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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?
- (A) 10 years old or younger
 - (B) 11 years old
 - (C) 12 years old
 - (D) 13 years old
 - (E) 14 years old
 - (F) 15 years old
 - (G) 16 years old or older

3. What is your sex?
- (A) Female
 - (B) Male

4. In what grade are you?
- (A) 6th grade
 - (B) 7th grade
 - (C) 8th grade
 - (D) Other

5. Are you Hispanic or Latino?
- (A) Yes
 - (B) No

6. 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

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

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

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

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

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.

Height	
Feet	Inches
5	7
3	0
4	1
●	2
6	3
7	4
	5
	6
	●
	8
	9
	10
	11

Height	
Feet	Inches
3	0
4	1
5	2
6	3
7	4
	5
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	7
	8
	9
	10
	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.

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

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
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The following 8 questions ask about your relationship with your parents in the past 4 weeks.	1 NEVER	2	3	4	5 ALWAYS
28. How often did you get along <u>well</u> with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How often did your parents listen to your ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. How often did your parents eat meals with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. How often did your parents spend time with you doing something fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. How often did you talk to your parents about what you were going to do the next day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. How often did your parents talk to you about how you were feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Have your parents treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. How often did your parents help you with your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you have had a problem in the past four weeks, how often would the following things happen?	1 NEVER	2	3	4	5 ALWAYS
36. I would keep remembering what happened and not stop thinking about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. When I would try to sleep, I would not be able to stop thinking about the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Thoughts about the problems would just pop into my head.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. My mind would go blank; I wouldn't be able to think at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. It would be really hard for me to concentrate or pay attention in class when I have problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. When things would get bad in school, I would get so upset that I can't remember what happened or what I did.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 4 questions ask about safety.

- 42. **When you ride a bicycle**, how often do you wear a helmet?
 - (A) I do not ride a bicycle
 - (B) Never wear a helmet
 - (C) Rarely wear a helmet
 - (D) Sometimes wear a helmet
 - (E) Most of the time wear a helmet
 - (F) Always wear a helmet

- 43. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
 - (A) I do not roller blade or ride a skateboard
 - (B) Never wear a helmet
 - (C) Rarely wear a helmet
 - (D) Sometimes wear a helmet
 - (E) Most of the time wear a helmet
 - (F) Always wear a helmet

- 44. How often do you wear a seat belt when **riding in** a car?
 - (A) Never
 - (B) Rarely
 - (C) Sometimes
 - (D) Most of the time
 - (E) Always

- 45. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - (A) Yes
 - (B) No
 - (C) Not sure

The next 3 questions ask about violence-related behaviors.

- 46. Have you ever carried **a weapon**, such as a gun, knife or club?
 - (A) Yes
 - (B) No

- 47. Have you ever been in a physical fight in which you were hurt bad and had to be treated by a doctor or a nurse?
 - (A) Yes
 - (B) No

- 48. Have you ever been in a physical fight?
 - (A) Yes
 - (B) No

The next 4 questions ask about intentionally hurting yourself and attempted suicide. Sometimes people feel so sad and depressed that they may consider attempting suicide or killing themselves.

- 49. 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

- 50. Have you ever seriously thought about killing yourself?
 - (A) Yes
 - (B) No

- 51. Have you ever made a plan about how you would kill yourself?
 - (A) Yes
 - (B) No

- 52. Have you ever tried to seriously hurt yourself or kill yourself?
 - (A) No, never
 - (B) Yes, more than a year ago
 - (C) Yes, in the past year
 - (D) Yes, in the past 4 weeks
 - (E) Yes, in the past 7 days

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The next 8 questions ask you about tobacco use.

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53. Have you ever tried cigarette smoking, even one or two puffs?

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47 (A) Yes

46 (B) No

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54. how old were you when you smoked a whole cigarette for the first time?

42

41 (A) I have never smoked a whole cigarette

40 (B) 8 years old or younger

39 (C) 9 years old

38 (D) 10 years old

37 (E) 11 years old

36 (F) 12 years old

35 (G) 13 years old or older

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

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29 (A) 0 days

28 (B) 1 or 2 days

27 (C) 3 to 5 days

26 (D) 6 to 9 days

25 (E) 10 to 19 days

24 (F) 20 to 29 days

23 (G) All 30 days

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56. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

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16 (A) I did not smoke cigarettes during the past 30 days

15 (B) Less than 1 cigarette per day

14 (C) 1 cigarette per day

13 (D) 2 to 5 cigarettes per day

12 (E) 6 to 10 cigarettes per day

11 (F) 11 to 20 cigarettes per day

10 (G) More than 20 cigarettes per day

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57. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)

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

58. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- (A) Yes
- (B) No

59. 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?

- (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

60. 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 2 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

61. Have you ever had a drink of alcohol, other than a few sips?
- A Yes
 - B No
- 62 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 years old
 - D 10 years old
 - E 11 years old
 - F 12 years old
 - G 13 years old or older

The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.

63. Have you ever used marijuana?
- A Yes
 - B No
64. How old were you when you tried marijuana for the first time?
- A I have never tried marijuana
 - B 8 years old or younger
 - C 9 years old
 - D 10 years old
 - E 11 years old
 - F 12 years old
 - G 13 years old or older

The next 3 questions ask about other drugs.

65. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A Yes
 - B No
66. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A Yes
 - B No
67. Have you ever used **steroid pills or shots** without a doctors prescription?
- A Yes
 - B No

The next two questions ask you about dating relationships

68. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A Yes
 - B No
69. During the past 12 months has your boyfriend or girlfriend ever said things to you or to other people about you to purposely hurt you?
- A Yes
 - B No

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52 The next 4 questions ask about sexual behavior.

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70. Have you ever had sexual intercourse?

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(A) Yes

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(B) No

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

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42

(A) I have never had sexual intercourse

41

(B) 8 years old or younger

40

(C) 9 years old

39

(D) 10 years old

38

(E) 11 years old

37

(F) 12 years old

36

(G) 13 years old or older

35

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72. With how many people have you had sexual intercourse?

33

32

31

(A) I have never had sexual intercourse

30

(B) 1 person

29

(C) 2 people

28

(D) 3 people

27

(E) 4 people

26

(F) 5 people

25

(G) 6 or more people

24

23

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

22

21

20

(A) I have never had sexual intercourse

19

(B) Yes

18

(C) No

17

16 The next 7 questions ask about body weight.

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

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(A) Very underweight

12

(B) Slightly underweight

11

(C) About the right weight

10

(D) Slightly overweight

9

(E) Very overweight

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75. 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

76. Have you ever **exercised** to lose weight or to keep from gaining weight?

(A) Yes

(B) No

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

(A) Yes

(B) No

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

(A) Yes

(B) No

79. Have you ever **taken any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)

(A) Yes

(B) No

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

(A) Yes

(B) No



The next 5 questions ask about physical activity.

81. 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 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

82. 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

83. 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, Play Station, 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

84. 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

85. 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

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The next 6 questions ask about health-related topics.

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86 How many times in an average week do you eat breakfast?

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47

(A) 0 times

46

(B) 1 time

45

(C) 2 times

44

(D) 3 times

43

(E) 4 times

42

(F) 5 times

41

(G) 6 times

40

(H) 7 times

39

38

87. What time do you usually go to bed on a school night?

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36

(A) 8:00 pm or before

35

(B) 8:30 pm

34

(C) 9:00 pm

33

(D) 9:30 pm

32

(E) 10:00 pm

31

(F) 10:30 pm

30

(G) 11:00 pm

29

(H) 11:30 pm

28

(I) 12:00 am

27

(J) 12:30 am

26

(K) 1:00 am

25

(L) 2:00 am or after

24

23

88. What time do you usually get up on a school morning?

22

21

(A) 5:00 am or before

20

(B) 5:30 am

19

(C) 6:00 am

18

(D) 6:30 am

17

(E) 7:00 am

16

(F) 7:30 am

15

(G) 8:00 am or after

14

13

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

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11

(A) Yes

10

(B) No

9

(C) Not sure

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90. Has a doctor or nurse ever told you that you have asthma?

(A) Yes

(B) No

(C) Not sure

91. Do you still have asthma?

(A) I have never had asthma

(B) Yes

(C) No

(D) Not sure

The next 2 questions ask about whether you have any kind of disability.

92. Have you ever been diagnosed by a doctor or other medical professional as having a physical disability which limits the kinds of things you can do?

(A) Yes

(B) No

(C) Not Sure

93. Have you ever been diagnosed by a doctor or other medical professional as having a learning disability ?

(A) Yes

(B) No

(C) Not Sure



CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
94. Argue or fight with either of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Hit someone with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Break into a car, house or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Damage or destroy property that does not belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Participate in a gang or gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Skip or miss classes (not the whole school day) without permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This is the end of the survey.

Thank you very much for your help.

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