



2015 Oregon Healthy Teens Survey Fact Sheet – For Schools

Oregon Health Authority & Oregon Department of Education

What is the Oregon Healthy Teens (OHT) Survey?

OHT is a comprehensive, school-based, anonymous and voluntary paper-and-pencil or web based survey. OHT monitors risk behaviors and other factors that influence the health and wellbeing of Oregon’s adolescents. OHT is conducted among 8th and 11th graders statewide. State and local agencies depend on OHT to assess youth needs, develop comprehensive plans and prevention programs, solicit funding, and measure outcomes.

What is the goal of the OHT Survey?

Healthy students have better attendance, get higher grades and test score and are less likely to skip school, drop out or engage in risky behaviors. OHT provides schools, communities, and our state with a clearer picture of youth strengths and problems. OHT allows schools and communities to find out what prevention efforts are working and which need improvement, with a particular emphasis on tobacco prevention. Our goal is to do what the name says: give our teens the support they need to live healthy lives.

How is the OHT Survey Developed?

The Oregon Healthy Teens Survey was designed and is conducted as a collaborative effort by the Oregon Department of Education and Oregon Health Authority. Creating a single public health statewide system for getting a scientifically accurate picture of youth development helps reduce costs and redundancies sometimes associated with the multiple school assessments conducted in the past, and provides schools and their communities with a better opportunity to use the information for longer-term planning and evaluation of their efforts to improve youth outcomes.

Who Participates in the OHT Survey?

OHT is administered bi-annually in odd-numbered years to Oregon’s 8th and 11th grade students. OHT is administered to students across the entire state of Oregon.

What Does OHT Measure?

OHT focus areas include:

1. Tobacco, alcohol and other drug use and access to substances;
2. Physical activity, nutrition and body weight,
3. Sexual risk behaviors that can result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
4. Mental health concerns such as suicidal ideation, depression, harassment, and body image;
5. Behaviors that result in intentional (violence and suicide) and unintentional injury (motor vehicle crashes);
6. Health care access, use of school-based health centers, and screening for conditions such as asthma;
7. Basic demographics.



How Are OHT Data Used?

OHT data are used to help evaluate the effectiveness of a variety of projects and programs that promote healthy adolescence in Oregon. OHT data are a key source of state and national health indicators, such as those included in the Oregon Benchmarks and Healthy People 2010. Many Oregon counties and local communities use OHT survey information in community health assessments. Survey findings serve as a valuable tool for legislators and other policy makers as they make decisions about health related policies, services, programs, and educational activities. Agencies, non-profit organizations, and community groups use the data to provide baseline and evaluation information required for grants and other funding sources, and for planning and evaluating activities and programs that promote health and ability to learn, prevent injury, and reduce high risk behaviors among youth.

Parents, school staff members, and community groups can use the information to identify areas where help is most needed for students to change behavior, and they can use that opportunity to develop and support activities and environments that encourage healthy behaviors. School districts also use the OHT data for school improvement plans.

Are Sensitive Questions Asked?

Our goal is to reduce those behaviors among high school and middle school students that adversely affect their health and ability to learn. Some questions may be considered sensitive. AIDS, HIV infection, and other sexually transmitted diseases are major health problems. Sexual intercourse and intravenous drug use are among the behaviors known to increase the risk of HIV or other STDs. The only way to determine if adolescents are at risk in these areas is to ask questions about these behaviors. Mental health, attempted suicide, harassment, tobacco, alcohol and other drug use, and weapon carrying may be considered sensitive topics. Questions are age appropriate and are presented in a straightforward and sensitive manner. Students can also choose to not answer any question that may make them uncomfortable.

Does asking questions about a behavior encourage that behavior?

No. The CDC (Centers for Disease Control and Prevention) states that there is no evidence that simply asking students about health risk behaviors will encourage them to try that behavior. In addition, asking sensitive questions can bring good news, such as recent Oregon Healthy Teens findings that show a reduction in sexual activity and tobacco use among Oregon teens.

How will my family's privacy be protected?

This survey is **anonymous**. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. Students will not put their names or other identifying information on the questionnaires or answer sheets. When the surveys have been completed and collected, we will have **no identifying information** linking a questionnaire to an individual student or parent. Summary information across grade levels will be reported to the school district.

Is student participation anonymous? How is student privacy protected?

Survey administration procedures are designed to protect student privacy and allow for anonymous participation. The survey is proctored by classroom teachers, who are given training materials on the survey protocol. Students submit a completed optically scannable survey, containing no personal identifiers, which is then placed in one envelope for the entire class. Students not participating in the survey are provided with an alternative activity by their school, usually outside of the classroom. Aggregated reports sent to schools and districts are based on all of the students participating, so anonymity of students is preserved.

Are students tracked over time to see how their behavior changes?

No. Although an individual student might participate again in future years, it will be impossible to track individual students who participate because no identifying information is collected.

How long does it take to fill out the questionnaire? Is there some sort of physical test?

One class period is needed for administration of the self-administered questionnaire. It takes approximately 5 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 40 minutes for students to record their responses. No physical test or exam is involved.

Are the questionnaire and consent letters provided in other languages?

Currently, we provide parent consent letters in English and Spanish. We provide the English version of the survey in paper and online. We provide the Spanish survey instrument online only. Schools needing the Spanish version can opt to take the survey online.

How do parents find out about OHT?

Oregon uses an “active notification” with a “passive permission/ passive consent” model for parents. OHT requires that participating schools actively notify the parents of selected students. A letter is sent to the home of each student in the selected grade, either via mail or email, to inform the parents or guardians of the upcoming survey and give parents a chance to find out more about the survey. The state coalition for OHT suggests that each school make a physical copy of the survey available in either the main office or the counseling office, where parents could visit and view the survey. Parents can also view the survey on the Oregon Health Authority website at:

<https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx> or <https://oregonhealthyteens.pridesurveys.com>

If the school does not hear from a parent, the survey protocol assumes permission is given by the parent for their student to take the survey. If a parent does **not** wish their child to participate in the survey, they are asked to complete and return the parental notification form to opt their student out of the survey. Schools are asked to have an alternate site for those students to be placed while their classmates take the survey. Parents can also tell their child not to take the survey. Students can also opt out of the survey on their own even if the parent had not explicitly asked them not to participate. The survey is voluntary. The bottom of each page in the survey form also states that the survey is voluntary.



Do students answer questions truthfully?

Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

Is OHT related to the “No Child Left Behind” mandates?

The focus of No Child Left Behind is on the improvement of students in academic areas. Program planning and support for increasing the health and well-being of students helps those students to be ready and able to learn once they are in the classroom. Schools are generally interested in having a healthy student-body that is able to focus on their education when they are in the classroom setting.

When is the survey conducted? When are results available?

Data collection is planned for January through May of 2015. Results, presented graphically for schools, districts and the state, are planned for release in October of 2015 and will be available in electronic format.

Oregon Healthy Teens Survey • 2015 High School •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to "Select one or more responses."

Marking Instructions:

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ◐



- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade
- How old are you?
 - 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? **(Select one or more responses)**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
- What is the language you use most often at home?
 - English
 - Spanish
 - Another language
- Do you think of yourself as...
 - Lesbian or gay
 - Straight, that is, not lesbian or gay
 - Bisexual
 - Something else
 - Don't know /Not sure
- How tall are you without your shoes on?

Directions: Write your height in the blank boxes. Fill in the matching circle below each number.

Height	
Feet	Inches
4	11
<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input checked="" type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

- How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes. Fill in the matching circle below each number.

Weight		
Pounds		
0	9	5
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

- Please tell us your zip code.

Directions: Write the last 3 digits of your zip code in the blank boxes. Fill in the matching circle below each number.

Zip Code				
9	7			
		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/> 9	<input checked="" type="radio"/> 7	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

The next questions ask about health care issues.

- Would you say that in general your **physical health** is...
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- Would you say that in general your **emotional and mental health** is...
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

13. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not sure

14. During the past 12 months, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- Yes
 - No

15. During the past 12 months, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- Yes
 - No

16. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? (**Select one or more responses**).
- Yes – during school hours
 - Yes – during the summer
 - Yes – on the weekend or before/after school
 - No
 - Don't know

For these statements, mark how true you feel each is for you.

	Very much true	Pretty much true	A little true	Not at all true
17. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. 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"/>
19. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about grades and school.

21. During the past 12 months, how would you describe your grades in school?
- Mostly A's
 - Mostly B's
 - Mostly C's
 - Mostly D's
 - Mostly F's
 - None of these grades
 - Not sure

	Did not miss any school days in past year	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
22. During the past 12 months, how many days of school did you miss for any reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. During the past 12 months, how many days of school did you miss because of physical health reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about health or learning conditions you may have.

	Yes	No
26. Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
27. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
28. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	<input type="radio"/>	<input type="radio"/>
29. Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
30. Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
31. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping?	<input type="radio"/>	<input type="radio"/>

The next questions ask about oral health.

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

33. Have you ever had a cavity?

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

34. Did you brush your teeth in the past 24 hours?

35. In the **past year**, were you ever injured in your mouth area while playing sports? The mouth area could be your teeth, gums, lips, cheeks, tongue or jaw.

(Select one or more responses.)

- I was not injured in the mouth while playing a sport
- I was injured in the mouth playing an organized sport, like school, club or team sports
- I was injured in the mouth playing a recreational sport I did on my own (with or without other people), like skateboarding or pickup basketball

36. During the past 12 months, did you miss one or more hours of school due to any of the following reasons?

(Select one or more responses.)

- I had a toothache or painful tooth
- My mouth was hurting
- I had to go to the dentist because of tooth or mouth pain (Do **not** include regular check-up visits.)
- I had to go to the hospital emergency room because of tooth or mouth pain
- I had a mouth injury from playing a sport
- I did not miss school for any of these reasons

The next questions ask about asthma.

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

- Yes
- No
- Not sure

38. Do you still have asthma?

- I have never had asthma
- Yes
- No
- Not sure

The next questions are about School Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

39. Does your school have a School-Based Health Center?

- Yes
- No
- Don't know

40. How many times have you used the School-Based Health Center at your school in the past 12 months?

- Never
- I've used it, but not in the last 12 months
- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times

The next question asks about the food you ate during the past 12 months.

41. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

The next section asks about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

42. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice?

(Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

43. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

44. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

46. During the past 7 days, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

47. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

48. During the past 7 days, on how many days did you eat breakfast?

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

49. During the past 7 days, how many times did all, or most, of your family eat a meal together?

- Never
- 1-2 times
- 3-4 times
- 5-6 times
- 7 times
- More than 7 times

The next question asks about sleep patterns.

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

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

The next questions ask about physical activity.

51. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

52. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

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

53. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

54. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

55. 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

56. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet).

- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

The next questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...

57. **Soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop).

58. **Fruit-flavored beverages** such as Kool-Aid, Sunny Delight, or Snapple? (Do **not** include 100% fruit juice).

59. **Energy drinks** such as Red Bull, Rockstar, or Monster? (Do **not** include diet or sugar-free energy drinks)

60. **Sports drinks** such as Gatorade or Powerade?

61. **Flavored milk** such as Chocolate or Strawberry milk? (Do **not** include plain milk)?

62. **Plain milk?** (Include milk that you added to cereal)

63. **Sweetened coffee or tea beverages** such as Starbucks Frappuccino or an Arizona Iced Tea?

64. **Plain water?** (Include tap and bottled water).

	0 times in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
57. Soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Sports drinks such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain milk)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Plain milk? (Include milk that you added to cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Plain water? (Include tap and bottled water).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the ways you get to and from school.

The next section asks about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

65. Walk

66. Ride a bike

67. Ride a skateboard, scooter, or other non-motorized vehicle

68. Ride a school bus or use public transportation

69. Ride in a car or other motorized vehicle

	0 days	1 day	2 days	3 days	4 days	5 days
65. Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Ride a bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Ride a skateboard, scooter, or other non-motorized vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Ride a school bus or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Ride in a car or other motorized vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?

- I did not visit a convenience store during the past 7 days
- 1 time during the past 7 days
- 2 or 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 7 or more times during the past 7 days

71. 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

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

- Yes
- No

73. 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

74. **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 personal safety.

75. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
76. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club **on school property**?
- | | |
|------------------------------------|--|
| <input type="radio"/> 0 times | <input type="radio"/> 6 or 7 times |
| <input type="radio"/> 1 time | <input type="radio"/> 8 or 9 times |
| <input type="radio"/> 2 or 3 times | <input type="radio"/> 10 or 11 times |
| <input type="radio"/> 4 or 5 times | <input type="radio"/> 12 or more times |
77. During the past 12 months, how many times were you in a physical fight **on school property**?
- | | |
|------------------------------------|--|
| <input type="radio"/> 0 times | <input type="radio"/> 6 or 7 times |
| <input type="radio"/> 1 time | <input type="radio"/> 8 or 9 times |
| <input type="radio"/> 2 or 3 times | <input type="radio"/> 10 or 11 times |
| <input type="radio"/> 4 or 5 times | <input type="radio"/> 12 or more times |
78. During the past 12 months, has anyone offered, sold or given you an illegal drug **on school property**?
- Yes
 - No

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

79. During the past 30 days, have you been bullied by someone using any kind of **technology**, such as through social media, cell phones, or video games?
- Yes
 - No
80. During the past 30 days, have you ever been bullied at school (or on the way to or from school) in relation to any of the following issues? This includes in-person and cyberbullying. **(Select one or more responses.)**
- Bullying about your race or ethnic origin
 - Unwanted sexual comments or attention
 - Bullying because someone thought you were gay, lesbian or bisexual
 - Bullying about your weight, clothes, acne, or other physical characteristics
 - Bullying about your group of friends
 - Other reasons
 - I have not been bullied at school

The next questions refer to the "Choking Game," also called Knock Out, Space Monkey, Flatlining, or The Fainting Game.

81. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you? **(Select one or more responses.)**
- I have never heard of the Choking Game
 - I've heard of someone participating in the Choking Game
 - I have helped someone else participate in the Choking Game
 - I have participated in the Choking Game myself
82. How many times in your life have **you** participated in the Choking Game **yourself**?
- None – I have never participated myself
 - One time
 - Two times
 - 3 to 5 times
 - More than 5 times
83. Thinking back to the last time **you yourself** participated in the "Choking Game", were you alone or with other people?
- I have never participated in the "Choking Game"
 - I was alone
 - I was with other people

The next section asks about gambling.

84. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check **ALL** the different types of gambling that you have bet on, if any, during the last 30 days. **(Select one or more responses)**
- I did not gamble in the last 30 days
 - Playing lottery tickets
 - Playing Powerball or Megabucks
 - Playing dice or coin flips
 - Playing cards (poker, etc.)
 - Betting on a sports team
 - Betting on a horse/dog race
 - Betting on games of personal skill (bowling, video games, dares, etc.)
 - Gambling on the Internet
 - Gambling at a casino
 - Playing Bingo for money
 - Other

During the last 12 months, have you ever ...

	I don't bet for money	Yes	No
85. Felt bad about the amount you bet, or about what happens when you bet money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Felt that you would like to stop betting money but didn't think you could?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Lied to anyone about betting or gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Bet or gambled more than you wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks about sexual behavior.

89. Have you ever had sexual intercourse?
 Yes
 No
90. How old were you when you had sexual intercourse for the **first time**?
 I have never had sexual intercourse
 11 years old or younger
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old or older
91. During your life, with how many people have you had sexual intercourse?
 I have never had sexual intercourse
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
92. During the past 3 months, with how many people did you have sexual intercourse?
 I have never had sexual intercourse
 I have had sexual intercourse, but not during the past 3 months
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
93. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
 I have never had sexual intercourse
 Yes
 No

94. The **last time** you had sexual intercourse, did you or your partner use a condom?
 I have never had sexual intercourse
 Yes
 No
95. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**?
(Select all that apply)
 I have never had sexual intercourse Not in web
 IUD (intrauterine device such as Mirena or Paragard)
 Contraceptive implant (Implanon or Nexplanon)
 Depo-Provera (injectable birth control)
 Birth control pills
 Contraceptive patch
 Contraceptive ring
 Condoms
 Withdrawal
 Emergency contraception (morning after pill)
 Some other method
 No method was used to prevent pregnancy
 Not sure
96. During your life, with whom have you had sexual contact?
 I have never had sexual contact
 Females
 Males
 Females and males

The next questions ask about violence-related behaviors.

97. Have you ever been physically forced to have sexual intercourse when you did not want to?
 Yes
 No
98. Have you ever given in to sexual activity when you didn't want to because of pressure?
 Yes
 No
99. During your life, has any adult ever had sexual contact with you?
 Yes
 No
100. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
 Yes
 No
101. During your life, has any adult ever intentionally hit or physically hurt you?
 Yes
 No

The next questions ask about tobacco 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
102. Smoke cigarettes ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Smoke menthol cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Use chewing tobacco, snuff or dip , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Use dissolvable tobacco products, such as Camel orbs, sticks, or strips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Smoke a little cigar , such as Swisher Sweets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Smoke a large cigar ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Smoke tobacco in a hookah , also known as a waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Smoke tobacco in a pipe ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Use an e-cigarette or other vaping product ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

111. About how many cigarettes have you smoked in your entire life?
- I have never smoked cigarettes, not even one or two puffs
 - 1 or more puffs, but never a whole cigarette
 - 1 cigarette
 - 2 to 5 cigarettes
 - 6 to 15 cigarettes (about 1/2 a 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)
112. Have you ever used any type of tobacco or vaping product with mint, fruit, coffee, candy, or other sweet flavor?
- Yes
 - No
 - Not sure
113. During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other sweet flavors?
- Yes
 - No
 - Not sure

114. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
115. How old were you when you first used any form of tobacco other than cigarettes? Include e-cigarettes or other vaping products.
- I have never used any of those products
 - 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
116. The very first time you used any tobacco or vaping product (including e-cigarettes), which type of product did you use?
- I have never used any tobacco or vaping product
 - Cigarette
 - Chewing tobacco
 - Small cigar
 - Large cigar
 - Hookah
 - E-cigarette or other vaping product
 - Another type of product
117. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
 - Yes
 - No
118. If one of your best friends were to offer you a cigarette, would you smoke it?
- Definitely not
 - Probably not
 - Probably would
 - Definitely would
119. During the past 30 days, from which of the following sources did you get tobacco or vaping products? (Select one or more responses.)
- I did not get tobacco or vaping products 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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

120. Does someone living in your house (other than you) smoke tobacco?

- Nobody smokes
- Someone smokes, but not inside the house
- Someone smokes inside the house

During the past 30 days, have you seen an advertisement promoting tobacco or a vaping product...

121. On a storefront or in a store?

122. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?

123. In a magazine or newspaper?

124. That came in the mail to your home?

	Yes	No	Not sure
121. On a storefront or in a store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. That came in the mail to your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. If you have a favorite, what is the brand of your favorite cigarette advertisement? (Select only one answer.)

- I do not have a favorite
- Marlboro
- Camel
- Newport
- American Spirit
- Other

126. Do you agree or disagree with the following statement: *Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.*

- Strongly agree
- Somewhat agree
- Don't know / Not sure
- Somewhat disagree
- Strongly disagree

127. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?

- Very honest
- Somewhat honest
- Don't know/Not sure
- Somewhat dishonest
- Very dishonest

128. During the past 30 days, did you receive tobacco or vaping coupons or other discounts in the mail, over the Internet, or from any other source?

- Yes
- No

129. In the past 30 days, did you buy any tobacco or vaping product using coupons, buy 1 get 1 free, or any other price reduction?

- Yes
- No

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

130. How old were you when you had your first drink of alcohol other than a few sips?

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

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

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

132. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

133. 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
- Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
- Wine coolers, such as Bartles & Jaymes or Seagrams
- Wine
- Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- Some other type

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

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

The next section asks about marijuana (also called grass or pot), and other drugs.

135. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?
- 0 days
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 or more days
136. During the past 30 days, if you used marijuana, how did you **usually** use it?
- I did not use marijuana during the past 30 days
 - Smoked it (in a joint, bong, pipe, blunt)
 - Vaporized it (e.g., vapor pen)
 - Ate it (in brownies, cakes, cookies, candy)
 - Drank it (tea, cola, alcohol)
 - Dabbed it
 - Used in some other way
137. During the past 30 days, how did you get marijuana? **(Select one or more responses.)**
- I did not get marijuana in the past 30 days
 - I bought it from a medical marijuana dispensary.
 - I stole it from a medical marijuana dispensary.
 - I got it from friends.
 - I got it at a party.
 - I got it from an older brother or sister.
 - I gave money to someone to get it for me.
 - I took it from home without my parents' permission.
 - I got it at home with my parents' permission.
 - I got it from a medical marijuana cardholder or grower.
 - I got it some other way.
138. During the past 30 days, how many times did you drive a car or other vehicle within **three hours after using marijuana**?
- I did not drive in the past 30 days
 - 0 times
 - 1 time
 - 2-3 times
 - 4-5 times
 - 6 or more times
139. During the past 30 days, how many times have you used **prescription drugs** (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) **without a doctor's orders**?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

If you wanted to get...

- | | Very easy | Sort of easy | Sort of hard | Very hard |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 140. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. Some tobacco (cigarettes, chew, cigars), how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. If you wanted to get e-cigarettes or other vaping products, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 143. If you wanted to get some marijuana, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 144. If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some? | <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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 145. Smoke one or more packs of cigarettes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 146. Use smokeless tobacco every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 147. Use e-cigarettes or other vaping products every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 148. Use marijuana regularly (at least once or twice a week)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 149. 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"/> |
| 150. 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"/> |
| 151. Use prescription drugs that are not prescribed to them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

The following questions ask about family and friends.

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

	Very wrong	A little bit wrong	Wrong	Not wrong at all
152. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	A little bit wrong	Wrong	Not wrong at all
156. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Use an e-cigarette or other vaping product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

160. Does your family own a car, van, or truck?

- No
- Yes, one
- Yes, two or more

161. Do you have your own bedroom for yourself?

- No
- Yes

162. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
- Once
- Twice
- More than twice

163. How many computers does your family own?

- None
- One
- Two
- More than two

164. Do you receive free or reduced price lunches at school?

- Yes
- No
- Don't know

Finally, please tell us how truthful you were.

165. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

THANK YOU FOR YOUR PARTICIPATION

Oregon Healthy Teens Survey • 2015 8th Grade •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to "Select one or more responses."

Marking Instructions:

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ◐



- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade
- How old are you?
 - 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? **(Select one or more responses)**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
- What is the language you use most often at home?
 - English
 - Spanish
 - Another language
- Do you think of yourself as...
 - Lesbian or gay
 - Straight, that is, not lesbian or gay
 - Bisexual
 - Something else
 - Don't know /Not sure
- How tall are you without your shoes on?

Directions: Write your height in the blank boxes. Fill in the matching circle below each number.

Height	
Feet	Inches
4	11
<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input checked="" type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

- How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes. Fill in the matching circle below each number.

Weight		
Pounds		
0	9	5
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

- Please tell us your zip code.

Directions: Write the last 3 digits of your zip code in the blank boxes. Fill in the matching circle below each number.

Zip Code				
9	7			
		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

The next questions ask about health care issues.

- Would you say that in general your **physical health** is...
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- Would you say that in general your **emotional and mental health** is...
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

13. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not sure

14. During the past 12 months, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- Yes
 - No

15. During the past 12 months, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- Yes
 - No

16. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses).**
- Yes – during school hours
 - Yes – during the summer
 - Yes – on the weekend or before/after school
 - No
 - Don't know

For these statements, mark how true you feel each is for you.

- | | Very much true | A little true | Not at all true |
|---|-----------------------|-----------------------|-----------------------|
| 17. I can do most things if I try. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. 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"/> |
| 19. I volunteer to help others in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I can work out my problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next questions ask about grades and school.

21. During the past 12 months, how would you describe your grades in school?
- Mostly A's
 - Mostly B's
 - Mostly C's
 - Mostly D's
 - Mostly F's
 - None of these grades
 - Not sure

	Did not miss any school days in past year	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
22. During the past 12 months, how many days of school did you miss for any reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. During the past 12 months, how many days of school did you miss because of physical health reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about oral health.

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

27. Have you ever had a cavity?
28. Did you brush your teeth in the past 24 hours?
- | | Yes | No |
|--|-----------------------|-----------------------|
| 27. Have you ever had a cavity? | <input type="radio"/> | <input type="radio"/> |
| 28. Did you brush your teeth in the past 24 hours? | <input type="radio"/> | <input type="radio"/> |

29. In the **past year**, were you ever injured in your mouth area while playing sports? The mouth area could be your teeth, gums, lips, cheeks, tongue or jaw. **(Select one or more responses.)**
- I was not injured in the mouth while playing a sport
 - I was injured in the mouth playing an organized sport, like school, club or team sports
 - I was injured in the mouth playing a recreational sport I did on my own (with or without other people), like skateboarding or pickup basketball

30. During the past 12 months, did you miss one or more hours of school due to any of the following reasons? **(Select one or more responses.)**
- I had a toothache or painful tooth
 - My mouth was hurting
 - I had to go to the dentist because of tooth or mouth pain (Do **not** include regular check-up visits.)
 - I had to go to the hospital emergency room because of tooth or mouth pain
 - I had a mouth injury from playing a sport
 - I did not miss school for any of these reasons

PLEASE DO NOT WRITE IN THIS AREA [SERIAL]

The next questions ask about asthma.

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

- Yes
- No
- Not sure

32. Do you still have asthma?

- I have never had asthma
- Yes
- No
- Not sure

The next questions are about School Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

33. Does your school have a School-Based Health Center?

- Yes
- No
- Don't know

34. How many times have you used the School-Based Health Center at your school in the past 12 months?

- Never
- I've used it, but not in the last 12 months
- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times

The next question asks about the food you ate during the past 12 months.

35. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

The next section asks about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

36. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice?

(Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

37. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

38. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

40. During the past 7 days, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

41. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

42. During the past 7 days, on how many days did you eat breakfast?

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

43. During the past 7 days, how many times did all, or most, of your family eat a meal together?

- Never
- 1-2 times
- 3-4 times
- 5-6 times
- 7 times
- More than 7 times

The next question asks about sleep patterns.

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

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

The next questions ask about physical activity.

45. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

46. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

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

47. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

48. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

49. 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

50. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet).

- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

The next questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...

51. **Soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop).

52. **Fruit-flavored beverages** such as Kool-Aid, Sunny Delight, or Snapple? (Do **not** include 100% fruit juice).

53. **Energy drinks** such as Red Bull, Rockstar, or Monster? (Do **not** include diet or sugar-free energy drinks)

54. **Sports drinks** such as Gatorade or Powerade?

55. **Flavored milk** such as Chocolate or Strawberry milk? (Do **not** include plain milk)?

56. **Plain milk?** (Include milk that you added to cereal)

57. **Sweetened coffee or tea beverages** such as Starbucks Frappuccino or an Arizona Iced Tea?

58. **Plain water?** (Include tap and bottled water).

	0 times in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
51. Soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Sports drinks such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain milk)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Plain milk? (Include milk that you added to cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Plain water? (Include tap and bottled water).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the ways you get to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

59. Walk

60. Ride a bike

61. Ride a skateboard, scooter, or other non-motorized vehicle

62. Ride a school bus or use public transportation

63. Ride in a car or other motorized vehicle

	0 days	1 day	2 days	3 days	4 days	5 days
59. Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Ride a bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Ride a skateboard, scooter, or other non-motorized vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Ride a school bus or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Ride in a car or other motorized vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?

- I did not visit a convenience store during the past 7 days
- 1 time during the past 7 days
- 2 or 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 7 or more times during the past 7 days

The next section asks about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

65. 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

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

- Yes
- No

67. 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

68. **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 personal safety.

69. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days
70. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club **on school property?**
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or 7 times
 8 or 9 times
 10 or 11 times
 12 or more times
71. During the past 12 months, how many times were you in a physical fight **on school property?**
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or 7 times
 8 or 9 times
 10 or 11 times
 12 or more times

72. During the past 12 months, has anyone offered, sold or given you an illegal drug **on school property?**
- Yes
 No

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

73. During the past 30 days, have you been bullied by someone using any kind of **technology**, such as through social media, cell phones, or video games?
- Yes
 No
74. During the past 30 days, have you ever been bullied at school (or on the way to or from school) in relation to any of the following issues? This includes in-person and cyberbullying. **(Select all that apply.)**
- Bullying about your race or ethnic origin
 Unwanted sexual comments or attention
 Bullying because someone thought you were gay, lesbian or bisexual
 Bullying about your weight, clothes, acne, or other physical characteristics
 Bullying about your group of friends
 Other reasons
 I have not been bullied at school

The next questions refer to the “Choking Game,” also called Knock Out, Space Monkey, Flatlining, or The Fainting Game.

75. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you? **(Select one or more responses.)**
- I have never heard of the Choking Game
 I’ve heard of someone participating in the Choking Game
 I have helped someone else participate in the Choking Game
 I have participated in the Choking Game myself
76. How many times in your life have **you** participated in the Choking Game **yourself?**
- None – I have never participated myself
 One time
 Two times
 3 to 5 times
 More than 5 times
77. Thinking back to the last time **you yourself** participated in the “Choking Game”, were you alone or with other people?
- I have never participated in the “Choking Game”
 I was alone
 I was with other people

The next section asks about gambling.

78. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check **ALL** the different types of gambling that you have bet on, if any, during the last 30 days. **(Select one or more responses)**
- I did not gamble in the last 30 days
 Playing lottery tickets
 Playing Powerball or Megabucks
 Playing dice or coin flips
 Playing cards (poker, etc.)
 Betting on a sports team
 Betting on a horse/dog race
 Betting on games of personal skill (bowling, video games, dares, etc.)
 Gambling on the Internet
 Gambling at a casino
 Playing Bingo for money
 Other

During the last 12 months, have you ever ...

	I don't bet for money	Yes	No
79. Felt bad about the amount you bet, or about what happens when you bet money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Felt that you would like to stop betting money but didn't think you could?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Lied to anyone about betting or gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Bet or gambled more than you wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks about sexual behavior.

83. Have you ever had sexual intercourse?
 Yes
 No
84. How old were you when you had sexual intercourse for the **first time**?
 I have never had sexual intercourse
 11 years old or younger
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old or older
85. During your life, with how many people have you had sexual intercourse?
 I have never had sexual intercourse
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
86. During the past 3 months, with how many people did you have sexual intercourse?
 I have never had sexual intercourse
 I have had sexual intercourse, but not during the past 3 months
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
87. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
 I have never had sexual intercourse
 Yes
 No

88. The **last time** you had sexual intercourse, did you or your partner use a condom?
 I have never had sexual intercourse
 Yes
 No
89. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**? (Select all that apply.)
 I have never had sexual intercourse Not in web
 IUD (intrauterine device such as Mirena or Paragard)
 Contraceptive implant (Implanon or Nexplanon)
 Depo-Provera (injectable birth control)
 Birth control pills
 Contraceptive patch
 Contraceptive ring
 Condoms
 Withdrawal
 Emergency contraception (morning after pill)
 Some other method
 No method was used to prevent pregnancy
 Not sure

The next questions ask about tobacco 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
90. Smoke cigarettes ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Smoke menthol cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Use chewing tobacco, snuff or dip , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Use dissolvable tobacco products, such as Camel orbs, sticks, or strips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Smoke a little cigar , such as Swisher Sweets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Smoke a large cigar ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Smoke tobacco in a hookah , also known as a waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Smoke tobacco in a pipe ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Use an e-cigarette or other vaping product ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. About how many cigarettes have you smoked in your entire life?
- I have never smoked cigarettes, not even one or two puffs
 - 1 or more puffs, but never a whole cigarette
 - 1 cigarette
 - 2 to 5 cigarettes
 - 6 to 15 cigarettes (about 1/2 a 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)

100. Have you ever used any type of tobacco or vaping product with mint, fruit, coffee, candy, or other sweet flavor?
- Yes
 - No
 - Not sure

101. During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other sweet flavors?
- Yes
 - No
 - Not sure

102. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

103. How old were you when you first used any form of tobacco other than cigarettes? Include e-cigarettes or other vaping products.
- I have never used any of those products
 - 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

104. The very first time you used any tobacco or vaping product (including e-cigarettes), which type of product did you use?
- I have never used any tobacco or vaping product
 - Cigarette
 - Chewing tobacco
 - Small cigar
 - Large cigar
 - Hookah
 - E-cigarette or other vaping product
 - Another type of product

105. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
 - Yes
 - No

106. If one of your best friends were to offer you a cigarette, would you smoke it?
- Definitely not
 - Probably not
 - Probably would
 - Definitely would

107. During the past 30 days, from which of the following sources did you get tobacco or vaping products? (Select one or more responses.)
- I did not get tobacco or vaping products 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

108. Does someone living in your house (other than you) smoke tobacco?
- Nobody smokes
 - Someone smokes, but not inside the house
 - Someone smokes inside the house

During the past 30 days, have you seen an advertisement promoting tobacco or a vaping product...

	Yes	No	Not sure
109. On a storefront or in a store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. That came in the mail to your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. If you have a favorite, what is the brand of your favorite cigarette advertisement? (Select only one answer.)
- I do not have a favorite
 - Marlboro
 - Camel
 - Newport
 - American Spirit
 - Other

114. Do you agree or disagree with the following statement:
Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.

- Strongly agree
- Somewhat agree
- Don't know / Not sure
- Somewhat disagree
- Strongly disagree

115. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?

- Very honest
- Somewhat honest
- Don't know/Not sure
- Somewhat dishonest
- Very Dishonest

116. During the past 30 days, did you receive tobacco or vaping coupons or other discounts in the mail, over the Internet, or from any other source?

- Yes
- No

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

117. How old were you when you had your first drink of alcohol other than a few sips?

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

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

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

119. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

120. 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
- Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
- Wine coolers, such as Bartles & Jaymes or Seagrams
- Wine
- Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- Some other type

The next section asks about marijuana (also called grass or pot), and other drugs.

121. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?

- 0 days
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 or more days

122. During the past 30 days, if you used marijuana, how did you usually use it?

- I did not use marijuana during the past 30 days
- Smoked it (in a joint, bong, pipe, blunt)
- Vaporized it (e.g., vapor pen)
- Ate it (in brownies, cakes, cookies, candy)
- Drank it (tea, cola, alcohol)
- Dabbed it
- Used in some other way

123. During the past 30 days, how many times have you used prescription drugs (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?

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

If you wanted to get...

	Very easy	Sort of easy	Sort of hard	Very hard
124. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Some tobacco (cigarettes, chew, cigars), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. If you wanted to get e-cigarettes or other vaping products, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?	<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
129. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Use smokeless tobacco every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Use e-cigarettes or other vaping products every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Use marijuana regularly (at least once or twice a week)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. 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"/>
134. 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"/>
135. Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about family and friends.

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

	Very wrong	A little bit wrong	Wrong	Not wrong at all
136. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	A little bit wrong	Wrong	Not wrong at all
140. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Use an e-cigarette or other vaping product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

144. Does your family own a car, van, or truck?

- No
- Yes, one
- Yes, two or more

145. Do you have your own bedroom for yourself?

- No
- Yes

146. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
- Once
- Twice
- More than twice

147. How many computers does your family own?

- None
- One
- Two
- More than two

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

148. Do you receive free or reduced price lunches at school?

- Yes
- No
- Don't know

Finally, please tell us how truthful you were.

149. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

**THANK YOU FOR YOUR
PARTICIPATION**

DRAFT