



2006 Healthy Youth Survey–Form B

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 know how you answered or which answer sheet is yours. **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 don't have to do this survey. 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. American Indian or Alaskan Native
 - b. Asian or Asian American
 - 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 in a small boat
 - 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 carry a weapon such as a gun, knife, or club **on school property**?
 - a. 0 days
 - b. 1 - 5 days
 - c. 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 argue 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

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.

14. 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
15. During the past 12 months, did you ever **seriously** consider attempting suicide?
- a. Yes
 - b. No
16. During the past 12 months, did you make a plan about how you would attempt suicide?
- a. Yes
 - b. No
17. During the past 12 months, did you actually attempt suicide?
- a. Yes
 - b. No
18. When you feel sad or hopeless, are there adults 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.

19. 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
20. 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
21. 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
22. 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
23. 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
24. 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

25. During the past year in school, how many times did you get information in classes about the dangers of tobacco use?
- None
 - Once
 - 2 or 3 times
 - 4 or more times
26. 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
27. Do you think that rules about not using tobacco at your school are usually enforced?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
28. 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
29. 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.

30. 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)?
- 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. 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 inhalants (things you sniff to get high)?
- 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 a pain killer to get high, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
31. 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

32. During the past 30 days, on how many days (if any) have you been drunk or very high from drinking alcoholic beverages?
- 0 days
 - 1 day
 - 2 - 3 days
 - 4 - 5 days
 - 6 or more days

33. How old were you the first time you smoked marijuana?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older

34. 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

35. Have you ever, even once in your life, used steroids (muscle builders) without a doctor's prescription?
- No
 - Yes

36. 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.

37. 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
Ⓒ	Ⓓ
Ⓓ	Ⓔ
Ⓔ	Ⓕ
Ⓕ	Ⓖ
Ⓖ	Ⓗ
Ⓗ	Ⓘ
	Ⓚ
	Ⓛ
	Ⓜ
	Ⓝ

38. 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
Ⓓ	Ⓓ	Ⓓ
Ⓚ	Ⓛ	Ⓛ
Ⓛ	Ⓜ	Ⓜ
Ⓜ	Ⓝ	Ⓝ
	Ⓖ	Ⓖ
	Ⓟ	Ⓟ
	Ⓠ	Ⓠ
	Ⓡ	Ⓡ
	Ⓢ	Ⓢ
	Ⓣ	Ⓣ

39. 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

The next questions are about your eating habits.

40. During the past 7 days, how many times did you drink regular soda, sports drinks (such as Gatorade) and other flavored sweetened drinks (such as Snapple or SoBe) **at school** (including any after-school and weekend activities)? Do not include diet drinks.
- 0 times
 - 1 – 3 times
 - 4 – 6 times
 - 7 – 9 times
 - 10 times or more
41. During the past 7 days, where did you **usually** get the soda or other sweetened drinks that you drank at school? (Choose only one answer.)
- I did not drink sodas, sports drinks, or other flavored drinks at school.
 - I brought them from home
 - I got them from friends
 - I bought them at school
 - Other
42. During the past 7 days, how many times did you eat any potato chips or similar snack foods such as corn chips or cheese puffs **at school** (including any after-school and weekend activities)? Do not include reduced fat or fat-free items.
- 0 times
 - 1 – 3 times
 - 4 – 6 times
 - 7 – 9 times
 - 10 times or more
43. During the past 7 days, where did you **usually** get the chips and similar snack items you ate at school? (Choose only one answer)
- I did not eat potato chips or similar snack foods at school.
 - I brought them from home
 - I got them from friends
 - I bought them at school
 - Other
44. How often do you eat dinner with your family?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
45. Did you eat breakfast today?
- Yes
 - No

46. 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.

47. 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
48. In 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 increases your heart rate or makes you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

49. On an average school day, how many hours do you watch TV, including videos and DVDs?
- 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 games or use a computer for fun? (Include activities such as Nintendo, Game Boy, Play Station, computer games, and the Internet.)
- 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
51. 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
52. 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
 - 41 – 50 minutes
 - 51 – 60 minutes
 - More than 60 minutes

The next questions ask about your health and health care.

53. Have you ever been told by a doctor or other health professional that you had asthma?
- Yes
 - No
 - Not sure
54. During the past 12 months, have you had an asthma attack or taken asthma medication?
- Never had asthma
 - Yes
 - No
 - Not sure

55. 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
56. 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
57. 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
58. 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 things that others may say or do to you.

59. In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school:
- Because of your race, ethnicity, or national origin or what someone thought it was?
 - 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more
 - Because of your religion or what someone thought it was?
 - 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more

- C. Because someone thought you were gay, lesbian, or bisexual (whether you are or are not)?
- 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more
- D. Because of your gender (being male or female)? This includes sexual jokes, gestures, or comments that make you feel uncomfortable.
- 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more
- E. Because you have a health problem or physical or mental disability, or someone thought you did?
- 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more
- F. Because of any other reason?
- 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more
60. In the past 30 days, has someone used the computer or a cell phone to bully, harass or intimidate you?
- Yes
 - No
 - I'm not sure

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

61. What language is usually spoken at home?
- English
 - Spanish
 - Russian
 - Ukrainian
 - Vietnamese
 - Chinese
 - Korean
 - Japanese
 - Other

62. How far did your mother get in school?
- Did not finish high school
 - Graduated from high school or GED
 - Had some college or technical training after high school
 - Graduated from a 4-year college
 - Earned an advanced graduate degree
 - Don't know
 - Does not apply
63. How far did your father get in school?
- Did not finish high school
 - Graduated from high school or GED
 - Had some college or technical training after high school
 - Graduated from a 4-year college
 - Earned an advanced graduate degree
 - Don't know
 - Does not apply
64. 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
65. Putting them all together, what were your grades like last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
66. Last year in school, were you taught about HIV or AIDS infection?
- Yes
 - No
 - I'm not sure
67. Last year in school, were you taught about preventing sexually transmitted diseases (STD) other than HIV or AIDS?
- Yes
 - No
 - I'm not sure
68. Last year in school, did you see or hear information at your school about youth suicide prevention?
- Yes
 - No
 - I'm not sure

69. Think back over the past year in school. How often did you enjoy being in school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
70. Does your school provide a counselor, intervention specialist, or other school staff member for students to discuss problems with alcohol, tobacco, or other drugs?
- No
 - Yes
 - I'm not sure
71. During the average week, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, or club activities.
- 0 days
 - 1-2 days
 - 3 or more days
72. Not counting very short trips, such as walking from the car to your house or walking to get the mail, in an average week, on how many days do you bicycle or walk near your home or to school?
- I do not walk or bike near my home or to school
 - 1-2 days
 - 3 or more days
73. 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
74. Not counting chores around your home, while working for pay have you ever been injured badly enough that you needed to go to a nurse, doctor, or hospital? (Choose the worst injury you had.)
- Never worked for pay
 - Have worked, but never been injured enough to see a nurse or doctor
 - Back injury
 - Other muscle injury (sprain or strain)
 - Burn
 - Cut
 - Broken bone
 - Head injury
 - Other
75. How would you best describe the type of place that you currently work? (Pick your main job. **Choose one.**)
- Not currently working
 - Food service (including fast food, restaurant)
 - Store (including stores like grocery, convenience, clothing, music, or gift stores)
 - Gas station or auto repair
 - Hospital, clinic, or nursing home
 - Construction
 - Farm or dairy
 - Hotel or motel
 - Babysitting
 - Yard work
 - Other
76. On an average school night, how many hours do you sleep?
- 5 hours or less
 - About 6 hours
 - About 7 hours
 - About 8 hours
 - 9 hours or more

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.

77. 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
78. I look forward to the future.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 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

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.

83. During the past 7 days, how many times did you:
- A. 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.)
- a. I did not drink fruit juice 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
- B. Eat **fruit**? (Do **not** count fruit juice.)
- a. I did not eat fruit 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
- 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.)
- 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

The next questions ask about tobacco.

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 t-shirts, lighters, or other items 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. 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
93. If you wanted to get some cigarettes, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
94. 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

The next questions ask about diabetes.

95. Have you ever been told by a doctor or other health professional that you have diabetes?
- No
 - Yes
 - I don't know
96. 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

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

- a. I was very honest
- b. I was honest pretty much of the time
- c. I was honest some of the time
- d. I was honest once in a while
- e. I was not honest at all

The next question asks about meals.

98. 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.

99. 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
100. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- No
 - Yes
101. Have you ever been physically abused by an adult?
- No
 - Yes
102. Not counting TV, movies, video games, and sporting events, 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.

103. About how many cigarettes have you smoked in your entire life?
- None
 - A puff or a whole cigarette
 - 2 - 19 cigarettes
 - 20 - 99 cigarettes (a pack or more, but less than 5 packs)
 - 100 or more cigarettes (5 or more packs)
104. 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

105. 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
106. 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
107. 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
108. Have you ever smoked cigarettes every day for 30 days?
- No
 - Yes
109. 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
 - A puff or a whole cigarette per day
 - 2 - 5 per day
 - 6 - 20 per day
 - More than 20 cigarettes per day

The next questions ask about asthma.

110. During the past 12 months, have you had an asthma attack?
- Yes
 - No
 - I don't know.
111. 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

112. 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
113. 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
114. 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
115. 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
116. 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
117. 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

Healthy Youth Survey B 2006 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) (B) (C)

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

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

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

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

Depression

14. (A) (B)

15. (A) (B)

16. (A) (B)

17. (A) (B)

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

Tobacco

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

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

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

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

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

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

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

26. (A) (B) (C)

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

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

29. (A) (B) (C)

Alcohol & Other Drugs

30. 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)

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

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

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

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

35. (A) (B)

36. (A) (B)

Body Height & Weight

37.

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)

38.

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)

39. (A) (B) (C) (D)

Eating Habits

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

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

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

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

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

45. (A) (B)

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

Physical Activity

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

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

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

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

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

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

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

Health & Health Care

53. (A B C)

54. (A B C D)

55. (A B C D E)

56. (A B C D E)

57. (A B C D E)

58. (A B C D)

Things People Say or Do

59. 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)

60. (A B C)

School, Home , Community

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

62. (A B C D E F G)

63. (A B C D E F G)

64. (A B C D E F)

65. (A B C D E)

66. (A B C)

67. (A B C)

68. (A B C)

69. (A B C D E)

70. (A B C)

71. (A B C)

72. (A B C)

73. (A B C D E F G)

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

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

76. (A B C D E)

Statements About You

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)

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

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

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

Food You Ate

83. 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)

Tobacco

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)

93. (A B C D)

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

Diabetes

95. (A B C)

96. (A B C D E F)

97. (A B C D E)

Meals

98. (A B C D)

Things People Say or Do

99. (A B)

100. (A B)

101. (A B)

102. (A B)

Tobacco

103. (A B C D E)

104. (A B C D E)

105. (A B C D E)

106. (A B C D E)

107. (A B C D E)

108. (A B)

109. (A B C D E)

Asthma

110. (A B C)

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 G)

115. (A B C D E F)

116. (A B C D)

117. (A B C D)