

2013 FAIRFAX COUNTY YOUTH SURVEY

Healthy Behaviors Survey of 8th, 10th, and 12th Grade Students

Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

All of your answers will be kept strictly confidential. This means your answers are secret. This survey is completely voluntary. You can skip any questions that you do not want to answer.

Be sure to read the instructions below before you begin.

Thank you very much.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. For questions that have the following answers: NO!! no yes YES!!

Mark the big **YES!!** if you think the statement is DEFINITELY TRUE for you.
Mark the little **yes** if you think the statement is MOSTLY TRUE for you.
Mark the little **no** if you think the statement is MOSTLY NOT TRUE for you.
Mark the big **NO!!** if you think the statement is DEFINITELY NOT TRUE for you.

Example: Chocolate is the best ice cream flavor.

NO!! no yes YES!!

4. Your answers will be read automatically by a scanner and computer. Please follow these instructions carefully.

MARKING INSTRUCTIONS

- a. Use a No. 2 pencil or a blue or black pen only.
- b. Do not use pens with ink that soaks through the paper.
- c. Make solid marks that fill the response completely.
- d. Make no stray marks on this form.

This kind of mark will work:

Correct Mark



These kinds of marks will NOT work:

Incorrect Marks



PLEASE DO NOT WRITE IN THIS AREA

These questions ask for some general information about the people completing the survey.

Please mark the response that best describes you.

1. How old are you?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What grade are you in?

- 8th
- 10th
- 12th

3. Are you:

- Female
- Male

4. What do you consider yourself to be?
Select ONE only.

- Hispanic or Latino
- Not Hispanic nor Latino

5. What do you consider yourself to be?
Select ONE OR MORE.

- American Indian or Alaskan native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White

6. Think of where you live most of the time. Which of the following people live there with you? **Choose ALL that apply.**

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother(s)
- Grandfather(s)
- Foster parent
- Other adults
- Sister(s)
- Brother(s)
- Stepsister(s)
- Stepbrother(s)
- Other children

7. What language do you use most often at home?

- English
- Spanish
- Another Language

The next section asks about your experiences at school.

8. Putting them all together, what were your grades like last year?

- Mostly Fs
- Mostly Ds
- Mostly Cs
- Mostly Bs
- Mostly As

9. I think sometimes it is okay to cheat at school.

- NO!!
- no
- yes
- YES!!

10. How often do you come to classes without your homework finished?

- Usually
- Sometimes
- Never

How much do you agree or disagree with the following?

11. I know how to use a computer to do things like schoolwork, finding information, or typing papers.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

12. I can do well in school if I want to.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

13. My teacher notices when I am doing a good job and lets me know about it.

- NO!!
- no
- yes
- YES!!

14. I feel safe at my school.

- NO!!
- no
- yes
- YES!!

PROOF

The next section asks about how you spend your time after school.

On an average school day, how many hours do you:

15. ...watch TV?

- Not at all
- 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

16. ...play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- Not at all
- 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

17. Are there sports teams or other extracurricular activities for people your age available in your community?

- NO!! no yes YES!!

How many times have you:

18. ...participated in school or non-school extracurricular activities (e.g., sports, student government, student newspaper, scouting, etc.)?

- Never
- I've done it, but not in the past year
- Less than once a month
- About once a month
- Two or three times a month
- Once a week or more

19. ...volunteered to do community service?

- Never
- I've done it, but not in the past year
- Less than once a month
- About once a month
- Two or three times a month
- Once a week or more

20. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

The next section asks about your feelings and experiences in other parts of your life.

Remember, your answers are confidential.

21. I ignore rules that get in my way.

- Very false
- Somewhat false
- Somewhat true
- Very true

How many times have you:

22. ...done something dangerous because someone dared you to do it?

- Never
- I've done it, but not in the past year
- Less than once a month
- About once a month
- Two or three times a month
- Once a week or more

23. ...done crazy things even if they are a little dangerous?

- Never
- I've done it, but not in the past year
- Less than once a month
- About once a month
- Two or three times a month
- Once a week or more

24. It is important to be honest with your parents even if they become upset or you get punished.

- NO!! no yes YES!!

25. There are lots of adults in my neighborhood I could talk to about something important.

- NO!! no yes YES!!

26. I think it is okay to take something without asking if you can get away with it.

- NO!! no yes YES!!



PLEASE DO NOT WRITE IN THIS AREA

How important is each of the following to you in your life?

27. ... Accepting responsibility for my actions when I make a mistake or get in trouble.

- Extremely Important
- Quite Important
- Not Sure
- Somewhat Important
- Not Important

28. ... Doing my best even when I have to do a job I don't like.

- Extremely Important
- Quite Important
- Not Sure
- Somewhat Important
- Not Important

How much do you agree or disagree with the following?

29. ... I am able to save my money for something I really want.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

30. ... When things don't go well for me, I am good at finding a way to make things better.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

31. ... I feel as if I can solve most problems in my life.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

How much do you do the following when you have a problem of any kind?

32. ...I try to find different solutions to the problem.

- A lot
- Sometimes
- A little
- Never

The next section asks about your family. When answering these questions, please think about the people you consider to be your family; for example, parents, stepparents, grandparents, aunts, uncles, etc.

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

33. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

34. ...smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

35. ...smoke marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

36. How many times have you changed homes since kindergarten?

- None
- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times

37. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

38. People in my family often insult or yell at each other.

- NO!! no yes YES!!

39. We argue about the same things in my family over and over.

- NO!! no yes YES!!

40. People in my family have serious arguments.

- NO!! no yes YES!!

41. My parent has had his/her body hurt from actions (such as punching, kicking, choking, shoving, and pulling of hair) by a spouse/partner.

- NO!! no yes YES!!

42. If I had a personal problem, I could ask my mom or dad for help.

- NO!! no yes YES!!

45. ...been suspended from school?

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

46. ...attacked someone with the idea of seriously hurting them?

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

47. ...carried a handgun? Don't count the times you've carried a handgun for hunting or target shooting.

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

48. ...taken a handgun to school?

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

49. ...carried a weapon other than a handgun (such as a knife or club)? Don't count the times you've carried a weapon for hunting, camping, scouting, or similar activities.

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

50. ...taken a weapon other than a handgun (such as a knife or club) to school?

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

The next section asks about things you might have done, or that might have happened to you. Some of the questions are about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

Remember, your answers are confidential.

How many times in the past year have you:

43. ...bullied, taunted, ridiculed, or teased someone?

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

44. ...said something bad about someone's race or culture?

- Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times



PLEASE DO NOT WRITE IN THIS AREA

How many times in the past year has anyone done any of the following TO YOU:

51. ...attacked you with the idea of seriously hurting you?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

52. ...threatened or injured you with a weapon (such as a gun, knife, or club)?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

53. ...bullied, taunted, ridiculed, or teased you?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

54. ...said something bad about your race or culture?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

55. ...sexually harassed you?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

56. How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased you?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

57. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No

58. How many times have you driven a car or other vehicle when you had been drinking alcohol?

- Never
- I've done it, but not in the past year
- Less than once a month
- About once a month
- Two or three times a month
- Once a week or more

59. Have you ever belonged to a gang?

- Yes
- No

60. Have you ever had a partner in a dating or serious relationship who always wanted to know your whereabouts?

- Yes
- No

61. Have you ever had a partner in a dating or serious relationship who called you names or put you down verbally?

- Yes
- No

62. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No

63. Have you ever had a partner in a dating or serious relationship who pressured you into having sex (going all the way) when you didn't want to?

- Yes
- No

The next section asks about electronic bullying, also known as cyberbullying. Electronic bullying is bullying through e-mail, chat rooms, instant messaging, Web sites, or text messaging.

64. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)

- Yes
- No

65. How many times in the past year have you been cyberbullied by a student who attends your school?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

66. How many times in the past year have you cyberbullied a student attending your school?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

The next section asks about your feelings during the past 12 months.

Remember, your answers are confidential.

During the past 12 months, did you ever:

67. ...feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

68. ...seriously consider attempting suicide?

- Yes
- No

69. ...actually attempt suicide?

- Yes
- No

The next section asks about your thoughts about and experiences with tobacco, alcohol, and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:

70. ...smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

71. ...smoke marijuana regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk

72. ...take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

- No risk
- Slight risk
- Moderate risk
- Great risk

73. How frequently have you used smokeless tobacco during the past 30 days?

- Never
- Once or twice
- Once in a while but not regularly
- About once a day
- More than once a day

74. Have you ever smoked cigarettes in your lifetime?

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

75. How often have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one half packs per day
- Two or more packs per day

On how many occasions (if any) have you:

76. ...had beer, wine, or hard liquor in your lifetime (more than just a few sips)?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

77. ...had beer, wine, or hard liquor during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

78. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times



PLEASE DO NOT WRITE IN THIS AREA

On how many occasions (if any) have you:

79. ...used marijuana in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

80. ...used marijuana during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

81. ...used LSD or other hallucinogens (acid, angel dust, special k, shrooms) in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

82. ...used LSD or other hallucinogens (acid, angel dust, special k, shrooms) in the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

83. ...used cocaine or crack in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

84. ...used cocaine or crack in the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

85. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

86. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

87. ...used vivoxiline (vivo) in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

88. ...used vivoxiline (vivo) in the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

89. ...used methamphetamine (speed, crystal, crank, or ice) in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

90. ...used methamphetamine (speed, crystal, crank, or ice) in the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

91. ...taken steroids without a doctor's order in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

92. ...taken steroids without a doctor's order in the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

93. ...used heroin in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

94. ...used heroin in the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

95. ...taken painkillers (such as Oxycontin, Vicodin, Percoset, Codeine, and Opium) without a doctor's order in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

96. ...taken painkillers (such as Oxycontin, Vicodin, Percoset, Codeine, and Opium) without a doctor's order in the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

97. ...taken a prescription drug other than painkillers (such as Ritalin, Adderal, or Xanax) without a doctor's order in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

98. ...taken a prescription drug other than painkillers (such as Ritalin, Adderal, or Xanax) without a doctor's order in the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

99. ...used Ecstasy in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

100. ...used Ecstasy in the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

101. ...taken over-the-counter drugs to get high in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

102. ...taken over-the-counter drugs to get high in the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

How old were you when you first:

103. ...smoked a cigarette, even just a puff?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 12 | <input type="radio"/> 15 |
| <input type="radio"/> 10 or younger | <input type="radio"/> 13 | <input type="radio"/> 16 |
| <input type="radio"/> 11 | <input type="radio"/> 14 | <input type="radio"/> 17 or older |

104. ...had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 12 | <input type="radio"/> 15 |
| <input type="radio"/> 10 or younger | <input type="radio"/> 13 | <input type="radio"/> 16 |
| <input type="radio"/> 11 | <input type="radio"/> 14 | <input type="radio"/> 17 or older |

105. ...began drinking alcoholic beverages regularly, that is, at least once or twice a month?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 12 | <input type="radio"/> 15 |
| <input type="radio"/> 10 or younger | <input type="radio"/> 13 | <input type="radio"/> 16 |
| <input type="radio"/> 11 | <input type="radio"/> 14 | <input type="radio"/> 17 or older |

106. ...smoked marijuana?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 12 | <input type="radio"/> 15 |
| <input type="radio"/> 10 or younger | <input type="radio"/> 13 | <input type="radio"/> 16 |
| <input type="radio"/> 11 | <input type="radio"/> 14 | <input type="radio"/> 17 or older |

The next section asks about sexual behavior.

107. Have you ever had sexual intercourse?

- Yes No

108. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
 11 years old or younger
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old or older

109. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people

110. During the past 3 months, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
 I have had sexual intercourse but not during the past 3 months
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people

111. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
 Yes
 No

112. The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
 Yes
 No

113. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?

Select only ONE response.

- I have never had sexual intercourse
 No method was used to prevent pregnancy
 Birth control pills
 Condoms
 An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 Withdrawal or some other method
 Not sure

114. Have you ever had oral sex?

- Yes No

115. Which of the following best describes you?

- Heterosexual (straight)
 Gay or lesbian
 Bisexual
 Not sure

The next section asks about body weight.

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

- Lose weight
 Gain weight
 Stay the same weight
 I am not trying to do anything about my weight

During the past 30 days, did you:

117. ...exercise to lose weight or to keep from gaining weight?

- Yes No

118. ...eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

- Yes No



PLEASE DO NOT WRITE IN THIS AREA

119. ...go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

- Yes No

120. ...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

121. ...vomit or take laxatives to lose weight or to keep from gaining weight?

- Yes No

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

During the past 7 days:

122. ...how many times did you eat fruit? (Do not count fruit juice.)

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

123. ...how many times did you eat green salad?

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

124. ...how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

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

125. ...how many times did you eat carrots?

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

126. ...how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

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

127. ...how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)

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

The next section asks about physical activity.

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

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

129. During the past 12 months, on how many sports teams did you play? *Include any teams run by your school or community groups.*

- 0 teams
 1 team
 2 teams
 3 or more teams

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

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

The next section asks about the environment.

How often do you perform the following activity:

131. ...recycle things such as newspapers, cans, and glass?

- Frequently
- Sometimes
- Never

132. ...turn off lights and electrical appliances (such as TVs and computers) when not in use?

- Frequently
- Sometimes
- Never

133. ...try to cut down on the amount of trash and garbage you create?

- Frequently
- Sometimes
- Never

134. ...conserve water in your home or yard (such as shutting off the faucet when brushing your teeth)?

- Frequently
- Sometimes
- Never

135. ...buy biodegradable or recyclable products?

- Frequently
- Sometimes
- Never

136. I believe that my actions can improve the quality of the environment.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

The next section asks about your experiences related to civic engagement.

137. During an average week, how many hours do you spend helping friends or neighbors, or helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live?

- 0 hours
- 1 hour
- 2 hours
- 3-5 hours
- 6-10 hours
- 11 or more hours

During the last 12 months, how many times have you:

138. ...been a leader in a group or organization?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times

139. ...helped make sure that all people are treated fairly?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times

140. ...stood up for what you believed, even when it was unpopular to do so?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times

141. In the past 30 days, how often have you read about issues affecting the public, politics, and/or political campaigns from newspapers, magazines, or the Internet in your free time?

- Frequently
- Sometimes
- Never

PROOF



PLEASE DO NOT WRITE IN THIS AREA

142. During the last 12 months, have you used your political voice (signed a petition, contacted a government official for a reason other than a school assignment, wrote to a publication to express your opinion, refused to use or buy a product made by a company that has a policy you disagree with, etc.) as a result of reading about politics, political campaigns, and/or issues affecting the public from newspapers, magazines, or the Internet in your free time?

- Yes No

143. How important is participating in a democratic process (such as by voting, working on a political campaign, running for elected office) to you?

- Very Important
 Quite Important
 Fairly Important
 Slightly Important
 Not at all Important

Think about the people who know you well. How do you think they would rate you on each of these?

People who know me would say this:

144. Being good at planning ahead is ...

- Not at all like me
 A little like me
 Somewhat like me
 Quite like me
 Very much like me

145. Giving up when things get hard for me is ...

- Not at all like me
 A little like me
 Somewhat like me
 Quite like me
 Very much like me

146. Knowing how to say “no” when someone wants me to do things I know are wrong or dangerous is ...

- Not at all like me
 A little like me
 Somewhat like me
 Quite like me
 Very much like me

147. Thinking through the possible good and bad results of different choices before I make decisions is ...

- Not at all like me
 A little like me
 Somewhat like me
 Quite like me
 Very much like me

The next section asks about cyberbullying.

148. I know of someone who has been really hurt by cyberbullying.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

149. I would report cyberbullying incidents, if I could do so without anyone knowing it was me.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

150. I have the right to say anything I want online, even if what I say hurts someone or violates someone’s privacy.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

The next section asks how you might react to certain situations.

Choose the answer that comes closest to what you might do.

151. You are looking at the CDs in the music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, “Which one do you want? Go ahead, take it while nobody’s around.” There is no one in sight, no employees or other customers. What would you do now?

- Ignore her
 Grab a CD and leave the store
 Tell her to put the CD back
 Act like it is a joke, and ask her to put the CD back

Please continue to next page



152. It is 8:00 on a weeknight and you are about to go to a friend's house when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway
- Explain what you are going to do with your friends, tell your parent when you will get home and ask if you can go out
- Not say anything and start watching TV
- Get into an argument with your parent

153. You are visiting another part of town and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say "Excuse me" and keep walking
- Say "Watch where you are going" and keep walking
- Swear at the person and walk away

154. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend, "No thanks, I don't drink," and suggest that you and your friend go and do something else.
- Just say "No thanks," and walk away
- Make up a good excuse, tell your friend you have something else to do and leave

155. 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

**This is the end of the survey.
Thank you for participating.**

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