



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 improve 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.

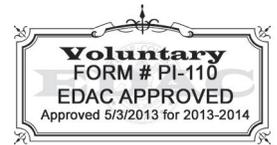
The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

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 ○ C ○ D
- If you change your answer, erase your old answer completely.



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 or older

2. What is your sex?
- Female
  - Male

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

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

5. 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

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

6. 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

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL**

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

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

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

- Yes
- No
- Not sure

The next 2 questions ask about violence-related behaviors.

9. Have you ever carried a **weapon**, such as a gun, knife, or club?

- Yes
- No

10. Have you ever been in a physical fight?

- Yes
- No

The next 2 questions ask 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.

11. Have you ever been bullied **on school property**?

- Yes
- No

12. Have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- Yes
- No

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

13. 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?

- Yes
- No

14. Have you ever **seriously** thought about killing yourself?

- Yes
- No

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

- Yes
- No

16. Have you ever **tried** to kill yourself?

- Yes
- No

The next 11 questions ask about tobacco use.

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

- Yes
- No

18. 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 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

19. 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

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

- I did not smoke cigarettes 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

21. 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

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

- Yes
- No

23. If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

24. 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

25. 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

26. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

27. How wrong do **your parents or guardians feel** it would be for **you** to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

The next 14 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.

28. Have you ever had a drink of alcohol, other than a few sips?

- Yes
- No



29. 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

30. How old were you when you first began drinking alcohol regularly, that is, at least once or twice a month?

- I have never had a drink of alcohol other than a few sips
- I have never drank alcohol regularly
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

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

- 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 have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 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, on how many days do you think a **typical student at your school** drank alcohol?

- 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

34. During the past 30 days, on how many days do you think a **typical student at your school** had 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 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

35. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

36. During the past 30 days, how did you **usually** get the alcohol you drank? (Select only **one** response.)

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



37. During the past 12 months, where did you **usually** drink alcohol? (Select only **one** response.)
- I did not drink alcohol during the past 12 months
  - At my home
  - At another person's home
  - When riding in or driving a car or other vehicle
  - At a restaurant, bar, or club
  - At a place such as a park, beach, or parking lot
  - At a public event such as a concert or sporting event
  - On school property

38. How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly **every day**?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

39. How much do you think people risk harming themselves (physically or in other ways), if they have 5 or more drinks of alcohol **once or twice each weekend**?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

40. How wrong do **you** think it is for **someone your age** to drink alcohol regularly (at least once or twice a month)?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

41. How wrong do **your parents or guardians feel** it would be for **you** to drink alcohol regularly (at least once or twice a month)?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

**The next 8 questions ask about marijuana use. Marijuana also is called grass or pot.**

42. Have you ever used marijuana?
- Yes
  - No

43. 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

44. During the past 30 days, how many times did you use marijuana?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

45. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very hard
  - Sort of hard
  - Sort of easy
  - Very easy

46. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana **once or twice**?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

47. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana **regularly**?

- No risk
- Slight risk
- Moderate risk
- Great risk

48. How wrong do **you** think it is for **someone your age** to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

49. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

The next 3 questions ask about other drugs.

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

- Yes
- No

51. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- Yes
- No

52. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- Yes
- No
- Not sure

The next 2 questions ask about advertisements that you may have heard or seen related to tobacco, alcohol, or other drug use.

53. During the past 12 months, how often did you hear, read, or watch an advertisement about **preventing** tobacco, alcohol, or other drug use?

- A lot
- Sometimes
- Hardly ever
- Never
- Not sure

54. During the past 12 months, how often did you hear, read, or watch an advertisement **promoting or encouraging** tobacco, alcohol, or other drug use?

- A lot
- Sometimes
- Hardly ever
- Never
- Not sure

The next 2 questions ask about body weight.

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

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

56. 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

The next 4 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.

57. 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
58. During the past 7 days, how many times did you eat **vegetables**?
- I did not eat 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
59. 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** count 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
60. 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

The next 5 questions ask about physical activity.

61. 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.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
62. 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
63. 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? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, 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



64. 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

65. 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 2 questions ask about other health-related topics.

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

- Yes
- No
- Not sure

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

- Yes
- No
- Not sure

The next 4 questions ask about school.

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

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

69. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?

- Yes
- No

70. How important do you think it is for you to go to college?

- Very important
- Important
- Not very important
- Not at all important

71. How important do you think the things you are learning in school are going to be for you later in life?

- Very important
- Important
- Not very important
- Not at all important

Extra Questions Start with 201

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="checkbox"/>								
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This is the end of the survey. Thank you very much for your help.