



INFORMATION ONLY

We are asking you to take part in this survey about issues facing students in communities in Washington. The questions in this survey ask for your opinions about yourself, your friends, your school, and your neighborhood. School, community, county, and state officials will use the information from this survey in planning future programs to help youth.

Your answers to these questions are *anonymous*. This means that no one will know how you answered or which answer sheet is yours. **Do not write your name anywhere on the answer sheet.** If you do not want to take this survey now, tell your teacher and you will be given an alternative activity.

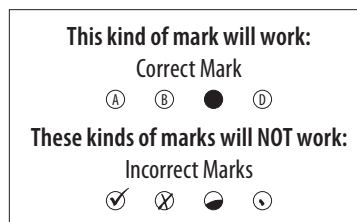
Some of the questions are personal, such as asking about your relationships and whether you get in fights or use drugs. Some students may find some of the questions uncomfortable or upsetting. You will be given a list of numbers to call if you want to talk to someone about the survey or feelings it brings 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 mark inside the bubbles.
 - Erase cleanly any answer you wish to change.
 - Make no other markings or comments on the answer pages.



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. 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
8. 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.

9. 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

10. 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

11. I feel safe at my school.

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

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

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

13. A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when two students of about the same strength argue or fight.

In the last 30 days, how often have you been bullied?

- a. I have not been bullied
- b. Once
- c. 2 – 3 times
- d. About once a week
- e. Several times a week

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

- a. No
- b. Yes

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

15. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- a. Yes
- b. No

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

- a. Yes
- b. No

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

- a. Yes
- b. No

18. During the past 12 months, how many times did you actually attempt suicide?

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

19. 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.

20. During the past 30 days, on how many days did you:

A. Smoke cigarettes?

- a. None
- b. 1 – 2 days
- c. 3 – 5 days
- d. 6 – 9 days
- e. 10 – 29 days
- f. All 30 days

B. Use chewing tobacco, snuff, or dip?

- a. None
- b. 1 – 2 days
- c. 3 – 5 days
- d. 6 – 9 days
- e. 10 – 29 days
- f. All 30 days

- C. Smoke cigars, cigarillos, or little cigars?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
- D. Use electronic cigarettes or e-cigs?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
- E. Use a dissolvable tobacco product (such as orbs, sticks, or strips)?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
- F. 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
21. Are the cigarettes that you usually smoke menthol cigarettes?
- I do not smoke cigarettes
 - Yes
 - No
22. Not including menthols:
During the past 30 days, on how many days did you **use tobacco** that tastes like **candy, fruit or alcohol** (tobacco includes: little cigars, bidis, cloves, chew, spit, snus, hookah)?
- 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days
23. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
24. Do you think that you will smoke a cigarette anytime in the next year?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes

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

The next section asks about your experience with alcohol and other drugs. Remember no one but you will know how you answered.

28. 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)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- E. Use a pain killer TO GET HIGH, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days

29. How old were you the first time you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older

30. Think back over the last 2 weeks. How many times have you had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)
- None
 - Once
 - Twice
 - 3 – 5 times
 - 6 – 9 times
 - 10 times or more

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

32. How many times in the past year (12 months) have you been drunk or high at school?
- Never
 - 1 – 2 times
 - 3 – 5 times
 - 6 – 9 times
 - 10 or more times

The next questions ask about body height and weight.

33. How tall are you without your shoes on?

Directions: Write your height in the blank boxes and fill in the matching circle below each number on your answer sheet.

Example

Height	
Feet	Inches
5	7
Ⓐ	Ⓐ
Ⓑ	Ⓑ
●	Ⓒ
Ⓒ	Ⓓ
Ⓓ	Ⓔ
Ⓔ	●
	Ⓕ
	Ⓖ
	Ⓗ
	Ⓘ
	Ⓚ
	Ⓛ

34. How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes and fill in the matching circle below each number on your answer sheet.

Example

Weight		
Pounds		
1	3	7
Ⓐ	Ⓐ	Ⓐ
●	Ⓑ	Ⓑ
Ⓑ	Ⓒ	Ⓒ
Ⓒ	●	Ⓓ
Ⓓ	Ⓓ	Ⓔ
Ⓔ	Ⓔ	Ⓕ
Ⓕ	Ⓕ	●
Ⓖ	Ⓖ	Ⓗ
Ⓗ	Ⓗ	Ⓘ
Ⓘ	Ⓘ	Ⓚ
Ⓚ	Ⓚ	Ⓛ

35. Which of the following are you trying to do about your weight?
- I am **not trying to do anything** about my weight
 - Lose** weight
 - Gain** weight
 - Stay** the same weight

The next questions are about your eating habits.

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.

36. 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 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

37. 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.

- a. 0 times
- b. 1 – 3 times
- c. 4 – 6 times
- d. 7 – 9 times
- e. 10 times or more

38. 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.)

- a. I did not drink sodas, sports drinks, or other flavored drinks at school.
- b. I brought them from home
- c. I got them from friends
- d. I bought them at school
- e. Other

39. How often do you eat dinner with your family?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

40. Did you eat breakfast today?

- a. Yes
- b. No

41. How many sodas or pops did you drink yesterday? (Do **not** count diet soda.)

- a. None
- b. 1
- c. 2
- d. 3
- e. 4 or more

The next questions ask about physical activity.

42. 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
43. 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
44. 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
45. 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

46. 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
47. On average how many days a week do you walk to or from school?
- Never
 - 1 – 2
 - 3 – 4
 - I walk every day
48. 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.

49. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
50. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
51. 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
52. 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

53. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
54. Do you still have asthma?
- I have never had asthma
 - Yes
 - No
 - Not sure
55. 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
56. 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
57. How likely would you be to seek help for a friend who you thought might be depressed or suicidal?
- Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely

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

58. In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school:
- Because of your race, ethnicity, or national origin or what someone thought it was?
 - 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more
 - Because someone thought you were gay, lesbian, or bisexual (whether you are or are not)?
 - 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more

59. In the past 30 days, has someone used the computer or a cell phone to bully, harass or intimidate you?
- Yes
 - No
 - I'm not sure

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

60. What language is usually spoken at home?
- English
 - Spanish
 - Russian
 - Ukrainian
 - Vietnamese
 - Chinese
 - Korean
 - Japanese
 - Other
61. 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 lost home or cannot afford housing)
 - On your own (because lost home or cannot afford housing)
 - Motel or hotel
 - Shelter (shelter or emergency / transitional housing)
 - Car, park, campground, or other public place
 - Waiting to be placed in foster care
 - Another place
62. Has your parent or guardian served in the military (Army; Navy; Air Force; Marines; Coast Guard; National Guard; and Reserves)?
- No
 - Yes
 - Not Sure
63. Has your military parent or guardian been sent to Iraq, Afghanistan, or other combat zone?
- I do not have a parent or guardian who has ever served in the military
 - No
 - Yes
 - Not Sure

64. 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
65. 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
66. Putting them all together, what were your grades like last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
67. Last year in school, were you taught about AIDS or HIV infection?
- Yes
 - No
 - I'm not sure
68. Think back over the past year in school. How often did you enjoy being in school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
69. 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
70. 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

71. During the average week, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, or club activities.
- 0 days
 - 1 – 2 days
 - 3 or more days

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.

72. 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
73. I look forward to the future.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true
74. I feel good about myself.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true

75. I am satisfied with the way my life is now.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

76. I feel alone in my life.

- a. 0 not at all true
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10 completely true

The next questions ask about tobacco.

77. 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

78. 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

79. 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

80. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 4 days
- d. 5 – 6 days
- e. 7 days

81. 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

82. Does anyone who lives with you now smoke cigarettes?

- a. No
- b. Yes

83. 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

84. How old were you the first time you smoked a whole cigarette?

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

85. During the past 12 months, have you ever tried **to quit** using tobacco (cigarettes, cigars, chew/dip)?

- a. I did not use tobacco during the past 12 months
- b. Yes
- c. No

-
86. During the past 30 days, how did you **usually** get your own tobacco? (Choose only one answer.)
- a. I did not use tobacco during the past 30 days
 - b. I bought it in a store such as a convenience store, supermarket, discount store or gas station
 - c. I bought it from a vending machine
 - d. I gave someone else money to buy them for me
 - e. I borrowed (or bummed) them from someone else
 - f. A person 18 years old or older gave them to me
 - g. I took them from a store or a family member
 - h. I got them some other way
87. How honest were you in filling out this survey?
- a. I was very honest
 - b. I was honest pretty much of the time
 - c. I was honest some of the time
 - d. I was honest once in a while
 - e. I was not honest at all

The next question asks about meals.

88. 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.

89. 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
90. 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
91. Have you ever been physically abused by an adult?
- No
 - Yes
92. Last year in school, were you taught about abstinence (not having sex) to prevent sexually transmitted diseases (STDs) and pregnancy?
- Yes
 - No
 - I don't know
93. Last year in school, were you taught about ways other than abstinence to prevent sexually transmitted diseases (STDs) and pregnancy?
- Yes
 - No
 - I don't know

The next questions ask about asthma.

94. 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
95. RESCUE inhalers are asthma medicine that you breathe in through your mouth that gives you QUICK relief from asthma symptoms. They are PRESCRIBED by a doctor. During the past 4 weeks, about how many days per week on average did you use a rescue inhaler?
- Never,
 - 1 or 2 days per week
 - 3 to 6 days per week;
 - Every day, once per day
 - Every day, twice or more per day
 - I'm not sure
96. Symptoms of asthma include coughing, wheezing, shortness of breath, and chest tightness when you don't have a cold or the flu. During the past 4 weeks, about how many days per week on average did you have any symptoms of asthma?
- Never,
 - 1 or 2 days per week
 - 3 to 6 days per week
 - Every day, but not throughout the day
 - Every day, throughout the day
 - I'm not sure
97. During the past 12 months, have you had an asthma attack?
- Yes
 - No
 - I don't know

The next 4 questions ask about sexual behavior.

98. Have you ever had sexual intercourse?
- Yes
 - No

-
99. How old were you when you had sexual intercourse for the first time?
- a. I have never had sexual intercourse
 - b. 11 years old or younger
 - c. 12 years old
 - d. 13 years old
 - e. 14 years old
 - f. 15 years old
 - g. 16 years old
 - h. 17 years old or older
100. With how many people have you ever had sexual intercourse?
- a. I have never had sexual intercourse
 - b. 1 person
 - c. 2 people
 - d. 3 people
 - e. 4 people
 - f. 5 people
 - g. 6 or more people
101. The **last time** you had sexual intercourse, did you or your partner use a condom?
- a. I have never had sexual intercourse
 - b. Yes
 - c. No



PAGE 1

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

PAGE 2

- 10. A. (A) (B) (C) (D) (E)
- B. (A) (B) (C) (D) (E)
- 11. (A) (B) (C) (D)
- 12. (A) (B) (C) (D) (E)
- 13. (A) (B) (C) (D) (E)
- 14. (A) (B)
- 15. (A) (B)
- 16. (A) (B)
- 17. (A) (B)
- 18. (A) (B) (C) (D) (E)
- 19. (A) (B) (C) (D)

PAGE 3

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

- 21. (A) (B) (C)
- 22. (A) (B) (C) (D) (E)
- 23. (A) (B) (C) (D)
- 24. (A) (B) (C) (D)
- 25. (A) (B) (C) (D)
- 26. (A) (B) (C) (D)
- 27. (A) (B) (C) (D) (E)
- 28. A. (A) (B) (C) (D) (E)
- B. (A) (B) (C) (D) (E)
- C. (A) (B) (C) (D) (E)

PAGE 4

- D. (A) (B) (C) (D) (E)
- E. (A) (B) (C) (D) (E)
- 29. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 30. (A) (B) (C) (D) (E) (F)
- 31. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 32. (A) (B) (C) (D) (E)

PAGE 4

33.

Feet	Inches
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
(3)	(0)
(4)	(1)
(5)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

34.

Pounds		
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" 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)

- 35. (A) (B) (C) (D)

PAGE 5

- 36. 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)
- 37. (A) (B) (C) (D) (E)
- 38. (A) (B) (C) (D) (E)

INFORMATION ONLY



PAGE 5

- 39. (A) (B) (C) (D) (E)
- 40. (A) (B)
- 41. (A) (B) (C) (D) (E)

PAGE 7

- 62. (A) (B) (C)
- 63. (A) (B) (C) (D)

PAGE 10

- 86. (A) (B) (C) (D) (E) (F) (G) (H)
- 87. (A) (B) (C) (D) (E)

PAGE 6

- 42. (A) (B) (C) (D) (E) (F) (G) (H)
- 43. (A) (B) (C) (D) (E) (F) (G)
- 44. (A) (B) (C) (D) (E) (F) (G)
- 45. (A) (B) (C) (D) (E) (F)
- 46. (A) (B) (C) (D) (E) (F) (G) (H)
- 47. (A) (B) (C) (D)
- 48. (A) (B) (C) (D)
- 49. (A) (B) (C)
- 50. (A) (B) (C)
- 51. (A) (B) (C)
- 52. (A) (B) (C)

PAGE 8

- 64. (A) (B) (C) (D) (E) (F) (G)
- 65. (A) (B) (C) (D) (E) (F) (G)

PAGE 12

- 88. (A) (B) (C) (D)
- 89. (A) (B)

INFORMATION ONLY

PAGE 9

- 66. (A) (B) (C) (D) (E)
- 67. (A) (B) (C) (D) (E)
- 68. (A) (B) (C) (D) (E)
- 69. (A) (B) (C)
- 70. (A) (B) (C) (D) (E)
- 71. (A) (B) (C)
- 72. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
- 73. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
- 74. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)

PAGE 11

- 90. (A) (B)
- 91. (A) (B)
- 92. (A) (B) (C)
- 93. (A) (B) (C)
- 94. (A) (B) (C) (D) (E) (F) (G)
- 95. (A) (B) (C) (D) (E) (F)
- 96. (A) (B) (C) (D) (E) (F)
- 97. (A) (B) (C)
- 98. (A) (B)

PAGE 7

- 53. (A) (B) (C)
- 54. (A) (B) (C) (D)
- 55. (A) (B) (C) (D) (E)
- 56. (A) (B) (C) (D) (E)
- 57. (A) (B) (C) (D)
- 58. A. (A) (B) (C) (D) (E)
B. (A) (B) (C) (D) (E)
- 59. (A) (B) (C)
- 60. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 61. (A) (B) (C) (D) (E) (F) (G) (H)

PAGE 9

- 75. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
- 76. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
- 77. (A) (B) (C) (D)
- 78. (A) (B)
- 79. (A) (B) (C) (D) (E)
- 80. (A) (B) (C) (D) (E)
- 81. (A) (B) (C) (D) (E)
- 82. (A) (B)
- 83. (A) (B) (C)
- 84. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 85. (A) (B) (C)

PAGE 13

- 99. (A) (B) (C) (D) (E) (F) (G) (H)
- 100. (A) (B) (C) (D) (E) (F) (G)
- 101. (A) (B) (C)

