

Massachusetts Youth Health Survey



Sponsored by:

Massachusetts Department of Public Health
and
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Conducted by:

Center for Survey Research
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Before you begin, there are a few important things you need to know.

- Your answers are completely **anonymous**. There are no markings anywhere on the questionnaire that allows you to be identified. Please do not place your name or any other personal information on the questionnaire. Your answers will be combined with other answers for statistical analysis.
- The purpose of the survey is to gather information from school students in Massachusetts about health topics such as the use of tobacco, alcohol and drugs, in and out of school activities, diet and exercise and coping with stress. This information will be used to better understand the concerns and health practices of current students.
- It is important that you answer each question as honestly and accurately as you can.
- If there is any question that you would prefer not to answer, please just skip that question and go on to the next question.
- Your participation is, of course voluntary. If you find the survey upsetting, you may stop answering the questions.
- Answer each question by filling in the circles like this: Incorrect marks: ○ ⊖ Correct mark: ●
You must use a number 2 pencil.
- Arrows (→) will direct you to answer follow-up questions or to skip over certain questions.
- When you are finished with the survey, simply place it in the box located at the front of the class.
- Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you.

Thank you for your time and cooperation

BACKGROUND INFORMATION

1. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Other/Ungraded

2. How old are you?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

3. What is your sex?

- Female
- Male

4. How tall are you without your shoes on?

HEIGHT	
FT.	IN.
	0 0
	1 1
	2
3	3
4	4
5	5
6	6
7	7
	8
	9

5. How much do you weigh without your shoes on?

WEIGHT IN POUNDS	
0	0 0
1	1 1
2	2 2
3	3 3
4	4 4
	5 5
	6 6
	7 7
	8 8
	9 9

6. Are you Hispanic or Latino?

- Yes
- No

7. What is your race?

(Select one or more responses)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

8. How long have you lived in the United States?

- Less than 1 year
- 1 to 3 years
- 4 to 6 years
- More than 6 years, but not my whole life
- I have **always** lived in the United States

9. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

10. In the past 30 days, how often did you miss school?

- Never
- Once or twice
- Three to five times
- Six to ten times
- More than ten times

LIFESTYLE QUESTIONS

11. On an average school day, how many hours are you connected to the Internet, either visiting web sites or chat rooms, using e-mail, or instant messaging with friends?

- 0 hours
- Less than 1 hour
- At least 1 hour but less than 3 hours
- At least 3 hours but less than 6 hours
- At least 6 hours but less than 9 hours
- At least 9 hours

12. **Yesterday, how many times did you eat vegetables?**

DEFINITION:

Count all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes.

Do **NOT** count: French fries, potato chips, or lettuce that is on a sandwich or sub.

- I did not eat vegetables yesterday
- 1 time
- 2 times
- 3 or more times

13. **Yesterday, how many cans or glasses of non-diet soda did you drink?**

DEFINITION:

A non-diet soda is a soda with sugar in it, such as Coke[®], Pepsi[®], Sprite[®], ginger ale, or root beer.

Count a 20-ounce bottle as 2 glasses.

- I did not drink any non-diet soda yesterday
- 1 can or glass
- 2 cans or glasses
- 3 or more cans or glasses

14. **Yesterday, how many cans or glasses of flavored drinks did you have?**

DEFINITION:

Flavored drinks include punch, sports drinks, sweetened ice tea, and other fruit-flavored drinks like Kool Aid[®] and Hawaiian Punch[®].

Do **NOT** count 100% fruit juice.

Count a 20-ounce bottle as 2 glasses.

- I did not drink any flavored drinks yesterday
- 1 can or glass
- 2 cans or glasses
- 3 or more cans or glasses

15. **In the past 12 months, have you ever worked at a job for pay other than babysitting or yard work?**

- Yes
- No **Go to Q17**

16. **In the past 12 months, while you were working for pay, were you ever injured on the job badly enough that you needed to go to a nurse, doctor, or hospital?**

- Yes
- No

17. **Now think about the last 5 days you were at school. On how many days did you walk to school?**

- 0 Days
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days

18. **Now think about the last 5 days you were at school. On how many days did you walk home from school?**

- 0 Days
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days

QUESTIONS ABOUT HOW YOU FEEL

19. **In general, how satisfied are you with your life?**

- Delighted
- Pleased
- Mostly Satisfied
- Mixed Feelings
- Mostly Dissatisfied
- Unhappy
- Terrible

20. **During the past 12 months, how many times did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)**

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 or more times

102. **During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

- Yes
- No

22. **During the past 12 months, how many times did you actually attempt suicide?**

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

23. **During the past 12 months, have you felt you needed to talk to someone other than your family about how you were feeling, how things were going in your life, or problems you might have had?**

- Yes
- No **If NO, go to Question 25**

24. **During the past 12 months, did you talk to any of the following people about things like that?**

	YES	No
a. School psychologist or school counselor	<input type="radio"/>	<input type="radio"/>
b. School nurse	<input type="radio"/>	<input type="radio"/>
c. Psychologist, therapist, or counselor (not in school)	<input type="radio"/>	<input type="radio"/>
d. Caseworker or case manager	<input type="radio"/>	<input type="radio"/>
e. Youth worker	<input type="radio"/>	<input type="radio"/>
f. Priest, minister, rabbi, or other religious leader	<input type="radio"/>	<input type="radio"/>

PERSONAL SAFETY QUESTIONS

25. **Did any of the following happen to you in the past 12 months?**

	YES	No
a. You were bullied, pushed around, or beaten up either in or on your way to or from school	<input type="radio"/>	<input type="radio"/>
b. You were physically hurt (shoved, slapped, or hit) by a date or someone you went out with	<input type="radio"/>	<input type="radio"/>
c. You were physically hurt by someone in your family	<input type="radio"/>	<input type="radio"/>
d. You witnessed violence in your family	<input type="radio"/>	<input type="radio"/>

26. **Did you do any of the following in the past 12 months?**

	YES	No
a. Bullied or pushed around someone	<input type="radio"/>	<input type="radio"/>
b. Initiated or started a physical fight with someone	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT YOUR FAMILY AND PEERS

27. **How often do the people in your family speak a language other than English?**

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

28. **How would your parent(s) react if they found out you regularly drank alcohol. Would they be:**

- Extremely Upset
- Fairly Upset
- A Little Upset
- Not Upset at All

29. Do you think most people your age do the following?

	YES	No
a. Drink alcohol	<input type="radio"/>	<input type="radio"/>
b. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>
c. Smoke marijuana	<input type="radio"/>	<input type="radio"/>
d. Use other illegal drugs	<input type="radio"/>	<input type="radio"/>
e. Bully, threaten, or push around other kids	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT ALCOHOL

Definition: For the following questions, a “drink” means any of the following

- a 12-ounce bottle, can, or glass of beer
- a 4-ounce glass of wine
- a 12-ounce bottle or can of wine cooler, hard lemonade, or hard cider
- a shot of liquor straight or in a mixed drink

30. 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 **If you have NEVER had alcohol, go to Question 36**
- 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

31. 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

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

- 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

33. 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 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

34. There are many different ways to get beer, wine coolers, wine, or liquor. Which of the following are how you get alcohol?

	YES	No
a. I buy it from a supermarket or a convenience store	<input type="radio"/>	<input type="radio"/>
b. I buy it from a liquor store or package store	<input type="radio"/>	<input type="radio"/>
c. I buy it from bars or clubs or restaurants	<input type="radio"/>	<input type="radio"/>
d. I have someone else buy it for me	<input type="radio"/>	<input type="radio"/>
e. I get it through my friends	<input type="radio"/>	<input type="radio"/>
f. I get it at home	<input type="radio"/>	<input type="radio"/>
g. I get it at parties	<input type="radio"/>	<input type="radio"/>

35. During the past 30 days, 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

36. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks in a row?

- No risk
- Slight risk
- Moderate risk
- Great risk

DRUG QUESTIONS

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

Definition: Include blunts and cigars filled with marijuana.

- I have never tried marijuana **If NEVER tried marijuana, go to Question 41**
- 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

38. In the past 30 days, how many times did you use marijuana?

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 or more times

39. 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 or more times

40. In the past 12 months did you ever drive a car or other vehicle when you had been smoking marijuana?

- I do not drive
- Yes
- No

41. How old were you when you first used inhalants?

- I have never used inhalants **If NEVER used inhalants, go to Question 42**
- 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

41a. In the past 30 days, how many times did you use inhalants?

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 or more times

42. During your life, how many times have you used heroin (also called smack, junk, or China White)?

- 0 times **If 0 times, go to Question 43**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

42a. During the past 30 days, how many times have 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

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

- 0 times **If 0 times, go to Question 45**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

43a. In the past 30 days, have you used cocaine?

- Yes
- No

44. In your lifetime, have you ever used crack?

- Yes
- No **If NO, go to Question 45**

44a. In the past 30 days, have you used crack?

- Yes
- No

45. In your lifetime, have you ever taken amphetamines (such as speed, uppers, dexies, and bennies)

- Yes
- No **If NO, go to Question 46**

45a. In the past 30 days, have you taken amphetamines?

- Yes
- No

46. In your lifetime, have you ever used narcotics without a prescription (such as methadone, opium, morphine, and codeine)?

- Yes
- No

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

- 0 times **If 0 times, go to Question 48**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

47a. In the past 30 days, have you used crystal meth?

- Yes
- No

48. During your life, how many times have you used ecstasy (MDMA, also called "E" or "X")?

- 0 times **If 0 times, go to Question 49**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

48a. In the past 30 days, have you used ecstasy (MDMA, also called "E" or "X")?

- Yes
- No

49. In your lifetime, have you ever taken Ritalin without a prescription?

- Yes
- No **If NO, go to Question 50**

49a. In the past 30 days, have you taken Ritalin without a prescription?

- Yes
- No

50. In your lifetime, have you ever taken Oxycontin that was not prescribed for you?

- Yes
- No **If NO, go to Question 51**

50a. In the past 30 days, have you taken Oxycontin that was not prescribed for you?

- Yes
- No

51. In your lifetime, have you ever taken over-the-counter medication to get high?

- Yes
- No **If NO, go to Question 52**

51a. In the past 30 days, have you taken over-the-counter medication to get high?

- Yes
- No

52.

In your lifetime, have you ever taken drugs from prescriptions that weren't your own?

- Yes
- No **If NO, go to Question 53**

52a. In the past 30 days, have you taken drugs from prescriptions that weren't your own?

- Yes
- No

53. Do you think the following would be a serious risk to your health?

	YES	No
a. Smoking marijuana occasionally	<input type="radio"/>	<input type="radio"/>
b. Sniffing or huffing inhalants occasionally	<input type="radio"/>	<input type="radio"/>
c. Occasionally using OxyContin that wasn't prescribed for you	<input type="radio"/>	<input type="radio"/>

54. If you wanted to, how difficult do you think it would be for you to get each of the following?

	VERY EASY	FAIRLY EASY	FAIRLY DIFFICULT	VERY DIFFICULT	IMPOSSIBLE	DON'T KNOW
a. Beer, wine, or other alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Any other drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT TOBACCO

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

- Yes
- No **If you have never smoked or puffed on a cigarette, go to Question 67**

56. About how many cigarettes have you smoked in your entire life?

- 1 or more puffs but never a whole cigarette
- 1 cigarette
- 2 to 5 cigarettes
- 6 to 15 cigarettes (about ½ pack total)
- 16 to 25 cigarettes (about 1 pack total)
- 26 to 99 cigarettes
- (more than 1 pack, but less than 5 packs)
- 100 or more cigarettes
(5 or more packs)

57. 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 or 16 years old
- 17 years old or older

58. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days **If you have not smoked in the past 30 days, go to Question 64**
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

59. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

60. During the past 30 days, how did you usually get your own cigarettes? (CHOOSE ONLY ONE ANSWER)

- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

61. During the past 30 days, where did you buy the last pack of cigarettes you bought? (CHOOSE ONLY ONE ANSWER)

- I did not buy a pack of cigarettes during the past 30 days
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- I bought them over the Internet
- Other

62. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, I was asked to show proof of age
- No, I was not asked to show proof of age

63. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, someone refused to sell me cigarettes because of my age
- No, no one refused to sell me cigarettes because of my age

64. Do you want to stop smoking cigarettes?

- I do not smoke now
- Yes
- No

65. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- I have not smoked in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

66. When was the last time you smoked a cigarette, even one or two puffs?

- Earlier today
- Not today but sometime during the past 7 days
- Not during the past 7 days but sometime during the past 30 days
- Not during the past 30 days but sometime during the past 6 months
- Not during the past 6 months but sometime during the past year
- 1 to 4 years ago
- 5 or more years ago

67. If you wanted to, how difficult do you think it would be for you to get cigarettes?

- Very easy
- Fairly easy
- Fairly difficult
- Very difficult
- Impossible
- Don't know

68. Do you think that you will try a cigarette soon?

- I have already tried smoking cigarettes
- Yes
- No

69. Do you think that you will smoke a cigarette at any time during the next year?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

70. If one of your best friends offered you a cigarette, would you smoke it?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

71. In the past 12 months, how often have your parents or guardians discussed the dangers of tobacco use with you?

- Never
- Rarely
- Sometimes
- Often
- Very often

72. Do you think young people who smoke cigarettes have more friends?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

73. Do you think smoking cigarettes makes young people look cool or fit in?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

74. During this school year, were you taught in

any of your classes about the dangers of tobacco use?

- Yes
- No
- Not sure

75. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?

- Yes
- No
- Not sure

76. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?

- Yes
- No
- I did not know about any activities

77. How many of your four closest friends smoke cigarettes?

- None
- One
- Two
- Three
- Four
- Not sure

78. Does anyone who lives with you now smoke cigarettes?

- Yes
- No

79. Do you think that the smoke from other people's cigarettes is harmful to you?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

80. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

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

81. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

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

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

- Yes
- No If you have never used chewing tobacco, snuff or dip, go to Question 84

83. During the past 30 days₁, on how many days have you used chewing tobacco, snuff, or dip?

- 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

84. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

- Yes
- No **If you have never smoked a cigar, cigarillo, or little cigars, go to Question 86**

85. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- 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

86. Have you ever smoked a Black & Mild, even one or two puffs?

- Yes
- No **If you have never smoked a Black & Mild, go to Question 88**
- I Don't Know

87. During the past 30 days, on how many days did you smoke a Black & Mild?

- 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

QUESTIONS ABOUT ADVERTISING

88. In the past 30 days, have you seen or heard any ads or promotions for alcohol on TV, the internet, the radio, or in newspapers or magazines?

- Yes
- No

89. In the past 30 days, have you seen or heard any anti-alcohol and/or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?

- Yes
- No

90. In the past 30 days, have you seen or heard any anti-smoking messages on TV, the Internet, on the radio, or in newspapers or magazines?

- Yes
- No

HEALTH QUESTIONS

91. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

92. Which of the following best describes you?

- Heterosexual
- Homosexual (gay or lesbian)
- Bisexual
- I am not sure

93. Where do you usually go for health care? (Check only ONE answer)

- Doctor's office (Primary Care Physician or Pediatrician)
- Health clinic in my neighborhood or community
- Clinic in a hospital
- Hospital emergency room (ER)
- School nurse
- School Based Health Clinic
- Some other place
- I don't always go to the same place to get health care services
- I don't go anywhere to get health care services

94. Has your doctor or other health care professional ever spoken to you about any of the following?

	YES	No
a. Smoking cigarettes or using tobacco	<input type="radio"/>	<input type="radio"/>
b. Drinking alcohol	<input type="radio"/>	<input type="radio"/>
c. Using illegal drugs, like marijuana, inhalants, cocaine, heroin, or ecstasy	<input type="radio"/>	<input type="radio"/>
d. Preventing Sexually Transmitted Diseases (STDs) and HIV/AIDS	<input type="radio"/>	<input type="radio"/>
e. Preventing pregnancy or using birth control	<input type="radio"/>	<input type="radio"/>
f. Healthy eating and exercise habits	<input type="radio"/>	<input type="radio"/>
g. Sexual violence or dating violence	<input type="radio"/>	<input type="radio"/>

95. Has a doctor or other health care professional told you that you have any of the following health concerns?

	YES	No
a. Allergies	<input type="radio"/>	<input type="radio"/>
b. Asthma	<input type="radio"/>	<input type="radio"/>
c. Diabetes Type I	<input type="radio"/>	<input type="radio"/>
d. Diabetes Type II	<input type="radio"/>	<input type="radio"/>
e. Weight problem (overweight or underweight)	<input type="radio"/>	<input type="radio"/>
f. Attention deficit hyperactivity disorder/attention deficit disorder (ADHD/ADD)	<input type="radio"/>	<input type="radio"/>
g. Eating disorder	<input type="radio"/>	<input type="radio"/>

96. During the past 12 months, did you worry about any of the following?

	YES	No
	<input type="radio"/>	<input type="radio"/>

a. Your physical health or a physical disability	<input type="radio"/>	<input type="radio"/>
b. Your weight	<input type="radio"/>	<input type="radio"/>
c. Getting a Sexually Transmitted Disease (STD) or HIV/AIDS	<input type="radio"/>	<input type="radio"/>
d. Becoming pregnant or getting someone pregnant	<input type="radio"/>	<input type="radio"/>
e. Your own drug or alcohol use	<input type="radio"/>	<input type="radio"/>
f. Drug or alcohol use of someone close to you	<input type="radio"/>	<input type="radio"/>
g. Being physically attacked or hurt by someone else	<input type="radio"/>	<input type="radio"/>

97. How would you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

DEFINITION: "LONG-TERM" REFERS TO DIFFICULTIES THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

98. Do you have any physical disabilities or long-term health problems?

- No
- Yes
- Not Sure

99. Do you have any long-term emotional problems or learning disabilities?

- No
- Yes
- Not Sure

100. Would other people consider you to have ANY disabilities or long-term health problems, including physical health, emotional, or learning problems?

- No

- Yes
- Not Sure

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101. Are you limited in any activities because of ANY disabilities or long-term health problems, including physical health, emotional, or learning problems?

- No
- Yes
- Not Sure

Questions about Oral Health

103. In the past year, have you been examined by a dentist?

- Yes
- No
- I Don't Know

104. In the past year, have you had a cavity in any tooth?

- Yes
- No
- I Don't Know

105. In your life, have you ever worn a mouthguard while playing sports on a team?

- Yes
- No
- I Don't Know

THANKS FOR YOUR HELP.

Please put this completed survey in the box located at the front of the class.