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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?
- 10 years old or younger
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old or older

3. What is your sex?
- Female
 - Male

4. In what grade are you?
- 6th grade
 - 7th grade
 - 8th grade
 - Ungraded or other grade

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

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

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 |
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| 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 |
| | 6 |
| | 7 |
| | 8 |
| | 9 |
| | ○ |
| | ○ |

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 |
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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?

- I do not ride a bicycle
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

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

- I do not roller blade or ride a skateboard
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

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

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

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

- Yes
- No
- 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?

- Yes
- No

47. Have you ever been in a physical fight?

- Yes
- No

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

- Yes
- No

The next question asks about hurting yourself on purpose.

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?

- Yes
- No

The next 3 questions ask about attempted suicide. Sometimes people feel so sad and depressed that they may consider attempting suicide or killing themselves.

50. Have you ever seriously thought about killing yourself?

- Yes
- No

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

- Yes
- No

52. Have you ever tried to seriously hurt yourself or kill yourself?

- No, never
- Yes, more than a year ago
- Yes, in the past year
- Yes, in the past 4 weeks
- 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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Yes

46

No

45

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43

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

42

41

I have never smoked a whole cigarette

40

8 years old or younger

39

9 years old

38

10 years old

37

11 years old

36

12 years old

35

13 years old or older

34

33

32

31

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

30

29

0 days

28

1 or 2 days

27

3 to 5 days

26

6 to 9 days

25

10 to 19 days

24

20 to 29 days

23

All 30 days

22

21

20

19

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

18

17

16

I did not smoke cigarettes during the past 30 days

15

14

Less than 1 cigarette per day

13

1 cigarette per day

12

2 to 5 cigarettes per day

11

6 to 10 cigarettes per day

10

11 to 20 cigarettes per day

9

More than 20 cigarettes per day

8

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

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

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

- Yes
- 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?

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

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

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

The next 3 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?
- Yes
 - No
62. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old or older

63. During the past 30 days, did you have a drink of alcohol?

- Yes
- No

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

64. Have you ever used marijuana?
- Yes
 - No
65. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old or older
66. During the past 30 days, did you use marijuana?
- Yes
 - No

The next 3 questions ask about other drugs.

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

68. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- Yes
- No

69. Have you ever taken **steroid pills or shots** without a doctor's prescription?

- Yes
- No

The next 2 questions ask you about dating relationships

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

- Yes
- No

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

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

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52 The next 4 questions ask about sexual behavior.

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50 72. Have you ever had sexual intercourse?

49

48 Yes

47 No

46

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

44

43 I have never had sexual intercourse

42 8 years old or younger

41 9 years old

40 10 years old

39 11 years old

38 12 years old

37 13 years old or older

36

35 74. With how many people have you ever had sexual intercourse?

34

33 I have never had sexual intercourse

32 1 person

31 2 people

30 3 people

29 4 people

28 5 people

27 6 or more people

26

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

24

23 I have never had sexual intercourse

22 Yes

21 No

20

19 The next 7 questions ask about body weight.

18

17 76 How do you describe your weight?

16

15 Very underweight

14 Slightly underweight

13 About the right weight

12 Slightly overweight

11 Very overweight

10

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77. 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

78 Have you ever exercised to lose weight or to keep from gaining weight?

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No



The next 7 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.

83. 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
84. 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
85. 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
86. 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

87. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
88. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or a cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- I did not drink milk during the past 7 days
 - 1 to 3 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
89. Yesterday, how many caffeinated drinks did you have? (Please count coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added.)
- I did not have any caffeinated drinks yesterday
 - 1 caffeinated drink
 - 2 caffeinated drinks
 - 3 or more caffeinated drinks

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The next 5 questions ask about physical activity.

90. 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).

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

91. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

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

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

93. 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

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

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

The next 5 questions ask about health-related topics.

93. Have you ever been taught about AIDS or HIV infection in school?
- Yes
 - No
 - Not sure
94. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
95. Do you still have asthma?
- I have never had asthma
 - Yes
 - No
 - Not sure
96. During the past 7 days, on how many days did you eat **breakfast**?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
97. On an average school night, how many hours of sleep do you get?
- 4 or less hours
 - 5 hours
 - 6 hours
 - 7 hours
 - 8 hours
 - 9 hours
 - 10 or more hours

The next question asks about where you live.

100. Where do you typically sleep at night?
- At home with your parent(s) or guardian(s)
 - At a friend's or relative's home with your parent(s) or guardian(s)
 - At a friend's or relative's home without your parent(s) or guardian(s)
 - Somewhere else (such as a shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
 - Somewhere else (such as a shelter, group home, foster care home, public place, car, hotel) without your parent(s) or guardian(s)

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

101. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
- Yes
 - No
 - Not sure
102. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
- Yes
 - No
 - Not sure

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CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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| 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 |
|--|-----------------------|------------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------|
| 103. 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"/> |
| 104. 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"/> |
| 105. 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"/> |
| 106. 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"/> |
| 107. 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"/> |
| 108. 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"/> |
| 109. 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"/> |
| 110. 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"/> |
| 111. Cheat on a test in class? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 112. 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"/> |
| 113. 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.