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 ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.
Directions
• Use a #2 pencil only.
• Make dark marks.
• Fill in a response like this: A B D.
• If you change your answer, erase your old answer 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. In what grade are you?
A. 9th grade
B. 10th grade
C. 11th grade
D. 12th grade
E. Ungraded or other grade

4. Are you Hispanic or Latino?
A. Yes
B. No

5. 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

6. 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

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<th>Height</th>
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7. 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

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The next 6 questions ask about safety.

8. 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

9. 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

10. 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

11. 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

12. During the past 7 days, how many minutes per day did you spend talking on a cell phone, including hands-free or blue tooth, while you were driving?
    A. I did not drive during the past 7 days
    B. 0 minutes
    C. 1 to 3 minutes per day
    D. 4 to 19 minutes per day
    E. 20 to 60 minutes per day
    F. More than 60 minutes per day

13. During the past 7 days, how many minutes per day did you spend texting or using a hand-held electronic device while you were driving?
    A. I did not drive during the past 7 days
    B. 0 minutes
    C. 1 to 3 minutes per day
    D. 4 to 19 minutes per day
    E. 20 to 60 minutes per day
    F. More than 60 minutes per day

The next 10 questions ask about violence-related behaviors.

14. 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
15. 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

16. 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

17. 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

18. 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

19. 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

20. 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

21. 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

22. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?  
A. Yes  
B. No
23. Have you ever been physically forced to have sexual intercourse when you did not want to?
   A. Yes
   B. No

The next question asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

24. During the past 12 months, have you ever been bullied on school property?
   A. Yes
   B. No

The next 5 questions ask about sad feelings 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.

25. 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

26. During the past 12 months, did you ever seriously consider attempting suicide?
   A. Yes
   B. No

27. During the past 12 months, did you make a plan about how you would attempt suicide?
   A. Yes
   B. No

28. 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

29. 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.

30. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No
31. 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

32. 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

33. 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

34. 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

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

36. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
   A. Yes
   B. No

37. During the past 12 months, did you ever try to quit smoking cigarettes?
   A. I did not smoke during the past 12 months
   B. Yes
   C. No
38. 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

39. 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

40. 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 6 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.

41. 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

42. 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

43. 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
44. 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

45. 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

46. During the past 30 days, on how many days did you have at least one drink of alcohol \textit{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

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

47. 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

48. 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 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

49. During the past 30 days, how many times did you use 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 or more times

50. During the past 30 days, how many times did you use marijuana \textit{on school property}?
   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
The next 9 questions ask about other drugs.

51. 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

52. 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

53. 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

54. 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

55. 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

56. 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

57. 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
58. 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

59. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
A. Yes
B. No

The next 7 questions ask about body weight.

60. How do you describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight

61. 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

62. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
A. Yes
B. No

63. 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

64. 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

65. 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

66. 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 8 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.

67. 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

68. 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

69. 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

70. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
A. I did not eat potatoes 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

71. During the past 7 days, how many times did you eat carrots?
A. I did not eat carrots 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
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

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

The next 7 questions ask about physical activity.

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 spent in any kind of physical activity that increased your heart rate and made 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
76. 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

77. 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

78. 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

79. 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

80. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days

81. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days
The next 12 questions ask about other health-related topics.

82. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes  
   B. No  
   C. Not sure

83. Has a doctor or nurse ever told you that you have asthma?
   A. Yes  
   B. No  
   C. Not sure

84. Do you still have asthma?
   A. I have never had asthma  
   B. Yes  
   C. No  
   D. Not sure

85. During the past 12 months, how often did you limit activities that you wanted to do (excluding school attendance) due to wheezing, dry cough, or breathing difficulties not due to a cold or chest infection?
   A. Never  
   B. Less than 1 time per week  
   C. 1 or more times per week  
   D. Almost daily

86. During the past 12 months, how often did you miss school due to wheezing, dry cough, or breathing difficulties not due to a cold or chest infection?
   A. Never  
   B. Less than 1 day per month  
   C. 1 to 3 days per month  
   D. 1 day per week  
   E. More than 1 day per week

87. During the past 12 months, did you have an episode of asthma or an asthma attack?
   A. Yes  
   B. No

88. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or nurse EVER given you a written asthma action plan?
   A. I do not have asthma  
   B. Yes  
   C. No  
   D. Not sure

89. Has a doctor or nurse shown you how to use an inhaler for your asthma?
   A. I do not have asthma  
   B. Yes  
   C. No  
   D. Not sure

90. Have you been shown how to use a peak flow meter to check on your asthma?
   A. I do not have asthma  
   B. Yes  
   C. No  
   D. Not sure
91. How often do you use a peak flow meter for your asthma?
   A. I do not have asthma
   B. I have asthma but I do not have a peak flow meter
   C. Never
   D. 1 or 2 times per week
   E. 3 or more times per week

92. During the past 12 months, how many times did you go to the doctor due to wheezing, dry cough, or breathing difficulties?
   A. Never
   B. 1 or 2 times
   C. 3 or 4 times
   D. 5 or more times

93. During the past 12 months, have you used an inhaled asthma medicine prescribed by a doctor? (This is a medicine you cannot buy over the counter without a prescription.)
   A. I do not have asthma
   B. Yes
   C. No
   D. Not sure

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