



Healthy Youth Survey B 2004

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 these questions are *anonymous*. This means that no one will see your answers or know which answer sheet you completed. **Do not write your name anywhere on the answer sheet.**

Some of the questions are personal, such as asking about your relationships and whether you get in fights or use drugs. Some students may find some of the questions uncomfortable or upsetting. You will be given a list of numbers to call if you want to talk to someone about the survey or feelings it brings up. The survey is completely voluntary. You may skip any question you do not wish to answer or stop at any time. It will not affect your grades. 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.

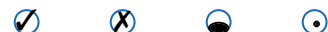
This kind of mark will work:

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 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
6. 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

7. 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
8. 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
9. 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.

10. 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

11. 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 on school property?

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

12. I feel safe at my school.

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

13. 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

14. 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.

15. 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

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

- a. Yes
- b. No

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

- a. Yes
- b. No

18. 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

19. 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?

- a. I did not attempt suicide during the past 12 months
- b. Yes
- c. No

20. When you feel sad or hopeless, are there people you can turn to for help?

- a. I never feel sad or hopeless
- b. Yes
- c. No
- d. Not sure

The next questions ask about tobacco use.

21. How old were you the first time you smoked a whole cigarette?
 - a. Never have
 - b. 10 or younger
 - c. 11
 - d. 12
 - e. 13
 - f. 14
 - g. 15
 - h. 16
 - i. 17 or older
22. During the past 30 days, on how many days did you smoke cigarettes?
 - a. None
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 10 – 29 days
 - f. All 30 days
23. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?
 - a. None
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 10 – 29 days
 - f. All 30 days
24. If one of your best friends offered you a cigarette, would you smoke it?
 - a. Definitely no
 - b. Probably no
 - c. Probably yes
 - d. Definitely yes
25. Do you think that you will smoke a cigarette anytime in the next year?
 - a. Definitely no
 - b. Probably no
 - c. Probably yes
 - d. Definitely yes
26. Have you ever smoked cigarettes every day for 30 days?
 - a. No
 - b. Yes
27. Do you think young people risk harming themselves if they smoke 1 – 5 cigarettes a day?
 - a. Definitely no
 - b. Probably no
 - c. Probably yes
 - d. Definitely yes

28. During the past year in school, how many times did you get information in classes about the dangers of tobacco use?
 - a. None
 - b. Once
 - c. 2 or 3 times
 - d. 4 or more times
29. During the past year, did you practice ways to say NO to tobacco in any of your classes (for example, by role playing)?
 - a. Yes
 - b. No
 - c. Not sure
30. Do you think that rules about not using tobacco at your school are usually enforced?
 - a. Definitely no
 - b. Probably no
 - c. Probably yes
 - d. Definitely yes
31. During the past 30 days, on how many days did you use tobacco (cigarettes, cigars, or chew/dip) on school property?
 - a. 0 days
 - b. 1 – 2 days
 - c. 3 – 9 days
 - d. 10 – 29 days
 - e. All 30 days
32. During the past 12 months, have you ever tried to quit using tobacco (cigarettes, cigars, chew/dip)?
 - a. I did not use tobacco during the past 12 months
 - b. Yes
 - c. 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:
 - A. Drink a glass, can, or bottle of alcohol (beer, wine, wine coolers, hard liquor)?
 - a. None
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 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. Not counting alcohol, tobacco, or marijuana, use another illegal drug?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- D. Use methamphetamines (meth, crystal meth, ice, crank)? Do not include other types of amphetamines.
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- E. Use ecstasy or MDMA?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- F. Use derbisol (wagon wheels, hope)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- G. Use Ritalin without a doctor's orders?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
34. How old were you the first time you 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 2 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 circle below each number on your answer sheet.

Example

Height

Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" 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 checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 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 circle below each number on your answer sheet.

Example

Weight

Pounds

1	3	7
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" 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 checked="" 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 checked="" type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 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:

- Exercise to lose weight or to keep from gaining weight?
 - Yes
 - No
- Eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
 - Yes
 - No
- Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
 - Yes
 - No
- Take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
 - Yes
 - No
- Vomit or take laxatives to lose weight or to keep from gaining weight?
 - Yes
 - No

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.

46. 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?
- I did not eat green salad 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
- D. Eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes 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
- E. Eat carrots?
- I did not eat carrots 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
- F. Eat other vegetables? (Do not count green salad, potatoes, or carrots.)
- I did not eat other vegetables 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
47. How often do you eat dinner with your family?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
48. How many sodas or pops did you drink yesterday? (Do not count diet soda.)
- None
 - 1
 - 2
 - 3
 - 4 or more

The next questions ask about physical activity.

49. 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?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 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?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
- C. 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
50. 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

51. 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
52. 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
53. 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.

54. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
55. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
56. 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

57. 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
58. Have you ever been told by a doctor or other health professional that you had asthma?
- Yes
 - No
 - Not sure
59. During the past 12 months, have you had an asthma attack or taken asthma medication?
- Never had asthma
 - Yes
 - No
 - Not sure
60. 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
61. 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
62. 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
63. 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.

64. What language is usually spoken at home?
- English
 - Spanish
 - Russian
 - Ukrainian
 - Vietnamese
 - Other
65. 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
66. 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
67. 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
68. Putting them all together, what were your grades like last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
69. 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
70. Think back over the past year in school. How often did you enjoy being in school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always

71. 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
72. 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.

73. 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
74. I feel I am getting along with my parents or guardians.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true

75. 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

76. 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

77. 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

78. 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

79. 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:

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

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

81. 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

82. 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 tobacco.

83. 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

84. Do you think the smoke from other people's cigarettes (secondhand smoke) is harmful to you?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
85. 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?
- No
 - Yes
86. 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?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
87. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
 - 1 – 2 days
 - 3 – 4 days
 - 5 – 6 days
 - 7 days
88. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
- 0 days
 - 1 – 2 days
 - 3 – 4 days
 - 5 – 6 days
 - 7 days
89. 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
90. Does anyone who lives with you now smoke cigarettes?
- No
 - Yes
91. 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
92. 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
93. Do you want to stop using tobacco right now?
- I do not use tobacco now
 - Yes
 - No
94. Have you ever participated in a program to help you quit using tobacco?
- I have never used tobacco regularly
 - Yes
 - No
95. 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
96. 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
97. 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
98. 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 question asks about meals.

99. 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.

100. 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
101. Has anyone ever made offensive sexual comments to you – at school or on your way to or from school?
- No
 - Yes
 - Unsure
102. 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
103. Has anyone ever made offensive comments or attacked you because they thought you had a physical disability or difference either at school or on your way to or from school?
- No
 - Yes
 - Unsure
104. 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
105. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- No
 - Yes

Here are some final questions about tobacco.

106. During the past 30 days, how many days did you smoke tobacco in a pipe?
- 0 days
 - 1-2 days
 - 3-9 days
 - 10-29 days
 - All 30 days
107. During the past 30 days, how many days did you smoke bidis ("beedies", flavored cigarettes)?
- 0 days
 - 1-2 days
 - 3-9 days
 - 10-29 days
 - All 30 days
108. During the past 30 days, how many days did you smoke clove cigarettes (kreteks)?
- 0 days
 - 1-2 days
 - 3-9 days
 - 10-29 days
 - All 30 days

The next questions ask about asthma.

109. During the past 12 months, have you had an asthma attack?
- Yes
 - No
 - I don't know.
110. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?
- I do not have asthma
 - None
 - 1 to 3 times
 - 4 to 9 times
 - 10 to 12 times
 - More than 12 times
 - I don't know
111. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?
- I do not have asthma
 - None
 - 1 to 3 times
 - 4 to 9 times
 - 10 to 12 times
 - More than 12 times
 - I don't know

112. During the past 12 months, how many days did you stay out of school or stay away from your usual activities because of your asthma?
- I do not have asthma
 - None
 - 1 to 2 days
 - 3 to 4 days
 - 5 to 10 days
 - More than 10 days
 - I don't know
113. It is possible that you may have asthma and don't know it. Symptoms of asthma include cough, wheezing, shortness of breath, and chest tightness when you don't have a cold or the flu. During the past 30 days, how often did you have any symptoms of asthma?
- Not at any time
 - Less than once a week
 - Once or twice a week
 - More than 2 times a week, but not every day
 - Every day, but not all the time
 - Every day, all the time
 - I don't know
114. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep at night?
- None
 - 1 to 2 days
 - 3 to 4 days
 - 5 to 10 days
 - More than 10 days
 - I don't know
115. An asthma plan is a printed sheet of instructions that tells when to change the amount or type of asthma medicine, when to call the doctor, and when to go to the emergency room. Has a doctor or other health professional EVER given you an asthma plan?
- I do not have asthma.
 - Yes
 - No
 - I don't know

116. During the past 12 months have you taken the preventive kind of asthma medicine used everyday to protect your lungs and keep you from having attacks? (Include both pills and inhalers. This is different from inhalers used while you are having an asthma attack.)
- I do not have asthma
 - Yes
 - No
 - I don't know

The next questions ask about diabetes.

117. Have you ever been told by a doctor or other health professional that you have diabetes?
- No
 - Yes
 - I don't know
118. Are you now taking any medication for your diabetes?
- I do not have diabetes
 - Yes, I'm taking insulin
 - Yes, I'm taking diabetes pills
 - Yes, I'm taking both insulin and pills
 - No
 - I don't know

Healthy Youth Survey B 2004 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)

8. (A) (B) (C) (D) (E)

9. (A) (B) (C) (D) (E)

Fighting & Safety

10. A. (A) (B) (C) (D) (E)

B. (A) (B) (C) (D) (E)

C. (A) (B) (C) (D) (E)

11. A. (A) (B) (C) (D) (E)

B. (A) (B) (C) (D) (E)

12. (A) (B) (C) (D)

13. (A) (B) (C) (D) (E)

14. (A) (B) (C) (D) (E)

Depression

15. (A) (B)

16. (A) (B)

17. (A) (B)

18. (A) (B) (C) (D) (E)

19. (A) (B) (C)

20. (A) (B) (C) (D)

Tobacco

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

22. (A) (B) (C) (D) (E) (F)

23. (A) (B) (C) (D) (E) (F)

24. (A) (B) (C) (D)

25. (A) (B) (C) (D)

26. (A) (B)

27. (A) (B) (C) (D)

28. (A) (B) (C) (D)

29. (A) (B) (C)

30. (A) (B) (C) (D)

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)

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"/>
(3)	(0)
(4)	(1)
(5)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

42.

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

43. (A) (B) (C) (D) (E)

44. (A) (B) (C) (D)

45. A. (A) (B)

B. (A) (B)

C. (A) (B)

D. (A) (B)

E. (A) (B)

Food You Ate

46. 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)



3/8" spine perf

E. (A B C D E F G)

F. (A B C D E F G)

47. (A B C D E)

48. (A B C D E)

Physical Activity

49. 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)

50. (A B C D E F G)

51. (A B C D E F G)

52. (A B C D E F)

53. (A B C D E F)

Health & Health Care

54. (A B C)

55. (A B C)

56. (A B C)

57. (A B C)

58. (A B C)

59. (A B C D)

60. (A B C D E)

61. (A B C D E)

62. (A B C D E)

63. (A B C D)

School, Home , Community

64. (A B C D E F)

65. (A B C D E)

66. (A B C D E)

67. (A B C D E F)

68. (A B C D E)

69. (A B C D E)

70. (A B C D E)

71. (A B C D)

72. (A B C D E F G)

Statements About You

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

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

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

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)

Walking & Bicycling

80. (A B C)

81. (A B C D E)

82. (A B C D E)

Tobacco

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

84. (A B C D)

85. (A B)

86. (A B C D)

87. (A B C D E)

88. (A B C D E)

89. (A B C D E)

90. (A B)

91. (A B C D)

92. (A B C D E F G)

93. (A B C)

94. (A B C)

95. (A B C D)

96. (A B C D E)

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

98. (A B C D E)

Meals

99. (A B C D)

Things People Say or Do

100. (A B C)

101. (A B C)

102. (A B C)

103. (A B C)

104. (A B)

105. (A B)

Tobacco

106. (A B C D E)

107. (A B C D E)

108. (A B C D E)

Asthma

109. (A B C)

110. (A B C D E F G)

111. (A B C D E F G)

112. (A B C D E F G)

113. (A B C D E F G)

114. (A B C D E F)

115. (A B C D)

116. (A B C D)

Diabetes

117. (A B C)

118. (A B C D E F)