



## **Attachment 8: Changes to the Wave 7 Survey**

## Summary Table of Noteworthy Changes to the NEXT Survey

<b>Items ADDED to the Wave 7 Survey</b>	
Topic Area (Question number)	Item(s)
Major Area of Study (1)	Your major area of study, concentration or track: _____
Personal Earning (3)	What is your best guess of your personal earnings before taxes for the past year?
Eating habits (47)	In the past 12 months (Never – 4 or more times daily)
	a) I find myself continuing to consume certain foods even though I am no longer hungry.
	b) I worry about cutting down on certain foods.
	c) I feel sluggish or fatigued from overeating.
	d) I have spent time dealing with negative feelings from overeating certain foods, instead of spending time in important activities such as time with family, friends, work, or recreation.
	e) I have had physical withdrawal symptoms such as agitation and anxiety when I cut down or stopped eating certain foods. (Do NOT include withdrawal symptoms caused by cutting down on caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.)
	f) My behavior with respect to food and eating causes significant distress
	g) I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating.
Desired weight (51)	What is your desired (ideal) weight (in pounds)?
Optimism(56)	Please answer the following about yourself by indicating the extent of your agreement (Strongly agree – Strongly disagree)
	a) In uncertain times I usually expect the best.
	b) It is easy for me to relax.
	c) If something can go wrong for me it will.
	d) I am always optimistic about my future.
	e) I enjoy my friends a lot.
	f) It is important for me to keep busy.
	g) I hardly ever expect things to go my way.
	h) I don't get upset easily.
	i) I rarely count on good things happening to me.
	j) Overall, I expect more good things to happen to me than bad.
Life satisfaction (57)	In general, how happy are you with how your life is going? (Very happy – Very unhappy)
Suicide Ideation (66-69)	Have you ever seriously thought about committing suicide? (Yes, No, I don't know)? How old were you the first time this happened _____
	Have you seriously thought about committing suicide in the past 12 months? (Yes, No, I don't know) How old were you the last time this happened? _____
	Are you now having any problems with these suicidal thoughts? (Yes, No, I don't know)
	Have you ever made a plan for committing suicide? (Yes, No, I don't know) How old were you the first time this happened? _____
	Have you ever attempted suicide? (Yes, No, I don't know) How many times have you attempted suicide in your life? _____ How old were you the first

	time this happened? _____? How old were you the last time?
Alcohol Use (84-85)	During the last 12 months, what was the largest number of drinks that you drank in a single day? _____
	About how often in the past 12 months did you drink that amount in a single day? (Every day – 1-2 times in the last year)
Pedestrian Behavior (90)	As a pedestrian, how often to you do the following behaviors? (Never/almost never – Always/almost always)
	a) I cross an intersection diagonally (outside a pedestrian crossing).
	b) I cross outside the pedestrian crossing even if there is one less than 100 feet away.
	c) I cross the street against the pedestrian light (while red or indicates do not walk).
	d) I cross the street while the traffic light for vehicles is green.
	e) I cross the street between parked cars.
	f) I start to cross in a pedestrian crossing and finish crossing diagonally (outside a pedestrian crossing).
	g) I cross between vehicles stopped on the roadway (i.e. traffic jam or at a red light).
	h) I forget to look before crossing because I am thinking about something else.
	i) I forget to look before crossing because I want to join someone on the sidewalk on the other side.
	j) I forget to look before crossing because I am talking with someone.
<b>Items DELETED from Previous Survey</b>	
<b>Topic Area</b>	<b>Item(s)</b>
<b>Motivations for health behaviors</b>	
Sedentary behavior	The amount of free time I spend watching TV and videos, playing video games, and using computers is because:
	<input type="checkbox"/> It fits with the person I am
	<input type="checkbox"/> I enjoy it
	<input type="checkbox"/> It is something my friends approve of
	<input type="checkbox"/> I feel guilty if it do otherwise
	<input type="checkbox"/> It is personally important to me
	<input type="checkbox"/> I have the opportunity or it is part of how my day is structure
Nutrition	I eat the way I do most days is because:
	<input type="checkbox"/> It fits with how I see myself
	<input type="checkbox"/> I enjoy it
	<input type="checkbox"/> My parents, other family members or friends tell me to do it
	<input type="checkbox"/> I feel guilty if I do otherwise
	<input type="checkbox"/> It is personally important to me
	<input type="checkbox"/> I am required to do it
Substance use (each substance was asked separately)	I decide whether or not to smoke tobacco/ drink alcohol/smoke marijuana because:
	<input type="checkbox"/> It is a decision I make on my own
	<input type="checkbox"/> It makes me feel good
	<input type="checkbox"/> My friends will like me better
	<input type="checkbox"/> I feel pressured to
	<input type="checkbox"/> It is personally important to me

	<input type="checkbox"/> It depends on how easily I can get it
<b>Social Influences</b> (asked separately for 3 closest male and 3 closest female friend; Yes, No)	
Relationship quality	You met him/her after school or work to hang out or go somewhere in the last seven days.
	You spent time with him/her last weekend.
	You talked with him about a problem in the last seven days.
	You talked with him on the telephone in the last seven days.
	You ate a meal with him/her in the last seven days.
Social Media	You e-mailed, text messaged or tweeted him/her in the last seven days.
	You and he/she are linked through your online network profile (e.g. "friend on Facebook, "follower" on Twitter).
Physical Activity	You exercised or played sports with him in the last seven days.
Sedentary Behavior	You played computer games with him/her in the last seven days.
	You watched television or videos/DVDs with him/her in the last seven days.
Substance Use	You smoked tobacco with him in the last 30 days.
	You drank alcohol with him/her in the last 30 days.
	You got drunk with him/her in the last 30 days.
<b>Alcohol Use</b>	
Age of initiation of alcohol use	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. I was _____ years old.
	Now think about the first time you drank 5 or more drinks on a single occasion? I was _____ years old.
Frequency of specific alcoholic drinks	At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor, like rum or vodka? (Everyday – Never)
	a) Beer
	b) Wine
	c) Liquor or spirits (for example gin, vodka, )
	d) Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard lemonade
e) Any other drinks that contain alcohol	
<b>Dating Violence</b>	
Sexual attraction orientation	Which of the following best describes your sexual orientation? Attracted to (opposite sex, same sex, both sexes, questioning)
Relationship Characteristics	In the last 12 months, have you had a romantic relationship with anyone? (Yes, No)
	Age of the partner in your most recent romantic relationship _____
	Gender of partner (Male, Female)
	Is this a past or current relationship? (Past, Current)
	How long have you been (or were you) together? _____
	How happy were you in this relationship (Very much – Not at all)
	How important is (was) this relationship to you (Very much – Not at all)
Do you feel your partner was (Very underweight – Very overweight)	
Dating Violence in the last 12 months (Victimization and Perpetration were asked separately)	This person did this to me/I did this to him/her (Never – 10 or more times)
	a) Threatened to hurt me (him/her).
	b) Would not let me (him/her) do things with other people.
	c) Insulted me (him/her) in front of other people.
	d) Hurt my (his/her) feelings on purpose.
e) Said mean things to me (him/her) to make me feel bad about myself.	

	f) Slapped or scratched me (him/her).
	g) Physically twisted my (his/her) arm or bent back my (his/her) fingers.
	h) Pushed, grabbed, shoved, or kicked me (him/her).
	i) Hit me (him/her) with a fist or something else hard.
	j) Assaulted me (him/her) with a knife or gun.
	k) Kissed me (him/her) when I did not want him/her (me) to.
	l) Showed me (him/her) pictures of naked people that I (he/she) did not want to see.
	m) Showed me (him/her) his/her (my) private parts when I (he/she) did not want him/her (me) to.
	n) Put his/her (my) hand on one of my (his/her) private parts when I (he/she) did not want me (him/her) to.
	o) Forced me (him/her) to have sex or do sexual things when I (he/she) did not want to do.
Self-defense	This person hit you/you hit this romantic partner out of self-defense (Never – 10 or more times)
Injury	Because of things this person did to you/you did to them (Never – 10 or more times):
	a) Have you (he/she) been injured (e.g. a bruise, a cut, a burn, a broken bone)?
	b) Have you (he/she) had an injury that had to be treated by a doctor or nurse?