

Massachusetts Youth Health Survey



Sponsored by:

Massachusetts Department of Public Health

and

Massachusetts Department of Elementary and
Secondary Education



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?

- ☐ 6th grade
☐ 7th grade
☐ 8th 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	
FEET	INCHES
<div></div>	<div></div>
	0
	1
	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11


Write your height in the shaded blank boxes. Fill in the matching circles below each number.



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

WEIGHT IN POUNDS		
<div></div>	<div></div>	<div></div>
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

Write your weight in the shaded blank boxes. Fill in the matching circles below each number.



6. Are you Hispanic or Latino?

- ☐ Yes
☐ No

7. What is your race? (Select one or more responses)

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

8. 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

LIFESTYLE QUESTIONS

9. On an average school day, how many hours do you watch TV?

- ☐ 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

10. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- ☐ I do not play video or computer games or use a computer for something that is not school work
☐ 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

11. On an average weekend day, how many hours do you watch TV?

- ☐ I do not watch TV on an average weekend 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

12. On an average weekend day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- ☐ I do not play video or computer games or use a computer for something that is not school work
- ☐ 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

13. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- ☐ 0 Days
- ☐ 1 Day
- ☐ 2 Days
- ☐ 3 Days
- ☐ 4 Days
- ☐ 5 Days
- ☐ 6 Days
- ☐ 7 Days

14. During the last 7 days, how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or 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

15. Now think about the last 5 days you were at school. On how many days did you walk, bike, rollerblade or ride a skateboard to get to school or get home from school?

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

16. 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

17. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

- ☐ I did not eat fruit or drink 100% fruit juice yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

18. 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

19. Yesterday, how many cans or glasses of sugar-sweetened flavored drinks did you have?

DEFINITION:

Flavored drinks include punch, sports drinks, sweetened ice tea, flavored milk, 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

QUESTIONS ABOUT HOW YOU FEEL

20. During the past 12 months, have you felt you needed to talk to an adult 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 22

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

	YES	NO
a. An adult family member	<input type="radio"/>	<input type="radio"/>
b. A school psychologist, school counselor, or school nurse	<input type="radio"/>	<input type="radio"/>
c. Some other adult at school not mentioned in part b	<input type="radio"/>	<input type="radio"/>
d. A psychologist, therapist, counselor, doctor or nurse (not in school)	<input type="radio"/>	<input type="radio"/>
e. Some other adult in the community (not in school)	<input type="radio"/>	<input type="radio"/>

22. 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

23. 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

24. During the past 12 months, did you ever seriously consider attempting suicide?

- ☐ Yes
☐ No

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

- ☐ 0 times → If 0 times, go to Question 27
☐ 1 time
☐ 2 to 3 times
☐ 4 to 5 times
☐ 6 or more times

26. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ☐ Yes
☐ No
☐ I did not attempt suicide

PERSONAL SAFETY

27. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?

☐ Yes

☐ No → If NO, go to Question 29

☐ I did not play on a sports team during the past 12 months → If you did NOT play on a sports team, go to Question 29

28. If you suffered such a blow to your head during sports in the last 12 months, what happened?

☐ I stopped playing sports that day, and also got checked by a doctor, nurse or health care provider

☐ I stopped playing sports that day, but did NOT get checked by a doctor, nurse or health care provider

☐ I continued playing sports that day

29. How often do you wear a seatbelt when riding in a car driven by someone else?

☐ Never

☐ Rarely

☐ Sometimes

☐ Most of the time

☐ Always

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

a. You were physically hurt by someone in your family

YES NO
☐ ☐

b. You witnessed violence in your family

☐ ☐

31. During the past 12 months, how many times have you been bullied at school? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)

☐ 0 times

☐ 1 time

☐ 2 or 3 times

☐ 4 or 5 times

☐ 6 or 7 times

☐ 8 or 9 times

☐ 10 or 11 times

☐ 12 or more times

32. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)

☐ Yes

☐ No

33. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit or kicked.)

☐ I have never been on a date or gone out with anyone

☐ Yes, this has happened to me in the last 12 months

☐ Yes, this has happened to me, but longer ago than the past 12 months

☐ Yes, this has happened to me in the past 12 months and longer ago than that

☐ No, this has not happened to me

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

a. Bully or push someone around

YES NO
☐ ☐

b. Use texting, e-mail, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation

☐ ☐

c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with

☐ ☐

QUESTIONS ABOUT YOUR FAMILY AND PEERS

35. 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

36. 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

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, 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.

37. 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

38. 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 42

- ☐ 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

39. 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

40. 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

41. 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"/> |

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

- ☐ Yes
☐ No

43. 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

The next 3 questions ask about marijuana use. Marijuana also is called grass, pot, weed or reefer. It includes blunts and cigars filled with marijuana.

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

☐ I have never tried marijuana → If NEVER tried marijuana, go to Question 46

- ☐ 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

45. In the past 30 days, have you used marijuana?

- ☐ Yes
☐ No

46. In the past 30 days, did you ever ride in a car or other vehicle driven by someone who had been smoking marijuana?

- ☐ Yes
☐ No

47. *The next 2 questions ask about using inhalants. This includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.*

How old were you when you first used inhalants?

☐ I have never used inhalants → If NEVER used inhalants, go to Question 49

- ☐ 9 or younger
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14
☐ 15
☐ 16
☐ 17
☐ 18 or older

48. In the past 30 days, have you used inhalants?

- ☐ Yes
☐ No

49. In your lifetime, have you used heroin (also called smack, junk, or China White)?

☐ Yes
☐ No → If NO, go to Question 51

50. In the past 30 days, have you used heroin (also called smack, junk, or China White)?

- ☐ Yes
☐ No

51. In your lifetime, have you used any form of cocaine, including powder, crack or freebase?

☐ Yes

☐ No → If NO, go to Question 53

52. In the past 30 days, have you used any form of cocaine, including powder, crack or freebase?

☐ Yes

☐ No

53. In your lifetime, have you ever taken amphetamines or methamphetamines (such as speed, uppers, dexies, bennies, crystal, crank, or ice)?

☐ Yes

☐ No → If NO, go to Question 55

54. In the past 30 days, have you taken amphetamines or methamphetamines (such as speed, uppers, dexies, bennies, crystal, crank, or ice)?

☐ Yes

☐ No

55. In your lifetime, have you ever used ecstasy (MDMA, also called "E" or "X")?

☐ Yes

☐ No → If NO, go to Question 57

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

☐ Yes

☐ No

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

☐ Yes

☐ No → If NO, go to Question 59

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

☐ Yes

☐ No

59. In your lifetime, have you ever taken prescription drugs that weren't your own?

☐ Yes

☐ No → If NO, go to Question 63

60. In your lifetime, which of the following prescription drugs have you taken that weren't your own?

a. Narcotics (such as Methadone, Opium, Morphine, Codeine, Oxycontin, Percodan, Demerol, Percocet, Ultram and Vicodin)

YES

NO

☐

☐

b. Ritalin or Adderall

☐

☐

c. Steroids (body building hormones in form of pills or shots)

☐

☐

d. Other prescription drugs

☐

☐

61. In the past 30 days, have you taken prescription drugs that weren't your own?

☐ Yes

☐ No → If NO, go to Question 63

62. In the past 30 days, which of the following prescription drugs have you taken that weren't your own?

a. Narcotics (such as Methadone, Opium, Morphine, Codeine, Oxycontin, Percodan, Demerol, Percocet, Ultram and Vicodin)

YES

NO

☐

☐

b. Ritalin or Adderall

☐

☐

c. Steroids (body building hormones in form of pills or shots)

☐

☐

d. Other prescription drugs

☐

☐

63. How easy or difficult would it 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"/>

64. How much do you think people risk harming themselves if they occasionally use:

	NO RISK ▼	SLIGHT RISK ▼	MODERATE RISK ▼	GREAT RISK ▼
a. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Narcotics (such as Methadone, Opium, Morphine, Codeine, Oxycontin, Percodan, Demerol, Percocet, Ultram and Vicodin from prescriptions that aren't their own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ritalin or Adderall (from prescriptions that aren't their own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tranquilizers (such as Valium, Xanax, Klonopin, Ativan and Librium from prescriptions that aren't their own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question asks about gambling activities.

65. During the past 12 months, how many times have you done any of the following for money or anything of value?

	0 TIMES ▼	1-5 TIMES ▼	6-10 TIMES ▼	MORE THAN 10 TIMES ▼
a. Played lottery or scratch tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Engaged in any of these activities: Betting on sporting events; Betting on games of personal skill (pool, bowling, dominoes or darts); Betting on dice games, (such as craps); Betting on horse or other animal races; Betting on video poker or other gambling machines; Playing cards for money; Playing bingo for money or prizes; Gambling on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT TOBACCO

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

☐ Yes

☐ No → If NO, go to Question 69

67. 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 1/2 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)

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

☐ 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

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

☐ I have already tried smoking cigarettes

☐ Yes

☐ No

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

☐ Definitely yes

☐ Probably yes

☐ Probably not

☐ Definitely not

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

☐ Definitely yes

☐ Probably yes

☐ Probably not

☐ Definitely not

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

☐ Yes

☐ No

73. 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

74. 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

75. 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

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

☐ Yes

☐ No → If No, go to Question 78

77. During the past 30 days, on how many days did you use 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

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

☐ Yes

☐ No → If No, go to Question 80

79. 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

QUESTIONS ABOUT ADVERTISING

80. 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

81. 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

HEALTH QUESTIONS

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

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

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

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

☐ Yes

☐ No

☐ Not Sure

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

☐ Yes

☐ No

☐ Not Sure

85. Have you ever been told by a doctor, nurse or other health care professional that you have asthma?

☐ Yes

☐ No → If NO, go to Question 87

☐ Not sure → If NOT SURE, go to Question 87

86. Do you still have asthma?

☐ Yes

☐ No

☐ Not Sure

87. Have you ever been told by a doctor, nurse or other health care professional that you have diabetes?

☐ Yes

☐ No

☐ Not sure

88. Does either your mother or father have diabetes?

☐ Yes

☐ No

☐ Not sure

89. How would you describe your weight?

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

90. During the past 30 days, have you done any of the following things at least once to lose or maintain your weight?

YES **NO**

- | | | |
|---|-----------------------|-----------------------|
| a. Increase your intake of fruits and vegetables | <input type="radio"/> | <input type="radio"/> |
| b. Reduce the number of calories you eat | <input type="radio"/> | <input type="radio"/> |
| c. Cut out between meal snacking | <input type="radio"/> | <input type="radio"/> |
| d. Decrease your fat intake | <input type="radio"/> | <input type="radio"/> |
| e. Exercise | <input type="radio"/> | <input type="radio"/> |
| f. Fast (that is going 24 hours or more without eating) | <input type="radio"/> | <input type="radio"/> |
| g. Vomit or throw up on purpose after eating | <input type="radio"/> | <input type="radio"/> |
| h. Take diet pills without a doctor's permission | <input type="radio"/> | <input type="radio"/> |
| i. Take laxatives | <input type="radio"/> | <input type="radio"/> |

91. In the past 12 months, have you been examined by a dentist or dental hygienist?

- ☐ Yes
- ☐ No
- ☐ Not sure

92. In the past 12 months, have you had a cavity in any tooth?

- ☐ Yes
- ☐ No
- ☐ Not sure

93. In the past 12 months, have you received dental care from a dental hygienist or dentist while at school (in the school building)?

- ☐ Yes
- ☐ No

THANKS FOR YOUR HELP.

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

Please use this box to write in any comments you may have about this survey.

[illegible]

FOR OFFICE USE ONLY

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9