

**2008**

**DELAWARE  
SCHOOL HEALTH SURVEY  
YOUTH TOBACCO COMPONENT**

**STUDENT QUESTIONNAIRE**

**DELAWARE YOUTH TOBACCO SURVEY STUDENT ASSENT AND INSTRUCTIONS**

We at the University of Delaware are conducting a study for the Delaware Division of Public Health and the Federal Centers for Disease Control and Prevention. We want to find out what students think about, know about, and do about cigarettes and other tobacco products. To learn these things, we are asking 6th to 12th graders in all the Delaware schools these questions. This study includes parts of a much larger study asking other students across the country the same questions. We are doing this to find out what kinds of information and programs students need most and what kinds they don't need. **THIS IS NOT A TEST.** This is research, so there are no right or wrong answers. It is very important that you answer each question truthfully. The best answer you can give us is the one that is true for you.

**DO NOT PUT YOUR NAME ON THIS BOOKLET.** We want to be sure that everyone's answers are private. When you are done, all of the booklets will be put in a box at the front of the room. Then we will mix them up, so that no one will know which one was filled out by you. Your teacher will not know, your classmates will not know, and even you will not be able to find your own booklet. The answers will be important to us only when we know what all students in Delaware are thinking and doing about topics we are asking about in the questions. We will keep your responses secret because if the study is to be helpful, it is important that you answer each question truthfully.

You don't have to answer any questions you don't want to. Anything you don't want to answer, just leave blank. There is no penalty if you choose not to fill out the survey or any part of it. Below you will see marking instructions. They will be explained to you.

Unless the question says otherwise, mark only one answer for each question. When you are finished, turn your booklets over and you may work on something else. When everyone has finished, bring your booklet up and put it in the box so that we can mix them up.

**REMEMBER**, this isn't a test, so there are no right or wrong answers. We need **TRUE ANSWERS**. Work quickly so you can finish. If you don't find an answer that fits exactly, choose the one that comes closest. If it's something you just don't understand, raise your hand for help. If it's something you don't know, leave it blank and go on to the next question.

Thank you very much for your help and for being an important part of this study.

Draft



**1. 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
- 17 years old
- 18 years old or older

**2. What is your gender?**

- Female
- Male

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

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded or other grade

**4. How do you describe yourself? (You can CHOOSE ONE ANSWER, or MORE THAN ONE)**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

**5. Which one of these groups BEST describes you? (CHOOSE ONLY ONE ANSWER)**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White



**6. During the last 4 weeks, about how much money did you have each week to spend any way you wanted to?**

- None
- Less than \$1
- \$1 to \$5
- \$6 to \$10
- \$11 to \$20
- \$21 to \$50
- More than \$50

**THE NEXT GROUP OF QUESTIONS ASKS ABOUT TOBACCO USE.**

**Cigarette Smoking**

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

- Yes
- No

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

- I have never smoked a whole cigarette
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

**9. About how many cigarettes have you smoked in your entire life?**

- None
- 1 or more puffs but never a whole cigarette
- 1 cigarette
- 2 to 5 cigarettes
- 6 to 15 cigarettes (about 1/2 a pack total)
- 16 to 25 cigarettes (about 1 pack total)
- 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- 100 or more cigarettes (5 or more packs)

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

- Yes
- No



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

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

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

- I did not smoke a cigarette 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

**13. During the past 30 days, what brand of cigarettes did you usually smoke?  
(CHOOSE ONLY ONE ANSWER)**

- I did not smoke a cigarette during the past 30 days
- I do not have a usual brand
- Camel
- Marlboro
- Newport
- Virginia Slims
- GPC, Basic, or Doral
- Some other brand

**14. What type of cigarette did you usually smoke in the past 30 days?**

- I have never smoked
- I did not smoke cigarettes during the past 30 days
- I do not have a usual type
- Regular/Full flavor
- Light



**15. During the past 30 days, how did you usually get your own cigarettes?  
(CHOOSE ONLY ONE ANSWER)**

- 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

**16. During the past 30 days, where did you buy the last pack of cigarettes you bought? (CHOOSE ONLY ONE ANSWER)**

- I did not buy a pack of cigarettes during the past 30 days
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- I bought them over the internet
- Other

**17. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?**

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, I was asked to show proof of age
- No, I was not asked to show proof of age

**18. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?**

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, someone refused to sell me cigarettes because of my age
- No, no one refused to sell me cigarettes because of my age

**19. In the area where you live, do you know of any places that sell single or loose cigarettes?**

- Yes
- No



**20. Where do you smoke cigarettes? (Choose one or more answer)**

- I do not smoke now
- At home
- At school or on school property
- At work
- In the car
- At friends' houses
- At sports events, parties, dances, raves, or other social events
- In public places (parks, shopping malls or other hangouts)

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

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

**22. When was the last time you smoked a cigarette, even one of two puffs?**

- I have never smoked even one or two puffs
- Earlier today
- Not today but sometime during the past 7 days
- Not during the past 7 days but sometime during the past 30 days
- Not during the past 30 days but sometime during the past 6 months
- Not during the past 6 months but sometime during the past year
- 1 to 4 years ago
- 5 or more years ago

**23. Do you want to stop smoking cigarettes?**

- I do not smoke now
- Yes
- No

**24. During the past 12 months, did any doctor, dentist, or nurse ever ask you whether you smoke cigarettes?**

- Yes
- No
- I don't know / can't remember



**25. During the past 12 months, did any doctor, dentist, or nurse ever advise you to quit smoking?**

- I have never smoked
- Yes
- No
- I don't know / can't remember

**26. During the past 12 months, have you had an episode of asthma or an asthma attack?**

- Yes
- No

**27. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?**

- I have never smoked
- I have not smoked in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

**28. When you last tried to quit, how long did you stay off cigarettes?**

- I have never smoked cigarettes
- I have never tried to quit
- Less than a day
- 1 to 7 days
- More than 7 days but less than 30 days
- 30 days or more but less than 6 months
- 6 months or more but less than a year
- 1 year or more

**Smokeless Tobacco: Chewing Tobacco, Snuff, or Dip**

**29. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**

- Yes
- No



**30. How old were you when you used chewing tobacco, snuff, or dip for the first time?**

- I have never used chewing tobacco, snuff, or dip
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

**31. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?**

- 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

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

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

**33. During the past 30 days, how did you usually get your own chewing tobacco, snuff, or dip? (CHOOSE ONLY ONE ANSWER)**

- I did not use chewing tobacco, snuff, or dip during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- 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





## Cigars

**34. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?**

- Yes
- No

**35. How old were you when you smoked a cigar, cigarillo, or little cigar for the first time?**

- I have never smoked a cigar, cigarillo or little cigar
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

**36. 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

**37. During the past 30 days, how did you usually get your own cigars, cigarillos, or little cigars? (CHOOSE ONLY ONE ANSWER)**

- I did not smoke cigars, cigarillos, or little cigars during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- 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

**38. In the area where you live, do you know of any places that sell single or loose cigarillos or little cigars?**

- Yes
- No



### Pipe

**39. During the past 30 days, on how many days did you smoke tobacco in a pipe?**

- 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

### Bidis and Kreteks

**THE NEXT QUESTIONS ARE ABOUT BIDIS (OR "BEEDIES") AND KRETEKS (ALSO CALLED "CLOVE CIGARETTES"). BIDIS ARE SMALL BROWN CIGARETTES FROM INDIA CONSISTING OF TOBACCO WRAPPED IN A LEAF TIED WITH A THREAD. KRETEKS ARE CIGARETTES CONTAINING TOBACCO AND CLOVE EXTRACT.**

**40. Have you ever tried smoking any of the following:**

- Bidis
- Kreteks
- I have tried both bidis and kreteks
- I have never smoked bidis or kreteks

**41. During the past 30 days, on how many days did you smoke bidis?**

- 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 QUESTIONS ASK ABOUT YOUR THOUGHTS ABOUT TOBACCO.**

**42. Do you think that you will try a cigarette soon?**

- I have already tried smoking cigarettes
- Yes
- No



**43. Do you think you will smoke a cigarette at anytime during the next year?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**44. Do you think you will be smoking cigarettes 5 years from now?**

- I definitely will
- I probably will
- I probably will not
- I definitely will not

**45. If one of your best friends offered you a cigarette, would you smoke it?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**46. Have either of your parents or guardians discussed the dangers of tobacco use with you?**

- Mother (female guardian) only
- Father (male guardian) only
- Both
- Neither

**47. In the past 12 months, how often have your parents or guardians discussed the dangers of tobacco use with you?**

- Never
- Rarely
- Sometimes
- Often
- Very often

**48. Do your parents know that you smoke cigarettes?**

- I do not smoke cigarettes
- Yes
- No
- Don't know / not sure



**49. Can people get addicted to using tobacco just like they can get addicted to using cocaine or heroin?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**50. Do you think young people who smoke cigarettes have more friends?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**51. Do you think smoking cigarettes makes young people look cool or fit in?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**52. Do you think young people risk harming themselves if they smoke from 1 - 5 cigarettes per day?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**53. Do you think young people risk harming themselves if they smoke one or more packs per day?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**54. Do you think it is safe to smoke for only a year or two, as long as you quit after that?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not



**55. Do you believe that light (low tar) cigarettes are somewhat less risky than regular (full flavor) cigarettes?**

- Yes, they are somewhat less risky
- No, they pose the same risk
- No, they are more risky

**56. Do you think you would be able to quit smoking cigarettes now if you wanted to?**

- I do not smoke now
- Yes
- No

**57. Have you ever participated in a program to help you quit using tobacco?**

- I have never used tobacco
- Yes
- No

**58. Does your school have any special groups or classes for students who want to quit using tobacco?**

- Yes
- No
- Not sure

**59. During this school year, were you taught in any of your classes about the dangers of tobacco use?**

- Yes
- No
- Not sure

**60. During this school year, did you practice ways to say NO to tobacco in any of your classes (for example by role-playing)?**

- Yes
- No
- Not sure

**61. Have you ever participated in Kick Butts Generation (KBG), Anti-Ash Brigade (AAB), Teens Against Tobacco Use (TATU), Smoke Screamers or Towards No Tobacco Use (TNT)?**

- Yes
- No
- Not sure



**THE NEXT QUESTIONS ASK ABOUT EVENTS YOU MAY HAVE ATTENDED OR WHAT YOU HAVE SEEN ON TV, AT THE MOVIES, OR ON THE INTERNET.**

**62. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?**

- Yes
- No
- I did not know about any activities

**63. During the past 30 days, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarette smoking?**

- Not in the past 30 days
- 1-3 times in the past 30 days
- 1-3 times per week
- Daily or almost daily
- More than once a day

**64. During the past 6 months, have you seen a commercial on TV where a boy or girl decides "Today, I am not going to start smoking, today I'm just going to be me."?**

- Not in the past 6 months
- 1-3 times in the past 6 months
- 1-3 times per week
- Daily or almost daily
- More than once a day

**65. When you watch TV or go to movies, how often do you see actors using tobacco?**

- I don't watch TV or go to movies
- Most of the time
- Some of the time
- Hardly ever
- Never

**66. When you using the Internet, how often do you see ads for tobacco products?**

- I don't use the Internet
- Most of the time
- Some of the time
- Hardly ever
- Never



**67. When you read newspapers or magazines, how often do you see ads for tobacco products?**

- I don't read newspapers or magazines
- Most of the time
- Some of the time
- Hardly ever
- Never

**68. When you go to a convenience store, supermarket or gas station, how often do you see ads for tobacco products or items that have tobacco company names or pictures on them?**

- I never go to a convenience store, supermarket or gas station
- Most of the time
- Some of the time
- Hardly ever
- Never

**SOME TOBACCO COMPANIES MAKE ITEMS LIKE SPORTS GEAR, T-SHIRTS, LIGHTERS, HATS, JACKETS, AND SUNGLASSES THAT PEOPLE CAN BUY OR RECEIVE FREE.**

**69. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**70. Do you think that tobacco companies have tried to mislead young people to buy their products?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not



**THE NEXT QUESTIONS ASK ABOUT YOUR EXPOSURE TO TOBACCO USE.**

**71. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?**

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

**72. Which of these best describes the rules about smoking inside the house where you live? Smoking is...**

- Never allowed inside my home
- Allowed only at some times or in some places
- Always allowed inside my home

**73. What do you think people should do about smoking inside their home? People should ...**

- Never allow smoking inside their home
- Allow smoking at some times or in some places
- Always allow smoking inside their home

**74. Which of the following best describes the rules about smoking in the vehicle you drive or ride in the most? Smoking is ...**

- Never allowed inside the vehicle
- Sometimes allowed inside the vehicle
- Always allowed inside the vehicle

**75. What do you think people should do about smoking in their vehicles? People should ...**

- Never allow smoking in their vehicles
- Allow smoking at some times in their vehicles
- Always allow smoking in their vehicles

**76. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?**

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





**77. What do you think employers should do about smoking in indoor areas in places where people work? Employers should...**

- Never allow smoking in places where people work
- Allow smoking only at some times or in some places
- Always allow smoking in places where people work

**78. Which of these best describes smoking where you work? Smoking is...**

- I do not have a job
- Never allowed where I work
- Allowed but only at some times or in some places
- Always allowed where I work

**79. On how many of the past 7 days did you breathe the smoke from someone who was smoking in the place where you work?**

- I do not have a job
- I have a job but did not work in the past 7 days
- 0 days
- 1 to 3 days
- 4 to 6 days
- All 7 days

**80. Now think about indoor public places such as malls, movie theaters, clubs or restaurants. Which of these best describes what you think about smoking in indoor public places? Smoking should...**

- Never be allowed in indoor public places
- Be allowed in indoor public places but only at some times or in some areas
- Always be allowed in indoor public places

**81. Do you think the smoke from other people's cigarettes is harmful to you?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

**82. Does anyone who lives with you now smoke cigarettes?**

- Yes
- No

**83. Does anyone who lives with you now use chewing tobacco, snuff, or dip?**

- Yes
- No



**84. Do either of your parents/guardians smoke cigarettes, cigars, or use chewing tobacco, snuff, or dip?**

- Yes
- No

**85. How many of your four closest friends smoke cigarettes?**

- None
- One
- Two
- Three
- Four
- Not sure

**86. How many of your four closest friends use chewing tobacco, snuff, or dip?**

- None
- One
- Two
- Three
- Four
- Not sure

**87. Out of 100 KIDS your age in Delaware, how many do you think smoke cigarettes at least once a month? Instructions: Write the number in the blank box below and fill in the matching circle below each number.**

--	--

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

**88. Out of 100 ADULTS in Delaware, how many do you think smoke cigarettes at least once a month? Instructions: Write the number in the blank box below and fill in the matching circle below each number.**

--	--

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



Now we want to ask you a few questions about your lifestyle outside of school:

<i>Use this scale for the following 4 questions</i>	None	Less than 1 hour	1 hour	2 hours	3 hours	4 hours	5 or more hours
89. About how many hours do you usually spend watching television (including videos/DVDs) in your free time on a <u>weekday</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. About how many hours do you usually spend using a computer (for playing games, watching videos, emailing, downloading, chatting, or surfing the Internet) in your free time on a <u>weekday</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. About how many hours do you usually spend playing video games (such as X-box, Gameboy, Wii, Playstation) in your free time on a <u>weekday</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Use this scale for the following 2 questions</i>	None	Less than 15 min.	15 min but less than 30 min.	30 min but less than 45 min.	45 min but less than 1 hour	1 hour but less than 2 hours	2 or more hours
92. On average, how much time <b>each weekday</b> do you spend riding in a car, bus, or other vehicle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. <u>Outside school hours</u> : How much time on a <b>weekday</b> do you usually spend exercising hard enough to make you breathe heavy or sweat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



94. During the past few months have you heard about the "Get Up And Do Something" video contest?

Yes  No

95. Did you go to the "Get Up And Do Something" website and view the videos and vote for your favorite video?

Yes  No

96. As a result of seeing the videos on the Get Up And Do Something contest website did you think you should be more physically active?

Yes  No

97. As a result of seeing the videos in the Get Up And Do Something contest website have you become more physically active?

Yes  No

98. 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
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" 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

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<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"/> 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

99. How tall are you without your shoes on?

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

Example

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<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

