

# Sandusky County Middle School Youth Health Survey

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**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.

**Completing the survey is your choice.** 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 have 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!

<b>Information About You</b>
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1. How old are you?

- 11 years old.....A
- 12 years old.....B
- 13 years old.....C
- 14 years old.....D
- 15 years old.....E
- 16 years old or older.....F

2. What is your sex?

- Female.....A
- Male.....B

3. In what grade are you?

- 6th grade.....A
- 7th grade.....B
- 8th grade.....C
- Other.....D

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

- American Indian or Alaska Native.....A
- Asian.....B
- Black or African American.....C
- Hispanic or Latino.....D
- Native Hawaiian/Other Pacific Islander.....E
- White.....F

5. How do you describe your health in general?

- Excellent.....A
- Very good.....B
- Good.....C
- Fair.....D
- Poor.....E

6. How tall are you without your shoes on?

- Feet \_\_\_\_\_
- Inches \_\_\_\_\_



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

\_\_\_\_\_ Pounds

**Personal Safety**

8. How often do you wear a seat belt when riding in a car?

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

9. When you ride a bicycle, how often do you wear a helmet?

- I do not ride a bicycle..... A
- Never wear a helmet..... B
- Rarely wear a helmet..... C
- Sometimes wear a helmet..... D
- Most of the time wear a helmet..... E
- Always wear a helmet..... F

10. When you rollerblade or ride a skateboard, how often do you wear a helmet?

- I do not rollerblade or ride a skateboard.. A
- Never wear a helmet..... B
- Rarely wear a helmet..... C
- Sometimes wear a helmet..... D
- Most of the time wear a helmet..... E
- Always wear a helmet..... F

11. Have you ever ridden in a car driven by someone who had been drinking alcohol?

- Yes..... A
- No..... B
- Not sure..... C

12. Have you ever carried a weapon, such as a gun, knife, or club?

- Yes..... A
- No..... B

13. Have you ever been in a physical fight?

- Yes..... A
- No..... B

14. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?

- Yes..... A
- No..... B

**Suicide**

15. Have you ever **seriously** thought about killing yourself?

- Yes..... A
- No..... B

16. Have you ever made a **plan** about how you would kill yourself?

- Yes..... A
- No..... B

17. Have you ever **tried** to kill yourself?

- Yes..... A
- No..... B



## Smoking

18. Have you ever tried cigarette smoking, even one or two puffs?  
Yes.....A  
No.....B
19. 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 years old.....C  
10 years old.....D  
11 years old.....E  
12 years old.....F  
13 years old.....G  
14 years old or older.....H
20. **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

21. **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
22. **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  
I got them some other way.....G
23. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?  
Yes.....A  
No.....B



24. **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

25. **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

**Alcohol**

**The next 2 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.**

26. Have you ever had a drink of alcohol, other than a few sips?
- Yes ..... A  
 No ..... B

27. 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 years old ..... C  
 10 years old ..... D  
 11 years old ..... E  
 12 years old ..... F  
 13 years old ..... G  
 14 years old or older ..... H

**Marijuana**

28. Have you ever used marijuana?
- Yes ..... A  
 No ..... B
29. 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 years old ..... C  
 10 years old ..... D  
 11 years old ..... E  
 12 years old ..... F  
 13 years old ..... G  
 14 years old or older ..... H

**Other Drug Use**

30. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- Yes ..... A  
 No ..... B



31. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?  
 Yes.....A  
 No.....B
32. Have you ever used **steroids**?  
 Yes.....A  
 No.....B
33. Have you ever used a needle to inject any **illegal** drug into your body?  
 Yes.....A  
 No.....B

**Sexual Behavior**

34. Have you ever had sexual intercourse?  
 Yes.....A  
 No.....B
35. How old were you when you had sexual intercourse for the first time?  
 I have never had sexual intercourse.....A  
 8 years old or younger.....B  
 9 years old.....C  
 10 years old.....D  
 11 years old.....E  
 12 years old.....F  
 13 years old.....G  
 14 years old or older.....H

36. With how many people have you ever had sexual intercourse?  
 I have never had sexual intercourse.....A  
 1 person.....B  
 2 people.....C  
 3 people.....D  
 4 or more people.....E
37. 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

**Diet, Nutrition, and Exercise**

38. How do **you** describe your weight?  
 Very underweight.....A  
 Slightly underweight.....B  
 About the right weight.....C  
 Slightly overweight.....D  
 Very overweight.....E
39. 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
40. Have you ever **exercised** to lose weight or to keep from gaining weight?  
 Yes.....A  
 No.....B



41. Have you ever **eaten less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

Yes..... A

No..... B

42. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?

Yes..... A

No..... B

43. Have you ever **taken 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

44. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?

Yes..... A

No..... B

45. **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

46. **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

47. **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

48. Do you play on any sports teams? (Include any teams run by your school or community groups.)

Yes..... A

No..... B

## AIDS

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

Yes..... A

No..... B

Not sure..... C



## Perceived Risk of Drug Use

50. 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

51. 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

52. 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

53. 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

54. 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

55. 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

56. 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



57. 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

58. 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

59. 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

60. 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

61. 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**

62. 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

63. 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



64. 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
65. 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
66. 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
67. 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

68. 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
69. 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
70. 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



71. 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

72. 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**

73. 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

74. 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

75. 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

76. 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

77. 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

78. 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



79. 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

80. 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?)\_\_\_\_\_

81. 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?)\_\_\_\_\_

82. 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?)\_\_\_\_\_

83. 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?)\_\_\_\_\_

84. 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?)\_\_\_\_\_



85. 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?) \_\_\_\_\_

**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!**

Certain questions provided by:  
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