

Oregon Health Authority is conducting the Student Wellness Survey in February and March 2012.

There are two state-wide adolescent health surveys conducted in Oregon—the Student Wellness Survey and the Oregon Healthy Teens Survey. The surveys are administered in alternate years. The Oregon Health Authority is conducting the Student Wellness Survey in February and March 2012. The next Oregon Healthy Teens Survey will take place in Spring 2013. Both surveys provide important data to fully understand and help the youth of Oregon. The surveys have some over-lapping questions, to better track behavior patterns over time, but a large portion of each survey is unique. That is why both surveys are important and schools and youth should, if able, participate in both surveys whenever possible.

What is the focus of the Student Wellness Survey?

The Student Wellness Survey was introduced in 2010 to assess school climate and the behavioral health of Oregon youth in grades six, eight and 11. School climate shows the degree to which students feel they belong, are valued and are physically and emotionally safe at school. The behavioral health focus assesses risk and protective factors that influence student success. There are two versions of the survey, one for middle schools and a slightly longer survey for high schools.

Grade 6 & 8	Grade 11	Topics on the Student Wellness Survey
✓	✓	Student mobility--how often youth move or change schools
✓	✓	Commitment to school including school performance, school attendance, and how important they think school is for their future
✓	✓	Opportunities for participation in class and other school activities
✓	✓	Meaningful relationships with teachers, school staff and other students
✓	✓	Witnessing or perpetrating harassment, bullying or fighting in the school environment
✓	✓	Antisocial behavior such as carrying weapons, selling drugs, or being drunk at school
✓	✓	Positive youth development
✓	✓	Psychological stress, depression and suicide ideation
✓	✓	Problem gambling and substance use (primarily patterns of alcohol, tobacco and marijuana use, accessibility, perceived risk of harm and parent attitudes about use)
	✓	How youth get alcohol, tobacco and marijuana and lifetime use of illicit drugs
	✓	Height, weight, body image and unhealthy eating behaviors

Why should a district participate in the Student Wellness Survey?

- In 2010 most school districts participated (82 percent) providing a robust statistical comparison for schools, districts and counties.
- Results from this survey provide the backbone for data driven decisions. Many schools and communities use the results for planning purposes, to track student behavior changes, report outcomes for grants and to apply for funding for future prevention efforts.



Who can participate?

- All Oregon public, alternative, charter and private schools with students in grades six, eight and 11 are invited to participate at no charge to schools. Schools are encouraged to survey all eligible students, but large schools may opt to survey a sample of their youth.

What will the participating district and school receive?

- Participating districts and schools that survey 20 or more students in a grade will receive an electronic Student Wellness Survey report. Each report is organized into chapters that highlight specific topics. Chapters provide: background information about the topic, summary data tables and graphs. The appendices at the end of the report include data tables for each survey item, and copies of the 2012 surveys.

When will the survey results be available?

- Confidential district- and school-level reports will be issued to School Superintendents in May 2012. The preliminary report provides all of the standard tables and graphs that are in the final report but will not yet contain the state-level comparisons.
- Final reports will be ready in August 2012. Data tables in the final reports include state and local results for all three grades. This makes it is easy to compare local results to those of the state and to see the differences among 6th, 8th and 11th grade students.

What is the cost of the surveys?

- All 6th, 8th and 11th grade students can be surveyed at no charge to schools. Public, private, charter and alternative schools are encouraged to participate.

How long are the surveys and how are they administered?

- It takes students 45 minutes or less to complete the Student Wellness Survey.
- School districts can choose to use the on-line survey or paper-and-pencil.

Are the participants anonymous?

- The survey is voluntary and individual survey responses are completely anonymous. Students are not asked to write their name or any identifying information on their survey.

How can I get more information?

- Contact: **Geralyn Brennan**
OHA, Addictions and Mental Health Division
503-947-2319
geralyn.brennan@state.or.us
- Additional information can be found on the Student Wellness Survey web site at:
<http://www.oregon.gov/OHA/addiction/student-wellness/index.shtml>



1. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
2. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
3. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
4. Please mark only **ONE** oval unless the question specifically asks you to "Please mark all that apply." Completely fill in the oval with a #2 pencil.

1. How old are you?

- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old

2. What is your sex?

- Female
- Male

3. In what grade are you?

- 6th
- 7th
- 8th
- 9th

4. What is your race? (Please mark all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native or Other Pacific Islander
- White

5. Are you Hispanic or Latino/Latina?

- Yes
- No

6. What is the language you use most often at home?

- English
- Russian
- Spanish
- Vietnamese
- A tribal language
- Another language

Would you say that in general your...



7. emotional and mental health is...

8. physical health is...

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- Yes
- No

10. How many times have you changed homes since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

11. Putting them all together, what were your grades like last year?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's

12. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

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

PLEASE DO NOT WRITE IN THIS AREA [SERIAL]

13. How do you like school?

- I like school very much
- I like school
- I neither like nor dislike school
- I dislike school
- I dislike school very much

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

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

15. How often do you feel that the schoolwork you are assigned is meaningful and important?

	Almost always	Sometimes	Seldom	Never
16. Thinking back over the past school year, how often did you try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements about school?

	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
17. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I respect most of my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I can talk to my teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. In my school, teachers treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Most students at my school help each other when they are hurt or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. In my school, students that work hard to get good grades are picked on by other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
25. 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"/>
26. carry a gun as a weapon on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. carry a weapon (other than a gun) such as a knife or club on school property?	<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	12 or more times
28. 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"/>
29. were you in a physical fight on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. have you been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. has someone threatened you with a weapon such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and being pushed around or hit. In the last 30 days, how many times have you been harassed at school, on a school bus or going to and from school...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
34. because of your race or ethnic origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. because someone said you were gay, lesbian, bisexual or transgender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. because of who your friends are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. because of how you look (weight, clothes, acne, or other physical characteristics).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. because you received unwanted sexual comments or attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. through e-mail, chat rooms, instant messaging, Web sites, texting or phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. for other reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about drinking alcohol. This includes drinking beer, wine/wine coolers, flavored beverages such as Mike's Hard Lemonade and liquor ("shots") such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

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
59. 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"/>
60. 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"/>

During the past 30 days, on how many days do you think most students in your school...

	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
61. had at least one drink of alcohol (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. had 5 or more drinks of alcohol in a row, that is, within a couple of hours (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. During the past 30 days, how many times did you ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
64. During the past 30 days, how many times did <u>most students in your school</u> ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
65. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. use other tobacco products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. 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

How old were you...

	Never have	8 years old or younger	9 years old	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old
68. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) 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"/>	<input type="radio"/>
69. when you first began drinking alcoholic beverages regularly, that is at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. when you 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"/>	<input type="radio"/>
71. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. when you 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"/>	<input type="radio"/>

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

	No risk	Slight risk	Moderate risk	Great risk
73. if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. when they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. if they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. if they try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. if they smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very hard	Somewhat hard	Sort of easy	Very easy
78. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. get some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. get some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. get a drug like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
82. 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"/>
83. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.
- This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
- All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
- Please mark only ONE oval unless the question specifically asks you to "Please mark all that apply." Completely fill in the oval using a #2 pencil.

1. How old are you?

- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

2. What is your sex?

- Female
- Male

3. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I wonder/think I'm transgender
- Not sure

4. In what grade are you?

- 9th
- 10th
- 11th
- 12th
- Ungraded or other grade

5. What is your race? (Please mark all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native or Other Pacific Islander
- White

6. Are you Hispanic or Latino/Latina?

- Yes
- No

7. What is the language you use most often at home?

- English
- Russian
- Spanish
- Vietnamese
- A tribal language
- Other language

Would you say that in general your...

8. emotional and mental health is...
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. physical health is...

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- Yes
- No

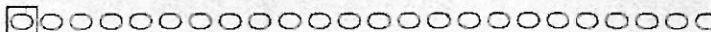
11. How many times have you changed homes since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

12. Putting them all together, what were your grades like last year?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

13. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

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

14. How do you like school?

- I like school very much
- I like school
- I neither like nor dislike school
- I dislike school
- I dislike school very much

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

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

16. How often do you feel that the schoolwork you are assigned is meaningful and important?

17. Thinking back over the past school year, how often did you try to do your best work in school?

Almost always	Sometimes	Often	Seldom	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements about school?

Strongly agree	Somewhat agree	Strongly disagree	Somewhat disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<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	12 or more times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and being pushed around or hit. In the last 30 days, how many times have you been harassed at school, on a school bus or going to and from school...

0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often have you...

	Never	Once or twice per year	Once or twice per month	Once or twice per week	Every day
43. seen another student bully others by hitting, kicking, punching or otherwise hurting them in school or on the school bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. heard another student bully others by saying mean things, teasing or calling other students names in your school or on the school bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. heard another student spread mean rumors or leave other students out of activities to be mean in your school or on the school bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. On an average school night, how many hours of sleep do you get?

4 or less
 5 hours
 6 hours
 7 hours
 8 hours
 9 hours
 10 or more hours

During the past 30 days, how much of the time have you...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
47. been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. 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

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

Yes
 No

54. 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

55. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event with an uncertain outcome. Please mark ALL the different types of betting that you have done, if any, during the last 30 days:

- I did not gamble during the last 30 days
 Playing lottery tickets/Powerball/Megabucks
 Playing dice or coin flips
 Playing cards (poker, etc.)
 Betting on a sports team
 Betting on games of personal skill (bowling, video games, dares, etc.)
 Gambling on the Internet for free or with money
 Playing Bingo for money
 Other

56. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?

- Yes
 No
 I don't bet for money

57. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could?

- Yes
 No
 I don't bet for money

58. Have you ever lied to anyone about betting/gambling?

59. Have you ever bet/gambled more than you wanted to?

60. Have your parents ever talked to you about the risks of betting/gambling?

61. Have your teachers ever talked to you about the risks of betting/gambling?

	Yes	No
58. Have you ever lied to anyone about betting/gambling?	<input type="radio"/>	<input type="radio"/>
59. Have you ever bet/gambled more than you wanted to?	<input type="radio"/>	<input type="radio"/>
60. Have your parents ever talked to you about the risks of betting/gambling?	<input type="radio"/>	<input type="radio"/>
61. Have your teachers ever talked to you about the risks of betting/gambling?	<input type="radio"/>	<input type="radio"/>

The next questions ask about drinking alcohol. This includes drinking beer, wine/wine coolers, flavored beverages such as Mike's Hard Lemonade and liquor ("shots") such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

62. 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

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

63. have at least one drink of alcohol?

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

During the past 30 days, on how many days do you think most students in your school...

65. had at least one drink of alcohol? (your best estimate)

66. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate)

	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
63. 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"/>
64. 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"/>
65. had at least one drink of alcohol? (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have tried beer, wine, or hard liquor (for example vodka, whiskey or gin)?

- None of my friends
- 1 of my friends
- 2 of my friends
- 3 of my friends
- 4 of my friends

68. During the past 30 days, what type of alcohol did you usually drink? Select only one response.

- I did not drink alcohol during the past 30 days
- I do not have a usual type
- Beer
- Flavored beverages (such as Smirnoff, Bacardi Silver, Hard Lemonade, Joose and Sparks)
- Wine coolers (such as Bartles & Jaymes or Seagrams)
- Wine
- Liquor (such as vodka, rum, scotch, bourbon or whiskey)
- Some other type

69. During the past 30 days, from which of the following sources did you get the alcohol you drank? Please mark all that apply.

- I did not drink alcohol during the past 30 days
- At a party
- Friends under 21
- Friends 21 or older
- A brother or sister
- A parent
- A store or gas station
- Liquor store
- Bar night club or restaurant
- Took it from home without permission
- By asking a stranger to buy it for me
- I got it some other way

70. In the last 12 months, which of the following have you experienced? Please mark all that apply.

- I did not drink alcohol in the last 12 months
- Missed school or class because of drinking alcohol
- Gotten sick to my stomach because of drinking alcohol
- Not been able to remember what happened while I was drinking alcohol
- Later regretted something I did while drinking alcohol
- Worried that I drank alcohol too much or too often

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

71. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

72. ride in a vehicle driven by a teenager who had been drinking alcohol?

73. drive a car or other vehicle when you had been drinking alcohol?

During the past 30 days, how many times did most students in your school...

74. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

75. ride in a vehicle driven by a teenager who had been drinking alcohol?

76. drive a car or other vehicle when they had been drinking alcohol?

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

77. smoke cigarettes?

78. use other tobacco products?

79. smoke tobacco in a "Hookah," also known as a water pipe?

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
71. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. 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"/>
74. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. drive a car or other vehicle when they had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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
77. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. use other tobacco products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. smoke tobacco in a "Hookah," also known as a water pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. During the past 30 days, from which of the following sources did you get tobacco (cigarettes, chew, cigars)? Please mark all that apply.

- I did not get tobacco during the past 30 days
- A store or gas station
- Friends 18 or older
- Friends under 18
- Took from home without permission
- A family member
- The Internet
- Some other source

81. 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

82. During the past 30 days, from which of the following sources did you get marijuana? Please mark all that apply.

- I did not use marijuana during the past 30 days
- A public event such as a concert or sporting event
- A party
- Friends 18 or older
- Friends under 18
- A family member
- A medical marijuana cardholder or grower
- I gave someone money to buy it for me
- I grew it
- I got it some other way

How old were you...

	8 years old or younger	9 years old	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old or older
83. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. when you first began drinking alcoholic beverages regularly, that is at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. when you smoked a whole cigarette for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. when you tried marijuana for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	No risk	Slight risk	Moderate risk	Great risk
88. if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. when they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. if they smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. if they try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. if they smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very hard	Somewhat hard	Somewhat easy	Very easy
93. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. get some cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. get some marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. get a drug like cocaine, LSD, or amphetamines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During your life,
how many times have you...

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
97. Used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Taken steroid pills or shots without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Taken a prescription drug without a doctor's prescription, to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Used any form of cocaine, including powder, crack or freebase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Used ecstasy (also called MDMA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Used heroin (also called smack, junk, or China White)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Used methamphetamines (also called speed, crystal, crank or ice)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

105. During your life, how many times have you used a needle to inject any illegal drug into your body?

- 0 times
- 1 time
- 2 or more times

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

	0 days	1 to 5 days	6 to 9 days	10 to 20 days	21 to 30 days	30 days
106. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

108. Which of the following illicit drugs did you use during the past 30 days? Please mark all that apply.

- I did not use illicit drugs during the past 30 days
- Marijuana
- Any form of cocaine including powder, crack or freebase
- Ecstasy (also called MDMA)
- Heroin or other opiates or narcotics
- LSD or other hallucinogens or psychedelics
- Methamphetamines (also called speed, crystal, crank or ice)
- Steroid pills or shots without a doctor's prescription

During the past 12 months...

	Yes	No	Don't know or can't say
109. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. have you had a special class about drugs or alcohol in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

112. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis?

- More likely
- Less likely
- Would make no difference
- Don't know or can't say

How wrong do you think it is for someone your age to...

	Very wrong	Wrong	A little bit wrong	Not wrong at all
113. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. smoke one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. use marijuana or hashish once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. use marijuana or hashish once a month or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. How wrong do you believe most students in your school think it is for someone their age to have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How wrong do you think your parents feel it would be for you to...

	Very wrong	Wrong	A little bit wrong	Not wrong at all
118. drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true are the following statements?

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

121. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. There is at least one teacher or other adult in my school that really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. My parents would catch me if I skipped school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. When I am not at home, one of my parents knows where I am and whom I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. How would <u>most students in your school</u> respond to this statement: "My family has clear rules about alcohol and drug use."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

130. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes.
 Fill in the matching circle below each number.

Height	
Feet	Inches
4	10
<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Height	
Feet	Inches
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

131. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes.
 Fill in the matching circle below each number.

Weight		
Pounds		
0	9	5
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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

132. How do you describe your weight?
 Very underweight
 Slightly underweight
 About the right weight
 Slightly overweight
 Very overweight

133. 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

During the past 30 days, did you...

	Yes	No
134. Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?	<input type="radio"/>	<input type="radio"/>
135. Take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)	<input type="radio"/>	<input type="radio"/>
136. Vomit or take laxatives to lose weight or to keep from gaining weight?	<input type="radio"/>	<input type="radio"/>