

## **OREGON HEALTHY TEENS SURVEY 2005**

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

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

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

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

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

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to **"Mark All that Apply."**

### **Marking Instructions**

Make solid marks that fill in the response bubbles. If you make a mistake, please erase your mistake, then fill in the correct response.

Your participation in this survey is voluntary.

**1. Are you:**

- Male     Female

**2. What grade are you in?**

- 7<sup>th</sup>     8<sup>th</sup>     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

**3. How old are you?**

- 12 or younger     16  
 13     17  
 14     18 or older  
 15

**4. Are you Hispanic or Latino?**

- Yes     No

**5. Which one or more of the following would you say is your race group?**

**MARK ALL THAT APPLY**

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- American Indian or Alaska Native  
 Which tribe(s) are you associated with?
  - Burns Paiute
  - Coquille Indian Tribe
  - Klamath Tribes
  - Confederated Tribes of Grand Ronde
  - Confederated Tribes of Warm Springs
  - Confederated Tribes of Siletz
  - Confederated Tribes of Coos, et al
  - Confederated Tribes of Umatilla
  - Cow Creek Bank of Umpqua Indians
  - Other Tribal affiliation

**6. How tall are you without your shoes on?**

**Directions:** Write your height in the shaded blank boxes. Fill in the matching circle below each number.

**Example**

Height	
Feet	Inches
4	11
③	<input type="radio"/>
●	<input type="radio"/> ①
⑤	<input type="radio"/> ②
⑥	<input type="radio"/> ③
	<input type="radio"/> ④
	<input type="radio"/> ⑤
	<input type="radio"/> ⑥
	<input type="radio"/> ⑦
	<input type="radio"/> ⑧
	<input type="radio"/> ⑨
	<input type="radio"/> ⑩
	<input checked="" type="radio"/> ⑪

Height	
Feet	Inches
③	<input type="radio"/>
④	<input type="radio"/> ①
⑤	<input type="radio"/> ②
⑥	<input type="radio"/> ③
	<input type="radio"/> ④
	<input type="radio"/> ⑤
	<input type="radio"/> ⑥
	<input type="radio"/> ⑦
	<input type="radio"/> ⑧
	<input type="radio"/> ⑨
	<input type="radio"/> ⑩
	<input type="radio"/> ⑪

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

**Directions:** Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

**Example**

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

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

**8. Please tell us your zip code.**

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

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## HEALTH CARE ISSUES

**9. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?**

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

**10. During the past 12 months, did you HAVE any of the following health care needs?**

**MARK ALL THAT APPLY.**

Count any situation where you thought you should see a doctor, nurse, or other health professional.)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Other need not listed here
- I had no health care needs

**11. During the past 12 months, did you have any of the following health care needs that were NOT MET?**

**MARK ALL THAT APPLY.**

(Count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should.)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Toothache
- Other need not listed here
- I had no health care needs

**12. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?**

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

**13. Have you ever had a cavity?**

- Yes
- No

**14. Did you brush your teeth in the past 24 hours?**

- Yes
- No

## QUESTIONS ABOUT ASTHMA

**15. Has a doctor, nurse or other health professional ever told you that you have asthma?**

- Yes
- No
- Not sure

**16. DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?**

- Never had asthma
- Yes
- No
- Not sure

**17. Do you still have asthma?**

- I have never had asthma
- Yes, I still have asthma
- No, I no longer have asthma
- Don't know/not sure

**18. DURING THE PAST 30 DAYS, how many days of school did you miss because of your asthma?**

- I don't have asthma
- None
- One day
- Two to three days
- Four to six days
- Seven or more days
- Don't know/not sure

**19. During the past 30 days, how many nights did symptoms of asthma make it difficult for you to stay asleep?**

- I don't have asthma
- None
- One night
- Two to three nights
- Four to six nights
- Seven or more nights
- Don't know/not sure

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## QUESTIONS ABOUT NUTRITION

**20. During the PAST 7 DAYS, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?**

(Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**21. 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

**22. 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

**23. During the PAST 7 DAYS, how many times did you eat potatoes?**

(Do **not** count French fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**24. During the PAST 7 DAYS, how many times did you eat carrots?**

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**25. 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

**26. 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
- 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.

**27. In the PAST 7 DAYS, on how many days did you eat breakfast?**

- 0 days
- 1 day
- 2-4 days
- 5-6 days
- 7 days

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**28. During the past 7 days, how many times did you drink soft drinks such as Coke, diet coke, Pepsi, Sprite, Slice, Dr. Pepper, or Mountain Dew?**

- I did not drink soft drinks in the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**29. During the past 7 days, how many days did you buy soft drinks at school?**

- I did not buy soft drinks at school
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

#### QUESTIONS ABOUT PHYSICAL ACTIVITY

**30. 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

**31. 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
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**32. 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
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**34. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?**

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

**35. On an average school day, how many hours do you spend watching 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 hours or more per day

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## BODY WEIGHT SECTION

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

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

**37. Which of the following are you trying to do about your weight?**

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

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

- Yes
- No

**39. 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

**40. 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

**41. 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

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

- Yes
- No

## QUESTIONS ABOUT MOOD

**43. During the past week how often did you feel depressed ?**

- 0 days
- 1-2 days
- 3-4 days
- 5-7 days

**44. During the past 30 days, how much of the time have you**

**a. been a very nervous person?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**b. felt calm and peaceful?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**c. felt downhearted and blue?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**d. been a happy person?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**e. felt so down in the dumps that nothing could cheer you up?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

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**45. 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

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

- Yes       No

**47. 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

**48. 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  
 Yes  
 No

#### QUESTIONS ABOUT SEXUAL BEHAVIOR

**49. Have you ever had sexual intercourse?**

- Yes       No

**50. How old were you when you had sexual intercourse for the first time?**

- I have never had sexual intercourse  
 11 years old or younger  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old or older

**51. During your life, with how many people have you had sexual intercourse?**

- I have never had sexual intercourse  
 1 person  
 2 people  
 3 people  
 4 people  
 5 people  
 6 or more people

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

- I have never had sexual intercourse  
 I have had sexual intercourse, but not during the past 3 months  
 1 person  
 2 people  
 3 people  
 4 people  
 5 people  
 6 or more people

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

- I have never had sexual intercourse  
 Yes  
 No

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

- I have never had sexual intercourse  
 Yes  
 No

**55. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?**

- I have never had sexual intercourse  
 No method was used to prevent pregnancy  
 Birth control pills  
 Condoms  
 Depo Provera (birth control shot)  
 Withdrawal  
 Some other method  
 Not sure

**56. During the last 12 months have you been taught about AIDS or HIV infection in school?**

- Yes  
 No  
 Not Sure

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**QUESTIONS ABOUT UNWANTED BEHAVIOR,  
HARASSMENT AND THREATS**

57. **Have you ever been forced to have sexual intercourse when you did not want to?**  
 Yes       No
58. **During your life, has any adult ever had sexual contact with you?**  
 Yes       No
59. **During the past 12 months, did your boyfriend or girlfriend ever hit slap, or physically hurt you on purpose?**  
 Yes       No
60. **During your life, has any adult ever intentionally hit or physically hurt you?**  
 Yes       No

*The next question asks about harassment at school. Harassment can include threatening, bullying, name-calling or obscenities; offensive notes or graffiti; unwanted touching, and physical attacks.*

61. **During the PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? (Please mark all that apply)**
- Harassment about your race or ethnic origin
  - Unwanted sexual comments or attention
  - Harassment because someone thought you were gay, lesbian or bisexual
  - Harassment about your weight, clothes, acne, or other physical characteristics
  - Harassment about your group of friends
  - Other reasons
  - I have not been harassed.

**QUESTIONS ABOUT GENERAL SAFETY**

62. **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

63. **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
64. **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
65. **During the past 30 days, how many times did you ride in a car or other vehicle driven by a teenager who had been drinking alcohol?**
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
66. **During the past 30 days, how many times did you ride in a car or other vehicle driven by a parent or other adult who had been drinking alcohol?**
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
67. **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

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<b>68. During the past 30 days, on how many days did you:</b>	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
a. Carry a gun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Carry a weapon other than a gun (such as a knife, club, or other weapon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Carry a gun on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Carry a weapon other than a gun on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>69. IN THE PAST 12 MONTHS, how many times:</b>	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
a. Were you in a physical fight on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Has someone threatened you with a weapon such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Has someone injured you with a weapon on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Has someone taken money or things directly from you by using force, a weapon or threats in school or on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Has anyone offered, sold or given you an illegal drug on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>70. During the PAST 12 MONTHS, how many times have you:</b>	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
a. Gambled (e.g., bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been in a physical fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Been in a physical fight in which you were injured and had to be treated by a doctor or nurse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## TOBACCO

**71. How old were you when you smoked a whole cigarette for the first time?**

- Never have       11       15  
 8 or younger       12       16  
 9       13       17 or older  
 10       14

**72. During the past 30 days, on how many days did you smoke cigarettes?**

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

**73. 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

**74. During the past 30 days, on how many days did you use chewing tobacco, snuff, or clip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**

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

**75. During the past 30 days, on how many days did you smoke cigarettes on school property?**

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

**76. During the past 30 days, on how many days did you use chewing tobacco, snuff, or clip, on school property?**

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

**77. Did you ever try to quit using tobacco?**

- I did not use tobacco in the past 12 months  
 Yes  
 No

**78. Does someone living in your house (other than you) smoke cigarettes?**

- Nobody smokes  
 Someone smokes, but not inside the house  
 Someone smokes inside the house

**79. Is there a rule against tobacco in your school?**

- There is no rule  
 There is a rule, but it isn't enforced  
 There is a rule and it is sometimes enforced  
 There is a rule and it is strictly enforced

**80. During the last 12 months have you been taught about tobacco in school?**

- Yes  
 No  
 Not Sure

**81. If one of your best friends were to offer you a cigarette, would you smoke it?**

- Definitely not  
 Probably not  
 Probably would  
 Definitely would

**82. During the past 12 months, have you seen teachers or staff smoke on school property?**

- Yes       No

**83. If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?**

- Very easy       Sort of hard  
 Sort of easy       Very hard

Your participation in this survey is voluntary.

84. During the past 30 days, how many times did you get tobacco (cigarettes, chew, snuff, or cigars) from each of the following sources?	None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vending machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Drug stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Gas stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Friends older than 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Friends under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Took from home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. People selling tobacco on the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### ALCOHOL AND OTHER DRUGS

85. On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor (for example, vodka, whiskey, or gin) to drink during the past 30 days?

- 0 occasions                       6-9 occasions  
 1-2 occasions                     10 or more occasions  
 3-5 occasions

86. How old were you when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?

- Never have                       11                       15  
 8 or younger                     12                       16  
 9                                       13                       17 or older  
 10                                     14

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

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

88. 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                               6 to 9 days  
 1 or 2 days                       10 to 19 days  
 3 to 5 days                       20 to 29 days  
 All 30 days

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

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

90. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?

- Very easy                               Sort of hard  
 Sort of easy                               Very hard

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

- 0 times  
 1 or 2 times  
 3 to 9 times  
 10 to 19 times  
 20 to 39 times  
 40 or more times

92. How old were you when you tried marijuana or hashish for the first time?

- Never have                       11                       15  
 8 or younger                     12                       16  
 9                                       13                       17 or older  
 10                                     14

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

- 0 times  
 1 or 2 times  
 3 to 9 times  
 10 to 19 times  
 20 to 39 times  
 40 or more times

Your participation in this survey is voluntary.

<b>94. During the past 30 days, how many times did you get alcohol (beer, wine, or hard liquor) from each of the following sources?</b>	None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Gas stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friends older than 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Friends under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Took from home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. By asking a stranger to buy it for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Liquor store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Bar/Night Club or Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>95. DURING THE PAST 30 DAYS, on how many occasions (if any) have you:</b>	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10 or more occasions
a. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Used prescription drugs (without a doctor's orders) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Used methamphetamines (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Used any form of cocaine, including powder, crack, or freebase??	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used heroin or other opiates or narcotics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Used Ecstasy or MDMA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used LSD or other hallucinogens or psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>96. How much do think people risk harming themselves (physically or in other ways) if they:</b>	No risk	Slight Risk	Moderate Risk	Great Risk
a. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>97. During YOUR LIFE, how many times have you:</b>	0 times	1 or 2 times	3 to 9 times	10-19 times	20-39 times	40 or more times
a. Used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Used heroin (also called smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Used methamphetamines (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Taken steroid pills or shots without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used a needle to inject any illegal drug into your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary.

**QUESTIONS ABOUT FAMILY, FRIENDS,  
COMMUNITY AND SCHOOL**

***Family***

**98. In my home, there is a parent or some other adult who always wants me to do my best.**

- Very much true                       A little true  
 Pretty much true                       Not at all true

**99. How wrong do your parents feel it would be for you to:**

**a. smoke cigarettes?**

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

**b. drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?**

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

**c. smoke marijuana?**

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

***Friends and Personal Beliefs***

**100. How wrong do you think it is for someone your age to:**

**a. Smoke cigarettes?**

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

**b. Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?**

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

**c. Smoke marijuana?**

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

**d. Use LSD, cocaine, amphetamines, or another illegal drug?**

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

***Community or with an adult other than your parents or guardian***

**101. Outside of my home and school, there is an adult who always wants me to do my best.**

- Very much true                       A little true  
 Pretty much true                       Not at all true

***School***

**102. At my school, there is a teacher or some other adult, who believes that I will be a success.**

- Very much true                       A little true  
 Pretty much true                       Not at all true

**103. There are lots of chances for students in my school to talk with a teacher one-on-one?**

- Very much true                       A little true  
 Pretty much true                       Not at all true

**104. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class**

- Very much true                       A little true  
 Pretty much true                       Not at all true

Your school or school district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard.

**Fill in the corresponding answers to those questions here:**

- |                             |                              |
|-----------------------------|------------------------------|
| 1. (A)(B)(C)(D)(E)(F)(G)(H) | 8. (A)(B)(C)(D)(E)(F)(G)(H)  |
| 2. (A)(B)(C)(D)(E)(F)(G)(H) | 9. (A)(B)(C)(D)(E)(F)(G)(H)  |
| 3. (A)(B)(C)(D)(E)(F)(G)(H) | 10. (A)(B)(C)(D)(E)(F)(G)(H) |
| 4. (A)(B)(C)(D)(E)(F)(G)(H) | 11. (A)(B)(C)(D)(E)(F)(G)(H) |
| 5. (A)(B)(C)(D)(E)(F)(G)(H) | 12. (A)(B)(C)(D)(E)(F)(G)(H) |
| 6. (A)(B)(C)(D)(E)(F)(G)(H) | 13. (A)(B)(C)(D)(E)(F)(G)(H) |
| 7. (A)(B)(C)(D)(E)(F)(G)(H) | 14. (A)(B)(C)(D)(E)(F)(G)(H) |

Your participation in this survey is voluntary.