

Attachment 1: Data Collection Instruments

1. Student Survey: Grade 10
2. Student Survey: Grades 7-8-9
3. Student Survey: Grade 6

2009–10

Health Behaviors in School Age Children Survey

Public reporting burden for this collection of information is estimated to average 40 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

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"/>



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 |

3a. 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 | |

3b. How old are you?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <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 |
| <input type="radio"/> 12 | <input type="radio"/> 15 | |

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)*

<input type="radio"/>	10	Best possible life
<input type="radio"/>	9	
<input type="radio"/>	8	
<input type="radio"/>	7	
<input type="radio"/>	6	
<input type="radio"/>	5	
<input type="radio"/>	4	
<input type="radio"/>	3	
<input type="radio"/>	2	
<input type="radio"/>	1	
<input type="radio"/>	0	Worst possible life

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)*

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

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? _____

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. How long does it usually take you to travel to school from your home? (Please mark one circle only)

- Less than 5 minutes
- 5-15 minutes
- 15-30 minutes
- 30 minutes to 1 hour
- More than 1 hour

23. On a typical day is the MAIN part of your trip TO school made by...? (Please mark one circle only)

- Walking
- Bicycle
- Bus, train, tram, underground or boat
- Car, motorcycle or moped
- Other means

24. On a typical day is the MAIN part of your trip FROM school made by...? (Please mark one circle only)

- Walking
- Bicycle
- Bus, train, tram, underground or boat
- Car, motorcycle or moped
- Other means

25. 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)

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

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
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"/>

27. How often do you have breakfast together with your mother or father?

- Never
- Less than once a week
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

28. How often do you have an evening meal together with your mother or father?

- Never
- Less than once a week
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

29. Where do you usually eat your mid-day meal on schooldays?

- At school
- At home
- At someone else's home
- In a snack-bar, fast food restaurant, café
- Somewhere else: Please write down where:

I never eat a mid-day meal

30. How often do you eat a snack while you.....?

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
a. Watch TV (including videos and DVDs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Work or play on a computer or games console?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 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

32. 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

33. 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

34. 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

35. When did you last weigh yourself?

- Within the last week
- Within the last month
- Within the last 6 months
- More than 6 months ago

36. When did you last measure your height?

- Within the last week
- Within the last month
- Within the last 6 months
- More than 6 months ago

37. 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

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what **your** feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please check one box for each line.)

	I do not agree at all	Disagree	Neither agree or disagree	Agree	Strongly agree
a. I am frustrated with my physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am satisfied with my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hate my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel comfortable with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel anger toward my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I like my appearance in spite of its imperfections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GIRLS ONLY

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

- No, I have not yet begun to menstruate
- Yes, I have begun to menstruate.

Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months. I began at the age of _____ years and _____ months.

BOYS ONLY

40. Have you begun to grow hair on your face?

- Not yet started
- Barely started
- Definitely underway
- Seems completed

41. 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

42. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Back ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Yes, more than once		
	No	Yes	
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"/>
e. Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Excellent	<input type="radio"/> Fair
<input type="radio"/> Good	<input type="radio"/> Poor

45a. Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, asthma, allergy, ADHD, or cerebral palsy) that has been diagnosed by a doctor?

No
 Yes

If Yes, please write what they are.

45b. Do you take medicine for your long-term illness, disability or medical condition?

I do not have a long-term illness, disability or medical condition
 Yes
 No

45c. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

I do not have a long-term illness, disability or medical condition
 Yes
 No

46. Thinking about last week.....

	Extremely/Always				
	Very/Very often				
	Moderately/Quite often				
	Slightly/Seldom				
	Not at all/Never				
a. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.

47. 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

48. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stepfather (or mother's boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stepmother (or father's girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Elder brother (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elder sister (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Friends of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Friends of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. 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"/>

50. 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"/>

51. 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"/>

52. 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

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

<u>Males</u>	<u>Females</u>
<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

54. 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)

55. How many days a week do you usually spend time with friends right after school?

0 days
 1
 2
 3
 4
 5
 6 days

56. How many evenings per week do you usually spend out with your friends?

- 0 evenings
- 1
- 2
- 3
- 4
- 5
- 6
- 7 evenings

57. 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

58. Your group of friends is well accepted by your parents?

- Almost always
- Sometimes
- Never, almost never
- They haven't met your group of friends

59. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- Very good
- Good
- Average
- Below average

60. 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

61. 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"/>

62. 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.

63. 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

64. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was hit, kicked, pushed, shoved around, or locked indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was bullied with mean names and comments about my race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was bullied with mean names and comments about my religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students made sexual jokes, comments, or gestures to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was bullied using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. 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

66. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I spread false rumors about another student(s) and tried to make others dislike him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I bullied another student(s) with mean names and comments about his or her race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I bullied another student(s) with mean names and comments about his or her religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I made sexual jokes, comments, or gestures to another student(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I bullied another student(s) using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. 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

68. The last time you were in a physical fight during the past 12 months, with whom did you fight?

- I have not been in a physical fight in the past 12 months
- A total stranger
- A parent or other adult family member
- A brother or sister
- A boyfriend/girlfriend or date
- A friend or someone I know
- Someone not listed above

69. 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

70. 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:

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

- No
- Yes

72. 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

73. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Liquor/Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other drink that contains alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drunk alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. 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

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

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

77. 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

78. At what age did you first do the following things? (If there is something you have not done, choose the 'never' category)

- a. Drink alcohol (more than a small amount)
 Never
 I was ___ years old (Write in the box how old you were)
- b. Get drunk
 Never
 I was ___ years old (Write in the box how old you were)
- c. Smoke a cigarette (more than a puff)
 Never
 I was ___ years old (Write in the box how old you were)

79. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Have you ever taken one or several of these drugs in the last 12 months? (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. Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Amphetamines (meth, ice, glass, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Opiates (heroin, morphine, smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medication to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Glue or solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Baltok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Which one? _____							

81. 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

82. 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

83. Were you born in the United States?
 Yes
 No

84. Which country was your mother born?

 Don't know

85. Which country was your father born?

 Don't know

86. What language do you most often speak at home?

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!

2009–10

Health Behaviors in School Age Children Survey

Public reporting burden for this collection of information is estimated to average 40 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

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"/>

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 |

3a. 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 | |

3b. How old are you?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <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 |
| <input type="radio"/> 12 | <input type="radio"/> 15 | |

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)*

<input type="radio"/>	10	Best possible life
<input type="radio"/>	9	
<input type="radio"/>	8	
<input type="radio"/>	7	
<input type="radio"/>	6	
<input type="radio"/>	5	
<input type="radio"/>	4	
<input type="radio"/>	3	
<input type="radio"/>	2	
<input type="radio"/>	1	
<input type="radio"/>	0	Worst possible life

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)*

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

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? _____

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. How long does it usually take you to travel to school from your home? (Please mark one circle only)

- Less than 5 minutes
- 5-15 minutes
- 15-30 minutes
- 30 minutes to 1 hour

23. On a typical day is the MAIN part of your trip TO school made by...? (Please mark one circle only)

- Walking
- Bicycle
- Bus, train, tram, underground or boat
- Car, motorcycle or moped
- Other means

24. On a typical day is the MAIN part of your trip FROM school made by...? (Please mark one circle only)

- Walking
- Bicycle
- Bus, train, tram, underground or boat
- Car, motorcycle or moped
- Other means

25. 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)

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

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
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"/>

27. How often do you have breakfast together with your mother or father?

- Never
- Less than once a week
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

28. How often do you have an evening meal together with your mother or father?

- Never
- Less than once a week
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

29. Where do you usually eat your mid-day meal on schooldays?

- At school
- At home
- At someone else's home
- In a snack-bar, fast food restaurant, café
- Somewhere else: Please write down where:

I never eat a mid-day meal

30. How often do you eat a snack while you.....?

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
a. Watch TV (including videos and DVDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Work or play on a computer or games console	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 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

32. 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

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

Example

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

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

34. How tall are you without shoes?

Example

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

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

35. When did you last weigh yourself?

- Within the last week
- Within the last month
- Within the last 6 months
- More than 6 months ago

36. When did you last measure your height?

- Within the last week
- Within the last month
- Within the last 6 months
- More than 6 months ago

37. 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

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what **your** feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please check one box for each line.)

	I do not agree at all	Disagree	Neither agree or disagree	Agree	Strongly agree
a. I am frustrated with my physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am satisfied with my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hate my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel comfortable with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel anger toward my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I like my appearance in spite of its imperfections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GIRLS ONLY

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

- No, I have not yet begun to menstruate
- Yes, I have begun to menstruate. Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months.
I began at the age of _____ years and _____ months.

BOYS ONLY

40. Have you begun to grow hair on your face?

- Not yet started
- Barely started
- Definitely underway
- Seems completed

41. 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

42. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Back ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. 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"/>
e. Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Excellent	<input type="radio"/> Fair
<input type="radio"/> Good	<input type="radio"/> Poor

45. Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?

No
 Yes

If Yes, please write what they are.

46. Do you take medicine for your long-term illness, disability or medical condition?

I do not have a long-term illness, disability or medical condition
 Yes
 No

47. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

I do not have a long-term illness, disability or medical condition
 Yes
 No

48. Thinking about last week.....

	Extremely/Always				
	Very/Very often				
	Moderately/Quite often				
	Slightly/Seldom				
	Not at all/Never				
a. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.

49. 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

50. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stepfather (or mother's boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stepmother (or father's girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Elder brother (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elder sister (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Friends of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Friends of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. 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"/>

52. 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"/>

53. 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"/>

54. 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

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

<u>Males</u>	<u>Females</u>
<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

56. 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)

57. How many days a week do you usually spend time with friends right after school?

0 days
 1
 2
 3
 4
 5
 6 days

58. How many evenings per week do you usually spend out with your friends?

- 0 evenings
- 1
- 2
- 3
- 4
- 5
- 6
- 7 evenings

59. 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

60. Your group of friends is well accepted by your parents?

- Almost always
- Sometimes
- Never, almost never
- They haven't met your group of friends

61. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- Very good
- Good
- Average
- Below average

62. 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

63. 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"/>

64. 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.

65. 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

66. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was hit, kicked, pushed, shoved around, or locked indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was bullied with mean names and comments about my race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was bullied with mean names and comments about my religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students made sexual jokes, comments, or gestures to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was bullied using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. 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

68. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I spread false rumors about another student(s) and tried to make others dislike him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I bullied another student(s) with mean names and comments about his or her race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I bullied another student(s) with mean names and comments about his or her religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I made sexual jokes, comments, or gestures to another student(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I bullied another student(s) using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. 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

70. The last time you were in a physical fight during the past 12 months, with whom did you fight?

- I have not been in a physical fight in the past 12 months
- A total stranger
- A parent or other adult family member
- A brother or sister
- A boyfriend/girlfriend or date
- A friend or someone I know
- Someone not listed above

71. 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

72. 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:

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

- No
- Yes

74. 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

75. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Liquor/Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other drink that contains alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drunk alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. 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

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

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

79. 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

80. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. 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

82. 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

83. Were you born in United States?
 Yes
 No

84. Which country was your mother born?

 Don't know

85. Which country was your father born?

 Don't know

86. What language do you most often speak at home?

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!

2009–10

Health Behaviors in School Age Children Survey

Public reporting burden for this collection of information is estimated to average 40 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

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"/>

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 |

3a. 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 | |

3b. How old are you?

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <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 |
| <input type="radio"/> 12 | <input type="radio"/> 15 | |

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)*

<input type="radio"/>	10	Best possible life
<input type="radio"/>	9	
<input type="radio"/>	8	
<input type="radio"/>	7	
<input type="radio"/>	6	
<input type="radio"/>	5	
<input type="radio"/>	4	
<input type="radio"/>	3	
<input type="radio"/>	2	
<input type="radio"/>	1	
<input type="radio"/>	0	Worst possible life

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)*

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

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? _____

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. How long does it usually take you to travel to school from your home? (Please mark one circle only)

- Less than 5 minutes
- 5-15 minutes
- 15-30 minutes
- 30 minutes to 1 hour

23. On a typical day is the **MAIN** part of your trip **TO** school made by...? (Please mark one circle only)

- Walking
- Bicycle
- Bus, train, tram, underground or boat
- Car, motorcycle or moped
- Other means

24. On a typical day is the MAIN part of your trip FROM school made by...? (Please mark one circle only)

- Walking
- Bicycle
- Bus, train, tram, underground or boat
- Car, motorcycle or moped
- Other means

25. 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)

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

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
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"/>

28. 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

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

Example

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

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

30. How tall are you without shoes?

Example

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

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

31. When did you last weigh yourself?

- Within the last week
- Within the last month
- Within the last 6 months
- More than 6 months ago

32. When did you last measure your height?

- Within the last week
- Within the last month
- Within the last 6 months
- More than 6 months ago

33. 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

34. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what your feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please mark one circle for each line.)

	I do not agree at all	Disagree	Neither agree or disagree	Agree	Strongly agree
a. I am frustrated with my physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am satisfied with my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hate my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel comfortable with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel anger toward my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I like my appearance in spite of its imperfections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GIRLS ONLY

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

- No, I have not yet begun to menstruate
- Yes, I have begun to menstruate. Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months.
I began at the age of _____ years and _____ months.

BOYS ONLY

36. Have you begun to grow hair on your face?

- Not yet started
- Barely started
- Definitely underway
- Seems completed

37. 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

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

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

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

	No	Yes, Once	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"/>
e. Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Excellent
- Good
- Fair
- Poor

41. Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?

- No
- Yes

If Yes, please write what they are.

42. Do you take medicine for your long-term illness, disability or medical condition?

- I do not have a long-term illness, disability or medical condition
- Yes
- No

43. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

- I do not have a long-term illness, disability or medical condition
- Yes
- No

44. Thinking about last week.....

	Extremely/Always	Very/Very often	Moderately/Quite often	Slightly/Seldom	Not at all/Never
a. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.

45. 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

46. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stepfather (or mother's boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stepmother (or father's girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Elder brother (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elder sister (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Friends of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Friends of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. 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"/>

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

	Don't have/see father/guardian	He doesn't know anything	He knows a little	He knows a lot
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. 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

50. 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

51. How many days a week do you usually spend time with friends right after school?

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

52. How many evenings per week do you usually spend out with your friends?

- 0 evenings
- 1
- 2
- 3
- 4
- 5
- 6
- 7 evenings

53. 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

54. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- Very good
- Good
- Average
- Below average

55. 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

56. 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"/>

57. 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.

58. 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

59. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was hit, kicked, pushed, shoved around, or locked indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was bullied with mean names and comments about my race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was bullied with mean names and comments about my religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students made sexual jokes, comments, or gestures to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was bullied using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. 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

61. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I spread false rumors about another student(s) and tried to make others dislike him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I bullied another student(s) with mean names and comments about his or her race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I bullied another student(s) with mean names and comments about his or her religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I made sexual jokes, comments, or gestures to another student(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I bullied another student(s) using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. 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

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

- No
- Yes

64. 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

65. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Liquor/Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other drink that contains alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drunk alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. 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

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

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

69. 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

70. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. **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

72. **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

73. Were you born in the United States?
 Yes
 No

74. Which country was your mother born?

Don't know

75. Which country was your father born?

Don't know

76. What language do you most often speak at home?

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!