..... H



The last questions ask about other health-related topics.

126. How do you describe your health in general?
- Excellent.....A
- Very Good.....B
- Good.....C
- Fair.....D
- Poor.....E

127. When did you last visit a doctor for a routine checkup?
- Less than a year ago.....A
- 1 to 2 years ago.....B
- 2 to 5 years ago.....C
- 5 or more years ago.....D
- Do not know.....E
- Never.....F

128. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- Less than a year ago.....A
- 1 to 2 years ago.....B
- 2 to 5 years ago.....C
- 5 or more years ago.....D
- Do not know.....E
- Never.....F

129. Has a doctor or nurse ever told you that you have asthma?
- Yes.....A
- No.....B
- Not sure.....C

130. During the past 12 months, have you had an episode of asthma or an asthma attack?
- I do not have asthma.....A
- No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months.....B
- Yes, I have had an episode of asthma or an asthma attack during the past 12 months.....C
- Not sure.....D

131. How tall are you without your shoes on?
- Feet _____
- Inches _____

132. How much do you weigh without your shoes on?
- _____ Pounds

Congratulations!
You are done! Please
put your survey inside
the brown envelope in
the front of the room.
Thank you for giving us
your opinions!



Most questions used in this survey are from the 2005 State and Local Youth Risk Behavior Survey, Department of Health and Human Services, Centers for Disease Control, Washington D.C., 2005