



Healthy Youth Survey 2002

We are asking you to take part in this survey about issues facing students in communities in Washington. The questions in this survey ask for your opinions about yourself, your friends, your school, and your neighborhood. School, community, county, and state officials will use the information from this survey in planning future programs to help youth.

Your answers to the survey questions will be read by a computer. No one will see your answers or know how you answered any question. **Do not write your name anywhere on the answer sheet.**

INFORMATION ONLY

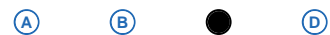
This survey is completely voluntary. You may skip any question you do not wish to answer. Other students have said this survey is interesting and they enjoyed filling it out. We hope you will too. Please take a minute to read the instructions below before starting the survey.

Instructions

1. This is not a test, so there are no right or wrong answers.
2. The questions should be answered by marking one of the answer spaces on the answer sheet. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.
 - Use a pencil only.
 - Make heavy marks inside the bubbles.
 - Erase cleanly any answer you wish to change.
 - Make no other markings or comments on the answer pages.

This kind of mark will work:

Correct Mark



These kinds of marks will NOT work:

Incorrect Marks



1. How old are you?
 - a. 12 or younger
 - b. 13
 - c. 14
 - d. 15
 - e. 16
 - f. 17
 - g. 18
 - h. 19 or older
2. Are you:
 - a. Female
 - b. Male
3. What grade are you in?
 - a. 7th
 - b. 8th
 - c. 9th
 - d. 10th
 - e. 11th
 - f. 12th
 - g. Ungraded or other
4. How do you describe yourself? (Select one or more responses.)
 - a. Asian or Asian American
 - b. American Indian or Alaskan Native
 - c. Black or African-American
 - d. Hispanic or Latino/Latina
 - e. Native Hawaiian or other Pacific Islander
 - f. White or Caucasian
 - g. Other

The next questions ask about personal safety.

5. When you rode a motorcycle in the past 12 months, how often did you wear a helmet?
 - a. I did not ride a motorcycle during the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet
6. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
 - a. I did not ride a bicycle in the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet

7. How often do you wear a life vest when you're in a small boat like a canoe, raft, or small motorboat?
 - a. Never go boating
 - b. Never
 - c. Less than half the time
 - d. About half the time
 - e. More than half the time
 - f. Always
8. How often do you wear a seat belt when riding in a car driven by someone else?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
9. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - a. 0 times
 - b. 1 time
 - c. 2 – 3 times
 - d. 4 – 5 times
 - e. 6 or more times
10. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - a. 0 times
 - b. 1 time
 - c. 2 – 3 times
 - d. 4 – 5 times
 - e. 6 or more times

The next questions ask about fighting and other issues related to safety.

11. During the past 30 days, on how many days did you:
 - A. Carry a weapon such as a gun, knife, or club for self-protection or because you thought you might need it in a fight? (Do NOT include carrying a weapon for hunting, fishing or camping.)
 - a. 0 days
 - b. 1 day
 - c. 2 – 3 days
 - d. 4 – 5 days
 - e. 6 or more days
 - B. Carry a gun? (Do not include carrying a gun while hunting.)
 - a. 0 days
 - b. 1 day
 - c. 2 – 3 days
 - d. 4 – 5 days
 - e. 6 or more days

C. Carry a weapon such as a gun, knife, or club on school property?

- a. 0 days
- b. 1 day
- c. 2 – 3 days
- d. 4 – 5 days
- e. 6 or more days

D. Not go to school because you felt you would be unsafe at school or on your way to or from school?

- a. 0 days
- b. 1 day
- c. 2 – 3 days
- d. 4 – 5 days
- e. 6 or more days

12. During the past 12 months, how many times were you:

A. In a physical fight?

- a. 0 times
- b. 1 time
- c. 2 – 3 times
- d. 4 – 5 times
- e. 6 or more times

B. In a physical fight in which you were injured and had to be treated by a doctor or nurse?

- a. 0 times
- b. 1 time
- c. 2 – 3 times
- d. 4 – 5 times
- e. 6 or more times

C. In a physical fight on school property?

- a. 0 times
- b. 1 time
- c. 2 – 3 times
- d. 4 – 5 times
- e. 6 or more times

13. I feel safe at my school.

- a. Definitely NOT true
- b. Mostly not true
- c. Mostly true
- d. Definitely true

14. During the past 12 months have you been a member of a gang?

- a. No
- b. Yes

15. A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when two students of about the same strength quarrel or fight.

In the last 30 days, how often have you been bullied?

- a. I have not been bullied
- b. Once
- c. 2 – 3 times
- d. About once a week
- e. Several times a week

16. I try to work out conflicts or disagreements by talking about them.

- a. Almost always
- b. Often
- c. Sometimes
- d. Seldom
- e. Never

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

17. 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?

- a. Yes
- b. No

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

- a. Yes
- b. No

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

- a. Yes
- b. No

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

- a. 0 times
- b. 1 time
- c. 2 – 3 times
- d. 4 – 5 times
- e. 6 or more times

21. 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
22. When you feel sad or hopeless, are there people or places that you can turn to for help?
- I never feel sad or hopeless
 - Yes
 - No
 - Not sure

The next questions ask about tobacco use.

23. How old were you the first time you smoked a whole cigarette?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older
24. During the past 30 days, on how many days did you smoke cigarettes?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 29 days
 - All 30 days
25. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 29 days
 - All 30 days
26. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
27. Do you think that you will smoke a cigarette anytime in the next year?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
28. Have you ever smoked cigarettes every day for 30 days?
- No
 - Yes
29. Do you think young people risk harming themselves if they smoke from 1 – 5 cigarettes per day?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
30. During the past year, did you practice ways to say NO to tobacco in any of your classes (for example, by role playing)?
- Yes
 - No
 - Not sure
31. During the past 30 days, on how many days did you use tobacco (cigarettes, cigars, or chew/dip) on school property?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
32. During the past 12 months, have you ever tried to quit using tobacco (cigarettes, cigars, chew/dip)?
- I did not use tobacco during the past 12 months
 - Yes
 - No

The next section asks about your experience with alcohol and other drugs. Remember no one but you will know how you answered.

33. During the past 30 days, on how many days did you:
- Drink a glass, can or bottle of alcohol (beer, wine, wine coolers, hard liquor)?
 - None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days

- B. Use marijuana or hashish (grass, hash, pot)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- C. Use cocaine or crack (coke, rock, snow)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- D. Use inhalants (things you sniff to get high)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- E. Use psychedelics (angel dust, LSD, acid, microdot, PCP, magic mushrooms)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- F. Use ecstasy or MDMA?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- G. Use derbisol (wagon wheels, hope)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- H. Use methamphetamines (meth, crystal meth, ice, or crank)? Do not include other types of amphetamines.
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- I. Use other illegal drugs, including amphetamines, heroin, and other drugs not included in 33B-33H?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
34. How old were you when you first had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older
35. Think back over the last two weeks. How many times have you had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)
- None
 - Once
 - Twice
 - 3 – 5 times
 - 6 – 9 times
 - 10 times or more
36. How old were you the first time you smoked marijuana?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older
37. How many times in the past year (12 months) have you been drunk or high at school?
- Never
 - 1 – 2 times
 - 3 – 5 times
 - 6 – 9 times
 - 10 or more times
38. Have you ever, even once in your life, used steroids (muscle builders) without a doctor's prescription?
- No
 - Yes

39. Have you ever, even once in your life, used cocaine or crack (coke, rock, snow)?
- No
 - Yes
40. Have you ever, even once in your life, used a needle to inject any illegal drug?
- No
 - Yes

The next questions ask about body weight.

41. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes and fill in the matching oval below each number on your answer sheet.

Example
Height

Feet	Inches
5	7
(3)	(0)
(4)	(1)
(●)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(●)
	(8)
	(9)
	(10)
	(11)

42. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes and fill in the matching oval below each number on your answer sheet.

Example
Weight

Pounds		
1	3	7
(0)	(0)	(0)
(●)	(1)	(1)
(2)	(2)	(2)
(3)	(●)	(3)
	(4)	(4)
	(5)	(5)
	(6)	(6)
	(7)	(●)
	(8)	(8)
	(9)	(9)

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

44. Which of the following are you trying to do about your weight?
- I am not trying to do anything about my weight
 - Lose weight
 - Gain weight
 - Stay the same weight
45. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight?
- Not trying to do anything about my weight
 - I ate less food, fewer calories or foods low in fat
 - I exercised
 - Both B & C
46. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight?
- Gone without eating for 24 hours or more (also called fasting);
 - Taken diet pills, powders or liquids without a doctor's advice;
 - Vomited or taken laxatives
- No
 - Yes

Now, think about food you ate or drank during the past 7 days. Include 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.

47. During the past 7 days, how many times did you:
- Drink 100% fruit juice such as orange juice, apple juice or grape juice? (Do not count punch, Kool-Aid, sports drinks, and other fruit-flavored drinks.)
 - I did not drink fruit juice during the past 7 days
 - 1 – 3 times during the past 7 days
 - 4 – 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
 - Eat fruit? (Do not count fruit juice.)
 - I did not eat fruit during the past 7 days
 - 1 – 3 times during the past 7 days
 - 4 – 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

C. Eat green salad?

- a. I did not eat green salad during the past 7 days
- b. 1 – 3 times during the past 7 days
- c. 4 – 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

D. Eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

- a. I did not eat potatoes during the past 7 days
- b. 1 – 3 times during the past 7 days
- c. 4 – 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

E. Eat carrots?

- a. I did not eat carrots during the past 7 days
- b. 1 – 3 times during the past 7 days
- c. 4 – 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

F. Eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- a. I did not eat other vegetables during the past 7 days
- b. 1 – 3 times during the past 7 days
- c. 4 – 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

48. How often do you eat dinner with your family?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

49. How many sodas or pops did you drink yesterday? (Do not count diet soda.)

- a. None
- b. 1
- c. 2
- d. 3
- e. 4 or more

The next questions ask about physical activity.

50. On how many of the past 7 days did you:

A. Exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

B. Do physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

C. Do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

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

- a. I do not watch TV on an average school day
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 hours per day
- g. 5 or more hours per day

52. On an average school day, how many hours do you play video games or use a computer for fun? (Include activities such as Nintendo, Game Boy, Play Station, and computer games.)
- I do not play video games or use a computer for fun 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
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 PE class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE
 - Less than 10 minutes
 - 10 – 20 minutes
 - 21 – 30 minutes
 - 31 – 40 minutes
 - More than 40 minutes

The next questions ask about your health and health care.

55. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
56. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
57. Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
- Yes
 - No
 - Not sure

58. Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?
- Yes
 - No
 - Not sure
59. Have you ever been told by a doctor or other health professional that you had asthma?
- Yes
 - No
 - Not sure
60. During the past 12 months, have you had an asthma attack or taken asthma medication?
- Never had asthma
 - Yes
 - No
 - Not sure
61. When was the last time you saw a doctor or health care provider 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
62. When was the last time you saw a dentist 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
63. How likely would you be to seek help if you were feeling depressed or suicidal?
- I never feel depressed or suicidal
 - Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely
64. How likely would you be to seek help for a friend who you thought might be depressed or suicidal?
- Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely

The next questions ask about school, your home, and your community.

65. What language is usually spoken in the home?
- English
 - Spanish
 - Russian
 - Ukrainian
 - Vietnamese
 - Other
66. What is the highest degree or diploma your mother earned?
- None
 - High school diploma or GED
 - Two-year college
 - Four-year college or more
 - Don't know
67. What is the highest degree or diploma your father earned?
- None
 - High school diploma or GED
 - Two-year college
 - Four-year college or more
 - Don't know
68. How far in school do you think you will get? (Mark only one.)
- Won't graduate from high school
 - Will graduate from high school, but won't go any further
 - Will go to a community college, technical, or other 2-year school after high school.
 - Will attend a 4-year college
 - Will graduate from a 4-year college
 - Will earn an advanced graduate degree
69. Putting them all together, what were your grades last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
70. How good is your school at educating you about HIV/AIDS?
- Very good
 - Good
 - Fair
 - Poor
 - I have not had HIV/AIDS education at my school
71. Think back over the past year in school: How often did you enjoy being in school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always

72. Teachers at school encourage me to be the best I can be.
- Strongly disagree
 - Disagree
 - Not sure
 - Agree
 - Strongly agree
73. There are lots of chances for students in my school to get involved in sports, clubs and other school activities outside of class.
- Definitely NOT true
 - Mostly not true
 - Mostly true
 - Definitely true
74. During the average week, how many hours do you spend in a supervised after-school activity either at school or away from school? Supervised activities include things such as sports, recreation, art, music, dance or drama activities, using libraries, doing volunteer work or service projects, religious activities, or club activities.
- None
 - 1 – 2 hours
 - 3 – 5 hours
 - 6 – 10 hours
 - 11 or more hours
75. Not counting chores around your home, how many hours per week are you currently working for pay?
- None, not currently working
 - 4 hours or less a week
 - 5 – 10 hours a week
 - 11 – 20 hours a week
 - 21 – 30 hours a week
 - 31 – 40 hours a week
 - More than 40 hours a week
- The following are some statements that you might make about yourself. With 0 being “not at all true,” and 10 being “completely true,” please fill in the number on the scale that best describes how closely the statement applies to you.**
76. There are adults in my life who really care about me.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true

77. I feel I am getting along with my parents or guardians.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

78. I look forward to the future.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

79. I feel good about myself.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

80. I am satisfied with the way my life is now.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

81. I feel alone in my life.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

82. Compared with others my age, my life is

- a. 0 much worse than others
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 much better than others

In the past 30 days, when you bicycled or walked in your neighborhood or to school:

83. Did you have enough room to walk or bike?

- a. Yes
- b. No
- c. I did not walk or ride a bike

84. Was it easy to cross the streets?

- a. Yes
- b. Sometimes yes and sometimes no
- c. No
- d. I did not cross any streets
- e. I did not walk or ride a bike

85. Were there dogs or people who bothered you or made you feel uneasy?

- a. Yes, dogs.
- b. Yes, people.
- c. Yes, both dogs and people
- d. No
- e. I did not walk or ride a bike

The next questions ask about your thoughts and feelings during the last month.

86. In the last month, how often have you felt that:

A. You were unable to control the important things in your life?

- a. Never
- b. Almost never
- c. Sometimes
- d. Fairly often
- e. Very often

B. You dealt successfully with irritating life hassles?

- a. Never
- b. Almost never
- c. Sometimes
- d. Fairly often
- e. Very often

C. You were effectively coping with important changes that were occurring in your life?

- a. Never
- b. Almost never
- c. Sometimes
- d. Fairly often
- e. Very often

D. You were on top of things?

- a. Never
- b. Almost never
- c. Sometimes
- d. Fairly often
- e. Very often

The next questions ask about tobacco.

87. How old were you when you used chewing tobacco, snuff, or dip for the first time?

- a. Never used
- b. 10 or younger
- c. 11
- d. 12
- e. 13
- f. 14
- g. 15
- h. 16
- i. 17 or older

88. How old were you when you smoked a cigar, cigarillo, or little cigar for the first time?

- a. Never
- b. 10 or younger
- c. 11
- d. 12
- e. 13
- f. 14
- g. 15
- h. 16
- i. 17 or older

89. Do you think smoking cigarettes makes young people look cool or fit in?

- a. Definitely no
- b. Probably no
- c. Probably yes
- d. Definitely yes

90. Do you think it is safe to smoke for only a year or two, as long as you quit after that?

- a. Definitely no
- b. Probably no
- c. Probably yes
- d. Definitely yes

91. Do you think the smoke from other people's cigarettes (secondhand smoke) is harmful to you?

- a. Definitely no
- b. Probably no
- c. Probably yes
- d. Definitely yes

92. Do you think you will be smoking cigarettes 5 years from now?

- a. Definitely no
- b. Probably no
- c. Probably yes
- d. Definitely yes

93. Some tobacco companies make items like sports gear, t-shirts, lighters, hats, jackets, and sunglasses that people can buy or receive for free. During the past 12 months, did you buy or receive anything that has a tobacco company name or picture on it?

- a. No
- b. Yes

94. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?

- a. Definitely no
- b. Probably no
- c. Probably yes
- d. Definitely yes

95. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 4 days
- d. 5 – 6 days
- e. 7 days

96. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 4 days
- d. 5 – 6 days
- e. 7 days

97. During the past 30 days, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarette smoking?
- Not in the past 30 days
 - 1 – 3 times in the past 30 days
 - 1 – 3 times per week
 - Daily or almost daily
 - More than once a day
98. Does anyone who lives with you now smoke cigarettes?
- No
 - Yes
99. How wrong do you think it is for someone your age to smoke cigarettes?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not at all wrong
100. About how many cigarettes have you smoked in your entire life?
- None
 - 1 or more puffs but never a whole cigarette
 - 1 cigarette
 - 2 – 5 cigarettes
 - 6 – 15 cigarettes (about 1/2 a pack total)
 - 16 – 25 cigarettes (about 1 pack total)
 - 26 – 99 cigarettes (more than 1 pack, but less than 5 packs)
 - 100 or more cigarettes (5 or more packs)
101. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- I did not smoke during the past 30 days
 - Less than 1 per day
 - 1 per day
 - 2 – 5 per day
 - 6 – 10 per day
 - 11 – 20 per day
 - More than 20 cigarettes per day
102. Do you want to stop using tobacco right now?
- I do not use tobacco now
 - Yes
 - No
103. How many times, if any, have you tried to quit using tobacco?
- I have never used tobacco regularly
 - None
 - 1 time
 - 2 times
 - 3 – 5 times
 - 6 – 9 times
 - 10 or more times
104. Have you ever participated in a program to help you quit using tobacco?
- I have never used tobacco regularly
 - Yes
 - No
105. Has either of your parents (or guardians) discussed the dangers of tobacco use with you?
- Mother (or female guardian) only
 - Father (or male guardian) only
 - Both
 - Neither
106. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
107. Have you heard about the Washington Tobacco Quit Line, a free telephone counseling service to help people your age quit using tobacco (cigarettes and other tobacco products)?
- No
 - Yes
 - Unsure
108. During the past 30 days, how did you usually get your own tobacco? (Choose only one answer.)
- I did not use tobacco during the past 30 days
 - I bought it in a store such as a convenience store, supermarket, discount store or gas station
 - I bought it from a vending machine
 - I gave someone else money to buy them for me
 - I borrowed (or bummed) them from someone else
 - A person 18 years old or older gave them to me
 - I took them from a store or a family member
 - I got them some other way
109. How honest were you in filling out this survey?
- I was very honest
 - I was honest pretty much of the time.
 - I was honest some of the time.
 - I was honest once in a while.
 - I was not honest at all.

The next questions ask about your family. When answering these questions, think about people you consider to be your family - parents, step parents, grandparents, aunts, uncles, etc.

110. How often does a parent or guardian ask you where you are going or with whom you will be?
- All of the time
 - Most of the time
 - Some of the time
 - Seldom
 - Never
111. My parents or guardians encourage me to be the best I can be.
- Strongly agree
 - Agree
 - Not sure
 - Disagree
 - Strongly disagree
112. How often in the past 12 months did you or your family have to cut meal size or skip meals because there wasn't enough money for food?
- Almost every month
 - Some months but not every month
 - Only 1 – 2 months
 - Did not have to skip or cut the size of meals.

The next questions ask about things others may say or do to you.

113. Has anyone ever made offensive racial comments or attacked you based on your race or ethnicity, either at school or on your way to or from school?
- No
 - Yes
 - Unsure
114. Has anyone ever made offensive sexual comments to you— at school or on your way to or from school?
- No
 - Yes
 - Unsure
115. Has anyone ever made offensive comments or attacked you because they thought you were gay or lesbian – at school or on your way to or from school?
- No
 - Yes
 - Unsure

116. During the past 12 months, did your boyfriend or girlfriend ever limit your activities, threaten you, or make you feel unsafe in any other way?
- No
 - Yes
117. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- No
 - Yes
118. Have you ever been physically abused by an adult?
- No
 - Yes
119. Not counting TV and movies, have you seen an adult hit, slap, punch, shove, kick, or otherwise physically hurt another adult more than one time?
- No
 - Yes

Here are some final questions about tobacco.

120. During the past 30 days, on how many days did you smoke tobacco in a pipe?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
121. During the past 30 days, on how many days did you smoke bidis (“beedies”, flavored cigarettes)?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
122. During the past 30 days, on how many days did you smoke clove cigarettes (kreteks)?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
123. Do you think you will try a cigarette soon?
- I have already tried smoking cigarettes
 - No
 - Yes

124. Are the cigarettes that you usually smoke menthol cigarettes?

- a. I do not smoke cigarettes
- b. Yes
- c. No

125. When you last tried to quit, how long did you stay off tobacco?

- a. I have never used tobacco regularly
- b. I have never tried to quit
- c. Less than a day
- d. 1 – 7 days
- e. More than 7 days but less than 30 days
- f. More than 30 days but less than 6 months
- g. More than 6 months but less than a year
- h. More than a year

Healthy Youth Survey 2002 Answer Sheet

1. A B C D E F G H

2. A B

3. A B C D E F G

4. A B C D E F G

Personal Safety

5. A B C D E F

6. A B C D E F

7. A B C D E F

8. A B C D E

9. A B C D E

10. A B C D E

Fighting & Safety

11. A. A B C D E

B. A B C D E

C. A B C D E

D. A B C D E

12. A. A B C D E

B. A B C D E

C. A B C D E

13. A B C D

14. A B

15. A B C D E

16. A B C D E

Depression

17. A B

18. A B

19. A B

20. A B C D E

21. A B C

22. A B C D

Tobacco

23. A B C D E F G H I

24. A B C D E F

25. A B C D E F

26. A B C D

27. A B C D

29. A B C D

30. A B C

31. A B C D E

32. A B C

Alcohol & Other Drugs

33. A. A B C D E

B. A B C D E

C. A B C D E

D. A B C D E

E. A B C D E

F. A B C D E

G. A B C D E

H. A B C D E

I. A B C D E

34. A B C D E F G H I

35. A B C D E F

36. A B C D E F G H I

37. A B C D E

38. A B

39. A B

40. A B

Body Height & Weight

41. **Height**

Feet	Inches
<input type="text"/>	<input type="text"/>
<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

42. **Weight**

Pounds		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<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

43. A B C D E

44. A B C D

45. A B C D

46. A B

Food You Ate

47. A. A B C D E F G

B. A B C D E F G

C. A B C D E F G

D. A B C D E F G

E. A B C D E F G

F. A B C D E F G

48. A B C D E

INFORMATION ONLY

49. (A B C D E)

Physical Activity

50. A. (A B C D E F G H)

B. (A B C D E F G H)

C. (A B C D E F G H)

51. (A B C D E F G)

52. (A B C D E F G)

53. (A B C D E F)

54. (A B C D E F)

Health & Health Care

55. (A B C)

56. (A B C)

57. (A B C)

58. (A B C)

59. (A B C)

60. (A B C D)

61. (A B C D E)

62. (A B C D E)

63. (A B C D E)

64. (A B C D)

School, Home , Community

65. (A B C D E F)

66. (A B C D E)

67. (A B C D E)

68. (A B C D E F)

69. (A B C D E)

70. (A B C D E)

71. (A B C D E)

72. (A B C D E)

73. (A B C D)

74. (A B C D E)

75. (A B C D E F G)

Statements About You

76. (A B C D E F G H I J K)

77. (A B C D E F G H I J K)

78. (A B C D E F G H I J K)

79. (A B C D E F G H I J K)

INFORMATION ONLY

81. (A B C D E F G H I J K)

82. (A B C D E F G H I J K)

Walking & Bicycling

83. (A B C)

84. (A B C D E)

85. (A B C D E)

Thoughts & Feelings

86. A. (A B C D E)

B. (A B C D E)

C. (A B C D E)

D. (A B C D E)

Tobacco

87. (A B C D E F G H I)

88. (A B C D E F G H I)

89. (A B C D)

90. (A B C D)

91. (A B C D)

92. (A B C D)

93. (A B)

94. (A B C D)

95. (A B C D E)

96. (A B C D E)

97. (A B C D E)

98. (A B)

99. (A B C D)

100. (A B C D E F G H)

101. (A B C D E F G)

102. (A B C)

103. (A B C D E F G)

104. (A B C)

105. (A B C D)

106. (A B C D E)

107. (A B C)

108. (A B C D E F G H)

109. (A B C D E)

Family

110. (A B C D E)

111. (A B C D E)

112. (A B C D)

Things People Say or Do

113. (A B C)

114. (A B C)

115. (A B C)

116. (A B)

117. (A B)

118. (A B)

119. (A B)

Tobacco

120. (A B C D E)

121. (A B C D E)

122. (A B C D E)

123. (A B C)

124. (A B C)

125. (A B C D E F G H)