

2005–06 Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write. A computer will record the answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only one circle for your answer in the column below the question, as shown here:

EXAMPLE: Are you a boy or a girl?

- Boy
- Girl

- Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Darken one circle on each line" as shown here:

EXAMPLE: How often do you do each of the following: (*Darken one circle on each line*)

	Often	Sometimes	Never
a. Swim	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Bowl	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Play Tennis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Office of Policy for Extramural Research Administration, 6701 Rockledge Dr., Bethesda, MD 20892-7974. Do not return the completed form to this address.



TODAY'S DATE

Month	Day	
<input type="radio"/> October	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> November	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> December	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> January	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> February		<input type="radio"/> 4
<input type="radio"/> March		<input type="radio"/> 5
<input type="radio"/> April		<input type="radio"/> 6
<input type="radio"/> May		<input type="radio"/> 7
		<input type="radio"/> 8
		<input type="radio"/> 9

1. Are you a boy or a girl?

- Boy
- Girl

2. What month were you born?

- | | | |
|---------------------------|----------------------------|----------------------------|
| <input type="radio"/> Jan | <input type="radio"/> May | <input type="radio"/> Sept |
| <input type="radio"/> Feb | <input type="radio"/> June | <input type="radio"/> Oct |
| <input type="radio"/> Mar | <input type="radio"/> July | <input type="radio"/> Nov |
| <input type="radio"/> Apr | <input type="radio"/> Aug | <input type="radio"/> Dec |

3. What year were you born?

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1989 | <input type="radio"/> 1992 | <input type="radio"/> 1995 |
| <input type="radio"/> 1990 | <input type="radio"/> 1993 | <input type="radio"/> 1996 |
| <input type="radio"/> 1991 | <input type="radio"/> 1994 | |

4. What grade are you in?

- | | | |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Grade 6 | <input type="radio"/> Grade 8 | <input type="radio"/> Grade 10 |
| <input type="radio"/> Grade 7 | <input type="radio"/> Grade 9 | |

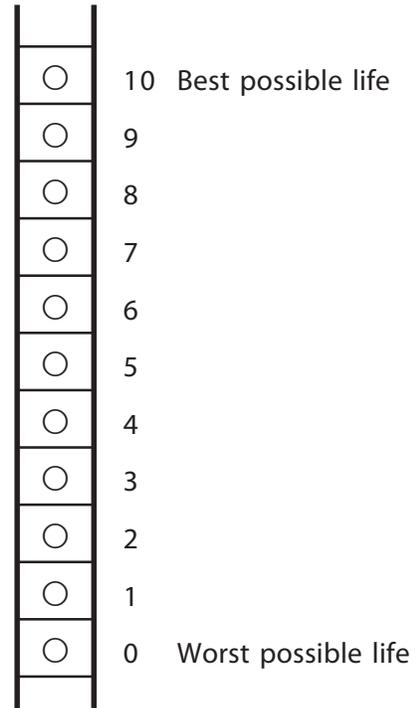
5. What do you consider your ethnicity to be?

- Hispanic or Latino
- Not Hispanic or Latino

6. What do you consider your race to be?

- (Mark all that apply)*
- Black or African American
 - White
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Other
-

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? *(Mark the circle next to the number that best describes where you stand)*



8. Do you think your body is...?

- Much too thin
- A bit too thin
- About the right size
- A bit too fat
- Much too fat

9. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time? *(Please mark one circle for weekdays and one circle for weekend)*

- | <u>Weekdays</u> | <u>Weekend</u> |
|---|---|
| <input type="radio"/> None at all | <input type="radio"/> None at all |
| <input type="radio"/> About half an hour a day | <input type="radio"/> About half an hour a day |
| <input type="radio"/> About 1 hour a day | <input type="radio"/> About 1 hour a day |
| <input type="radio"/> About 2 hours a day | <input type="radio"/> About 2 hours a day |
| <input type="radio"/> About 3 hours a day | <input type="radio"/> About 3 hours a day |
| <input type="radio"/> About 4 hours a day | <input type="radio"/> About 4 hours a day |
| <input type="radio"/> About 5 hours a day | <input type="radio"/> About 5 hours a day |
| <input type="radio"/> About 6 hours a day | <input type="radio"/> About 6 hours a day |
| <input type="radio"/> About 7 or more hours a day | <input type="radio"/> About 7 or more hours a day |

10. About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?
(Please mark one circle for weekdays and one circle for weekend)

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

11. How well off do you think your family is?

- Very well off
- Quite well off
- Average
- Not very well off
- Not at all well off

12. How many computers does your family own?

- None
- One
- Two
- More than two

13. Do you have your own bedroom for yourself?

- No
- Yes

14. Does your family own a car, van or truck?

- No
- Yes, one
- Yes, two or more

15. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
- Once
- Twice
- More than twice

All families are different (for example, not everyone lives with both their parents. Sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Adults

- Mother
- Father
- Stepmother (or father's girlfriend)
- Stepfather (or mother's boyfriend)
- Grandmother
- Grandfather
- I live in a foster home or children's home
- Someone or somewhere else: *please write down their relationship to you*



Children

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

Please write in the number or write 0 (zero) if there are none.

How many brothers? _____ How many sisters? _____

16a. Did you move to the home you are living in now because of a hurricane in the last year (for example, Hurricane Katrina)?

- No
- Yes

16b. Did you change to the school you are attending now because of a hurricane in the last year (for example, Hurricane Katrina)?

- No
- Yes

17. Do you have another home or another family, such as the case when your parents are separated or divorced?

- No - GO TO QUESTION 18
- Yes
 - How often do you stay there?
 - Half the time
 - Regularly but less than half the time
 - At weekends
 - Sometimes
 - Hardly ever

Please mark all the people who live there:

Adults

- Mother
- Father
- Stepmother (or father's girlfriend)
- Stepfather (or mother's boyfriend)
- Grandmother
- Grandfather
- I live in a foster home or children's home
- Someone or somewhere else: *please write down their relationship to you*



Children

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many brothers? _____ How many sisters? _____

18. About how many hours a day do you usually watch television (including videos and DVDs) in your free time? (*Please mark one circle for weekdays and one circle for weekend*)

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.

For this next question, add up all the time you spent in physical activity each day.

19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

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

20. **OUTSIDE SCHOOL HOURS:** How **OFTEN** do you usually exercise in your free time so much that you get out of breath or sweat?

- Every day
- 4 to 6 times a week
- 2 to 3 times a week
- Once a week
- Once a month
- Less than once a month
- Never

21. **OUTSIDE SCHOOL HOURS:** How many **HOURS** a week do you usually exercise in your free time so much that you get out of breath or sweat?

- None
- About half an hour
- About 1 hour
- About 2 to 3 hours
- About 4 to 6 hours
- 7 hours or more

22. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

23. Here is a list of reasons that some young people give for taking part in physical activity in their free time. For each reason please check how important it is for you.

(Please mark one circle for each line)

	Very important	Fairly important	Not important
a. To have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To be good at sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To win	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To make new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. To improve my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. To see my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. To get in good shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. To look good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I enjoy the feeling of using my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. To please my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. To be cool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. To control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. It is exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often do you usually have breakfast (more than a glass of milk or fruit juice)?

(Please mark one circle for weekdays and one circle for weekend)

Weekdays _____

- I never have breakfast during weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend _____

- I never have breakfast during the weekend
- I usually have breakfast on only one day of the weekend (Saturday OR Sunday)
- I usually have breakfast on both weekend days (Saturday AND Sunday)

25. How many times a week do you usually eat or drink...? (Please mark one circle for each line)

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Never
a. Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sweets (candy or chocolate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coke or other soft drinks that contain sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Diet coke or diets soft drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Low fat/semi-skimmed milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Whole fat milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other milk products (like yogurt, chocolate milk, pudding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Cereals (like Cornflakes, Rice Crispies, Cocoa Crispies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. White bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Brown bread (whole grain bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Chips (like potato chips or sticks, Fritos, Doritos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. French fries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?

- Never
- Rarely (less than once a month)
- Once a month
- 2-3 times a month
- Once a week
- 2-4 days a week
- 5 or more days a week

27. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- Always
- Often
- Sometimes
- Never

28. How much do you weigh without clothes? (In pounds)

Example

Weight			Weight		
1	5	2			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<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"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

29. How tall are you without shoes?

Example

Feet	Inches	Feet	Inches
5	2		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input type="radio"/> 11		<input type="radio"/> 11

30. At present are you on a diet or doing something else to lose weight?

- No, my weight is fine
- No, but I should lose some weight
- No, because I need to put on weight
- Yes

31. Which of the following things did you do to control your weight during the last 12 months?

	No	Yes
a. Exercise	<input type="radio"/>	<input type="radio"/>
b. Eat less sweets	<input type="radio"/>	<input type="radio"/>
c. Eat less fat	<input type="radio"/>	<input type="radio"/>
d. Drink less soft drinks	<input type="radio"/>	<input type="radio"/>
e. Eat less (smaller amounts)	<input type="radio"/>	<input type="radio"/>
f. Eat more fruit and/or vegetables	<input type="radio"/>	<input type="radio"/>
g. Vomiting	<input type="radio"/>	<input type="radio"/>
h. Use diet pills or laxatives	<input type="radio"/>	<input type="radio"/>
i. Smoke more	<input type="radio"/>	<input type="radio"/>
j. Diet under supervision of a professional	<input type="radio"/>	<input type="radio"/>
k. Other, namely _____		

32. The following is a list of statements about one's experience, feelings, and attitudes of his/her body. There are no right or wrong answers. We would like to know what your experience, feelings and attitudes of your body are. Please read each statement carefully and evaluate how it relates to you by checking the degree to which you agree or disagree with it. Try to be as honest as you can. Thank you for your time and cooperation.

	I do not agree at all	I do not agree	I am undecided	I agree	I strongly agree
a. I am frustrated with my physical appearance	<input type="radio"/>				
b. I am satisfied with my appearance	<input type="radio"/>				
c. I hate my body	<input type="radio"/>				
d. I feel comfortable with my body	<input type="radio"/>				
e. I feel anger toward my body	<input type="radio"/>				

GIRLS ONLY

33. Have you begun to menstruate (have periods)?

- No, I have not yet begun to menstruate
- Yes, I began at the age of _____ years and _____ months.

BOYS ONLY

34. Where do you have adult hair (coarse) on your face? (Choose One)

- I have no hair on my face.
- I only have hair on the corners of my upper lip.
- I have hair all over my upper lip (a mustache).
- I have a moustache and hair on the upper part of my cheeks, and in the middle under my lower lip.
- I have a full adult mustache and beard.

BOYS ONLY

35. Have you noticed a deepening of your voice?

(Choose one)

- Not yet started changing
- Has barely started changing
- Voice change is definitely underway
- Voice change seems complete

EVERYONE

36. How often do you brush your teeth?

- More than once a day
- Once a day
- At least once a week but not daily
- Less than once a week
- Never

37. Have you ever had or been diagnosed with acne (pimples, zits, nodules)?

- No
- Yes, at what age did you begin having acne?
_____ years

38. Do you currently have acne?

- No - no pimples, zits, or nodules in the last 3 months
- Yes - 1 to 4 pimples, zits, or nodules on the face (except nose) during the last 3 months
- Yes - 5 or more pimples, zits, or nodules on the face (except nose) during the last 3 months

39. In the last 6 months: how often have you had the following...? (Please mark one circle for each line)

	About every day				
	About every week				
	More than once a week				
	About every month				
	Rarely or never				
a. Headache	<input type="radio"/>				
b. Stomach-ache	<input type="radio"/>				
c. Back ache	<input type="radio"/>				
d. Feeling low	<input type="radio"/>				
e. Irritability or bad temper	<input type="radio"/>				
f. Feeling nervous	<input type="radio"/>				
g. Difficulties in getting to sleep	<input type="radio"/>				
h. Feeling dizzy	<input type="radio"/>				

40. During the last month have you taken any medicine or tablets for the following?

	No	Yes	Yes, more than once
a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Has the doctor ever told you that you have asthma?

No	Yes	Do Not Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Have you had wheezing or whistling in the chest in the last 12 months?

No	Yes	Do Not Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. In the last 12 months, have you been to a doctor, an emergency room, or a hospital for wheezing?

No	Yes	Do Not Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Would you say your health is.....? (Please mark one circle)

- Excellent
- Good
- Fair
- Poor

45. Think about how you have been feeling over the last 30 days. Mark the number that goes with how often you have felt or done each of these. (Please mark one circle for each line)

	Always				
	Often				
	Sometimes				
	Seldom				
	Never				
a. Were you very sad?	<input type="radio"/>				
b. Were you grouchy or irritable, or in a bad mood?	<input type="radio"/>				
c. Did you feel hopeless about the future?	<input type="radio"/>				
d. Did you feel like not eating or eating more than usual?	<input type="radio"/>				
e. Did you sleep a lot more or a lot less than usual?	<input type="radio"/>				
f. Did you have difficulty concentrating on your school work?	<input type="radio"/>				

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following questions are about injuries you may have had during the past 12 months.

46. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- I was not injured in the past 12 months
- 1 time
- 2 times
- 3 times
- 4 times or more

47. How easy is it for you to talk to the following persons about things that really bother you?

(Please mark one circle for each line)

	Very easy	Easy	Difficult	Very difficult	Don't have or see this person
a. Father	<input type="radio"/>				
b. Stepfather (or mother's boyfriend)	<input type="radio"/>				
c. Mother	<input type="radio"/>				
d. Stepmother (or father's girlfriend)	<input type="radio"/>				
e. Elder brother (s)	<input type="radio"/>				
f. Elder sister (s)	<input type="radio"/>				
g. Best friend	<input type="radio"/>				
h. Friends of the same sex	<input type="radio"/>				
i. Friends of the opposite sex	<input type="radio"/>				

48. How much does your mother (or female guardian) really know about...?

	She knows a lot	She knows a little	She doesn't know anything	Don't have/see mother/guardian
a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. How much does your father (or male guardian) really know about...?

	He knows a lot	He knows a little	He doesn't know anything	Don't have/see father/guardian
a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. My parent/guardian... (Please mark one circle for each line)

	Almost always	Sometimes	Almost never
a. Helps me as much as I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lets me do the things I like doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is loving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Understands my problems and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Likes me to make my own decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tries to control everything I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Treats me like a baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Makes me feel better when I am upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.)

- 10 We have very good relationships in our family.
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0 We have very bad relationships in our family.

52. At present, how many close male and female friends do you have? (Please mark one circle each column)

Males	Females
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> One	<input type="radio"/> One
<input type="radio"/> Two	<input type="radio"/> Two
<input type="radio"/> Three or more	<input type="radio"/> Three or more

53. Are MOST of the friends in your group...
- More or less your same age (same grade)
 - Older than you (by one grade or more)
 - Younger than you (by one grade or more)
 - Both younger and older but not the same grade as you

54. How many days a week do you usually spend time with friends right after school?
- 0 days
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6 days

55. How many evenings per week do you usually spend out with your friends?
- 0 evenings
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7 evenings

56. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?
- Rarely or never
 - 1 or 2 days a week
 - 3 or 4 days a week
 - 5 or 6 days a week
 - Every day

57. Your group of friends is well accepted by your parents?
- Almost always
 - Sometimes
 - Never, almost never
 - They haven't met your group of friends

58. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?
- Very good
 - Good
 - Average
 - Below average

59. How do you feel about school at present?
- I like it a lot
 - I like it a bit
 - I don't like it very much
 - I don't like it at all

60. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The students in my class(es) enjoy being together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Most of the students in my class(es) are kind and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other students accept me as I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. How pressured do you feel by the schoolwork you have to do?
- Not at all
 - A little
 - Some
 - A lot

Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

62. How often have you been bullied at school in the past couple of months?
- I haven't been bullied at school the past couple of months
 - It has only happened once or twice
 - 2 or 3 times a month
 - About once a week
 - Several times a week

63. How often have you been bullied at school in the past couple of months in the ways listed below?

(Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice	I have not been bullied in this way in the past couple of months
a. I was called mean names, was made fun of, or teased in a hurtful way.	<input type="radio"/>				
b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.	<input type="radio"/>				
c. I was hit, kicked, pushed, shoved around, or locked indoors.	<input type="radio"/>				
d. Other students told lies or spread false rumors about me and tried to make others dislike me.	<input type="radio"/>				
e. I was bullied with mean names and comments about my race or color.	<input type="radio"/>				
f. I was bullied with mean names and comments about my religion.	<input type="radio"/>				
g. Other students made sexual jokes, comments, or gestures to me.	<input type="radio"/>				
h. I was bullied using a computer or e-mail messages or pictures.	<input type="radio"/>				
i. I was bullied using a cell phone	<input type="radio"/>				

64. How often have you taken part in bullying another student(s) at school in the past couple of months?

- I haven't bullied another student(s) at school in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

65. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice	I have not bullied another student in this way in the past couple of months
a. I called another student(s) mean names, and made fun of, or teased him or her in a hurtful way.	<input type="radio"/>				
b. I kept another student(s) out of things on purpose, excluded him or her from my group of friends, or completely ignored him or her.	<input type="radio"/>				
c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors.	<input type="radio"/>				
d. I spread false rumors about another student(s) and tried to make others dislike him or her.	<input type="radio"/>				
e. I bullied another student(s) with mean names and comments about his or her race or color.	<input type="radio"/>				
f. I bullied another student(s) with mean names and comments about his or her religion.	<input type="radio"/>				
g. I made sexual jokes, comments, or gestures to another student(s).	<input type="radio"/>				
h. I was bullied using a computer or e-mail messages or pictures.	<input type="radio"/>				
i. I bullied another student(s) using a cell phone	<input type="radio"/>				

66. During the past 12 months, how many times were you in a physical fight?

- I have not been in a physical fight
- 1 time
- 2 times
- 3 times
- 4 times or more

67. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club?

- I did not carry a weapon during the past 30 days
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 or more days

68. The last time you carried a weapon during the past 30 days, what type of weapon was it?

- I did not carry a weapon during the past 30 days
- Knife or pocketknife
- Stick or club
- Knuckle-brace/brass knuckles
- Tear gas/pepper spray/Mace
- Handgun or other firearm
- Other type, please specify:

69. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

- No
- Yes

70. How often do you smoke tobacco at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not smoke

71. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)

	Every day	Every week	Every month	Rarely	Never
a. Beer	<input type="radio"/>				
b. Wine	<input type="radio"/>				
c. Liquor/Spirits	<input type="radio"/>				
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>				
e. Any other drink that contains alcohol	<input type="radio"/>				

72. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line.)

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a. Smoked cigarettes	<input type="radio"/>						
b. Drunk alcohol	<input type="radio"/>						
c. Been drunk	<input type="radio"/>						

73. How frequently have you smoked cigarettes during the LAST 30 DAYS?

- Not at all
- Less than 1 cigarette per week
- Less than 1 cigarette per day
- 1-5 cigarettes per day
- 6-10 cigarettes per day
- 11-20 cigarettes per day
- More than 20 cigarettes per day

74. How many of your friends would you estimate...

	All	Most	Some	A few	None
a. Smoke cigarettes	<input type="radio"/>				
b. Drink alcohol	<input type="radio"/>				
c. Get drunk at least once a week	<input type="radio"/>				
d. Smoke/use marijuana, (pot, weed, hash, joint)	<input type="radio"/>				
e. Carry a weapon, such as gun, knife, or club	<input type="radio"/>				

75. Have you ever had so much alcohol that you were really drunk?

- No, never
- Yes, once
- Yes, 2-3 times
- Yes, 4-10 times
- Yes, more than 10 times

76. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a. In your life	<input type="radio"/>						
b. In the last 12 months	<input type="radio"/>						
c. In the last 30 days	<input type="radio"/>						

77. FATHER—Does your father have a job?

- No
- Don't know
- Yes
- Don't have or don't see father

If YES, please say in what place he works (for example: hospital, bank, restaurant)

Please write down exactly what job he does there (for example: teacher, bus driver)

If NO, why does your father not have a job? (Please mark the circle that best describes the situation)

- He is sick, or retired, or a student
- He is looking for a job
- He takes care of others, or is full-time in the home
- I don't know

78. MOTHER—Does your mother have a job?

- No
- Don't know
- Yes
- Don't have or don't see mother

If YES, please say in what place she works (for example: hospital, bank, restaurant)

Please write down exactly what job she does there (for example: teacher, bus driver)

If NO, why does your mother not have a job? (Please mark the circle that best describes the situation)

- She is sick, or retired, or a student
- She is looking for a job
- She takes care of others, or is full-time in the home
- I don't know

This is the end of the survey

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!