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Health Risk Behavior Survey

**HEALTH AND HEALTH
RISK BEHAVIOR
QUESTIONNAIRE: CHILD**
High School Version

TABLE OF CONTENTS

I. Injury..... 1
 II. Rule Breaking 5
 III. Tobacco/Alcohol/Drug Use 6
 IV. Physical Activity..... 10
 V. Eating.....12
 VI. Sleep Behavior.....12
 VII. School Performance.....13
 VIII. Communication.....13

I. Injury

The next questions ask about serious injuries that you had in the past year. We want to know about serious injuries that stopped you from doing things like playing, or that made you need to see a doctor, like a broken bone or a cut that required stitches.

1. How many times were you injured in the past 12 months?

2. In the past twelve months, have you had any of the following injuries? (Check all that apply).

2A. An injury related to playing or having fun (for example, while playing on a bicycle or skateboard)?

- Yes
- No

2B. A burn or scald?

- Yes
- No

2C. A broken bone?

- Yes
- No

2D. An animal bite?

- Yes
- No

2E. A poison related injury?

- Yes
- No

2F. A cut or pierce that required stitches?

- Yes
- No

2G. An injury caused by something like a tool or machine?

- Yes
- No

3. Do you have a drivers license or beginners permit?

- I do not drive
- I am currently learning to drive
- Beginners permit
- Conditional/restricted license
- Drivers license:
Received Year: _____
Month _____

4. Do you have a car of your own?

- I do not drive
- I share a car
- I have a car of my own

5. How frequently do you drive a car?

- I do not drive
- Daily
- Several times a week
- Once a week or less

6. During the past 30 days, how many times did you drive or ride in a car or other vehicle with more than one of your friends?

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

7. How often do you wear a seatbelt when riding in a car?

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

8. During the past year, how many of the following situations have applied to you while riding in a car with other teens or young adults?

- I did not ride in a car with other teens or young adults
- Music was loud
- Driver used a cell phone to talk
- Driver sent a text message or handled a personal electronic device
- Driver was angry or upset
- Driver was very tired
- Driver smoked a cigarette
- Driver drank alcohol or used drugs and then drove
- Driver put on makeup
- Driver was eating while driving
- Driver raced with others
- Driver broke driving rules
- Passengers were dancing or singing
- Passengers were acting wild
- Passengers had been drinking alcohol
- Passengers had used other drugs
- Passengers were asking driver to speed or break driving rules

If you drive, please mark how often the following has been true to you during the past year:

	I do not drive	Never	Rarely	Sometimes	Most of the time	Always
9. I wear my seatbelt when I drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I drive when I feel angry or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I played loud music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I drive when I am very tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I drink alcohol or use drugs and then I drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I talk on a cell phone when I drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I send a text message or handle a personal electronic device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I drive and smoke a cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I drive more than 10 miles over the speed limit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I play loud music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I race another car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I put on makeup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I eat food while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Passengers were dancing or singing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Passengers were acting wild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Passengers had been drinking or using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Passengers had been using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Passengers asked me to speed or break driving rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

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

28. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I do not drive
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

29. In the past 12 months, how many crashes have you been in as a driver

- I do not drive
- 0
- 1
- 2 or more

30. In your lifetime, how many crashes have you been in as a driver where someone had to see a doctor and a nurse?

- I do not drive
- 0
- 1
- 2 or more

31. In the past 12 months, how many crashes have you been in as a passenger

- I do not drive
- 0
- 1
- 2 or more

32. In your lifetime, how many crashes have you been in as a passenger where someone had to see a doctor and a nurse?

- I do not drive
- 0
- 1
- 2 or more

33. Have you ever been stopped by the police when driving?

- I do not drive
- Yes
- No

34. Have you ever been given a ticket for a driving violation?

- I do not drive
- Yes
- No

35. Do your parents have rules you must follow about driving or riding in cars (for example, where and when to drive, who may ride with you, consequences for rule-breaking, etc.)?

- Yes
- No

36. How often do you cross the street or run out into the street without checking for cars?

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

37. How often do you do dangerous things like jumping off high places?

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

38. When you ride a bicycle, how often do you wear a helmet?

- I do not ride a bicycle
- Never
- Rarely
- Sometimes
- Most of the time
- Always

39. When you roller blade or ride a skateboard, how often do you wear protective gear such as a helmet, wrist guards, or knee pads?

- I do not roller blade or ride a skateboard
- Never
- Rarely
- Sometimes
- Most of the time
- Always

40. In the past 12 months, have you carried a weapon, such as a gun, knife, or club on school property?

- Yes
- No

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

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

42. During the past 12 months, how many times were you in a physical fight in which you were hurt and had to be treated by a doctor?

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

43. During the past 12 months, how many times were you in a physical fight on school property?

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

44. Have you ever tried to intentionally hurt yourself?

- Yes
- No

II. Rule Breaking

These next few questions are very sensitive and ask about breaking rules and laws. You can choose not to answer any of these questions. Remember these questions are private and we will not tell your parents how you answer.

45. When was the last time you stole something worth more than \$50?

- Within the past month
- Between 1 month and 6 months ago
- Between 6 months and 1 year ago
- Over 1 year ago
- Never

46. When was the last time you were required to appear in court for something you had done?

- Within the past month
- Between 1 month and 6 months ago
- Between 6 months and 1 year ago
- Over 1 year ago
- Never

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47. When was the last time you were sent to the principal or counselor for disciplinary reasons?

- Within the past month
- Between 1 month and 6 months ago
- Between 6 months and 1 year ago
- Over 1 year ago
- Never

48. When was the last time you were fired from a job?

- Within the past month
- Between 1 month and 6 months
- Between 6 months and 1 year
- Over 1 year ago
- Never

49. If you take medication for ADHD (attention deficit/hyperactivity disorder), do you mostly take it yourself without supervision?

- Yes
- No
- I do not take medication for ADHD

50. If you take medication for ADHD, who tells you to take your medication?

- My parents always remind me
- Most of the time my parents remind me
- Most of the time I do it on my own
- I always remember it on my own
- I do not take medication for ADHD

51. If you take prescription medication for ADHD: In the past 12 months, did you ever give or sell your medication to others?

- Yes
- No
- I do not take medication for ADHD

52. Have you ever taken ADHD medication **that was not prescribed to you by a doctor** in order to study or do well on a test?

- Yes
- No

III. Tobacco/Alcohol/Drug Use

These next few questions are very sensitive and ask you about drug use. You can choose not to answer any of these questions. Remember these questions are private and we will not tell your parents how you answer.

53. Have you ever tried cigarette smoking, even one or two puffs?

- Yes
- No

54. How old were you when you smoked a whole cigarette for the first time?

- I have never smoked a whole cigarette
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15-16 years old
- 17 years old or older

55. Do you currently smoke on a regular basis (at least once per week)?

- Yes
- No

56. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- Yes
- No

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

57. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

58. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

59. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20 or more days

60. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

The next 4 questions ask about marijuana use. Marijuana is also called grass or pot.

61. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 times or more

62. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

63. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

64. During the past 30 days, how many

68. During your life how many times have

times did you use marijuana on school property?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

The next 9 questions ask about other drugs.

65. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

66. During the past 30 days, how many times did you use any form of cocaine including powder, crack, or freebase?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

67. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

72. During your life, how many times have you used a needle to inject any illegal drug into your body?

you used heroin (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

69. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

70. During your life, how many times have you used ecstasy (also called MDMA)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

71. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

77. During the last 3 months, with how many people did you have sexual intercourse?

- 0 times
- 1 time
- 2 or more times

73. During the past 12 months, has anyone offered, sold, or given you any illegal drug on school property?

- Yes
- No

The next 7 questions ask about sexual behavior and are very sensitive. You can choose not to answer any of these questions. Remember these questions are private and we will not tell your parents how you answer.

74. Have you ever had sexual intercourse?

- Yes
- No

75. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 or more years old

76. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the last 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

78. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

79. The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No

80. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy (Select only one)?

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Depo-Provera (injectable birth control)
- Withdrawal
- Some other method
- Not sure

81. How many times have you been pregnant or gotten someone pregnant?

- I have never had sexual intercourse
- 0 times
- 1 time

O 2 or more times

IV. Physical Activity

82. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

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

83. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

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

84. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

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

85. Do your parent(s) limit the amount of time that you spend watching television?

- Yes
- No

86. On an average school day, how many hours do you usually spend reading for fun (books/magazines/newspapers)?

- I do not read for fun on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

87. On an average school day, how many hours do you watch TV (or DVD/videos)?

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

88. On an average school day, how many hours do you listen to music (radio/tapes/CDs/MP3s)?

- I do not listen to music on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

89. On an average school day, how many hours do you play with video or handheld games?

- I do not play with video games on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

90. On an average school day, how many hours do you use a computer for something that is not school work?

- I do not use a computer for something that is not school work on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

91. On an average school day, how many hours do you talk on the phone?

- I do not talk on the phone on an average school day
- Less than 30 minutes per day
- Between 30 minutes and 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 or more hours per day

92. On an average school day, how many hours do you use a cell phone or PDA for things other than talking on the phone, like texting or surfing the web?

- I do not use my cell phone for things other than talking on an average school day
- Less than 30 minutes per day
- Between 30 minutes and 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 or more hours per day

93. On an average school day, how many hours do you spend using social network sites like AIM, yahoo messenger, facebook, twitter, myspace, second life, other?

- I do not use social network sites on an average school day
- Less than 30 minutes per day
- Between 30 minutes and 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 or more hours per day

94. On an average school day, how many hours do you spend reading, writing, or responding to blogs?

- I do not blog on an average school day
- Less than 30 minutes per day
- Between 30 minutes and 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 or more hours per day

95. On an average school day, how many hours do you use more than one type of media at the same time (like music & computer, or TV & reading)?

- I do not use more than one type of media on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

96. Do your parent(s) use internet filters or other methods of parental supervision when you are on the Internet or watching television?

- Yes
- No

97. Do you have access to R-rated movies and videos or mature rated video games?

- Yes
- No

98. Are there family rules about what television programs you are allowed to watch?

- Yes
- No

99. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

100. How often do you participate in organized or team sports? (Include any teams run by your school or community)

- I do not participate in organized sports
- Daily
- Twice a week
- Weekly
- Every other week
- Once a month
- Less than once a month

101. Compared to other children your age, do you consider yourself:

- Much more active than other children
- Somewhat more active than other children
- About as active as other children
- Less active than other children
- Much less active than other children

V. Eating

102. During the past 7 days, how many times did your family eat a meal together?

- Never
- Once
- Twice
- 3 times
- 4 times
- 5 times
- 6 times
- 7 or more times

VI. Sleep Behavior

103. On a typical night, do you have trouble sleeping?

- Yes
- No

104. Do you snore?

- Yes
- No

105. Are you a restless sleeper?

- Yes
- No

106. Do you wake up during the night?

- Yes
- No

107. How many hours of sleep do you get on a typical night?

- More than 8 hours
- 6-8 hours
- 4-5 hours
- Less than 4 hours

108. Are you sleepy during the day?

- Yes
- No

VII. School Performance

109. Has someone from school or a doctor ever told you that you have a learning disability?

- Yes
- No

110. Do you consider yourself an:

- A student
- B student
- C student
- D student
- F student

111. Do you worry about how you are doing right now or in the future?

- Yes
- No

VIII. Communication

112. How much have your parent(s) spoken with you about not smoking?

- Not at all
- Somewhat
- A moderate amount
- A great deal

113. How much have your parent(s) spoken with you about not drinking?

- Not at all
- Somewhat
- A moderate amount
- A great deal

114. How much have your parent(s) spoken with you about not using drugs?

- Not at all
- Somewhat
- A moderate amount
- A great deal
-

115. How much have your parent(s) spoken with you about birth control?

- Not at all
- Somewhat
- A moderate amount
- A great deal
-

116. How much have your parent(s) spoken with you about sexually transmitted diseases?

- Not at all
- Somewhat
- A moderate amount
- A great deal