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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?
- 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older

3. What is your sex?
- Female
 - Male

4. Are you Hispanic or Latino?
- Yes
 - No

5. What is your race?
(Select one or more responses.)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

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

Age	
0	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

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

Age	
0	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

8. In what grade are you?
- 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - 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
	8		8
	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
	4	4	4	4	4
	●	5	5	5	5
	6	6	6	6	6
	7	7	7	7	7
	8	8	8	8	8
	9	9	9	9	9

11. 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 these grades
- Not sure

12. Where do you typically sleep at night?

- At home with your parent(s) or guardian(s)
- At a friend's or relative's home with your parent(s) or guardian(s)
- At a friend's or relative's home without your parent(s) or guardian(s)
- Somewhere else (such as a shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
- Somewhere else (such as a shelter, group home, foster care home, public place, car, hotel) without your parent(s) or guardian(s)

13. Are either of your parents or other adults in your family serving on active duty in the military?

- Yes
- No

14. During the past 12 months, have either of your parents or other adults in your family been in jail or in prison?

- Yes
- No

15. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)

- Yes
- No
- Not sure

16. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)

- Yes
- No
- Not sure

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

- Asthma
- Diabetes
- High blood pressure
- ADD/ADHD
- Depression
- Anxiety
- Chronic Allergies
- I have never had any of these conditions

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

- Asthma
- Diabetes
- High blood pressure
- ADD/ADHD
- Depression
- Anxiety
- Chronic Allergies
- I do not currently have any of these conditions

The next 4 questions ask about personal safety.

19. **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
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

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

- Never
- Rarely
- Sometimes
- Most of the time
- Always

21. 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
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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22. 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

The next 11 questions ask about violence-related behaviors.

23. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
24. 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
25. 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
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
26. 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

27. During the past 30 days, on how many days has someone tried to hurt you by hitting, punching, or kicking you **on school property**?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
28. 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
 - 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
29. 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
 - 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
30. 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

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31. 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?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

32. 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

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

- Yes
- 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.

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

- Yes
- No

The next 2 questions are about dating relationships.

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

- Yes
- No

36. 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?

- I did not have a boyfriend or girlfriend during the past 12 months
- Yes
- No

The next question asks about hurting yourself on purpose.

37. 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?

- Yes
- No

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.

38. 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

39. During the past 12 months, did you ever **seriously** consider attempting suicide?

- Yes
- No

40. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

41. 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

42. **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 next 11 questions ask about tobacco use.

43. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
 - No
44. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
45. During the past 30 days, on how many days did you smoke cigarettes?
- 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
46. 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
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day

47. 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
 - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - I bought them from a vending machine
 - I gave someone else money to buy them for me
 - I borrowed (or bummed) them from someone else
 - A person 18 years old or older gave them to me
 - I took them from a store or family member
 - I got them some other way
48. 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
49. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes
 - No
50. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- I did not smoke during the past 12 months
 - Yes
 - No
51. 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
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

52. 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

53. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars?**

- 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

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.

54. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

55. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

56. 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

57. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

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

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- I bought it at a restaurant, bar, or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- Someone gave it to me
- I took it from a store or family member
- I got it some other way

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

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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68. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
69. 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
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
70. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
71. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
72. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
73. During your life, how many times have you used **ecstasy** (also called MDMA)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
74. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
75. During your life, how many times have you taken prescription **painkillers**, such as OxyContin, codeine, or Percocet, without a doctor's prescription?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
76. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- 0 times
 - 1 time
 - 2 or more times
77. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
 - No
78. During the past 12 months, have **you** offered, sold, or given anyone an illegal drug **on school property**?
- Yes
 - No

53 The next 14 questions ask about sexual behavior.

52

51 79. Have you ever had sexual intercourse?

50 Yes

49 No

48

47 80. How old were you when you had sexual intercourse for the first time?

46 I have never had sexual intercourse

44 11 years old or younger

43 12 years old

42 13 years old

41 14 years old

40 15 years old

39 16 years old

38 17 years old or older

37

36 81. The first time you had sexual intercourse, how many years younger or older than you was your partner?

35 I have never had sexual intercourse

32 3 to 4 years younger

31 About the same age

30 3 to 4 years older

29 5 or more years older

28 Not sure

27

26

25 82. During your life, with how many people have you had sexual intercourse?

24 I have never had sexual intercourse

22 1 person

21 2 people

20 3 people

19 4 people

18 5 people

17 6 or more people

16

15

14 83. During the past 3 months, with how many people did you have sexual intercourse?

13 I have never had sexual intercourse

11 I have had sexual intercourse, but not during the past 3 months

9 1 person

8 2 people

7 3 people

6 4 people

5 5 people

4 6 or more people

3

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84. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

I have never had sexual intercourse

Yes

No

85. The **last time** you had sexual intercourse, did you or your partner use a condom?

I have never had sexual intercourse

Yes

No

86. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

I have never had sexual intercourse

No method was used to prevent pregnancy

Birth control pills

Condoms

Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD

Withdrawal

Some other method

Not sure

87. How many times have you been pregnant or gotten someone pregnant?

0 times

1 time

2 or more times

Not sure

88. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)?

Yes

No

Not sure

89. During your life, with whom have you had sexual intercourse?

I have never had sexual intercourse

Females

Males

Females and males

90. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Not sure

91. Have you ever given or received oral sex?

- Yes
- No

92. Which of the following people would you say have given you the **most** information about safe sex practices? (Select only **one** response.)

- No one has talked to me about safe sex practices
- My parents
- My brothers or sisters
- My friends
- My doctor or nurse
- Wellness Center staff
- My health teacher
- Someone else

The next 7 questions ask about body weight.

93. How do **you** describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

94. 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

95. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- Yes
- No

96. 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
- No

97. 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
- No

98. 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
- No

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

- Yes
- No

The next 3 questions ask about sleep.

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

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

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SERIAL

- 53 101. On an average night, how many times do you wake up before it is time to get up?
- 52
- 51 0 times
- 50 1 time
- 49 2 times
- 48 3 or more times

- 47
- 46
- 45 102. When you get up on an average morning, do you feel like you have had enough sleep?
- 44
- 43 Yes
- 42 No

41

40 **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.**

- 35
- 34 103. During the past 7 days, on how many days did you eat breakfast?
- 33
- 32 0 days
- 31 1 day
- 30 2 days
- 29 3 days
- 28 4 days
- 27 5 days
- 26 6 days
- 25 7 days

- 24
- 23 104. 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.)
- 22
- 21
- 20
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- 18 I did not drink 100% fruit juice during the past 7 days
- 17
- 16 1 to 3 times during the past 7 days
- 15 4 to 6 times during the past 7 days
- 14 1 time per day
- 13 2 times per day
- 12 3 times per day
- 11 4 or more times per day

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105. 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

106. 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

107. 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

108. 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

109. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or a 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
 - 1 to 3 glasses during the past 7 days
 - 4 to 6 glasses during the past 7 days
 - 1 glass per day
 - 2 glasses per day
 - 3 glasses per day
 - 4 or more glasses per day

110. Yesterday, how many caffeinated drinks did you have? (Count coffee, tea, sodas, power drinks, energy drinks, or other drinks with caffeine.)
- I did not have any caffeinated drinks yesterday
 - 1 caffeinated drink
 - 2 caffeinated drinks
 - 3 or more caffeinated drinks

111. Do you buy food or drinks from vending machines in your school?
- Yes
 - No

The next 5 questions ask about physical activity.

112. 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.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

113. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day

114. 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 Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
- I do not play video or computer games or use a computer for something that is not school work
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day

115. 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

116. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- 0 teams
 - 1 team
 - 2 teams
 - 3 or more teams

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53 The next 2 questions ask about HIV/AIDS.

- 52 117. Have you ever been taught about AIDS or HIV infection in school?
- 51 Yes
- 50 No
- 49 Not sure
- 48
- 47
- 46

- 45 118. If you wanted an HIV test, would you know where to have one done?
- 44 Yes
- 43 No
- 42
- 41

40 The next 3 questions ask about relationships.

- 39
- 38 119. Which of the following people would you say give you a lot of support and encouragement?
- 37 **(Mark all that apply.)**
- 36 No one
- 35 My parents
- 34 My brothers, sisters or other relatives
- 33 My teachers
- 32 Other adults in my neighborhood
- 31 Other adults in my school
- 30 My friends
- 29 My friends' parents
- 28
- 27
- 26

- 25 120. If you had a personal problem with drinking, drug use, or sexual behavior, who would you **most likely** talk to? (Select only **one** response.)
- 24 No one
- 23 My parents
- 22 My brothers, sisters, or other relatives
- 21 My teachers
- 20 Other adults in my neighborhood
- 19 Other adults in my school
- 18 My friends
- 17 My friends' parents
- 16
- 15
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- 13 121. How many times in an average week do you eat dinner with your family?
- 12 0 times
- 11 1 time
- 10 2 times
- 9 3 times
- 8 4 times
- 7 5 times
- 6 6 times
- 5 7 times
- 4
- 3
- 2
- 1

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

122. 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
- Slight risk
- Moderate risk
- Great risk

123. 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?
- No risk
- Slight risk
- Moderate risk
- Great risk

124. 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)?
- No risk
- Slight risk
- Moderate risk
- Great risk

125. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
- No risk
- Slight risk
- Moderate risk
- Great risk

126. 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?
- No risk
- Slight risk
- Moderate risk
- Great risk

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

127. Please pick the column that applies to you:

a. If you **DID SMOKE CIGARETTES**
in the past year,

OR

b. If you **DID NOT SMOKE CIGARETTES**
in the past year,

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

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

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

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

128. Please pick the column that applies to you:

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

OR

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

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

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

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

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

129. Please pick the column that applies to you:

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

OR

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

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

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

- Peer influence
- Forced to have sex
- To keep relationship
- Alcohol or drug influence
- Wanted to get pregnant
- Curiosity
- Physical enjoyment

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

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

130. How wrong do your parents feel it would be for you to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

131. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

132. How wrong do your parents feel it would be for you to smoke marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

133. In the past year, which of the following have you done? (Mark all that apply.)

- Played the lottery or scratch-off tickets
- Gambled at a casino
- Bet on team sports
- Played Bingo for money
- Bet on dice games such as craps
- Bet money on horse races
- Gambled on the Internet
- Bet on video games
- Bet on games of personal skill such as pool, darts, or basketball

134. During the past 30 days, have you been the victim of any of the following in school? (Select one or more responses.)

- Verbal abuse
- Cyberbullying
- Physical abuse

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

PLEASE DO NOT WRITE IN THIS AREA



SERIAL