

# New Mexico 2001 High School Youth Risk and Resiliency Survey

This survey is about health behaviour. 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, not what you think you are supposed to do.

Completing the survey is voluntary. Your grade in this class is not affected by whether or not you answer these questions.

Make sure to read every question. If you do not understand a question, or if you feel uncomfortable answering a question, you may leave it blank. However, please try to answer every question.

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 known to anyone connected with this survey.

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

***Someone in the classroom will now tell you what to do before you start!!***

## Directions:

- ◆ **Use a #2 pencil only.**



One should be given to you by the person conducting the survey.

- ◆ **Fill in the bubbles completely, like this:**



- ◆ **If you want to change your answer, erase it completely.**

- ◆ **Choose only one answer for each question, except #4.**

| DIST. | CNTY. | BLDG. | SORT  | CLASS |
|-------|-------|-------|-------|-------|
| 0 0   | 0 0   | 0 0 0 | 0 0 0 | 0 0 0 |
| 1 1   | 1 1   | 1 1 1 | 1 1 1 | 1 1 1 |
| 2 2   | 2 2   | 2 2 2 |       | 2 2 2 |
| 3 3   | 3 3   | 3 3 3 |       | 3 3 3 |
| 4 4   | 4 4   | 4 4 4 |       | 4 4 4 |
| 5 5   | 5 5   | 5 5 5 |       | 5 5 5 |
| 6 6   | 6 6   | 6 6 6 |       | 6 6 6 |
| 7 7   | 7 7   | 7 7 7 |       | 7 7 7 |
| 8 8   | 8 8   | 8 8 8 |       | 8 8 8 |
| 9 9   | 9 9   | 9 9 9 |       | 9 9 9 |

This first set of questions asks for some personal information.

- How old are you?
  - 13 years old or younger
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older
- What is your sex?
  - Female
  - Male
- What grade are you in?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- How do you describe yourself? (Here you may select more than one response.)
  - American Indian or Alaska Native
  - Asian
  - Black or African-American
  - Hispanic or Latino
  - Native Hawaiian or other Pacific Islander
  - White or Anglo

The next two questions ask about your height and weight. If you aren't totally sure, fill in your best guess from the last time you were measured and weighed. Because this survey is completely anonymous, there is no way for anyone to find out your personal numbers.

- How tall are you without your shoes on? Directions: Write your height in the shaded blank boxes and fill in the bubble that contains the appropriate number.

|                      | FEET | INCHES |
|----------------------|------|--------|
| Write in height here |      |        |
| Fill in bubbles here | 3    | 0      |
|                      | 4    | 1      |
|                      | 5    | 2      |
|                      | 6    | 3      |
|                      |      | 4      |
|                      |      | 5      |
|                      |      | 6      |
|                      |      | 7      |
|                      |      | 8      |
|                      |      | 9      |
|                      |      | 10     |
|                      |      | 11     |

- How much do you weigh without your shoes on? Directions: Write your weight in the shaded blank boxes and fill in the bubble that contains the appropriate number.

|                      | WEIGHT |   |   |
|----------------------|--------|---|---|
| Write in weight here |        |   |   |
| Fill in bubbles here | 0      | 0 | 0 |
|                      | 1      | 1 | 1 |
|                      | 2      | 2 | 2 |
|                      | 3      | 3 | 3 |
|                      |        | 4 | 4 |
|                      |        | 5 | 5 |
|                      |        | 6 | 6 |
|                      |        | 7 | 7 |
|                      |        | 8 | 8 |
|                      |        | 9 | 9 |

The following questions ask about personal safety and violence-related behaviors.

- How often do you wear a seat belt when riding in a car or other vehicle driven by someone else?
  - Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

During the past 30 days, how many times did you...

|  | 0 times               | 1 time                | 2 or 3 times          | 4 or 5 times          | 6 or more times       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. RIDE in a car or other vehicle driven by SOMEONE who had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. DRIVE a car or other vehicle when YOU had been drinking alcohol?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- If you wanted to get a firearm (gun or rifle), how quickly could you get it?
  - Could not get a firearm at all
  - Within 15 minutes
  - Within one hour
  - Within one day
  - Within one week
  - Within one month
  - More than one month
- Where would you get a firearm if you wanted one?
  - Could not get a firearm at all
  - From my home
  - From someone else's home
  - From a relative or friend
  - From a store or gun show
  - From someone who sells weapons (not a store or show)
  - Other
- The last time you used or handled a firearm, what were you doing?
  - I have not used or handled a firearm
  - Hunting or other recreation (e.g., target shooting)
  - Cleaning it
  - Showing it to someone else
  - Using it for protection
  - In a training class (e.g., firearm safety education)
  - Other

(Note: for #13 and #14, do not include handling a firearm for hunting or other recreation, e.g., target shooting)

During the **past 30 days**, on how many days did you...

|   | 0 days                | 1 day                 | 2 or 3 days           | 4 or 5 days           | 6 or more days        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. carry <i>any kind of</i> weapon such as a gun, knife, or club?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. carry a gun ( <i>specifically</i> )?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. carry a weapon such as a gun, knife, or club, <b>on school property</b> ?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. not go to school because you felt you would be unsafe at school or on your way to or from school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the **past 12 months**, how many times...

|   | 0 times               | 1 time                | 2 or 3 times          | 4 or 5 times          | 6 or 7 times          | 8 or 9 times          | 10 or 11 times        | 2 or more times       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. has someone threatened or injured you with a weapon such as a gun, knife, or club <b>on school property</b> ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. were you in a physical fight?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. were you in a physical fight <b>on school property</b> ?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. During the **past 12 months**, has your boyfriend or girlfriend ever hit, slapped, or physically hurt you on purpose?
- I did not have a boyfriend or girlfriend in the past 12 months.
  - Yes
  - No

**The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider taking some action to end their own life.**

During the **past 12 months**, did you...

|   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 21. ever feel so sad or hopeless almost every day for at least two weeks in a row that you stopped doing some usual activities? | <input type="radio"/> | <input type="radio"/> |
| 22. ever seriously consider attempting suicide?   | <input type="radio"/> | <input type="radio"/> |
| 23. make a plan about how you would commit suicide?   | <input type="radio"/> | <input type="radio"/> |

24. During the **past 12 months**, how many times did you actually attempt suicide?
- none
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

25. 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

**The following questions ask about substance use, including tobacco, alcohol and other drugs.**

*Tobacco* includes cigarettes, chewing tobacco, snuff, dip, and cigars.

*Alcohol* includes drinking beer, wine, wine coolers, and hard liquor such as rum, gin, vodka, or whiskey.

For these questions, do not count using tobacco or taking a few sips of alcohol for religious or ceremonial purposes.

*Marijuana* is also called weed, grass, or pot.

26. 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 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)

27. 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

28. When was the last time you smoked a cigarette, even one or two puffs?

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

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

- I have never smoked cigarettes
- I did not smoke cigarettes in the last 12 months
- Yes
- No

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

- I have never *regularly* 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
- More than 30 days, but less than 6 months
- More than 6 months, but less than a year
- More than a year

31. 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

32. 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?

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

|  | Have never smoked cigarettes | Yes                   | No                    |
|--|------------------------------|-----------------------|-----------------------|
| 33. do you want to quit smoking cigarettes?                                      | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> |
| 34. have you ever participated in a program to help you quit smoking cigarettes? | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> |

Regarding tobacco use,

|   | Definitely yes        | Probably yes          | Probably not          | Definitely not        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 35. do you think you will smoke a cigarette at any time during the next year? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. if one of your best friends offered you a cigarette, would you smoke it?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Regarding tobacco use,

|   | 0 days                | 1 or 2 days           | 3 or 4 days           | 5 or 6 days           | 7 days                |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 37. tobacco smoke inside your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. tobacco smoke outside your home, for example, in a car with friends or in a room with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Regarding tobacco use,

In the **past 7 days**, on how many days were you exposed to...

|   | 0 days                | 1 or 2 days           | 3 or 4 days           | 5 or 6 days           | 7 days                |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 37. tobacco smoke inside your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. tobacco smoke outside your home, for example, in a car with friends or in a room with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Regarding tobacco, alcohol and other drug use,

During the **past 30 days**, on how many days did you...

|   | 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           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 39. smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. use chewing tobacco, snuff, or dip?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. use tobacco (including cigarettes or chewing tobacco) <b>on school property</b> ?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. have at least one drink of alcohol?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. have 5 or more drinks of alcohol in a row, that is, within a couple of hours?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. have at least one drink of alcohol <b>on school property</b> ?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. use marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. use marijuana <b>on school property</b> ?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. use any form of cocaine, including powder, crack, or freebase?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. use synthetic endorphins?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. use hallucinogenic drugs, such as LSD, acid, PCP, angel dust, ecstasy, mescaline, or mushrooms?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- Yes
- No

In the **past 12 months**, how many days have you...

|   | 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      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 52. had at least one drink of alcohol?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 53. used marijuana?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 54. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. used any form of cocaine, including powder, crack, or freebase?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 56. used synthetic endorphins?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 57. used heroin (also called smack, junk, or china white)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 58. used methamphetamine (also called speed, crystal, crank, or ice)?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 59. used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, ecstasy, mescaline, or mushrooms?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | Very wrong            | Wrong                 | A little bit wrong    | Not wrong at all      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>How wrong would most adults in your community think it was for kids your age to...</b> |                       |                       |                       |                       |
| 60. smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. drink alcohol (beer, wine, or hard liquor) regularly?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. use marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. use cocaine, LSD, or methamphetamines?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | Very wrong            | Wrong                 | A little bit wrong    | Not wrong at all      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>How wrong do your parents feel it would be for you to...</b> |                       |                       |                       |                       |
| 64. smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. drink alcohol (beer, wine, or hard liquor) regularly?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. use marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. use cocaine, LSD or methamphetamines?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  | Very wrong            | Wrong                 | A little bit wrong    | Not wrong at all      |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>How wrong do you think it is for someone your age to...</b> |                       |                       |                       |                       |
| 68. smoke cigarettes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. drink alcohol (beer, wine, or hard liquor) regularly?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 70. use marijuana?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. use cocaine, LSD, methamphetamines or other illegal drug?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | Very hard             | Sort of hard          | Sort of easy          | Very easy             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>If you wanted to get some _____, how easy would it be?</b>         |                       |                       |                       |                       |
| 72. cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 74. marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. cocaine, LSD, or methamphetamines?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 76. hallucinogenic drugs, such as ecstasy, mescaline, or mushrooms?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | None                  | 1 adult               | 2 adults              | 3 to 4 adults         | 5 or more adults      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>About how many adults have you known personally who in the past year have...</b> |                       |                       |                       |                       |                       |
| 77. used marijuana, cocaine or other drugs?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 78. sold or dealt drugs?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How much do you think people risk harming themselves (physically or in other ways) if they...

|  | No risk               | Slight risk           | Moderate risk         | Great risk            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 79. smoke one or more packs of cigarettes a day?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 80. have one or two drinks of beer, wine, or hard liquor nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 81. try marijuana once or twice?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 82. smoke marijuana regularly?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The following questions ask about your age when you first engaged in substance use and sexual activity. Again, for these questions, do not count using tobacco or taking a few sips of wine for religious or ceremonial purposes.

|  | Never                 | 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 |
|--|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>How old were you when you...</b>                        |                       |                         |                       |                       |                       |                       |                       |                       |
| 83. smoked a whole cigarette for the first time?           | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 84. had your first drink of alcohol other than a few sips? | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 85. tried marijuana for the first time?                    | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 86. had sexual intercourse for the first time?             | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

87. In the **past 12 months**, 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

88. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No

90. 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
- Depo-Provera (injectable birth control)
- Withdrawal
- Some other method
- Not sure

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

- Yes
- No

**The following questions ask about your family, your school, other adults, your friends, and yourself.**

"Father," "mother," or "guardian" refers to the adults who are most responsible for caring for you. They could be foster parents, step-parents, grand-parents, or guardians.

If you live in a single parent family, answer for whoever that adult is.

"Other adults" refers to an adult who is not a member of your family.

"Outside of my home and school" and "community" refer to the people that live near you that you come into contact with on a regular basis, whether you are close to them or not.

Not at all true  
 A little true  
 Pretty much true  
 Very much true

**In my home there is a parent or some other adult...**

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 92. who is interested in my school work            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 93. who talks with me about my problems            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 94. who listens to me when I have something to say | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 95. who expects me to follow the rules             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 96. who believes that I will be a success          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97. who always wants me to do my best              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 98. When I am not at home, one of my parents/guardians knows where I am and who I am with | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 99. My family has clear rules about drug and alcohol use                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 100. My family has clear rules and standards for my behavior                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**At my school, there is a teacher or some other adult...**

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 101. who really cares about me                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 102. who notices when I'm not there                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 103. who listens to me when I have something to say | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 104. who tells me when I do a good job              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 105. who always wants me to do my best              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 106. who believes that I will be a success          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Not at all true  
 A little true  
 Pretty much true  
 Very much true

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 107. In my school, there are clear rules about what students can and cannot do       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 108. At school, I help decide things like class activities or rules                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 109. At school, I try hard to do my best work  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 110. I plan to go to college or some other school after high school                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 111. At school I am involved in sports, clubs, and other activities outside of class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Outside of my home and school, there is at least one adult...**

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 112. who really cares about me                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 113. who notices when I am upset about something | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. who I trust                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 115. who tells me when I do a good job           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. who always wants me to do my best           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 117. who believes that I will be a success       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 118. There is at least one adult in my community I could talk to about something important                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 119. Away from school, I am part of clubs, sports teams or other extra activities                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 120. Outside of my home and school, I take lessons in music, art, sports or a hobby                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 121. Outside of my home and school, I help other people, volunteer time, or engage in community service activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 122. I try to understand what other people feel and think  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 123. It is important to think before you act   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 124. I have to have everything right away  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 125. I often do things without thinking about what will happen   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 126. It's hard for me to stick with one thing even when it's fun   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**I have a friend about my own age...**

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 127. who really cares about me                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 128. who talks with me about my problems      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 129. who helps me when I'm having a hard time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 130. My friends get into a lot of trouble     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 131. My friends do well in school             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Among the people you consider to be your closest friends, how many would you say...

|  | None                     | A few                    | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 132. drink alcohol once a week or more?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 133. have used drugs such as marijuana or cocaine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

134. How often do you attend religious or spiritual services?

- Daily
- Once or twice a week
- Once or twice a month
- Not even once a month (less than monthly)
- Never

135. During the school year, how many hours a week do you work at a part-time job?

- I don't work during the school year
- 1 to 4 hours
- 5 to 9 hours
- 10 to 20 hours
- More than 20 hours per week

136. During the last four weeks, how many days of school have you missed because you skipped or ditched?

- None
- 1 day
- 2 days
- 3 days
- 4 to 5 days
- 6 to 10 days
- 11 or more days

How many times have you done the following things?

|  | I've never done this     | I've done it but not in the past year | Less than once a month   | About once a month       | 2 to 3 times a month     | Once a week or more      |
|--|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 137. Done what feels good no matter what                         | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 138. Done something dangerous because someone dared you to do it | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 139. Done crazy things even if they are a little dangerous       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Never                    | Sometimes                | Usually                  |
|--|--------------------------|--------------------------|--------------------------|
| 140. How often do you come to classes without bringing paper or something to write with? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 141. How often do you come to classes without your homework finished?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions ask about personal care and health habits.

142. During the **past 30 days**, **which one thing** have you done most frequently to lose weight or keep from gaining weight?

- I have done nothing to lose or keep from gaining weight in the past 30 days.
- Exercise
- Eat less food, fewer calories, or foods low in fat
- Go without eating for 24 hours or more
- Take diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight (Do not include meal replacements such as Slim-Fast)
- Vomit or take laxatives

| Yesterday, how many times did you...          | 0 times                  | 1 time                   | 2 times                  | 3 times                  | 4 times                  | 5 times                  | 6 or more times          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 143. eat fruit or drink fruit juice?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 144. eat vegetables or drink vegetable juice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 145. drink milk or eat cheese or yogurt?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | 0 days                   | 1 day                    | 2 days                   | 3 days                   | 4 days                   | 5 days                   | 6 days                   | 7 days                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 146. On how many of the <b>past 7 days</b> did you exercise or participate in physical activity for at least 20 minutes <b>that made you sweat and breathe hard</b> , such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 147. On how many of the <b>past 7 days</b> did you participate in physical activity for at least 30 minutes <b>that did NOT make you sweat or breathe hard</b> , such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

148. 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

149. If your school has a school-based health center, how many times did you use it for services this year?

- My school does not have a school-based health center
- 0 times
- 1 time
- 2 times
- 3 or more times

**These last questions ask for some information about you and your family.**

150. What is the highest grade level your **father, male guardian, or whomever you live with**, completed?

- Did not graduate from high school
- Graduated from high school
- Went to vocational school or got other training
- Started college
- Graduated from college
- Went to graduate school
- I don't know

151. What is the highest grade level your **mother, female guardian, or whomever you live with**, completed?

- Did not graduate from high school
- Graduated from high school
- Went to vocational school or got other training
- Started college
- Graduated from college
- Went to graduate school
- I don't know

152. How often do you speak a language other than English at home?

- Never
- Less than half the time
- About half the time
- More than half the time but not all of the time
- All of the time

153. Were you born in the USA or did you move here from another country?

- Born in the USA
- Moved to USA 10 or more years ago
- Moved to USA between 5 and 10 years ago
- Moved to USA less than 5 years ago

154. Are your grades mostly:

- As and Bs
- Bs and Cs
- Cs and Ds
- Ds and Fs

155. Does your family have enough money to buy the things they need, like food and clothing?

- Yes, all of the time
- Yes, most of the time
- Some of the time
- Almost never

156. Does your family have regular phone service?

- No
- Yes, with local service only
- Yes, with both local and long distance service

157. Does your family have cell phone service?

- No
- Yes, with local service only
- Yes, with both local and long distance service

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