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# 2007 Delaware Youth Risk Behavior Survey High School Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

**DO NOT** write your name on this survey. 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.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

***Thank you very much for your help.***

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## DIRECTIONS

Use a #2 pencil only.

Make dark marks.

Fill in a response like this:  A  B  C  D

To change your answer, erase completely.

1. How old are you?

- A 12 years old or younger
- B 13 years old
- C 14 years old
- D 15 years old
- E 16 years old
- F 17 years old
- G 18 years old or older

2. What is your sex?

- A Female
- B Male

3. Are you Hispanic or Latino?

- A Yes
- B No

4. What is your race?

**(Select one or more responses.)**

- A American Indian or Alaska Native
- B Asian
- C Black or African American
- D Native Hawaiian or Other Pacific Islander
- E White

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

Age	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

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

Age	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

7. In what grade are you?

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

8. 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		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/>	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
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	<input type="radio"/> 6		<input type="radio"/> 6
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	<input type="radio"/> 9		<input type="radio"/> 9
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	<input type="radio"/> 11		<input type="radio"/>

9. 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			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/>	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/>	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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

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

**The next 4 questions ask about personal safety.**

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

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

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

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

13. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

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

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

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

**The next 12 questions ask about violence-related behaviors.**

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

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

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

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

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

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

18. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

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

19. During the past 30 days, on how many days were you harassed or bullied **on school property**?

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

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

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

21. 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**?

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

22. 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**?

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

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

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

24. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

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

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

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

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

- (A) Yes
- (B) No

**The following 2 questions are about dating relationships.**

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

- (A) Yes
- (B) No

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

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

The next 6 questions ask about sad feelings, self-injury, and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

- 29. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
  - A Yes
  - B No
  
- 30. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself on purpose?
  - A Yes
  - B No
  
- 31. During the past 12 months, did you ever **seriously** consider attempting suicide?
  - A Yes
  - B No
  
- 32. During the past 12 months, did you make a plan about how you would attempt suicide?
  - A Yes
  - B No
  
- 33. During the past 12 months, how many times did you actually attempt suicide?
  - A 0 times
  - B 1 time
  - C 2 or 3 times
  - D 4 or 5 times
  - E 6 or more times
  
- 34. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
  - A **I did not attempt suicide** during the past 12 months
  - B Yes
  - C No

The next 11 questions ask about tobacco use.

- 35. Have you ever tried cigarette smoking, even one or two puffs?
  - A Yes
  - B No
  
- 36. How old were you when you smoked a whole cigarette for the first time?
  - A I have never smoked a whole cigarette
  - B 8 years old or younger
  - C 9 or 10 years old
  - D 11 or 12 years old
  - E 13 or 14 years old
  - F 15 or 16 years old
  - G 17 years old or older
  
- 37. During the past 30 days, on how many days did you smoke cigarettes?
  - A 0 days
  - B 1 or 2 days
  - C 3 to 5 days
  - D 6 to 9 days
  - E 10 to 19 days
  - F 20 to 29 days
  - G All 30 days
  
- 38. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
  - A I did not smoke cigarettes during the past 30 days
  - B Less than 1 cigarette per day
  - C 1 cigarette per day
  - D 2 to 5 cigarettes per day
  - E 6 to 10 cigarettes per day
  - F 11 to 20 cigarettes per day
  - G More than 20 cigarettes per day

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- 52 39. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
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- 49  A I did not smoke cigarettes during the past 30 days
- 48  B I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- 47
- 46  E I bought them from a vending machine
- 45  F I gave someone else money to buy them for me
- 44  G I borrowed (or bummed) them from someone else
- 43  H A person 18 years old or older gave them to me
- 42  I I took them from a store or family member
- 41  J I got them some other way

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- 38 40. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- 37
- 36  A 0 days
- 35  B 1 or 2 days
- 34  C 3 to 5 days
- 33  D 6 to 9 days
- 32  E 10 to 19 days
- 31  F 20 to 29 days
- 30  G All 30 days

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- 27 41. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- 26
- 25  A Yes
- 24  B No

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- 21 42. During the past 12 months, did you ever try to **quit** smoking cigarettes?
- 20
- 19  A I did not smoke during the past 12 months
- 18  B Yes
- 17  C No

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- 14 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?
- 13
- 12
- 11
- 10  A 0 days
- 9  B 1 or 2 days
- 8  C 3 to 5 days
- 7  D 6 to 9 days
- 6  E 10 to 19 days
- 5  F 20 to 29 days
- 4  G All 30 days

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

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

**The next 8 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

46. During your life, on how many days have you had at least one drink of alcohol?
- A 0 days
- B 1 or 2 days
- C 3 to 9 days
- D 10 to 19 days
- E 20 to 39 days
- F 40 to 99 days
- G 100 or more days

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

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

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

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

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

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

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

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

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

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

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

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

- A I did not drink alcohol during the past 30 days
- B I do not have a usual type
- C Beer
- D Malt beverages, such as Smirnoff Ice, Barcardi Silver, or Hard Lemonade
- E Wine coolers, such as Bartles and James or Seagrams
- F Wine
- G Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- H Some other type

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

54. During your life, how many times have you used marijuana?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 to 99 times
- G 100 or more times

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50 (A) I have never tried marijuana

49 (B) 8 years old or younger

48 (C) 9 or 10 years old

47 (D) 11 or 12 years old

46 (E) 13 or 14 years old

45 (F) 15 or 16 years old

44 (G) 17 years old or older

43

42

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

40

39 (A) 0 times

38 (B) 1 or 2 times

37 (C) 3 to 9 times

36 (D) 10 to 19 times

35 (E) 20 to 39 times

34 (F) 40 or more times

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

30

29 (A) 0 times

28 (B) 1 or 2 times

27 (C) 3 to 9 times

26 (D) 10 to 19 times

25 (E) 20 to 39 times

24 (F) 40 or more times

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

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

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14 (A) 0 times

13 (B) 1 or 2 times

12 (C) 3 to 9 times

11 (D) 10 to 19 times

10 (E) 20 to 39 times

9 (F) 40 or more times

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

(A) 0 times

(B) 1 or 2 times

(C) 3 to 9 times

(D) 10 to 19 times

(E) 20 to 39 times

(F) 40 or more times

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

(A) 0 times

(B) 1 or 2 times

(C) 3 to 9 times

(D) 10 to 19 times

(E) 20 to 39 times

(F) 40 or more times

61. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

(A) 0 times

(B) 1 or 2 times

(C) 3 to 9 times

(D) 10 to 19 times

(E) 20 to 39 times

(F) 40 or more times

62. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

(A) 0 times

(B) 1 or 2 times

(C) 3 to 9 times

(D) 10 to 19 times

(E) 20 to 39 times

(F) 40 or more times

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

(A) 0 times

(B) 1 or 2 times

(C) 3 to 9 times

(D) 10 to 19 times

(E) 20 to 39 times

(F) 40 or more times



64. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A 0 times
  - B 1 or 2 times
  - C 3 to 9 times
  - D 10 to 19 times
  - E 20 to 39 times
  - F 40 or more times
65. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A 0 times
  - B 1 or 2 times
  - C 3 to 9 times
  - D 10 to 19 times
  - E 20 to 39 times
  - F 40 or more times
66. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A 0 times
  - B 1 or 2 times
  - C 3 to 9 times
  - D 10 to 19 times
  - E 20 to 39 times
  - F 40 or more times
67. During your life, how many times have you taken prescription **painkillers**, such as OxyContin, Codeine, or Percocet, without a doctor's prescription?
- A 0 times
  - B 1 or 2 times
  - C 3 to 9 times
  - D 10 to 19 times
  - E 20 to 39 times
  - F 40 or more times
68. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A 0 times
  - B 1 time
  - C 2 or more times
69. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A Yes
  - B No
70. During the past 12 months, have **you** offered, sold, or given anyone an illegal drug **on school property**?
- A Yes
  - B No
- The next 12 questions ask about sexual behavior.**
71. Which of the following best describes you?
- A Heterosexual (straight)
  - B Homosexual (gay or lesbian)
  - C Bisexual
  - D Not sure
72. Have you ever had sexual intercourse?
- A Yes
  - B No
73. How old were you when you had sexual intercourse for the first time?
- A I have never had sexual intercourse
  - B 11 years old or younger
  - C 12 years old
  - D 13 years old
  - E 14 years old
  - F 15 years old
  - G 16 years old
  - H 17 years old or older
74. During your life, with whom have you had sexual intercourse?
- A I have never had sexual intercourse
  - B Females
  - C Males
  - D Females and males
75. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)?
- A Yes
  - B No
  - C Not sure

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76. During your life, with how many people have you had sexual intercourse?
- A I have never had sexual intercourse
  - B 1 person
  - C 2 people
  - D 3 people
  - E 4 people
  - F 5 people
  - G 6 or more people
77. During the past 3 months, with how many people did you have sexual intercourse?
- A I have never had sexual intercourse
  - B I have had sexual intercourse, but not during the past 3 months
  - E 1 person
  - F 2 people
  - G 3 people
  - H 4 people
  - I 5 people
  - O 6 or more people
78. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A I have never had sexual intercourse
  - B Yes
  - C No
79. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A I have never had sexual intercourse
  - B Yes
  - C No
80. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A I have never had sexual intercourse
  - B No method was used to prevent pregnancy
  - C Birth control pills
  - D Condoms
  - E Depo-Provera (injectable birth control)
  - F Withdrawal
  - G Some other method
  - H Not sure

81. Have you ever given or received oral sex?
- A Yes
  - B No
82. How many times have you been pregnant or gotten someone pregnant?
- A 0 times
  - B 1 time
  - C 2 or more times
  - D Not sure

**The next 7 questions ask about body weight.**

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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

86. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A Yes  
 B No
87. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A Yes  
 B No
88. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- A Yes  
 B No
89. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A Yes  
 B No

**The next 3 questions ask about sleep.**

90. On an average school night, how many hours of sleep do you get?
- A 5 or fewer hours  
 B 6 hours  
 C 7 hours  
 D 8 hours  
 E 9 or more hours
91. On an average night, how many times do you wake up before it is time to get up?
- A 0 times  
 B 1 time  
 C 2 times  
 D 3 or more times

92. When you get up on an average morning, do you feel like you have had enough sleep?
- A Yes  
 B No

**The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

93. How many times in an average week do you eat breakfast?
- A 0 times  
 B 1 time  
 C 2 times  
 D 3 times  
 E 4 times  
 F 5 times  
 G 6 times  
 H 7 times
94. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A I did not drink 100% fruit juice during the past 7 days  
 B 1 to 3 times during the past 7 days  
 C 4 to 6 times during the past 7 days  
 D 1 time per day  
 E 2 times per day  
 F 3 times per day  
 G 4 or more times per day
95. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A I did not eat fruit during the past 7 days  
 B 1 to 3 times during the past 7 days  
 C 4 to 6 times during the past 7 days  
 D 1 time per day  
 E 2 times per day  
 F 3 times per day  
 G 4 or more times per day

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96. During the past 7 days, how many times did you eat **green salad**?
- (A) I did not eat green salad during the past 7 days
  - (B) 1 to 3 times during the past 7 days
  - (C) 4 to 6 times during the past 7 days
  - (D) 1 time per day
  - (E) 2 times per day
  - (F) 3 times per day
  - (G) 4 or more times per day
97. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- (A) I did not eat other vegetables during the past 7 days
  - (B) 1 to 3 times during the past 7 days
  - (C) 4 to 6 times during the past 7 days
  - (D) 1 time per day
  - (E) 2 times per day
  - (F) 3 times per day
  - (G) 4 or more times per day
98. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- (A) I did not drink soda or pop during the past 7 days
  - (B) 1 to 3 times during the past 7 days
  - (C) 4 to 6 times during the past 7 days
  - (D) 1 time per day
  - (E) 2 times per day
  - (F) 3 times per day
  - (G) 4 or more times per day
99. Yesterday, how many caffeinated drinks did you have? (Please include coffee, tea, sodas, power drinks, or other drinks with caffeine added.)
- (A) I did not have any caffeinated drinks yesterday
  - (B) 1 or 2 caffeinated drinks
  - (C) 3 or more caffeinated drinks

100. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- (A) I did not drink milk during the past 7 days
  - (B) 1 to 3 glasses during the past 7 days
  - (C) 4 to 6 glasses during the past 7 days
  - (D) 1 glass per day
  - (E) 2 glasses per day
  - (F) 3 glasses per day
  - (G) 4 or more glasses per day

101. Do you buy food or drinks from vending machines in your school?
- (A) Yes
  - (B) No

**The next 5 questions ask about physical activity.**

102. During the past 7 days, on how many days were you physically active 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.)
- (A) 0 days
  - (B) 1 day
  - (C) 2 days
  - (D) 3 days
  - (E) 4 days
  - (F) 5 days
  - (G) 6 days
  - (H) 7 days
103. On an average school day, how many hours do you watch TV?
- (A) I do not watch TV on an average school day
  - (B) Less than 1 hour per day
  - (C) 1 hour per day
  - (D) 2 hours per day
  - (E) 3 hours per day
  - (F) 4 hours per day
  - (G) 5 or more hours per day

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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

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

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

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

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

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

**The next 2 questions ask about HIV/AIDS.**

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

- A Yes
- B No
- C Not sure

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

- A Yes
- B No

**The next 4 questions ask about how you make decisions.**

109. Which of the following people would you say give you a lot of support and encouragement ?

**(Mark all that apply.)**

- A No one
- B My parents
- C My teachers
- D Other adults in my neighborhood
- E Other adults in my school such as Wellness Center staff, sports coach, school nurse, or guidance counselor
- F My friends
- G My friends' parents

110. If you had a personal problem about drinking, drug use, or sexual behavior, who would you **most likely** talk to? (Select only **one** response.)

- A No one
- B My parents
- C My close friends
- D My brother or sister
- E My doctor
- F My teacher(s)
- G Other adults in my school such as Wellness Center staff, sports coach, school nurse, or guidance counselor
- H Other adults outside of school

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111. Where have you learned **the most** about the effects of drugs and alcohol? (Select only **one** response.)

- A School drug education programs
- B My parents
- C My friends
- D My brother or sister
- E Other adults in my school, such as Wellness Center staff, sports coach, teacher, school nurse, or guidance counselor
- The media, such as movies, TV, and magazines
- The Internet
- Other adults outside school

112. Imagine that someone at your school hit you or pushed you for no reason. What would you do? (Select only **one** response.)

- A I would just ignore it and do nothing
- B I would hit or push them right back
- C I would try to hurt them worse than they hurt me
- D I would try to talk to this person and work out our differences
- I would talk to a teacher or other adult
- I would talk to someone else

**For the following 8 questions, indicate how true the statement is concerning you.**

	Not True At All	Barely True	Moderately True	Exactly True
113. If someone opposes me, I can find means and ways to get what I want.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
114. It is easy for me to stick to my aims and accomplish my goals.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
115. I am confident that I can deal efficiently with unexpected events.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
116. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
117. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
118. When I am confronted with a problem, I can usually find several solutions.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
119. If I am in trouble, I can usually think of something to do.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
120. No matter what comes my way, I'm usually able to handle it.	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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

121. Please pick the column that applies to you:

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

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

**OR**

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

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

122. Please pick the column that applies to you:

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

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

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

**OR**

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

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

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

123. Please pick the column that applies to you:

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

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

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

**OR**

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

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

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



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124. In the past year, which of the following have you done? **(Mark all that apply.)**
- A Played the lottery or scratch-off tickets
  - B Gambled at a casino
  - C Bet on team sports
  - D Played cards for money
  - E Bet money on horse races
  - F Played Bingo for money
  - G Bet on dice games such as craps
  - H Gambled on the Internet
  - I Bet on games of personal skill such as pool, darts, or basketball
  - J Bet on video games
125. When you are not at school, at home, or in an organized activity, such as sports, band, or church group, how much of the time do your parents know where you are?
- A Never
  - B Rarely
  - C Sometimes
  - D Most of the time
  - E Always
126. When you are not at school, at home, or in an organized activity, such as sports, band, or church group, how much of the time do your parents know who you are with?
- A Never
  - B Rarely
  - C Sometimes
  - D Most of the time
  - E Always
127. During the past 30 days, why have you been the victim of verbal abuse in school? **(Select one or more responses.)**
- A I have not been the victim of verbal abuse
  - B My appearance
  - C My ability or lack of ability to do something
  - D My gender (male or female)
  - E My sexual orientation
  - F My race or ethnicity
  - G My beliefs

128. How many times in an average week do you eat dinner with your family?
- A 0 times
  - B 1 time
  - C 2 times
  - D 3 times
  - E 4 times
  - F 5 times
  - G 6 times
  - H 7 times
129. Have you ever been diagnosed by a doctor or nurse with any of these conditions? **(Mark all that apply.)**
- A Asthma
  - B Diabetes
  - C High blood pressure
  - D ADD/ADHD
  - E Depression
  - F Anxiety
  - G Chronic Allergies
  - H I have never had any of these conditions
130. Are you currently receiving medical treatment for any of these conditions? **(Mark all that apply.)**
- A Asthma
  - B Diabetes
  - C High blood pressure
  - D ADD/ADHD
  - E Depression
  - F Anxiety
  - G Chronic Allergies
  - H I do not currently have any of these conditions

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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]