

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.

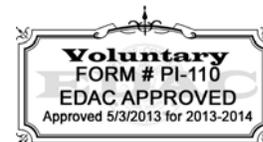
The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

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?
- 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older

2. What is your sex?
- Female
  - Male

3. In what grade are you?
- 9th grade
  - 10th grade
  - 11th grade
  - 12th 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

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.

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

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.

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

8. Which of the following best describes you?
- Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - Not sure

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PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

The next 5 questions ask about safety.

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9. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

10. How often do you wear a seat belt when riding in a car driven by someone else?

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

11. 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?

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53  
52  
51  
50  
49

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

12. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

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43  
42  
41  
40  
39

- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

13. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

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- I did not drive a car or other vehicle during the past 30 days
- 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 9 questions ask about violence-related behaviors.

14. During the past 12 months, how many times did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

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12  
11

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

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- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 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?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 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?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

18. During the past 12 months, how many times were you in a physical fight?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

19. During the past 12 months, how many times have you felt threatened or been injured as a result of gang activity?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

20. 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?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

21. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

22. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No

The next 4 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.

23. During the past 12 months, have you ever been bullied on school property?

- Yes
- No

24. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- Yes
- No

25. During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?

- Yes
- No

26. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?

- Yes
- No

The next 6 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.

27. During the past 30 days, on how many days was your mental health not good? (Mental health includes anxiety, stress, depression, and problems with emotions.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days
- 6 to 7 days
- 8 to 13 days
- 14 or more days

28. 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

29. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

30. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

31. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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32. 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?

- I did not attempt suicide during the past 12 months
- Yes
- No

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The next 14 questions ask about tobacco use.

33. 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

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34. 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

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35. 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

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36. During the past 12 months, did you ever try to quit smoking cigarettes?

- I did not smoke during the past 12 months
- Yes
- No

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37. Do you want to quit smoking?

- I don't smoke
- No
- Yes, eventually but not right now
- Yes, soon
- I have already quit smoking
- Not sure

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38. If one of your best friends offers you a cigarette, will you smoke it?

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

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39. At any time in the next year, do you think you will smoke a cigarette?

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

40. 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?

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- 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

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

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- 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

42. Have you ever tried any of these kinds of tobacco?  
**Mark each kind of tobacco that you have ever tried. (Multiple answers are allowed.)**

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- Hookah or sheesha (tobacco in a waterpipe)
- Snus (powdered tobacco in a small pouch) or other spitless tobacco, such as Taboka, Revel or Skoal Dry
- Dissolvable tobacco product, such as strips, sticks or orbs
- Electronic cigarette, also called an e-cigarette
- Bidis (beedees) or Kreteks
- I have never tried any of these kinds of tobacco
- I don't know what any of these are

43. During the past 7 days, on how many days were you inside your home while someone was smoking a cigarette, cigar, or pipe?

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

44. During the past 7 days, on how many days were you in a car or other vehicle while **someone your age** was smoking a cigarette, cigar, or pipe?

22  
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- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

45. During the past 7 days, on how many days were you in a car with a **parent or guardian** who was smoking a cigarette, cigar, or pipe?

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- My parents/guardians don't smoke
- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

46. How much do you think people risk harming themselves (physically or in other ways) if they breathe tobacco smoke from someone else's cigarette, cigar, or pipe?

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

**The next 5 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.**

47. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

48. 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 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

49. 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

50. 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

51. 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 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more day

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

52. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

53. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 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

54. 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

The next 8 questions ask about other drugs.

55. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

56. 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?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

57. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

58. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

59. During your life, how many times have you used **ecstasy** (also called MDMA)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

60. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

61. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

62. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- Yes
- No

The next 7 questions ask about sexual behavior.

63. Have you ever had sexual intercourse?

- Yes
- No

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

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

65. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

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66. During the past 3 months, with how many people did you have sexual intercourse?
- I have never had sexual intercourse
  - I have had sexual intercourse, but not during the past 3 months
  - 1 person
  - 2 people
  - 3 people
  - 4 people
  - 5 people
  - 6 or more people

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67. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
  - Yes
  - No

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68. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No

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69. The **last time** you had sexual intercourse, what one method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- I have never had sexual intercourse
  - No method was used to prevent pregnancy
  - Birth control pills
  - Condoms
  - ParaGard or implant (such as Implanon or Nexplanon)

The next 2 questions ask about body weight.

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70. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight

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71. 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 healthcare visits.

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72. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?
- During the past 12 months
  - Between 12 and 24 months ago
  - More than 24 months ago
  - Never
  - Not sure

73. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
  - Between 12 and 24 months ago
  - More than 24 months ago
  - Never
  - Not sure

74. During your last check-up, did your doctor or nurse discuss how to maintain a healthy weight?
- I have never had a check-up
  - Yes
  - No
  - Not sure

75. During your last check-up, did your doctor or nurse discuss ways to deal with feelings of hopelessness or sadness?
- I have never had a check-up
  - Yes
  - No
  - Not sure

The next 13 questions ask about food you ate or drank. 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.

76. 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

77. 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

78. 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

79. On most school days, where do you **usually** get your **breakfast**?
- I do not eat breakfast on most school days
  - From home
  - From the school cafeteria or school breakfast program
  - From the vending machines at school or school store
  - From fast food (such as McDonalds, Taco Bell, or Burger King)
  - From a convenience store, corner store, or gas station
  - From somewhere else

80. During the past 7 days, on how many days did you eat **lunch**?

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

81. On most school days, where do you **usually** get your **lunch**?

- I do not eat lunch on most school days
- Lunch is made at home and brought to school
- Regular menu at the school cafeteria
- From the vending machines at school or school store
- A la carte (items sold separately) at the school cafeteria
- Fast food (such as Taco Bell, Pizza Hut, Burger King)
- At a convenience store, corner store, or gas station
- From somewhere else

82. 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

83. During the past 7 days, how many times did you drink **a can, bottle, or glass of diet soda or pop**, such as Diet Coke, Diet Pepsi, or Sprite Zero?

- I did not drink diet 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

84. During the past 7 days, how many times did you drink **a can, bottle, or glass of a sports drink**, such as Gatorade or PowerAde? (Do **not** count low-calorie sports drinks such as Propel or G2.)

- I did not drink sports drinks 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 drink **a can, bottle, or glass of an energy drink**, such as Red Bull or Jolt? (Do **not** count diet energy drinks or sports drinks such as Gatorade or PowerAde.)

- I did not drink sports drinks 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 drink **a can, bottle, or glass of a sugar-sweetened beverage**, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)

- I did not drink sugar-sweetened beverages 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 bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)

- I did not drink water 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 30 days, how often did you go hungry because there was not enough food in your home?

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

**The next 7 questions ask about physical activity.**

89. If you wanted to, could you walk or ride a bike, scooter, or skateboard to school?

- No, it is too far
- No, it is not safe
- No, it is too far and it is not safe
- No, my school does not allow it
- Yes

90. In an average week when you are in school, on how many days do you walk or ride your bike **to school** when weather allows you to do so?

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

91. 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

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4

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

78  
77  
76  
75  
74  
73  
72

- 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

93. 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.)

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- 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

94. 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

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

39  
38  
37  
36  
35

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

**The next 7 questions asks about other health-related topics.**

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

29  
28  
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26  
25

- Yes
- No
- Not Sure

97. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)

23  
21  
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13

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

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

11  
9  
8  
7  
6

- Yes
- No
- Not sure

99. 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

100. During the past 30 days, how many times did you perform any organized community services as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

101. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

102. If you had a serious problem, do you know someone in or out of school whom you could talk to or go to for help?

- Yes
- No
- Not sure

**Responses**

	a	b	c	d	e	f	g	h	i
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202.	<input type="radio"/>								
203.	<input type="radio"/>								
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214.	<input type="radio"/>								
215.	<input type="radio"/>								

**Extra Questions Start with 201**

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

## Additional Questions (Questions 201-215) (Module B)

Your community is collecting additional information through the following questions. The data gathered is very important to the district and to your school. Please record your answers for each question in the "Extra Questions" area (questions 201-215) provided at the end of the main survey form you have been using. As with the questions you were just asked on the Healthy Kids Colorado Survey form, you are welcome to skip any of the following questions, should you not feel comfortable in answering them. Thank you so much for your time!

201. 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
202. How wrong do you think it is for someone your age to smoke cigarettes?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all
203. 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
204. During the past 30 days, on how many days did you have at least one drink of alcohol 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
205. 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
206. 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
207. 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
208. 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
209. 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
210. 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
211. During the past 30 days, how many times did you use ANY form of cocaine, including powder, crack, freebase, blow, or yah?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

**PLEASE TURN THIS PAGE OVER AND COMPLETE THE QUESTIONS ON THE BACK.**

**212. During the past 12 months, how many times have you attended school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?**

- 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

**213. How many times have you been pregnant or gotten someone pregnant?**

- a) 0 times
- b) 1 time
- c) 2 or more times
- d) Not sure

**214. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?**

- a) Yes
- b) No

**215. The rules in my family are clear.**

- a) NO!
- b) no
- c) yes
- d) YES!

**THE SURVEY IS NOW OVER. PLEASE INSERT THIS SHEET INTO YOUR SURVEY BOOKLET, PLACE YOUR SURVEY ASIDE AND WAIT FOR YOUR TEACHER TO PASS AROUND THE SURVEY ENVELOPE. THANK YOU FOR YOUR TIME!**