Appendix E1. Data Collection Instrument for Students – "Student Health Survey"

Form Approved OMB No.: 0920-xxxx Expiration Date: xx/xx/xx



Student Health Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. It will also ask you questions about your experience taking this survey. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-XXXX).

DIRECTIONS

Use a #2 pencil only. Make dark marks. Fill in a response like this: (A) (B) If you change your answer, erase your old answer completely. 1. How old are you? 12 years old or younger 13 years old 14 years old 15 years old 16 years old 17 years old 18 years old or older 2. What is your sex? Female Male 3. In what grade are you? 9th grade 10th grade 11th grade 12th grade Ungraded or other grade Are you Hispanic or Latino? 4. Yes No What is your race? **(Select one or more responses.)** 5. American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander

White

6. How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

He	ight
Feet	Inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

7. How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
	Pounds	
1	5	2
0	\bigcirc	()
	1	
2	2	
3	(3)	(3)
	4	4
		5
	6	6
	7	7
	8	8
	9	9

Weight		
	Pounds	
9	\bigcirc	\bigcirc
1		
2	2	2
3	\bigcirc	(3)
	4	4
	5	5
	(G)	(G)
	7	7
	8	8
	9	(G)

The next 4 questions ask about safety.

8.

8.	When A B C D E F	I did not ride a bicycle during the past 12 months, how often did you wear a helmet? I did not ride a bicycle during the past 12 months Never wore a helmet Rarely wore a helmet Sometimes wore a helmet Most of the time wore a helmet Always wore a helmet
9.	How (A.) B.) C.) D.	often do you wear a seat belt when riding in a car driven by someone else? Never Rarely Sometimes Most of the time Always
10.		g the past 30 days, how many times did you ride in a car or other vehicle driven by one who had been drinking alcohol? 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
11.		g the past 30 days, how many times did you drive a car or other vehicle when you een drinking alcohol? 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
The 1	next 11	questions ask about violence-related behaviors.
12.	Durin or cluid (A.) (B.) (C.) (D.) (E.)	g the past 30 days, on how many days did you carry a weapon such as a gun, knife, b? 0 days 1 day 2 or 3 days 4 or 5 days 6 or more days

13.	During the past 30 days, on how many days did you carry a gun? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days
14.	During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days
15.	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 or from school? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days
16.	During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or 7 times F. 8 or 9 times G. 10 or 11 times H. 12 or more times
17.	During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property? A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or 7 times F. 8 or 9 times G. 10 or 11 times H. 12 or more times

18.	Durin	g the past 12 months, how many times were you in a physical fight?
	(A)	0 times
	(B)	1 time
	$\overline{(C)}$	2 or 3 times
	$\widecheck{\mathrm{D}}$	4 or 5 times
	Œ.)	6 or 7 times
	(F.)	8 or 9 times
	$\stackrel{\smile}{\bigcirc}$	10 or 11 times
	BUDEFGH	12 or more times
19.	Durin	g the past 12 months, how many times were you in a physical fight in which you
	were	injured and had to be treated by a doctor or nurse?
	(A)	0 times
	(B)	1 time
	(C)	2 or 3 times
	B. C. D. E.	4 or 5 times
	E.	6 or more times
20.	Durin	g the past 12 months, how many times were you in a physical fight on school
	prope	erty?
	\overline{A}	0 times
	(B)	1 time
	(C)	2 or 3 times
	$\widecheck{\mathrm{D}}$	4 or 5 times
	Œ.)	6 or 7 times
	(F.)	8 or 9 times
	$\stackrel{\smile}{\bigcirc}$	10 or 11 times
		12 or more times
21.		g the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically ou on purpose?
	\widehat{A}	Yes
	<u>B</u> .	No
22.	Have to?	you ever been physically forced to have sexual intercourse when you did not want
	(A)	Yes
	B .	No

The next 5 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.

23.	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. B.	Yes No		
24.	During A. B.	the past 12 months, did you ever seriously consider attempting suicide? Yes No		
25.	During A. B.	the past 12 months, did you make a plan about how you would attempt suicide? Yes No		
26.	During A B C. D. E.	the past 12 months, how many times did you actually attempt suicide? 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times		
27.	-	attempted suicide during the past 12 months, did any attempt result in an injury, ing, or overdose that had to be treated by a doctor or nurse? I did not attempt suicide during the past 12 months Yes No		
The 1	next 11 q	uestions ask about tobacco use.		
28.	Have y A. B.	ou ever tried cigarette smoking, even one or two puffs? Yes No		
29.	How of A B C D E F G	Id were you when you smoked a whole cigarette for the first time? I have never smoked a whole cigarette 8 years old or younger 9 or 10 years old 11 or 12 years old 13 or 14 years old 15 or 16 years old 17 years old or older		

30.	Durir	ng the past 30 days, on how many days did you smoke cigarettes?
	A)	0 days
	B .	1 or 2 days
	(C.)	3 to 5 days
	(D)	6 to 9 days
	Œ)	10 to 19 days
	(F)	20 to 29 days
		All 30 days
31.	Durir per d	ng the past 30 days, on the days you smoked, how many cigarettes did you smoke lay?
	(A)	I did not smoke cigarettes during the past 30 days
	(B.)	Less than 1 cigarette per day
	(C.)	1 cigarette per day
	(D)	2 to 5 cigarettes per day
		6 to 10 cigarettes per day
	$(\widetilde{F}.)$	11 to 20 cigarettes per day
	Ğ.	More than 20 cigarettes per day
32.	Durir respo	ng the past 30 days, how did you usually get your own cigarettes? (Select only one onse.)
	(A)	I did not smoke cigarettes during the past 30 days
	(A.) (B.)	I bought them in a store such as a convenience store, supermarket, discount store, or gas station
	\bigcirc	I bought them from a vending machine
	\bigcirc	I gave someone else money to buy them for me
	Œ.	I borrowed (or bummed) them from someone else
	Ŧ.	A person 18 years old or older gave them to me
	A	I took them from a store or family member
		I got them some other way
33.	Durir	ng the past 30 days, on how many days did you smoke cigarettes on school
	prop	erty?
	A.	0 days
	B .	1 or 2 days
	<u>(C.</u>)	3 to 5 days
	D)	6 to 9 days
		10 to 19 days
	F.	20 to 29 days
	G)	All 30 days

34.	Have y days?	you ever smoked cigarettes daily, that is, at least one cigarette every day for 30
	(A.) (B.)	Yes No
35.	During A B C	g the past 12 months, did you ever try to quit smoking cigarettes? I did not smoke during the past 12 months Yes No
36.		g the past 30 days, on how many days did you use chewing tobacco, snuff, or dip s Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen? 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
37.	-	g the past 30 days, on how many days did you use chewing tobacco , snuff, or dip lool property? 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
38.	During cigars (A) (B) (C) (D) (E) (F) (G)	g the past 30 days, on how many days did you smoke cigars, cigarillos, or little ? 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

39.		ng your life, on how many days have you had at least one drink of alcohol? 0 days 1 or 2 days
	(C.)	3 to 9 days 10 to 19 days
		20 to 39 days 40 to 99 days 100 or more days
40.		old were you when you had your first drink of alcohol other than a few sips? I have never had a drink of alcohol other than a few sips 8 years old or younger
		9 or 10 years old 11 or 12 years old
	F.G	13 or 14 years old 15 or 16 years old 17 years old or older
41.		ng the past 30 days, on how many days did you have at least one drink of alcohol? 0 days
	(B) (C.) (D:	1 or 2 days 3 to 5 days 6 to 9 days
		10 to 19 days 20 to 29 days All 30 days
42.	Durir	ng the past 30 days, on how many days did you have 5 or more drinks of alcohol in a
	$\overline{}$	that is, within a couple of hours? 0 days 1 day
		2 days 3 to 5 days 6 to 9 days
	(F.) (G)	10 to 19 days 20 or more days

43.	During	the past 30 days, how did you usually get the alcohol you drank?
	A)	I did not drink alcohol during the past 30 days
	(B)	I bought it in a store such as a liquor store, convenience store, supermarket,
		discount store, or gas station
	(C.)	I bought it at a restaurant, bar, or club
	$\overline{\Box}$	I bought it at a public event such as a concert or sporting event
	F	I gave someone else money to buy it for me
		Someone gave it to me
	\approx	I took it from a store or family member
		I got it some other way
	(1)	I got it some other way
44.	Duri	ng the past 30 days, on how many days did you have at least one drink of alcohol on
	scho	ol property?
		0 days
	(B.)	1 or 2 days
		3 to 5 days
	$\widetilde{\Box}$	6 to 9 days
	E	10 to 19 days
	F	20 to 29 days
	\approx	All 30 days
	<u> </u>	All 50 days
The	e next 4 o	questions ask about marijuana use. Marijuana also is called grass or pot.
45.	Duri	ng your life, how many times have you used marijuana?
10.		0 times
		1 or 2 times
		3 to 9 times
	\approx	
		10 to 19 times
		20 to 39 times
	(F.)	40 to 99 times
	(G)	100 or more times
46.	How	old were you when you tried marijuana for the first time?
		I have never tried marijuana
	(B.)	8 years old or younger
		9 or 10 years old
	<u>~</u>	11 or 12 years old
	F	13 or 14 years old
		15 or 16 years old
		17 years old or older

47.	Durin	g the past 30 days, how many times did you use marijuana?
	(A)	0 times
	(B.)	1 or 2 times
	(C)	3 to 9 times
	M .	10 to 19 times
	\mathbb{R}	20 to 39 times
	ABCODEF.	
	(F.)	40 or more times
48.	Durin	g the past 30 days, how many times did you use marijuana on school property?
	(<u>A</u> .)	0 times
	(B.)	1 or 2 times
	(C)	3 to 9 times
	$(\overline{\mathbf{D}})$	10 to 19 times
	(E.)	20 to 39 times
	ABCDEF.	40 or more times
	1,	40 of more times
The 1	next 9 q	uestions ask about other drugs.
49.	Durin	g your life, how many times have you used any form of cocaine, including powder,
		or freebase?
		0 times
	A,B,C,D,E,F.	1 or 2 times
	\approx	3 to 9 times
	\approx	10 to 19 times
		20 to 39 times
	(F.)	40 or more times
50.		g the past 30 days, how many times did you use any form of cocaine, including
	powde	er, crack, or freebase?
	(A)	0 times
	A) B) C)	1 or 2 times
	(C)	3 to 9 times
	\bigcirc	10 to 19 times
	E	20 to 39 times
		40 or more times
	<u>(r,</u>)	40 of more times
51.	Durin	g your life, how many times have you sniffed glue, breathed the contents of aerosol
		cans, or inhaled any paints or sprays to get high?
		0 times
	B	1 or 2 times
	\approx	3 to 9 times
	\approx	
	$\stackrel{\sim}{\mathbb{R}}$	10 to 19 times
	A)B)C)D)E)F.	20 to 39 times
	(F.)	40 or more times

52.	_	your life, how many times have you used heroin (also called smack, junk, or White)? 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
53.		g your life, how many times have you used methamphetamines (also called speed, crank, or ice)? 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
54.	During (A) (B) (C) (D) (E) (F)	g your life, how many times have you used ecstasy (also called MDMA)? 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
55.	_	your life, how many times have you taken steroid pills or shots without a sprescription? 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
56.	During your be A. B. C.	g your life, how many times have you used a needle to inject any illegal drug into ody? 0 times 1 time 2 or more times
57.		g the past 12 months, has anyone offered, sold, or given you an illegal drug on property ? Yes No

The next 7 questions ask about sexual behavior.

58.	Have you ever had sexual intercourse? (A) Yes (B) No
59.	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
60.	During your life, with how many people have you 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
61.	During the past 3 months, with how many people did you have sexual intercourse? A. I have never had sexual intercourse B. I have had sexual intercourse, but not during the past 3 months C. 1 person D. 2 people E. 3 people F. 4 people G. 5 people H. 6 or more people
62.	Did you drink alcohol or use drugs before you had sexual intercourse the last time ? A. I have never had sexual intercourse B. Yes C. No
63.	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

64.	The la s	st time you had sexual intercourse, what one method did you or your partner use to
	preven	t pregnancy? (Select only one response.)
	$\widehat{(A)}$	I have never had sexual intercourse
	(B)	No method was used to prevent pregnancy
	(C.)	Birth control pills
	$\widecheck{\mathrm{D}}$	Condoms
	Œ.	Depo-Provera (injectable birth control)
	F	Withdrawal
		Some other method
		Not sure
The	next 7 qu	estions ask about body weight.
65.	How d	o you describe your weight?
	\widehat{A}	Very underweight
	(B)	Slightly underweight
	(C)	About the right weight
	(D)	Slightly overweight
	A B C D E	Very overweight
66.	Which	of the following are you trying to do about your weight?
	\widehat{A}	Lose weight
	(B)	Gain weight
	A) B) C)	Stay the same weight
	D)	I am not trying to do anything about my weight
67.	During	the past 30 days, did you exercise to lose weight or to keep from gaining weight?
	(A.)	Yes
	B .	No
68.	_	the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose
	\sim	or to keep from gaining weight?
	A.	Yes
	(B.)	No
69.	_	the past 30 days, did you go without eating for 24 hours or more (also called
	Tasting) to lose weight or to keep from gaining weight?
	A.	Yes
	(B.)	No
70.		the past 30 days, did you 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
	replace	ement products such as Slim Fast.)
	(A)	Yes
	(B.)	No
	$\overline{}$	

71.		g the past 30 days, did you vomit or take laxatives to lose weight or to keep from g weight? Yes No
The 1	next 5 qı	uestions ask about physical activity.
72.	least 6	g the past 7 days, on how many days were you physically active for a total of at 60 minutes per day? (Add up all the time you spend in any kind of physical y that increases your heart rate and makes you breathe hard some of the time.) 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days
73.	On an A B C D E F. G	average school day, how many hours do you watch TV? 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
74.	a com	average school day, how many hours do you play video or computer games or use puter for something that is not school work? (Include activities such as Nintendo, Boy, PlayStation, Xbox, computer games, and the Internet.) I do not play video or computer games or use a computer for something that is not school work 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

75.		overage week when you are in school, on how many days do you go to physical ion (PE) classes? 0 days 1 day 2 days 3 days 4 days 5 days
76.		g the past 12 months, on how many sports teams did you play? (Include any teams your school or community groups.) 0 teams 1 team 2 teams 3 or more teams
The	next ques	tion asks about AIDS education.
77.	(A.) (B.) (C.)	you ever been taught about AIDS or HIV infection in school? Yes No No sure lestions ask about missing school.
	-	_
78.		g the past 30 days, on how many days did you miss classes or school for any with or without permission? 0 days 1 day 2 or 3 days 4 or 5 days 6 to 9 days 10 or more days
79.	During permis (A) (B) (C) (D) (E) (F)	g the past 30 days, on how many days did you miss classes or school without ssion? 0 days 1 day 2 or 3 days 4 or 5 days 6 to 9 days 10 or more days

The next 2 questions ask about your experience using computers.

80.	On an average school day, how many hours do you use a computer? Include active such as being on the internet, playing computer games, sending e-mail, and doing homework. A I do not use a computer B Less than 1 hour per day C. 1 hour per day D 2 hours per day E 3 hours per day F 4 hours per day G 5 or more hours per day	
*81.	(Before today,) have you ever used a computer to take a survey or test? A. Yes B. No	
The r	ext 3 questions ask about your experience taking this survey.	
82.	While taking this survey, could anyone besides you see your answers? A. Yes B. No C. No sure	
83.	While taking this survey, did you ask anyone about what some questions meant of what your answers should be? A. Yes B. No	: about
84.	If you had a choice of taking this survey on the internet or taking this survey using and pencil, which would you choose? A Internet B Paper and pencil C It would not matter to me	g paper
How	nuch do you agree or disagree with the following 4 statements?	
85.	I am confident that the answers I gave in this survey will never be linked with my A. Strongly agree B. Agree C. Neither agree nor disagree D. Disagree E. Strongly disagree	name.

86.		I could have taken the survey in a more private place. Strongly agree Agree
	A) B) C) D) E)	Neither agree nor disagree
	E.	Disagree Strongly disagree
*87	~ ·	g this survey on the internet would keep (keeps) it from being private.
	A) B) C) D) E.	Strongly agree Agree
	Ċ,	Neither agree nor disagree
	<u>D</u> ,	Disagree
	(E.)	Strongly disagree
88.	am vis	oncerned that people I do not know can get personal information about me when I iting websites on the internet. Strongly agree
	(B)	Agree
	(C.)	Neither agree nor disagree
	A) B) C) D) E)	Disagree Strongly disagree
The	e following	g 3 (4) questions ask about how you took this survey.
89.	How was	your class originally asked to take this survey?
	(A)	On paper
	(B)	On a computer Not sure
		Not suie
90.	How was	your class originally asked to do this survey?
	A.	As a group in class
	B	Individually, on our own time Not sure
		Not sure
91.	Did you t	ake this survey at the same time as most of the other students in your class?
	(A.)	Yes
	(B.)	No Not sure
	<u>U</u> ,	THOU SUICE

92.	Which of	the following best describes where you took this survey?**
	(A)	Computer lab at school
	(B)	At school, but not in a computer lab
	(C)	Home
	(D)	Work
	Œ.	Friend's house
	F)	Public place, such as a library or internet café
	(G)	Somewhere else
	\sim	

This is the end of the survey. Thank you very much for your help.

^{*}Question wording is for paper-and-pencil condition. Words in parentheses will be used for computer condition.

^{**}Question will appear on web-based questionnaire only.