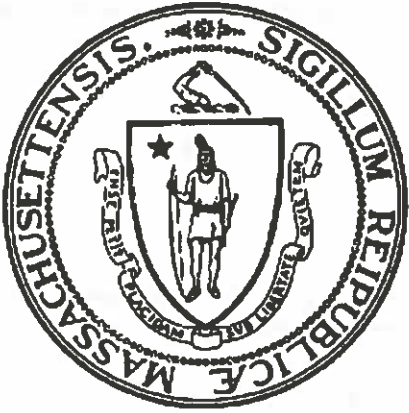


Massachusetts Youth Health Survey



Sponsored by:
Massachusetts Department of Public Health
and
Massachusetts Department of Elementary and
Secondary Education

Conducted by:
Center for Survey Research
University of Massachusetts Boston


Winter 2015

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
<p>Write your height in the shaded blank boxes. Fill in the matching circles below each number.</p> 	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="radio"/> 0
			<input type="radio"/> 1
			<input type="radio"/> 2
	<input type="radio"/> 3		<input type="radio"/> 3
	<input type="radio"/> 4		<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
			<input type="radio"/> 8
			<input type="radio"/> 9
		<input type="radio"/> 10	
		<input type="radio"/> 11	

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

		WEIGHT IN POUNDS			
<p>Write your weight in the shaded blank boxes. Fill in the matching circles below each number.</p> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
					<input type="radio"/> 0
					<input type="radio"/> 1
					<input type="radio"/> 2
	<input type="radio"/> 3				<input type="radio"/> 3
					<input type="radio"/> 4
					<input type="radio"/> 5
					<input type="radio"/> 6
					<input type="radio"/> 7
					<input type="radio"/> 8
					<input type="radio"/> 9

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 past 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

20. **Yesterday**, how many drinks did you have that contained caffeine?

DEFINITION:

Count coffee, tea, sodas, energy drinks such as 5-hour Energy®, Red Bull®, Monster®, or Rockstar®, or other drinks with caffeine added.

- I did not have any drinks containing caffeine yesterday
- 1 drink containing caffeine
- 2 drinks containing caffeine
- 3 or more drinks containing caffeine

21. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

QUESTIONS ABOUT HOW YOU FEEL

22. 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 24

23. 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. Teacher or 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"/>

24. 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

25. 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

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

- Yes
- No

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

- 0 times → If 0 times, go to Question 29
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

28. 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?

- I did not attempt suicide during the past 12 months
- Yes
- No

PERSONAL SAFETY

29. 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 31
- 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 31

30. If you suffered such a blow to your head during sports in the past 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

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

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

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

- | | YES | NO |
|---|-----------------------|-----------------------|
| a. You were physically hurt by someone in your family | <input type="radio"/> | <input type="radio"/> |
| b. You witnessed violence in your family | <input type="radio"/> | <input type="radio"/> |

33. 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

34. During the **past 12 months**, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- Yes
- No

35. Has someone you were dating or going out with done any of the following: monitored your cell phone use, called or texted you multiple times a day to monitor your whereabouts, prevented you from doing things with friends, got angry if you were talking to someone else, or prevented you from going to school?

- 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

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

- 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

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

- | | YES
▼ | NO
▼ |
|---|-----------------------|-----------------------|
| a. Bully or push someone around | <input type="radio"/> | <input type="radio"/> |
| 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 | <input type="radio"/> | <input type="radio"/> |
| c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with | <input type="radio"/> | <input type="radio"/> |

QUESTIONS ABOUT YOUR FAMILY AND PEERS

38. 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

39. 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.

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

- I have never had a drink of alcohol other than a few sips. → If you have NEVER had alcohol, go to Question 45
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

41. How old were you when you had your first 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

42. 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

43. 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

44. There are many different ways to get beer, wine coolers, wine, or liquor. Which of the following are ways 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"/> |

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

- Yes
 No

46. How much do you think people risk harming themselves (physically or in other ways) if they have 5 or more drinks of alcohol 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.

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

- I have never tried marijuana → If NEVER tried marijuana, go to Question 49
- 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

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

- Yes
 No

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

- Yes
 No

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.

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

- I have never used inhalants → If NEVER used inhalants, go to Question 52
- 9 or younger
 10
 11
 12
 13
 14
 15
 16
 17
 18 or older

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

- Yes
 No

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

- Yes
 No → If NO, go to Question 54

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

- Yes
 No

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

Yes

No → If NO, go to Question 56

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

Yes

No

56. 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 58

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

Yes

No

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

Yes

No → If NO, go to Question 60

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

Yes

No

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

Yes

No → If NO, go to Question 62

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

Yes

No

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

Yes

No → If NO, go to Question 66

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

	YES	NO
a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>

b. Ritalin or Adderall	<input type="radio"/>	<input type="radio"/>
------------------------	-----------------------	-----------------------

c. Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

d. Other prescription drugs	<input type="radio"/>	<input type="radio"/>
-----------------------------	-----------------------	-----------------------

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

Yes

No → If NO, go to Question 66

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

	YES	NO
a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>

b. Ritalin or Adderall	<input type="radio"/>	<input type="radio"/>
------------------------	-----------------------	-----------------------

c. Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

d. Other prescription drugs	<input type="radio"/>	<input type="radio"/>
-----------------------------	-----------------------	-----------------------

66. In your **lifetime**, how many times have you used a needle to inject any *illegal* drug into your body?

0 times

1 time

2 or more times

67. 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"/>

68. 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 questions ask about gambling activities.

69. 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 one of these activities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betting on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines;				
Playing cards or bingo for money or prizes;				
Gambling on the internet.				

QUESTIONS ABOUT TOBACCO

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

- Yes
 No → If NO, go to Question 73

71. 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)

72. 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

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

- I have already tried smoking cigarettes
 Yes
 No

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

- Definitely yes
 Probably yes
 Probably not
 Definitely not

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

- Definitely yes
 Probably yes
 Probably not
 Definitely not

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

- Yes
 No

77. 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

78. 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 80

79. 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

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

- Yes
 No → If NO, go to Question 82

81. 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

82. 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

83. 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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

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

- Yes
- No
- Not sure

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

- 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. How would you describe your weight?

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

89. 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"/>

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

- Yes
- No

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

- Yes
- No
- Not sure

92. 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.

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

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