



2009–10 Generation Health Study Survey

Public reporting burden for this collection of information is estimated to average 35 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 (####-####). Do not return the completed form to this address.

This survey asks about your health. You were selected to participate in an ongoing study of health in U.S. adolescents and young adults. The information you give will be used to improve the health of students like you.

This survey is confidential; what you say on this survey will not be revealed to anyone else. DO NOT write your name anywhere on this survey booklet. You will be identified by a special ID number. Your answers will be read by computer.

Answer the questions based on what you really do, think, and feel. Completing the survey is voluntary and you should have indicated your interest in participating in this study by signing a consent form. If you DID NOT SIGN a consent form, please return the form without completing it.

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 11, 12, 13, 34, 56, 57 and 69 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 “Mark one circle on each line” as shown here:

EXAMPLE: How often do you do each of the following: (Mark 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"/>



1. 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

2. Do you have a computer, games console, or television in the room where you sleep?
 No Yes

3. About how many hours a day do you usually use a computer or cell phone for chatting on-line, internet, emailing, tweeting or for something similar (other than school work) during 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

4. About how many hours a day do you usually use a DVD player or 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

Different people have different reasons for deciding how much time they spend doing things. We want to know how true each of these reasons is for you.

5. The amount of free time I spend watching TV and videos, playing video games, and using computers is because: (Please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all True** and 7 means **Very True**.)

	Not at all true		Somewhat True			Very True	
	1	2	3	4	5	6	7
a. It is a choice I really want to make for myself	<input type="radio"/>						
b. I enjoy it	<input type="radio"/>						
c. It is something my friends approve of	<input type="radio"/>						
d. I feel pressured to do it	<input type="radio"/>						
e. It is personally important to me	<input type="radio"/>						
f. I have the opportunity or it is part of how my day is structured	<input type="radio"/>						

6. How many computers does your family own?

- None Two
- One More than two

7. Do you have your own bedroom for yourself?

- No Yes

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

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

9. 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

10. What do you consider your ethnicity to be?

- Hispanic or Latino Not Hispanic or Latino

11. 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

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.

12. Please answer this question for the home where you live all or most of the time and 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 write 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 _____ How many _____
 brothers? sisters?

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

- No - GO TO QUESTION 14
- 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 write 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 _____ How many _____
 brothers? sisters?

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

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

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.

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

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

Vigorous physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

For the next two questions, add up all the time you spent in vigorous physical activity each day.

16. How OFTEN do you usually engage in vigorous physical activity 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

17. How many HOURS a week do you usually engage in vigorous physical activity 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

18. Think about the last seven days. How often did you do each of these when making plans for vigorous physical activity? (Please mark one circle for each line)

	Very often	Often	Sometimes	Seldom	Not at all
a. I planned when to exercise	<input type="radio"/>				
b. I planned how often to exercise	<input type="radio"/>				
c. I planned where to exercise	<input type="radio"/>				

19. In **THE PAST WEEK**, how many times did you take a walk outside including walking the dog and walks for exercise? (Please write in the number of times)

WALKS OUTSIDE _____

Don't know

And in **THE PAST WEEK**, how much total time did you spend walking? Please write in the number. For example, if you walked for a total of 1 hour and 45 minutes in the past week you would enter:

HOURS 1 MINUTES 45

HOURS _____ MINUTES _____

Don't know

20. In **THE PAST WEEK**, how many times did you ride a bicycle outside including bicycling for exercise? (Please write in the number of times)

BIKE RIDES _____

Don't know

And in **THE PAST WEEK**, how much total time did you spend biking? Please write in the number. For example, if you biked for a total of 1 hour and 45 minutes in the past week you would enter:

HOURS 1 MINUTES 45

HOURS _____ MINUTES _____

Don't know

21. 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

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

- Walking
- Bicycle
- Bus, train, subway, metro, streetcar, or boat
- Car, motorcycle, moped, or motorized scooter
- Other means

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

- Walking
- Bicycle
- Bus, train, subway, metro, streetcar, or boat
- Car, motorcycle, moped or motorized scooter
- Other means

Different people have different reasons for deciding whether or not to do things. We want to know how true each of these reasons is for you.

24. When I am physically active for at least one hour it is because: (Please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all True** and 7 means **Very True**.)

	Not at all true		Somewhat True			Very True	
	1	2	3	4	5	6	7
a. It is a choice I really want to make for myself	<input type="radio"/>						
b. I enjoy it	<input type="radio"/>						
c. My parents, other family members, or friends tell me to do it	<input type="radio"/>						
d. I feel pressured to do it	<input type="radio"/>						
e. It is personally important to me	<input type="radio"/>						
f. I am required to do it	<input type="radio"/>						

25. On days that you go to school, work, or similar activities, what time do you usually wake up?

_____ hour, _____ minute, AM / PM

On those days, what time do you usually go to sleep the night or day before?

_____ hour, _____ minute, AM / PM

26. On days that you don't have to get up at a certain time, what time do you usually wake up?

_____hour, _____minute, AM / PM

On those days, what time do you usually go to sleep the night or day before?

_____hour, _____minute, AM / PM

27. Over the past four weeks:

How often did you have trouble falling asleep?

(Please mark one circle only)

- Never in the past 4 weeks
- Less than once a week
- 1 or 2 times a week
- 3 or 4 times a week
- 5 or more times a week

How often did you have trouble staying asleep through the night? For example, you woke up several times at night or woke up earlier than you planned to? (Please mark one circle only)

- Never in the past 4 weeks
- Less than once a week
- 1 or 2 times a week
- 3 or 4 times a week
- 5 or more times a week

28. Based on what you have noticed or what others have told you, are there times when you snore or you stop breathing during your sleep?

- Yes
- No

29. 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 _____ Weekend _____ 0

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> I never have breakfast during weekdays <input type="radio"/> One day <input type="radio"/> Two days <input type="radio"/> Three days <input type="radio"/> Four days <input type="radio"/> Five days | <ul style="list-style-type: none"> <input type="radio"/> I never have breakfast during the weekend <input type="radio"/> I usually have breakfast on only one day of the weekend (Saturday OR Sunday) <input type="radio"/> I usually have breakfast on both weekend days (Saturday AND Sunday) |
|---|--|

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

30. During the past 7 days, how many times did you...? (Please mark one circle for each line)

	4 or more times per day	3 times per day	2 times per day	1 time per day	4 to 6 times	1 to 3 times	Never
a. Drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eat fruit ? (Do not count fruit juice.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Eat green salad ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Eat potatoes ? (Do not count french fries, fried potatoes, or potato chips.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eat carrots ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Eat other vegetables ? (Do not count green salad, potatoes, or carrots.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Drink a can, bottle, or glass of soda or pop , such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Drink a glass of milk ? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Different people have different reasons for deciding whether or not to do things. We want to know how true each of these reasons is for you.

31. I eat the way I do most days because: (Please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all True** and 7 means **Very True**.)

	Not at all true	1	2	3	Somewhat True	4	5	6	Very True	7
a. It is a choice I really want to make for myself	<input type="radio"/>									
b. It makes me feel good	<input type="radio"/>									
c. It is influenced by whether other people would be mad at me	<input type="radio"/>									
d. I feel pressured to	<input type="radio"/>									
e. It is personally important to me	<input type="radio"/>									
f. It is what is easily available to eat	<input type="radio"/>									

32. (Please mark one circle for each line)

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
a. How often do you have breakfast together with your mother (or stepmother) or father (or stepfather)?	<input type="radio"/>					
b. How often do you have an evening meal together with your mother (or stepmother) or father (or stepfather)?	<input type="radio"/>					
c. How often do you watch television during a meal at home?	<input type="radio"/>					
d. How often do you have a meal with friends outside of school?	<input type="radio"/>					

33. 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

34. Where do you usually eat your hot meal on schooldays? (If you eat 2 hot meals a day, you may mark 2 circles)

- 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 hot meal

35. 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"/>					
b. Work or play on a computer or games console?	<input type="radio"/>					

36. 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

37. When did you last weigh yourself?

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

38. 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

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

If you don't know how much you weigh (within a few pounds), mark this circle

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 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"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

40. How tall are you without shoes?

If you don't know how tall you are (within an inch or two), mark this circle

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

41. 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

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

- Excellent
- Good
- Fair
- Poor

43. 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

44. 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	About every week	More than once a week	About every day
a. Headache	<input type="radio"/>				
b. Stomach-ache	<input type="radio"/>				
c. Back ache	<input type="radio"/>				
d. Feeling low	<input type="radio"/>				
e. Irritability or bad temper	<input type="radio"/>				
f. Feeling nervous	<input type="radio"/>				
g. Difficulties in getting to sleep	<input type="radio"/>				
h. Feeling dizzy	<input type="radio"/>				

45. 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. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, what? _____

46. 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?

Yes. If yes, please write what they are.

No

47. 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

If yes, please write what it is: _____

48. 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

49. Think about how you have been feeling over the last 30 days. How often...? (Please mark one circle for each line)

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

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)

	Don't have or see this person	Very difficult	Difficult	Easy	Very easy
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. Brother(s) or sister(s)	<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...? (Please mark one circle for each line)

	Don't have/see mother/guardian	She doesn't know anything	She knows a little	She 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"/>

52. How much does your father (or male guardian) really know about...? (Please mark one circle for each line)

	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"/>

53. How often do your parents/guardians encourage you to..... (Please mark one circle for each line on a scale from 1 to 7 where 1 means **Rarely/never** and 7 means **Frequently**.)

	Rarely/ Never		Occasionally			Frequently	
	1	2	3	4	5	6	7
a. Get daily physical activity and/or exercise?	<input type="radio"/>						
b. Eat a healthful diet (including fruits & vegetables, and limiting junk food, sweets & fatty foods)?	<input type="radio"/>						
c. Limit your time watching TV and videos, playing video games, or using the computer?	<input type="radio"/>						
d. Not use alcohol	<input type="radio"/>						
e. Not smoke cigarettes	<input type="radio"/>						
f. Not use marijuana	<input type="radio"/>						
g. Not physically hurt or threaten to hurt a romantic partner	<input type="radio"/>						
h. Not swear at, insult, call names, and/or treat disrespectfully a romantic partner	<input type="radio"/>						

54. How important is it to your parents/guardians that you ... (Please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all** and 7 means **Extremely**.)

	Not at all		Somewhat			Extremely	
	1	2	3	4	5	6	7
a. Get daily physical activity and/or exercise?	<input type="radio"/>						
b. Eat a healthful diet (including fruits & vegetables, and limiting junk food, sweets & fatty foods)?	<input type="radio"/>						
c. Limit your time watching TV and videos, playing video games, or using the computer?	<input type="radio"/>						
d. Not use alcohol	<input type="radio"/>						
e. Not smoke cigarettes	<input type="radio"/>						
f. Not use marijuana	<input type="radio"/>						
g. Not physically hurt or threaten to hurt a romantic partner	<input type="radio"/>						
h. Not swear at, insult, call names, and/or treat disrespectfully a romantic partner	<input type="radio"/>						

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

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

56. Think of your closest male friends. List up to five of your closest male friends. List your best male friend first, then your next best friend, and so on. Include boys who are friends and boyfriends.

Their initial, first name or nick name					
What grade are they in?					
<i>Please mark the circle under the name if:</i>					
a. You went to his house in the last seven days when a parent was present.	<input type="radio"/>				
b. You went to his house in the last seven days without a parent present.	<input type="radio"/>				
c. He came to your house in the last seven days when a parent was present.	<input type="radio"/>				
d. He came to your house in the last seven days without a parent present.	<input type="radio"/>				
e. You met him after school to hang out or go somewhere in the last seven days.	<input type="radio"/>				
f. You spent time with him last weekend.	<input type="radio"/>				
g. You talked with him about a problem in the last seven days.	<input type="radio"/>				
h. You talked with him on the telephone in the last seven days.	<input type="radio"/>				
i. You emailed, text messaged, or twittered him in the last seven days.	<input type="radio"/>				
j. He is linked through your online network profile ('friend' on Facebook, 'follower' on Twitter).	<input type="radio"/>				

56. Continued...

Please re-enter the same names and grades:

Their initial, first name or nick name					
What grade are they in?					
<i>Please mark the circle under the name if:</i>					
k. You are linked through his online network profile ('friend' on Facebook, 'follower' on Twitter).	<input type="radio"/>				
l. You exercised or played sports with him in the last seven days.	<input type="radio"/>				
m. You ate a meal with him in the last seven days.	<input type="radio"/>				
n. You played computer games with him in the last seven days.	<input type="radio"/>				
o. You watched television or videos/ DVDs with him in the last 7 days.	<input type="radio"/>				
p. You smoked with him in the last 30 days.	<input type="radio"/>				
q. You drank alcohol with him in the last 30 days.	<input type="radio"/>				
r. You got drunk with him in the last 30 days.	<input type="radio"/>				

57. Think of your closest female friends. List up to five of your closest female friends. List your best female friend first, then your next best friend, and so on. Include girls who are friends and girlfriends.

Their initial, first name or nick name

What grade are they in?

Please mark the circle under the name if:

a. You went to her house in the last seven days when a parent was present.	<input type="radio"/>				
b. You went to her house in the last seven days without a parent present.	<input type="radio"/>				
c. She came to your house in the last seven days when a parent was present.	<input type="radio"/>				
d. She came to your house in the last seven days without a parent present.	<input type="radio"/>				
e. You met her after school to hang out or go somewhere in the last seven days.	<input type="radio"/>				
f. You spent time with her last weekend.	<input type="radio"/>				
g. You talked with her about a problem in the last seven days.	<input type="radio"/>				
h. You talked with her on the telephone in the last seven days.	<input type="radio"/>				
i. You emailed, text messaged, or twittered her in the last seven days.	<input type="radio"/>				
j. She is linked through your online network profile ('friend' on Facebook, 'follower' on Twitter).	<input type="radio"/>				

57. Continued...

Please re-enter the same names and grades:

Their initial, first name or nick name

What grade are they in?

Please mark the circle under the name if:

k. You are linked through her online network profile ('friend' on Facebook, 'follower' on Twitter).	<input type="radio"/>				
l. You exercised or played sports with her in the last seven days.	<input type="radio"/>				
m. You ate a meal with her in the last seven days.	<input type="radio"/>				
n. You played computer games with her in the last seven days.	<input type="radio"/>				
o. You watched television or videos/ DVDs with her in the last 7 days.	<input type="radio"/>				
p. You smoked with her in the last 30 days.	<input type="radio"/>				
q. You drank alcohol with her in the last 30 days.	<input type="radio"/>				
r. You got drunk with her in the last 30 days.	<input type="radio"/>				

58. Think of your closest male friend, your closest female friend, your 5 closest friends, and the general group of friends and classmates that you spend time with. For each answer on a five-point scale: How often they do each of these things.

1 = never; 2 = almost never; 3 = sometimes; 4 = often; 5 = almost always

Please mark one circle per friend:

	Closest male friend	Closest female friend	Five closest friends	Friends & classmates
a. Get vigorous physical activity at least 3 times a week	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
b. Drink soda	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
c. Drink alcohol	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
d. Get drunk	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
e. Smoke cigarettes	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
f. Smoke/use marijuana	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
g. Take other drugs	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
h. Play computer games at least 2 hours every day	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
i. Watch TV at least 2 hours every day	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
j. Spend free time with you in the afternoons or evenings hanging out without adults around	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

59. 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

60. 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

Now we are going to ask you questions about romantic relationship partners. If you have never had a boyfriend or girlfriend, or a romantic relationship, please skip to question 62.

61. During any of your romantic relationships in the last 12 months, did any of your boyfriends/girlfriends do any of the following:

- | | <u>Don't</u> | | |
|--|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>know</u> |
| a. Did he/she call you names, insult you, or treat you disrespectfully in front of others? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did he/she swear at you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Did he/she threaten you with violence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Did he/she push or shove you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did he/she throw something at you that could hurt you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

61b. During any of your romantic relationships in the last 12 months, did you do any of the following to any of your boyfriends/girlfriends:

- | | <u>Don't</u> | | |
|---|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>know</u> |
| a. Did you call him/her names, insult them, or treat them disrespectfully in front of others? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did you swear at him/her? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Did you threaten him/her with violence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Did you push or shove him/her? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did you throw something at him/her that could hurt him/her? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Different people have different reasons for deciding whether or not to do things. We want to know how true each of these reasons is for you.

(For the next two (2) questions, please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all True** and 7 means **Very True**.)

62. If I ever physically hurt or threaten to hurt a romantic partner it is or would be because:

- | | Not at
all true | | Somewhat
True | | | Very
True | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| a. It is a choice I really want to make for myself | <input type="radio"/> |
| b. It makes me feel good | <input type="radio"/> |
| c. My friends will like me better | <input type="radio"/> |
| d. I feel pressured to | <input type="radio"/> |
| e. It is personally important to me | <input type="radio"/> |
| f. My partner lets me | <input type="radio"/> |

63. If I ever swear at, call names, insult, and/or treat disrespectfully a romantic partner it is or would be because:

- | | Not at
all true | | Somewhat
True | | | Very
True | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| a. It is a choice I really want to make for myself | <input type="radio"/> |
| b. It makes me feel good | <input type="radio"/> |
| c. My friends will like me better | <input type="radio"/> |
| d. I feel pressured to | <input type="radio"/> |
| e. It is personally important to me | <input type="radio"/> |
| f. My partner lets me | <input type="radio"/> |

64. At present, how often do you drink anything alcoholic, such as beer, wine, or hard liquor like vodka or rum? Throughout these questions, by a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Please do not include any time when you only had a sip or two from a drink. (Please mark one circle for each line)

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

65. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. (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 blank how old you were)
- b. Drink 5 or more drinks on a single occasion Never I was _____ years old
(write in blank how old you were)
- c. Get drunk Never I was _____ years old
(write in blank how old you were)

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)

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

67. Think back again over the LAST 30 DAYS. If you are a boy, how many times (if any) have you had five or more drinks in a row on an occasion? If you are a girl, how many times (if any) have you had four or more drinks in a row on an occasion.

- None
 1
 2
 3-5
 6-9
 10 or more times

68. Think back again over the LAST 30 DAYS. If you are a boy, how many times (if any) have you had five or more drinks in a row within two hours? If you are a girl, how many times (if any) have you had four or more drinks in a row within two hours?

- None
 1
 2
 3-5
 6-9
 10 or more times

69. Think of the last time you drank alcohol. Where were you when you drank? (Please mark all that apply)

- I never drink alcohol
 At home
 At someone else's home
 Out on the street, in a park, beach or other open area
 At a bar or a pub
 In a club
 In a restaurant
 Other places (please describe)
-

Different people have different reasons for deciding whether or not to do things. We want to know how true each of these reasons is for you.

For the next three (3) questions, please mark one circle for each line on a scale from 1 to 7 where 1 means **Not at all True** and 7 means **Very True**.

70. I decide whether or not to smoke tobacco because:

	Not at all true		Somewhat True			Very True	
	1	2	3	4	5	6	7
a. It is a choice I really want to make for myself	<input type="radio"/>						
b. It makes me feel good	<input type="radio"/>						
c. My friends will like me better	<input type="radio"/>						
d. I feel pressured to	<input type="radio"/>						
e. It is personally important to me	<input type="radio"/>						
f. It depends on how easily I can get it	<input type="radio"/>						

71. I decide whether or not to drink alcohol because:

	Not at all true		Somewhat True			Very True	
	1	2	3	4	5	6	7
a. It is a choice I really want to make for myself	<input type="radio"/>						
b. It makes me feel good	<input type="radio"/>						
c. My friends will like me better	<input type="radio"/>						
d. I feel pressured to	<input type="radio"/>						
e. It is personally important to me	<input type="radio"/>						
f. It depends on how easily I can get it	<input type="radio"/>						

72. I decide whether or not to smoke marijuana because:

	Not at all true		Somewhat True			Very True	
	1	2	3	4	5	6	7
a. It is a choice I really want to make for myself	<input type="radio"/>						
b. It makes me feel good	<input type="radio"/>						
c. My friends will like me better	<input type="radio"/>						
d. I feel pressured to	<input type="radio"/>						
e. It is personally important to me	<input type="radio"/>						
f. It depends on how easily I can get it	<input type="radio"/>						

73. Have you ever taken one or several of these drugs in the last 12 months? (Please mark one circle for each line)

	40 times or more						
	20-39 times						
	10-19 times						
	6-9 times						
	3-5 times						
	Once or twice						
	Never						
a. Marijuana	<input type="radio"/>						
b. Ecstasy	<input type="radio"/>						
c. Amphetamines (meth, ice, glass, speed)	<input type="radio"/>						
d. Opiates (heroin, morphine, smack)	<input type="radio"/>						
e. Medication to get high	<input type="radio"/>						
f. Cocaine	<input type="radio"/>						
g. Glue or solvents	<input type="radio"/>						
h. Baltok	<input type="radio"/>						
i. LSD	<input type="radio"/>						
j. Anabolic steroids	<input type="radio"/>						
k. Other drug. Which one?	<input type="radio"/>						

74. Do you have a driver's license?
- No license [skip to Question 82]
 - Learner's permit [skip to Question 82]
 - Provisional license to drive with adult supervision
 - Full license allowing independent, unsupervised driving

75. How much of the time during the past 30 days have you had access to a vehicle?
- None
 - Some
 - Most
 - All

For questions 76, 78, 79 and 80, please fill in the number of days from 0 to 30. For question 77, please fill in the number of miles in whole numbers.

76. On how many of the last 30 days did you drive a vehicle? _____

77. On average, about how many miles did you drive each day you drove? _____

78. On how many days in the past month have you driven with 2 or more passengers in the vehicle? _____

79. On how many days in the past month have you done the following while driving?

- a. Taken incoming call from wireless phone _____
- b. Made outgoing call from wireless phone _____
- c. Changed radio station _____
- d. Changed music on an MP3, CD or other device _____
- e. Read text messages _____
- f. Sent text messages _____
- g. Drank or eaten _____
- h. Used a navigation system _____
- i. Looked at maps or directions while driving _____

80. On how many days in the past month have you done the following while driving?

- a. Exceeded the speed limit in residential or school zones? _____
- b. Gone 10 -19 miles per hour over the speed limit? _____
- c. Gone 20 or more miles per hour over the speed limit? _____
- d. Purposely tailgated or followed another vehicle very closely? _____
- e. Switched lanes to weave through slower traffic? _____
- f. Changed lanes with very little room between vehicles? _____
- g. Cut in front of a vehicle to turn? _____
- h. Pulled out into traffic without waiting for a large space between vehicles? _____
- i. Made an illegal U-turn? _____
- j. Gone through an intersection when the light was yellow or just turning yellow? _____
- k. Gone through an intersection when the light was red or just turning red? _____
- l. Gone through a stop sign without stopping completely? _____
- m. Changed lanes without signaling? _____
- n. Playing the radio very loudly? _____
- o. Raced another vehicle, even just for a short distance? _____
- p. Reading, grooming, or engaging in similar activities? _____
- q. Drove in a way to show off to other people? _____
- r. Not wear a seat belt? _____
- s. Drove when sleepy or drowsy? _____
- t. Drove after midnight? _____
- u. Drove after drinking alcohol or using illegal drugs? _____

81. During the past year, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

82. How often do you wear a seat belt when riding in a vehicle driven by someone else?

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

83. During the past year, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

84. In the last year, have you been involved in a motor vehicle accident?

- Yes
- No

If so, was anyone injured when you were riding in a car driven by someone who had been drinking alcohol?

- Yes
- No

Was anyone injured when you were driving a car when you had been drinking alcohol?

- Yes
- No

85. Which of the following best describes your current health insurance situation?

- You have no health insurance
- You are covered by your parent's insurance
- You get insurance through school
- You buy private insurance yourself
- You get insurance through work
- You are on Medicaid
- You are covered through the Indian Health Service
- You do not know what your health insurance is
- Other _____

86. Has there been any time in the past 12 months when you thought you should get medical care, but you did not?

- Yes
- No

(if yes go to 87, if no skip to 88)

87. What kept you from seeing a health professional when you really needed to?

- Didn't know whom to go see
- Had no transportation
- No one available to go along
- Parent or guardian would not go
- Didn't want parents to know
- Difficult to make appointment
- Afraid of what the doctor would say or do
- Thought the problem would go away
- Couldn't pay
- Other _____

88. In the past 12 months, did a health problem get worse because you did not get care when you thought you should?

- Yes
- No

89. Where do you usually go when you are sick or need health care?

- Never get sick or need health care
- Hospital-based clinic
- Hospital emergency room
- Community health center or clinic
- Health maintenance organization (HMO)
- Private doctor's office
- School or college clinic
- Military hospital or clinic
- Clinic at work
- Some other place

90. How long ago did you last have a routine check-up?

- Within the past 3 months
- 4 to 6 months ago
- 7 to 9 months ago
- 10 to 12 months ago
- Longer than 1 year ago but less than 2 years ago
- 2 years ago or longer
- Never

91. At your last physical examination by a doctor or nurse...

a. Were you asked:

- whether you drink alcohol? Yes No
- whether you smoke? Yes No
- whether you use drugs? Yes No
- whether you exercise? Yes No
- nutrition questions? Yes No

b. Were you given advice about the risks associated with

- drinking? Yes No
- smoking? Yes No
- using drugs? Yes No
- not exercising? Yes No
- a poor diet? Yes No

c. Were you given advice about

- reducing or stopping drinking? Yes No
- reducing or stopping smoking? Yes No
- reducing or stopping using drugs? Yes No
- increasing physical activity? Yes No
- improving your diet? Yes No

92. In the past 12 months have you had a dental examination by a dentist or dental hygienist?

- Yes No

If no, how long ago did you last have a dental examination by a dentist or hygienist?

- Longer than 1 year ago but less than 2 years ago
- 2 years ago or longer
- Never

93. In what country were you born?

- United States
 Other _____

94. How old were you when you first moved to the United States?

- I was born in the United States
- Less than 1 year old
- 1-5 years old
- 6-10 years old
- 11-15 years old
- 16 years old or older
- I don't know

95. Where was your mother born?

- United States Other I don't know

96. Where was your father born?

- United States Other I don't know

97. Where were your grandparents born?

- All in the United States
- Some of them in the United States
- None of them in the United States

98. In your home, do you speak...

- Only English
- Mostly English
- English and another language equally
- Mostly another language
- Only another language

99. With your friends, do you speak...

- Only English
- Mostly English
- English and another language equally
- Mostly another language
- Only another language

100.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

101.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

NEXT Survey Administration Guide

Step 1 - Using the classroom roster, verify with the teacher that all assembled students have parental permission. Do this before the class session starts.

Step 2 - Be sure the students are seated and their desks are cleared of papers. Ask students to spread out desks if necessary. DO NOT distribute any materials, including the survey booklets.

Step 3- Team should distribute survey booklets, envelopes and pencils by calling student names. Have at least two members of the team call names and distribute materials.

Step 4 - Team Leader should introduce the survey to the class.

Good (Morning/ Afternoon). My name is _____ and I'd like to thank each of you for agreeing to participate in the NEXT Generation Health Study. I'd also like to introduce _____ and _____ who will be working with you today. The purpose of this study is to learn more about things that affect your health. We are working with thousands of young people throughout the U.S. The information you give will be used to develop programs for young people like yourself and provide better health services.

It is important to know that your answers will be kept private and will not be seen by your parents or teachers. Also, to protect your privacy, please DO NOT write your name anywhere on the survey booklet, either.

This is not a test -- there are no "right or wrong" answers. Answer the questions based on what you really do, think, and feel. You do not have to answer any questions that make you feel uncomfortable. Whether or not

you answer the questions will not affect your grade in this class. Please, do not talk to each other until everyone has finished.

Let's go over the instructions on the first page of the Survey. **[Read aloud only the bulleted instructions on cover. After reading instructions, say:].**

When you are finished, look over your survey booklet to make sure that you haven't skipped any questions. Raise your hand and let us know when you are done. We will ask you to bring your completed survey to us. We will quickly check to see if you missed a question or perhaps filled in two circles on the same question by mistake. Then you will put the survey in the envelope, seal it, and place it in this Federal Express Pak. When everyone is done, I will seal the Pak and send it to our office in Washington, D.C.

Are there any questions? Turn to page 2 and begin.

Step 5 - Check each survey for completeness.

- **If a question is skipped, ask the student if the question was skipped on purpose. If not, give student the opportunity to complete.**
- **If more than one circle is filled in, ask student to pick one answer.**
- **Make sure HEIGHT and WEIGHT is entered correctly.**
- **Make sure the student has not written a name anywhere on the survey booklet or envelope.**
- **Have student seal the survey in envelope and place in the FedEx Pak.**
- **Thank the student.**
- **Ask student to return to seat and remain quiet until all are students are completed.**

Step 6 - Thank class for participating. Thank teacher for help. Continue with plan to complete height, weight, and waist circumference measurements.