



2008 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 who gave the answers. **Do not write your name anywhere on the answer sheet.** Your teacher and you will be given an alternative activity.

INFORMATION ONLY

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. If you have any questions about this survey you may ask your teacher before beginning. 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:
 - 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 weapon such as a gun, knife, or club **on school property**?
 - a. 0 days
 - b. 1 – 5 days
 - c. 6 or more days
 - C. 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

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

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

14. 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

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

- a. Yes
- b. No

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

16. In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school because someone thought you were gay, lesbian or bisexual (whether you are or are not)?

- a. 0 times
- b. 1 time
- c. 2 – 3 times
- d. About once a week
- e. Several times a week or more

17. In the past 30 days, has someone used the computer or a cell phone to bully, harass or intimidate you?

- a. Yes
- b. No
- c. I'm not sure

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.

18. 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

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

- a. Yes
- b. No

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

- a. Yes
- b. No

21. 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

22. 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.

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. Do you think young people risk harming themselves if they smoke 1 – 5 cigarettes a day?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
29. 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

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. Do you think that rules about not using tobacco at your school are usually enforced?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
32. 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
33. 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.

34. 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 derbisol (wagon wheels, hope)?

- a. None
- b. 1 – 2 days
- c. 3 – 5 days
- d. 6 – 9 days
- e. 10 or more days

35. 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)?

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

36. 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.)

- a. None
- b. Once
- c. Twice
- d. 3 - 5 times
- e. 6 - 9 times
- f. 10 times or more

37. How old were you the first time you smoked marijuana?

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

38. How many times in the past year (12 months) have you been drunk or high at school?

- a. Never
- b. 1 – 2 times
- c. 3 – 5 times
- d. 6 – 9 times
- e. 10 or more times

39. During the past 30 days, have you seen or heard advertisements on TV, the Internet, the radio, or magazines about the dangers of kids drinking alcohol?

- a. Not in the past 30 days
- b. 1 - 3 times in the past 30 days
- c. 1 - 3 times per week
- d. Daily or almost daily
- e. More than once a day

40. NOT including talks on drinking and driving, in the past year have your parents or guardians talked to you about why you should not drink alcohol?

- a. Yes, a number of times
- b. Yes, once
- c. No
- d. I don't remember

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. Which of the following are you trying to do about your weight?

- a. I am **not trying to do anything** about my weight
- b. **Lose** weight
- c. **Gain** weight
- d. **Stay** the same weight

The next questions are about your eating habits.

44. 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
45. 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
46. How often do you eat dinner with your family?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
47. Did you eat breakfast today?
- Yes
 - No
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
50. 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
51. 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
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, 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
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
 - 41 – 50 minutes
 - 51 – 60 minutes
 - More than 60 minutes
55. On average how many days a week do you walk to or from school?
- Never
 - 1 – 2
 - 3 – 4
 - I walk every day
56. On average how many days a week do you ride a bicycle to or from school?
- Never
 - 1 – 2
 - 3 – 4
 - I bike every day

The next questions ask about your health and health care.

57. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
58. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
59. 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
60. 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

61. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
62. Do you still have asthma?
- I have never had asthma
 - Yes
 - No
 - Not sure
63. 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
64. 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
65. 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
66. 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.

67. What language is usually spoken at home?
- English
 - Spanish
 - Russian
 - Ukrainian
 - Vietnamese
 - Chinese
 - Korean
 - Japanese
 - Other
68. Do you currently live with a parent or guardian?
- Yes
 - No
69. Which of the following best describes where you currently live? (Choose only one answer.)
- My parent's or guardian's home
 - With friends or other families because you lost your home or cannot afford housing
 - On your own because you lost your home or cannot afford housing
 - Motel or hotel because you lost your home or cannot afford housing
 - Shelter (homeless shelter, domestic violence shelter, transitional housing program, or emergency housing)
 - Migrant labor housing
 - Car, park, campground, a public place, or place without heat, electricity or water
 - Waiting to be placed in foster care
 - Foster care home
 - Other
70. In the past 6 years, has your parent or guardian served in the military (Army; Navy; Air Force; Marines; Coast Guard; National Guard; and Reserves)?
- No
 - Yes
71. In the past 6 years, was your military parent or guardian sent to Iraq, Afghanistan, or other combat zone?
- I do not have a parent or guardian in the military
 - No
 - Yes
72. 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
73. 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
74. Putting them all together, what were your grades like last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
75. Last year in school, were you taught about HIV or AIDS infection?
- Yes
 - No
 - I'm not sure
76. Think back over the past year in school. How often did you enjoy being in school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
77. 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
78. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to and from school?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days

79. 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
80. 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.

81. 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
82. I look forward to the future.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true

83. I feel good about myself.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true
84. I am satisfied with the way my life is now.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true
85. I feel alone in my life.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true
86. Compared with others my age, my life is. . .
- 0 much worse than others
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 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.

87. 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.)

- 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

The next questions ask about tobacco.

88. 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

89. 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?

- a. No
- b. Yes

90. 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

91. 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

92. Which of these best describes the rules about smoking inside the house where you live? Smoking is...

- a. Never allowed inside my house
- b. Allowed only at some times or in some places
- c. Always allowed inside my house

93. 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?

- a. Not in the past 30 days
- b. 1 – 3 times in the past 30 days
- c. 1 – 3 times per week
- d. Daily or almost daily
- e. More than once a day

94. Does anyone who lives with you now smoke cigarettes?
- No
 - Yes
95. 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
96. 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
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

The next question asks about diabetes.

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

99. 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.

100. 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.

101. 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
102. In the past 12 months, have you had any injuries such as bruises, cuts, black eyes, or broken bones as a result of being hurt by a boyfriend or girlfriend?
- No
 - Yes
103. Last year in school, were you taught about ways to prevent pregnancy and sexually transmitted diseases (STD)?
- Yes, we talked in class about abstaining (not having sex, saying no).
 - Yes, we talked in class about abstaining AND other ways to prevent pregnancy and STD.
 - No—Although I had a health or science class last year, we did not learn about ways to prevent pregnancy and STD.
 - No—I did not have a health or science class last year.
 - Don't know

Here are some final questions about tobacco.

104. During the past 30 days, on how many days did you:
- A. Smoke cigars, cigarillos, or little cigars?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
- B. Smoke tobacco in a pipe?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days

- C. Smoke bidis ("beedies", flavored cigarettes)?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days

- D. Smoke clove cigarettes (kreteks)?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days

- E. Smoke tobacco or flavored tobacco in a hookah, even just a puff?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days

105. Have you ever smoked cigarettes every day for 30 days?
- No
 - Yes

106. 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.

107. During the past 12 months, have you had an asthma attack?
- Yes
 - No
 - I don't know
108. 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

109. 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?
- a. I do not have asthma
 - b. None
 - c. 1 to 2 days
 - d. 3 to 4 days
 - e. 5 to 10 days
 - f. More than 10 days
 - g. I don't know
110. 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?
- a. I do not have asthma
 - b. Yes
 - c. No
 - d. I don't know
111. During the past 12 months have you taken the preventive kind of asthma medicine used every day 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.)
- a. I do not have asthma
 - b. Yes
 - c. No
 - d. I don't know

Healthy Youth Survey B 2008 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)

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)

15. (A) (B)

Things People Say or Do

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

17. (A) (B) (C)

Depression

18. (A) (B)

19. (A) (B)

20. (A) (B)

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

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)

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29. (A) (B) (C) (D)

30. (A) (B) (C)

31. (A) (B) (C) (D)

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

33. (A) (B) (C)

Alcohol & Other Drugs

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

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

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

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

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

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

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

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

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

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

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)

Eating Habits

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

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

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

47. (A) (B)

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)

50. (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 G H)

55. (A B C D)

56. (A B C D)

Health & Health Care

57. (A B C)

58. (A B C)

59. (A B C)

60. (A B C)

61. (A B C)

62. (A B C D)

63. (A B C D E)

64. (A B C D E)

65. (A B C D E)

66. (A B C D)

School, Home , Community

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

68. (A B)

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

70. (A B)

71. (A B C)

72. (A B C D E F G)

73. (A B C D E F G)

74. (A B C D E)

75. (A B C)

76. (A B C D E)

77. (A B C)

78. (A B C D E)

79. (A B C)

80. (A B C D E F G)

Statements About You

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

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

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

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

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

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

Food You Ate

87. 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

88. (A B C D)

89. (A B)

90. (A B C D)

91. (A B C D E)

92. (A B C)

93. (A B C D E)

94. (A B)

95. (A B C D)

96. (A B C D)

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

Diabetes

98. (A B C)

99. (A B C D E)

Meals

100. (A B C D)

Things People Say or Do

101. (A B)

102. (A B)

103. (A B C D E)

Tobacco

104. 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)

105. (A B)

106. (A B C D E)

Asthma

107. (A B C)

108. (A B C D E F G)

109. (A B C D E F G)

110. (A B C D)

111. (A B C D)

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