Massachusetts
Youth Health Survey

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

Conducted by:
Center for Survey Research
University of Massachusetts Boston

Winter 2007

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?**

<table>
<thead>
<tr>
<th>HEIGHT</th>
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</thead>
<tbody>
<tr>
<td>FT.</td>
</tr>
<tr>
<td>0</td>
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<td>1</td>
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<td>3</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN.</td>
</tr>
<tr>
<td>POUNDS</td>
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<td>2</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
</tr>
</tbody>
</table>

6. **Are you Hispanic or Latino?**
   - Yes
   - No

7. **What is your race?**
   - 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

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

21. 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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. School psychologist or school counselor</td>
<td>o</td>
</tr>
<tr>
<td>b. School nurse</td>
<td>o</td>
</tr>
<tr>
<td>c. Psychologist, therapist, or counselor (not in school)</td>
<td>o</td>
</tr>
<tr>
<td>d. Caseworker or case manager</td>
<td>o</td>
</tr>
<tr>
<td>e. Youth worker</td>
<td>o</td>
</tr>
<tr>
<td>f. Priest, minister, rabbi, or other religious leader</td>
<td>o</td>
</tr>
</tbody>
</table>

25. **PERSONAL SAFETY QUESTIONS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You were bullied, pushed around, or beaten up either in or on your way to or from school</td>
<td>o</td>
</tr>
<tr>
<td>b. You were physically hurt (shoved, slapped, or hit) by a date or someone you went out with</td>
<td>o</td>
</tr>
<tr>
<td>c. You were physically hurt by someone in your family</td>
<td>o</td>
</tr>
<tr>
<td>d. You witnessed violence in your family</td>
<td>o</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bullied or pushed around someone</td>
<td>o</td>
</tr>
<tr>
<td>b. Initiated or started a physical fight with someone</td>
<td>o</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Drink alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Smoke cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Smoke marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Use other illegal drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Bully, threaten, or push around other kids</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I buy it from a supermarket or a convenience store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I buy it from a liquor store or package store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I buy it from bars or clubs or restaurants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I have someone else buy it for me</td>
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<td></td>
</tr>
<tr>
<td>e. I get it through my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I get it at home</td>
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<tr>
<td>g. I get it at parties</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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
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

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 43. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? | o 0 times If 0 times, go to Question 45  
o 1 or 2 times  
o 3 to 9 times  
o 10 to 19 times  
o 20 to 39 times  
o 40 or more times |
| 43a. In the past 30 days, have you used cocaine?                        | o Yes  
o No |
| 44. In your lifetime, have you ever used crack?                        | o Yes  
o No If NO, go to Question 45 |
| 44a. In the past 30 days, have you used crack?                         | o Yes  
o No |
| 45. In your lifetime, have you ever taken amphetamines (such as speed, uppers, dexies, and bennies) | o Yes  
o No If NO, go to Question 46 |
| 45a. In the past 30 days, have you taken amphetamines?                 | o Yes  
o No |
| 46. In your lifetime, have you ever used narcotics without a prescription (such as methadone, opium, morphine, and codeine)? | o Yes  
o No |
| 47. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)? | o 0 times If 0 times, go to Question 48  
o 1 or 2 times  
o 3 to 9 times  
o 10 to 19 times  
o 20 to 39 times  
o 40 or more times |
| 47a. In the past 30 days, have you used crystal meth?                   | o Yes  
o No |
| 48. During your life, how many times have you used ecstasy (MDMA, also called “E” or “X”)? | o 0 times If 0 times, go to Question 49  
o 1 or 2 times  
o 3 to 9 times  
o 10 to 19 times  
o 20 to 39 times  
o 40 or more times |
| 48a. In the past 30 days, have you used ecstasy (MDMA, also called “E” or “X”)? | o Yes  
o No |
| 49. In your lifetime, have you ever taken Ritalin without a prescription? | o Yes  
o No If NO, go to Question 50 |
| 49a. In the past 30 days, have you taken Ritalin without a prescription? | o Yes  
o 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Smoking marijuana occasionally</td>
<td></td>
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<tr>
<td>b. Sniffing or huffing inhalants occasionally</td>
<td></td>
</tr>
<tr>
<td>c. Occasionally using OxyContin that wasn’t prescribed for you</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>VERY EASY</th>
<th>FAIRLY EASY</th>
<th>FAIRLY DIFFICULT</th>
<th>VERY DIFFICULT</th>
<th>IMPOSSIBLE</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Beer, wine, or other alcohol</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>b. Marijuana</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>c. Any other drug</td>
<td>o</td>
<td>o</td>
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<td>o</td>
</tr>
</tbody>
</table>
55. Have you ever tried cigarette smoking, even one or two puffs?
   o Yes
   o No  If you have never smoked or puffed on a cigarette, go to Question 65

56. About how many cigarettes have you smoked in your entire life?
   o 1 or more puffs but never a whole cigarette
   o 1 cigarette
   o 2 to 5 cigarettes
   o 6 to 15 cigarettes (about ½ pack total)
   o 16 to 25 cigarettes (about 1 pack total)
   o 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
   o 100 or more cigarettes (5 or more packs)

57. How old were you when you smoked a whole cigarette for the first time?
   o I have never smoked a whole cigarette
   o 8 years old or younger
   o 9 or 10 years old
   o 11 or 12 years old
   o 13 or 14 years old
   o 15 or 16 years old
   o 17 years old or older

58. During the past 30 days, on how many days did you smoke cigarettes?
   o 0 days  If you have not smoked in the past days, go to Question 64
   o 1 or 2 days
   o 3 to 5 days
   o 6 to 9 days
   o 10 to 19 days
   o 20 to 29 days
   o All 30 days

59. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   o I did not smoke cigarettes during the past 30 days
   o Less than 1 cigarette per day
   o 1 cigarette per day
   o 2 to 5 cigarettes per day
   o 6 to 10 cigarettes per day
   o 11 to 20 cigarettes per day
   o More than 20 cigarettes per day

60. During the past 30 days, how did you usually get your own cigarettes? (CHOOSE ONLY ONE ANSWER)
   o I did not smoke cigarettes during the past 30 days
   o I bought them in a store such as a convenience store, supermarket, discount store, or gas station
   o I bought them from a vending machine
   o I gave someone else money to buy them for me
   o I borrowed (or bummed) them from someone else
   o A person 18 years old or older gave them to me
   o I took them from a store or family member
   o 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)
   o I did not buy a pack of cigarettes during the past 30 days
   o A gas station
   o A convenience store
   o A grocery store
   o A drugstore
   o A vending machine
   o I bought them over the Internet
   o 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?
   o I did not try to buy cigarettes in a store during the past 30 days
   o Yes, I was asked to show proof of age
   o 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. 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

65. 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

66. Do you think that you will try a cigarette soon?
   - I have already tried smoking cigarettes
   - Yes
   - No

67. Do you think that you will smoke a cigarette at any time during the next year?
   - Definitely yes
   - Probably yes
   - Probably not
   - Definitely not

68. If one of your best friends offered you a cigarette, would you smoke it?
   - Definitely yes
   - Probably yes
   - Probably not
   - Definitely not

69. 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

70. Do you think young people who smoke cigarettes have more friends?
   - Definitely yes
   - Probably yes
   - Probably not
   - Definitely not

71. Do you think smoking cigarettes makes young people look cool or fit in?
   - Definitely yes
   - Probably yes
   - Probably not
   - Definitely not

72. During this school year, were you taught in any of your classes about the dangers of tobacco use?
   - Yes
   - No
   - Not sure

73. 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
74. How many of your **four closest** friends smoke cigarettes?
   - None
   - One
   - Two
   - Three
   - Four
   - Not sure

75. Does anyone who lives with you now smoke cigarettes?
   - Yes
   - No

76. Do you think that the smoke from other people’s cigarettes is harmful to you?
   - Definitely yes
   - Probably yes
   - Probably not
   - Definitely not

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. 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

79. 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 81

80. During the past 30 days, 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

81. 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 83

82. 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

83. Have you ever smoked a Black & Mild, even one or two puffs?
   - Yes
   - No
   - I Don't Know
84. 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

85. 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

86. 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

87. Would you say that in general your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

88. 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

89. Has your doctor or other health care professional ever spoken to you about any of the following?
   - a. Smoking cigarettes or using tobacco
   - b. Drinking alcohol
   - c. Using illegal drugs, like marijuana, inhalants, cocaine, heroin, or ecstasy
   - d. Preventing Sexually Transmitted Diseases (STDs) and HIV/AIDS
   - e. Preventing pregnancy or using birth control
   - f. Healthy eating and exercise habits
   - g. Sexual violence or dating violence
90. Has a doctor or other health care professional told you that you have any of the following health concerns?  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Allergies</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Asthma</td>
<td></td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>c. Diabetes Type I</td>
<td></td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>d. Diabetes Type II</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Weight problem (overweight or underweight)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Attention deficit hyperactivity disorder/attention deficit disorder (ADHD/ADD)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Eating disorder</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your physical health or a physical disability</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Your weight</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Getting a Sexually Transmitted Disease (STD) or HIV/AIDS</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>d. Becoming pregnant or getting someone pregnant</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>e. Your own drug or alcohol use</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Drug or alcohol use of someone close to you</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>g. Being physically attacked or hurt by someone else</td>
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</tbody>
</table>

92. How would you describe your weight?  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Very underweight</th>
<th>Slightly underweight</th>
<th>About the right weight</th>
<th>Slightly overweight</th>
<th>Very overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not Sure</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
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</table>

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

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<thead>
<tr>
<th></th>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not Sure</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
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</table>
Questions about Oral Health

97. **In the past year,** have you been examined by a dentist?
   - Yes
   - No
   - I Don’t Know

98. **In the past year,** have you had a cavity in any tooth?
   - Yes
   - No
   - I Don’t Know

99. **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.

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