

**INSTITUTE OF
BEHAVIORAL SCIENCE**

HEALTH BEHAVIOR QUESTIONNAIRE

High School Form

CODING GUIDE

Spring 1992

INSTRUCTIONS

1. Please answer the questions in the order they appear in the booklet.
2. Check the circle that shows your best answer to each question.
3. There are no right or wrong answers. Please be as truthful as you can.
4. Your answers will be completely confidential. No one but us can know how you answered the questions. Only the last page in the booklet will have your name on it, and that page will be removed from the booklet when you turn it in. No one but us will ever see the answers.
5. You have the right to skip any question that you do not want to answer.
6. You can stop filling out the questionnaire at any time you wish.

We hope you enjoy taking the questionnaire!

PLEASE GO TO PAGE 1 AND BEGIN ANSWERING THE QUESTIONS.

We'd like to begin with some questions about health. How **important** is each of the following things to you?

	<u>1</u>	<u>2</u>	<u>3</u>		
HOW IMPORTANT IS IT TO YOU:	<u>Not Too Important</u>	<u>Somewhat Important</u>	<u>Very Important</u>		
1. To feel in good shape?	0	0	0		
2. To feel like you have plenty of energy?	0	0	0		
3. To know that your weight is right about what it should be?	0	0	0		
4. To be able to play active games and sports without getting tired too quickly?	0	0	0		
5. To keep yourself in good health all year long?	0	0	0		
6. Not to get sick when something like the flu is going around?	0	0	0		
7. To get better quickly whenever you're sick?	0	0	0		
8. To keep yourself healthy even if it takes some extra effort?	0	0	0		
9. To know that you are in excellent health?	0	0	0		
10. To have good health habits about eating and exercise?	0	0	0		
11. In general, how is your health?	<u>5</u> 0 Excellent	<u>4</u> 0 Very Good	<u>3</u> 0 Good	<u>2</u> 0 Fair	<u>1</u> 0 Poor
12. Do you have to avoid hard physical exercise or games because of your health?	<u>1</u> 0 No	<u>2</u> 0 Yes	If "Yes", why? <u>[See page 39.]</u>		
13. Since the school year began, how often have you been sick enough that you had to stay home?	<u>1</u> 0 Never	<u>2</u> 0 Once or Twice	<u>3</u> 0 3-6 Times	<u>4</u> 0 7 or More Times	
14. How often in the past year did you go to see a doctor because you were sick?	<u>1</u> 0 Never	<u>2</u> 0 Once	<u>3</u> 0 Twice	<u>4</u> 0 Three or More Times	

15. When you're sick enough to need a doctor, where do you **usually** go for medical care?
- 1 0 The health clinic at my school 2 0 Hospital or emergency room 3 0 My private doctor 4 0 Neighborhood clinic 5 0 I wouldn't know where to go

16. In the last year, have you ever gone to the school nurse?
- 1 0 There is no school nurse at my school 2 0 No 3 0 Once 4 0 Twice 5 0 Three or More Times

17. In the last year, have you ever gone to the school social worker?
- 1 0 There is no school social worker at my school 2 0 No 3 0 Once 4 0 Twice 5 0 Three or More Times

QUESTIONS 18 AND 19 ARE FOR STUDENTS AT EAST, MANUAL, LINCOLN:

18. Are you signed up (registered) for the School-Based Clinic?
- 3 0 Yes 2 0 No 1 0 I Don't Know

19. In the last year, have you ever gone to the School-Based Clinic?
- 1 0 No 2 0 Once 3 0 Twice 4 0 Three or More Times

20. How tall are you? _____ Feet and _____ Inches [Convert to inches.]

21. Has your height changed a lot in the past year?
- 1 0 No 2 0 Yes

22. How do you feel about your height?

- 5 0 Would Like to be a Lot Shorter
4 0 Would Like to be a Little Shorter
3 0 My Height is About Right
2 0 Would Like to be a Little Taller
1 0 Would Like to be a Lot Taller

23. How much do you weigh? _____ Pounds

24. Has your weight changed a lot in the past year?

- 1 0 It's gone down a lot
2 0 It hasn't changed very much
3 0 It's gone up a lot

25. How do you feel about your weight?

- 5 0 Would Like to Lose at Least 10 Pounds
 4 0 Would Like to Lose Several Pounds
 3 0 My Weight Is About Right
 2 0 Would Like to Gain Several Pounds
 1 0 Would Like to Gain at Least 10 Pounds

26. Do you think being very overweight can have an effect on the health of young people your age?

- 4 0 Very Serious Effect 3 0 Serious Effect 2 0 Mild Effect 1 0 Almost No Effect

27. How much sleep do you usually get **each night** during the school week?

- 5.5 0 Less than 6 hours a night 8.5 0 8½ hours
 6 0 6 hours 9 0 9 hours
 6.5 0 6½ hours 9.5 0 9½ hours
 7 0 7 hours 10 0 10 hours
 7.5 0 7½ hours 10.5 0 More than 10 hours a night
 8 0 8 hours

28. What time do you **usually** get to bed at night during the school week?

- 1 0 9 pm 3 0 10 pm 5 0 11 pm 7 0 12 am 9 0 1 am
 2 0 9:30 pm 4 0 10:30 pm 6 0 11:30 pm 8 0 12:30 am

29. In the **past six months**, have you had trouble falling asleep or staying asleep at night?

- 1 0 Not at All 2 0 A Little 3 0 Some 4 0 A Lot

30. What time do you **usually** get up in the morning on school days?

- 1 0 5:30 am or Earlier 2 0 6 am 3 0 6:30 am 4 0 7 am 5 0 7:30 am 6 0 8 am 7 0 8:30 am or Later

31. Do you think getting less than 8 hours of sleep each night can have an effect on the health of young people your age?

- 4 0 Very Serious Effect 3 0 Serious Effect 2 0 Mild Effect 1 0 Almost No Effect

32. How often do you brush your teeth?

- 4 0 After Every Meal 3 0 Twice a Day 2 0 Once a Day 1 0 Every Couple of Days

33. How often do you use dental floss to clean between your teeth?

- 4 0 Once a Day or More 3 0 Every Couple of Days 2 0 About Once a Week 1 0 Almost Never

34. How often do you use an anti-cavity rinse after brushing (like Act, Plax, Viadent, or Lavoris)?

- 4 0 Once a Day or More 3 0 Every Couple of Days 2 0 About Once a Week 1 0 Almost Never

The following questions are about your background.

1. In what month were you born?

1 0 Jan 2 0 Feb 3 0 March 4 0 April 5 0 May 6 0 June
7 0 July 8 0 Aug 9 0 Sept 10 0 Oct 11 0 Nov 12 0 Dec

2. In what year were you born?

71 72 73 74 75 76 77
0 1971 0 1972 0 1973 0 1974 0 1975 0 1976 0 1977

3. What sex are you?

1 2
0 Male 0 Female

4. What grade are you in?

7 8 9 10 11 12
0 7th 0 8th 0 9th 0 10th 0 11th 0 12th

QUESTIONS 5, 6, AND 7 ARE FOR PEOPLE WHO HAVE FINISHED OR DROPPED OUT OF SCHOOL:

5. What is the highest grade that you completed in school?

8 9 10 11 12
0 8th 0 9th 0 10th 0 11th 0 12th

(IF YOU MARKED 12TH GRADE, PLEASE GO TO QUESTION 8 BELOW.)

6. Do you plan someday to get a GED (General Equivalency Diploma) or to go back to high school?

3 2 1
0 Yes, Go Back to High School 0 Yes, Get a GED 0 No

7. Are you studying now to get a GED (General Equivalency Diploma)?

2 1
0 Yes 0 No

8. What kind of grades do you usually get? (If you're no longer in school, what kind of grades did you usually get when you were in school?)

11 0 Mostly A's
10 0 Mostly A's and B's
9 0 Mostly A's and B's, and some C's
8 0 Mostly B's
7 0 Mostly B's and C's
6 0 Mostly B's and C's, and some D's
5 0 Mostly C's
4 0 Mostly C's and D's
3 0 Mostly C's and D's, and some F's
2 0 Mostly D's
1 0 Mostly D's and F's

9. Mark below all of the people you are living with this year.

Treat as 14
separate items.
Code each "1"
if marked, "blank"
if not marked.

- 0 Mother
- 0 Father
- 0 Stepmother
- 0 Stepfather
- 0 Older brothers or stepbrothers. How many? _____
- 0 Younger brothers or stepbrothers. How many? _____
- 0 Older sisters or stepsisters. How many? _____
- 0 Younger sisters or stepsisters. How many? _____
- 0 Foster parents
- 0 Grandparents
- 0 Aunts and/or uncles
- 0 Your husband or your wife
- 0 Your own child (or children). How many? _____
- 0 Other people. Who? [See page 39.]

10. Is your mother living?

- 2 1
0 Yes 0 No

11. Is your father living?

- 2 1
0 Yes 0 No

12. If both your parents are alive, do they live together? (IF EITHER ONE IS NOT LIVING, PLEASE GO ON TO QUESTION 13).

- 3 0 Yes
1 0 No, they're divorced
2 0 No, they're separated and not living together

13. What is your family background? Mark the one best answer.

- 1 0 White Non-Hispanic or Anglo
- 2 0 White Hispanic (Mexican, Puerto Rican, Cuban, or Latin American)
- 3 0 Black
- 4 0 Indian or Native American
- 5 0 Asian
- 6 0 Pacific Islander
- 0 Other. What? [See page 40.]

14. What is the **highest** grade each of your parents completed in school? Please answer for your Father (or stepfather or male guardian--whichever one you live with) **and** for your Mother (or stepmother or female guardian--whichever one you live with).

<u>Father</u>	<u>Mother</u>	
1 0	1 0	Less than 8th grade
2 0	2 0	Completed 8th grade, but did not go to high school
3 0	3 0	Went to high school but did not graduate
4 0	4 0	Graduated from high school, but did not go to college or other schools
5 0	5 0	Had special job training after high school
6 0	6 0	Went to college, but did not graduate
7 0	7 0	Graduated from college
8 0	8 0	Some education after college, like graduate school, medical school, law school
9 0	9 0	I don't know

15. Is your father (or stepfather or male guardian--whichever one you live with):

- 1 0 Working at a job **full time**
 2 0 Working at a job **part time**
 3 0 Going to school, not working at a job
 4 0 Out of work or not working at a job. How long has he been out of work? [Convert to months.]
 5 0 Retired
 6 0 I don't know

16. What is the name of his job (for example, construction worker, cook, bank clerk, teacher, office manager), and what sorts of things does he do on the job?

[See page 40.]

17. Is your mother (or stepmother or female guardian--whichever one you live with):

- 1 0 Working at a job **full time**
 2 0 Working at a job **part time**
 3 0 Going to school, not working at a job
 4 0 Out of work or not working at a job. How long has she been out of work? [Convert to months.]
 5 0 A homemaker, not working at a job
 6 0 Retired
 7 0 I don't know

18. What is the name of her job (for example, factory worker, sales clerk, bus driver, librarian, computer programmer), and what sorts of things does she do on the job?

[See page 40.]

19. Do you work at a paying job, including after school or on weekends?

2

/

0 Yes

0 No

IF YOU MARKED NO, PLEASE GO TO QUESTION 1 ON PAGE 8.

20. How many hours a week do you work during an **average** week (Monday through Friday)?

____ Hours

21. How many hours do you work on an **average** weekend (Saturday and Sunday)?

____ Hours

22. What is the name of your job (for example, cook, food server, sales clerk, baby sitter, etc.)?

[See page 41.]

23. How do you feel about your job?

3

2

/

0 I Like It
a Lot0 It's
Okay0 I Don't Like It
Very Much

24. Does your work make you tired at school?

0

/

2

3

4

0 I don't go
to school

0 Never

0 Sometimes

0 About half
the time

0 Most Days

25. Working at my job teaches me a lot I need to know.

4

3

2

/

0 Strongly
Agree

0 Agree

0 Disagree

0 Strongly
Disagree

26. Working at my job makes me feel good about myself.

4

3

2

/

0 Strongly
Agree

0 Agree

0 Disagree

0 Strongly
Disagree

27. My job is a good place to meet new friends.

4

3

2

/

0 Strongly
Agree

0 Agree

0 Disagree

0 Strongly
Disagree

28. Since I started working at a job, school just doesn't seem as important to me.

4

3

2

/

0 Strongly
Agree

0 Agree

0 Disagree

0 Strongly
Disagree

29. Since I started working at a job, I spend less time than I used to on schoolwork.

4

3

2

/

0 Strongly
Agree

0 Agree

0 Disagree

0 Strongly
Disagree

30. In the past six months, how much stress or pressure have you felt because of your job?

/

2

3

4

0 None
at All0 Only a
Little0 A Fair
Amount

0 A Lot

The next questions are about how you see your self.

1. How well do you get along with others your age?

4	3	2	1
0 Very Well	0 Pretty Well	0 Not Too Well	0 Not Well at All
2. How well do you live up to what other people expect of you?

4	3	2	1
0 Very Well	0 Pretty Well	0 Not Too Well	0 Not Well at All
3. What about your ability to do well in school work?

4	3	2	1
0 Very Able	0 Pretty Able	0 Not Too Able	0 Not Able at All
4. How much common sense do you have for dealing with everyday problems?

4	3	2	1
0 A Great Deal	0 A Fair Amount	0 Not Too Much	0 Not Much at All
5. How well do you make decisions about important things in your life?

4	3	2	1
0 Very Well	0 Pretty Well	0 Not Too Well	0 Not Well at All
6. How well do you resist peer pressure from the rest of the group?

4	3	2	1
0 Very Well	0 Pretty Well	0 Not Too Well	0 Not Well at All
7. How sure are you that you can learn new skills when you need them?

4	3	2	1
0 Very Sure	0 Pretty Sure	0 Not Too Sure	0 Not Sure at All
8. How attractive are you to the opposite sex?

4	3	2	1
0 Very Attractive	0 Fairly Attractive	0 Not Too Attractive	0 Not Attractive At All
9. On the whole, how satisfied are you with yourself?

4	3	2	1
0 Very Satisfied	0 Pretty Satisfied	0 Not Too Satisfied	0 Not Satisfied at All

Think about the kinds of things you usually do **after school and on weekends**.

1. About how many hours do you usually spend **each week**:

	1	2	3	4	5	6
	<u>None</u>	<u>One Hour A Week</u>	<u>2-3 Hours A Week</u>	<u>4-5 Hours A Week</u>	<u>6-7 Hours A Week</u>	<u>8 or More Hours A Week</u>
a. Doing homework?	0	0	0	0	0	0
b. Sitting around with friends?	0	0	0	0	0	0
c. Taking part in an organized sport or recreation program?	0	0	0	0	0	0
d. Reading for fun?	0	0	0	0	0	0
e. Talking on the telephone?	0	0	0	0	0	0
f. Working out as part of a personal exercise program (like running or biking)?	0	0	0	0	0	0
g. Just sitting and listening to music?	0	0	0	0	0	0
h. Playing pickup games like basketball, touch football, etc.?	0	0	0	0	0	0
i. Doing things with your family?	0	0	0	0	0	0
j. Just sitting around doing nothing?	0	0	0	0	0	0
k. Practicing different physical activities (like shooting baskets, or working on dance routines or cheerleading routines)?	0	0	0	0	0	0
l. Taking care of younger brothers and sisters?	0	0	0	0	0	0

2. Do you think **not exercising regularly** can have an effect on the health of young people your age?

4 0 Very Serious Effect	3 0 Serious Effect	2 0 Mild Effect	1 0 Almost No Effect
-------------------------------	--------------------------	-----------------------	----------------------------

3. On an **average school day**, how many hours do you usually watch TV?

1 0 None 2 0 1 hour or less 3 0 1½ hours 4 0 2 hours 5 0 2½ hours 6 0 3 hours	7 0 3½ hours 8 0 4 hours 9 0 4½ hours 10 0 5 hours 11 0 5½ hours 12 0 6 hours 13 0 More than 6 hours
--	--

4. On an **average day on the weekend**, how many hours do you usually watch TV?

1 0 None 2 0 One hour or less 3 0 1½ hours 4 0 2 hours 5 0 2½ hours 6 0 3 hours 7 0 3½ hours 8 0 4 hours	9 0 4½ hours 10 0 5 hours 11 0 5½ hours 12 0 6 hours 13 0 7 hours 14 0 8 hours 15 0 9 hours 16 0 10 hours 17 0 More than 10 hours
---	---

5. Do you think just sitting around a lot can have an effect on the health of young people your age?

4 0 Very Serious Effect	3 0 Serious Effect	2 0 Mild Effect	1 0 Almost No Effect
-------------------------------	--------------------------	-----------------------	----------------------------

6. Think back over the last year. What were the most important things that happened to you or that you did during the year?

[Not coded.]

The next questions are about what's important to you in your life.

	3 Very <u>Important</u>	2 Somewhat <u>Important</u>	1 Not Too <u>Important</u>
HOW IMPORTANT IS IT TO YOU:			
1. To decide for yourself how to spend your free time?	0	0	0
2. To get at least a B average this year?	0	0	0
3. To choose your own clothes?	0	0	0
4. To be free to use the money you have the way you want to?	0	0	0
5. To be considered a bright student by your teachers?	0	0	0
6. To make your own plans about what you're going to do with your life?	0	0	0
7. To be thought of as a good student by the other students?	0	0	0
8. To come out near the top of the class on exams?	0	0	0
9. To make your own decisions about what movies to see or books to read?	0	0	0
10. To have good enough grades to get into college?	0	0	0

The next several questions are about school and school work.

1. How do you feel about going to school?
- | | | |
|----------------------------------|----------------------------|--|
| 3
0 I Like It
a Lot | 2
0 It's
Okay | 1
0 I Don't Like
It Very Much |
|----------------------------------|----------------------------|--|
2. How do you feel about your teachers?
- | | | |
|--------------------------------------|-------------------------------|--|
| 3
0 I Like
Most of Them | 2
0 They're
Okay | 1
0 I Don't Like
Most of Them |
|--------------------------------------|-------------------------------|--|
3. Are any of your classes too hard for you?
- | | | | |
|------------------|--------------------------|-----------------------|---------------------------|
| 1
0 No | 2
0 One or Two | 3
0 Several | 4
0 All of Them |
|------------------|--------------------------|-----------------------|---------------------------|
4. Are any of your classes too easy for you?
- | | | | |
|------------------|--------------------------|-----------------------|---------------------------|
| 1
0 No | 2
0 One or Two | 3
0 Several | 4
0 All of Them |
|------------------|--------------------------|-----------------------|---------------------------|

	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
5. I'm learning a lot from being in school.	0	0	0	0
6. Being in school makes me feel good about myself.	0	0	0	0
7. If you get good grades in school, most kids won't like you.	0	0	0	0
8. My classes at school help me learn things I'll need to know later in life.	0	0	0	0
9. Staying in school is important for my future.	0	0	0	0
10. I feel some pressure from my friends not to do too well in school.	0	0	0	0
11. Getting an education is the key to success in life.	0	0	0	0
12. Being in school helps me to become the person I'd like to be.	0	0	0	0
13. Finishing high school is not that important for what I want to do with my life.	0	0	0	0
14. Are you planning to go to college?	3 0 Yes	2 0 Maybe	1 0 No	
15. Is it important to your parents (or the adults you live with) that you do well in school?	1 0 Not Too Important	2 0 Important	3 0 Very Important	
16. Is it important to your friends that you do well in school?	1 0 Not Too Important	2 0 Important	3 0 Very Important	
17. If you asked your parents to help you with your homework, would they try to help?	4 0 Definitely Would	3 0 Probably Would	2 0 Probably Would Not	1 0 Definitely Would Not
18. Do your parents ask if you've gotten your homework done?	1 0 Hardly Ever	2 0 Sometimes	3 0 Often	
19. If students act up and make trouble at your school, do they get away with it?	1 0 Hardly Ever	2 0 Sometimes	3 0 Most of the Time	

20. Do you have any friends who have dropped out of school?

- 1 0 None of Them 2 0 Some of Them 3 0 Most of Them 4 0 All of Them

21. Have you ever thought seriously about dropping out of school?

- 1 0 No, Never 2 0 Yes, Once 3 0 Yes, More Than Once

22. Have you ever talked seriously to your parents about dropping out of school?

- 1 0 No, Never 2 0 Yes, Once 3 0 Yes, More than Once

23. Have you ever stopped going to classes for a while because you were seriously thinking about dropping out of school?

- 1 0 No, Never 2 0 Yes, Once 3 0 Yes, More Than Once

24. Are you currently thinking about dropping out of school?

- 1 0 No 2 0 Yes, I think about it from time to time 3 0 Yes, I think about it often

25. Have you ever dropped out of school for a while?

- 1 0 No 2 0 Yes, Once 3 0 Yes, More Than Once

The next two questions ask about religion.

	1	2	3
	Not Important	Important	Very Important
1. HOW IMPORTANT IS IT TO YOU:			
a. To be able to rely on religious teachings when you have a problem?	0	0	0
b. To believe in God?	0	0	0
c. To rely on your religious beliefs as a guide for day-to-day living?	0	0	0
d. To be able to turn to prayer when you're facing a personal problem?	0	0	0

2. How many times have you gone to religious services during the past six months?

- 6 0 Once a week or more
5 0 2-3 times a month
4 0 About once a month
3 0 About every other month
2 0 Once or twice
1 0 None in the past six months

The next questions are about your parents (or the adults you live with, like your step-parents or guardians) and your friends.

1. Would your **friends** agree with your **parents** (or the adults you live with) about what is really important in life?

1	2	3
0 No	0 A Little	0 A Lot
2. Would your **friends** agree with your **parents** (or the adults you live with) about the kind of person you should become?

1	2	3
0 No	0 A Little	0 A Lot
3. Would your **friends** agree with your **parents** (or the adults you live with) about what you should be getting out of being in school?

1	2	3
0 No	0 A Little	0 A Lot
4. If you had to make a **serious** decision about school, who would you depend on most for advice --your friends or your parents?

3	2	1
0 Friends Most	0 Parents and Friends the Same	0 Parents Most
5. If you had to make a **serious** decision about your personal life, who would you depend on most for advice--your friends or your parents?

3	2	1
0 Friends Most	0 Parents and Friends the Same	0 Parents Most
6. What about how to take care of your health? Who do you listen to the most--your friends or your parents?

3	2	1
0 Friends Most	0 Parents and Friends the Same	0 Parents Most
7. What about your outlook on life--what's important to do and what it is important to become? Who has had the most influence on you, your friends or your parents?

3	2	1
0 Friends Most	0 Parents and Friends the Same	0 Parents Most
8. How often do your parents (or the adults you live with) show interest in what you think or in how you feel about different things?

3	2	1
0 Almost Always	0 Sometimes	0 Hardly Ever

9. How close do you feel to your family?

3

0 Very
Close

2

0 Close

1

0 Not Too
Close

10. When you are having problems with school or schoolwork, can you talk them over with your parents?

4

0 Almost
Always

3

0 Much of
the Time

2

0 Once in
a While

1

0 Almost
Never

11. When you are having problems in your personal life, can you talk them over with your parents?

4

0 Almost
Always

3

0 Much of
the Time

2

0 Once in
a While

1

0 Almost
Never

12. Besides your parents, is there another adult you can talk to when you are having problems with school or schoolwork?

4

0 Almost
Always

3

0 Much of
the Time

2

0 Once in
a While

1

0 Almost
Never

13. Besides your parents, is there another adult you can talk to when you are having problems in your personal life?

4

0 Almost
Always

3

0 Much of
the Time

2

0 Once in
a While

1

0 Almost
Never

14. How strict are your parents with you?

3

0 Very
Strict

2

0 Strict

1

0 Not Too
Strict

15. How many close friends do you have?

1

0 None

2

0 One

3

0 2 or 3

4

0 4 or More

16. Are your friends interested in what you think and how you feel?

3

0 Almost
Always

2

0 Sometimes

1

0 Hardly
Ever

17. When you have personal problems, do your friends try to understand and let you know they care?

3

0 Almost
Always

2

0 Sometimes

1

0 Hardly
Ever

18. If you were going to do something people think is wrong, would your friends try to stop you?

4

0 Definitely
Would

3

0 Probably
Would

2

0 Probably
Would Not

1

0 Definitely
Would Not

A REMINDER: If you don't live with your mother or father, please answer the questions for the adults you do live with, like your step-parents or guardians.

1. Do these people pay attention to eating a healthy diet? (Please answer for each person.)

	3		2		1
Your Mother?	0 A Lot of Attention		0 Some Attention		0 Almost No Attention
Your Father?	0 A Lot of Attention		0 Some Attention		0 Almost No Attention
Your Best Friend?	0 A Lot of Attention		0 Some Attention		0 Almost No Attention

2. How about the attention they pay to getting enough exercise?

	3		2		1
Your Mother?	0 A Lot		0 Some		0 Almost None
Your Father?	0 A Lot		0 Some		0 Almost None
Your Best Friend?	0 A Lot		0 Some		0 Almost None

3. How about the attention they pay to getting enough sleep?

	3		2		1
Your Mother?	0 A Lot		0 Some		0 Almost None
Your Father?	0 A Lot		0 Some		0 Almost None
Your Best Friend?	0 A Lot		0 Some		0 Almost None

4. How about their attention to using seat belts when in a car?

	3		2		1
Your Mother?	0 A Lot		0 Some		0 Almost None
Your Father?	0 A Lot		0 Some		0 Almost None
Your Best Friend?	0 A Lot		0 Some		0 Almost None

5. Do your friends usually sit around a lot instead of getting some exercise or working out?

1		2		3		4
0 None of Them Do		0 Some of Them Do		0 Most of Them Do		0 All of Them Do

6. How many of your friends eat a lot of "junk food" instead of a healthy diet?

1		2		3		4
0 None of Them Do		0 Some of Them Do		0 Most of Them Do		0 All of Them Do

1. In the **past six months**, how much stress or pressure have you felt at school?

1 **2** **3** **4**
 0 None 0 Only a 0 A Fair 0 A Lot
 at All Little Amount

2. In the **past six months**, how much stress or pressure have you felt at home?

1 **2** **3** **4**
 0 None 0 Only a 0 A Fair 0 A Lot
 at All Little Amount

3. In the **past six months**, how much stress or pressure have you felt in your personal or social life?

1 **2** **3** **4**
 0 None 0 Only a 0 A Fair 0 A Lot
 at All Little Amount

4. In the **past six months**, have you:

	1 <u>Not at</u> <u>All</u>	2 <u>A Little</u>	3 <u>Some</u>	4 <u>A Lot</u>
Just felt really down about things?	0	0	0	0
Felt pretty hopeless about the future?	0	0	0	0
Spent a lot of time worrying about little things?	0	0	0	0
Just felt depressed about life in general?	0	0	0	0

IN THE PAST SIX MONTHS, HOW OFTEN HAVE YOU:

	1 <u>Hardly</u> <u>Ever</u>	2 <u>Several</u> <u>Times</u>	3 <u>Very</u> <u>Often</u>
1. Done something dangerous just for the thrill of it?	0	0	0
2. Gotten into some risky sports because they were exciting?	0	0	0
3. Done some pretty risky things because it was a real kick?	0	0	0
4. Taken chances with your safety when you were out at night because it was exciting?	0	0	0

5. In the **past six months**, how often did you ride in a car when a friend who had been drinking or using drugs was driving it?

- | | | | |
|----------|--------------------|----------------|----------------------|
| 1 | 2 | 3 | 4 |
| 0 Never | 0 Once or
Twice | 0 3-5
Times | 0 6 or More
Times |

6. When you're riding in a car that a **friend** is driving, do you use your seat belt?

- | | | | |
|------------------|-----------------------|-----------------------|--------------------|
| 1 | 2 | 3 | 4 |
| 0 Hardly
Ever | 0 Some of
the Time | 0 Most of
the Time | 0 Almost
Always |

7. When you're riding in a car that your **mother or father** is driving, do you use your seat belt?

- | | | | |
|------------------|-----------------------|-----------------------|--------------------|
| 1 | 2 | 3 | 4 |
| 0 Hardly
Ever | 0 Some of
the Time | 0 Most of
the Time | 0 Almost
Always |

How wrong do you think it is to do the following things?

HOW WRONG IS IT:	1 Not <u>Wrong</u>	2 A Little <u>Wrong</u>	3 <u>Wrong</u>	4 Very <u>Wrong</u>
1. To start a fist fight or shoving match?	0	0	0	0
2. To shoplift from a store?	0	0	0	0
3. To damage or mark up public or private property on purpose?	0	0	0	0
4. To lie to a teacher to cover up something you did?	0	0	0	0
5. To take things that don't belong to you?	0	0	0	0
6. To stay out all night without permission?	0	0	0	0
7. To damage school property on purpose?	0	0	0	0
8. To lie to your parents about where you have been or who you were with?	0	0	0	0
9. To skip school without permission?	0	0	0	0
10. To hit someone because you didn't like what they said or did?	0	0	0	0
11. To be in a fight with members of a gang?	0	0	0	0
12. To carry a weapon, like a knife or gun?	0	0	0	0
13. To have a serious fight at school?	0	0	0	0

In this section, we ask about driving (either cars or motorcycles).

1. Have you driven a car or a motorcycle in the past six months?

- 1 0 No (IF YOU MARKED "NO," PLEASE GO TO PAGE 21.)
 2 0 Yes, a car
 3 0 Yes, a motorcycle
 4 0 Yes, both

2. Do you have a driver's license or a learner's permit?

- 1 0 No
 2 0 Yes, a Learner's Permit
 3 0 Yes, a Driver's License

3. How long have you had your driver's license?

- | | |
|-----------------------------------|------------------------|
| 1 0 Still have a learner's permit | |
| 2 0 Less than a month | 6 0 6 months to a year |
| 3 0 1 or 2 months | 7 0 1 - 1½ years |
| 4 0 3 or 4 months | 8 0 1½ - 2 years |
| 5 0 5 or 6 months | 9 0 More than 2 years |

4. Do you own a car or a motorcycle?

- 1 0 No
 2 0 Yes If "Yes", what year and make is it? _____

If "No," is there a car or a motorcycle you can use when you want to?

- 1 0 No
 2 0 Yes

5. About how many miles do you drive in an average week?

- | | |
|-----------------------|--------------------------------|
| 1 0 0 miles a week | 6 0 41-50 |
| 2 0 1-10 miles a week | 7 0 51-75 |
| 3 0 11-20 | 8 0 76-100 |
| 4 0 21-30 | 9 0 More than 100 miles a week |
| 5 0 31-40 | |

6. In an average week, how much of your driving do you do after 8 o'clock at night?

- | | | |
|----------------|----------------|----------------|
| 1 0 None of It | 2 0 Some of It | 3 0 Most of It |
|----------------|----------------|----------------|

7. When you're driving by yourself, do you use your seat belt?

- | | | | |
|-----------------|----------------------|----------------------|-------------------|
| 1 0 Hardly Ever | 2 0 Some of the Time | 3 0 Most of the Time | 4 0 Almost Always |
|-----------------|----------------------|----------------------|-------------------|

8. When you're driving with a friend in your car, do you use your seat belt?

- | | | | |
|-----------------|----------------------|----------------------|-------------------|
| 1 0 Hardly Ever | 2 0 Some of the Time | 3 0 Most of the Time | 4 0 Almost Always |
|-----------------|----------------------|----------------------|-------------------|

9. DURING THE PAST SIX MONTHS,
HOW OFTEN DID YOU:

	<u>1</u> <u>Never</u>	<u>2</u> <u>Once or</u> <u>Twice</u>	<u>3</u> <u>3-5</u> <u>Times</u>	<u>4</u> <u>6 or More</u> <u>Times</u>
a. Drive after you'd had one or two drinks of alcohol (cans of beer)?	0	0	0	0
b. Drive more than 20 miles an hour over the speed limit?	0	0	0	0
c. Drive through a stop sign without coming to a full stop?	0	0	0	0
d. Pass a car in a no-passing zone?	0	0	0	0
e. Drive after you'd had three or more drinks of alcohol (cans of beer)?	0	0	0	0
f. Take chances for the fun of it when driving in traffic?	0	0	0	0
g. Drive too close to the car in front of you ("tailgate")?	0	0	0	0
h. Drive at high speed through a neighborhood or school zone?	0	0	0	0
i. Drive after you had used marijuana?	0	0	0	0
j. Drive through a red light?	0	0	0	0
k. Race a car on city streets?	0	0	0	0
l. Cut in front of another car at full speed so you could make a turn?	0	0	0	0
m. Take some risks while you were driving in traffic because it makes driving more fun?	0	0	0	0

10. In the past six months, have you gotten a ticket for speeding or any other traffic violation (not a parking ticket)?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
0 Never	0 Once	0 Twice	0 Three or More Times

11. In the past six months, have you had a traffic accident because you were driving carelessly?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
0 Never	0 Once	0 Twice	0 Three or More Times

In your home, how strict are the rules you have to follow:

	<u>3</u>	<u>2</u>	<u>1</u>
	<u>Very</u> <u>Strict</u>	<u>Not Too</u> <u>Strict</u>	<u>Not Strict</u> <u>at All</u>
1. About when and how much television you can watch?	0	0	0
2. About letting your family know where you're going when you go out?	0	0	0
3. About getting your homework done?	0	0	0
4. About dating and going to parties?	0	0	0
5. About being home by a certain time at night?	0	0	0
6. About what time you go to bed at night?	0	0	0
7. About getting chores done around the house?	0	0	0

This section asks about smoking.

1. Have you ever smoked a cigarette?

- 1 0 No, never
2 0 Yes, but only once }
3 0 A few times
4 0 More than a few times

**IF YOU CHECKED ONE OF THESE TWO CIRCLES,
GO TO QUESTION 5.**

2. During the **past month**, how many cigarettes have you smoked on an average day?

- 7 0 About 2 packs or more a day 3 0 Between one and five cigarettes a day
6 0 About 1½ packs a day 2 0 Less than one cigarette a day
5 0 About a pack a day 1 0 None at all
4 0 About half a pack a day

3. How old were you when you **first** smoked a cigarette?

_____ Years Old

4. How old were you when you started smoking **on a pretty regular basis**, like one or two times a week?

_____ Years Old

5. How do your parents feel about someone your age smoking cigarettes?

- 1 0 They Strongly Disapprove 2 0 They Disapprove 3 0 They Neither Disapprove Nor Approve

6. Does either of your parents (or step-parents or guardians) smoke cigarettes?

- 1 0 Neither Does 2 0 Father Only 3 0 Mother Only 4 0 Both Do

7. How many of your friends smoke cigarettes on a pretty regular basis?

- / 0 None 2 0 Some of Them 3 0 Most of Them 4 0 All of Them

8. Do you think smoking can have an effect on the health of young people your age?

- 4 0 Very Serious Effect 3 0 Serious Effect 2 0 Mild Effect 1 0 Almost No Effect

9. Have you ever tried chewing tobacco?

- / 0 No, never
 2 0 Yes, but only once
 3 0 A few times
 4 0 More than a few times

IF YOU CHECKED ONE OF THESE TWO CIRCLES,
GO TO QUESTION 13.

10. During the past month, how often have you used chewing tobacco?

- / 0 Once a week or less
 2 0 A couple of times a week
 3 0 Nearly every day
 4 0 Several times a day

11. How old were you when you first tried chewing tobacco?

____ Years Old

12. How old were you when you started using chewing tobacco on a pretty regular basis?

____ Years Old

13. Do you think using chewing tobacco can have an effect on the health of young people your age?

- 4 0 Very Serious Effect 3 0 Serious Effect 2 0 Mild Effect 1 0 Almost No Effect

A REMINDER

PLEASE ANSWER ALL OF THE QUESTIONS AS TRUTHFULLY AS POSSIBLE. YOU MAY
SKIP ANY QUESTION THAT YOU WOULD RATHER NOT ANSWER.
BUT REMEMBER THAT YOUR ANSWERS WILL NOT BE SEEN BY ANYONE BUT US.

Do you agree or disagree with each of the statements below?

	<u>4</u> Strongly Agree	<u>3</u> Agree	<u>2</u> Disagree	<u>1</u> Strongly Disagree
1. I often feel left out of things that other kids are doing.	0	0	0	0
2. I sometimes feel unsure about who I really am.	0	0	0	0
3. It's not up to me to help out when people I know are having problems.	0	0	0	0
4. It's hard to know how to act most of the time since you can't tell what other people expect.	0	0	0	0
5. Hardly anything I'm doing in my life means very much to me.	0	0	0	0

This section is about alcohol.

1. Have you ever had a drink of beer, wine, or liquor--not just a sip or a taste of someone else's drink?

2 0 Yes 1 0 No

2. Have you had a drink of beer, wine, or liquor more than two or three times in your life--not just a sip or a taste of someone else's drink?

2 0 Yes 1 0 No → IF YOU MARKED "NO", PLEASE GO TO QUESTION 12 ON PAGE 25.

3. Think about the first time you had a drink of beer, wine, or liquor. Were you with your parents or other adults in your family?

1 0 No

2 0 Yes. If your answer is "Yes," how old were you then? _____ Years Old

4. Think about the first time you had a drink of beer, wine, or liquor when you were not with your parents or other adults in your family. How old were you then?

_____ Years Old
99 0 I only drink alcohol when I'm with my family.

5. How much of your drinking do you do with your parents?

1	2	3	4
0 None of It	0 Some of It	0 Most of It	0 All of It

6. During the **past six months**, how often did you drink alcohol?

9 0 Every day
8 0 Four or five days a week
7 0 Two or three days a week
6 0 Once a week
5 0 Two or three days a month
4 0 About once a month
3 0 3-4 times in the past 6 months
2 0 Once or twice in the past 6 months
1 0 Not at all

→ **IF YOU MARKED "NOT AT ALL," PLEASE SKIP TO QUESTION 12 ON PAGE 25 AND GO ON FROM THERE.**

7. Think of all the times you have had a drink during the **past six months**. How much did you usually drink each time?

9 0 Nine or more cans of beer, glasses of wine, or drinks of liquor
8 0 Seven or eight
7 0 Six
6 0 Five
5 0 Four
4 0 Three
3 0 Two
2 0 One
1 0 Less than one can of beer, glass of wine, or drink of liquor

8. Over the **past six months**, how many times did you drink **five or more drinks** (of beer, wine, or liquor) when you were drinking?

1 0 Never	6 0 2 or 3 days a month
2 0 Once	7 0 Once a week
3 0 2-3 Times	8 0 Twice a week
4 0 4-5 Times	9 0 More than twice a week
5 0 Once a month	

9. Over the **past six months**, how many times has each of the following happened **because you had been drinking?**

	<u>1</u> <u>Never</u>	<u>2</u> <u>Once</u>	<u>3</u> <u>Twice</u>	<u>4</u> <u>3-4</u> <u>Times</u>	<u>5</u> <u>5 or More</u> <u>Times</u>
You've gotten into trouble with your parents because you had been drinking.	0	0	0	0	0
You've had problems at school or with schoolwork because you had been drinking.	0	0	0	0	0
You've had problems with your friends because you had been drinking.	0	0	0	0	0
You've had problems with someone you were dating because you had been drinking.	0	0	0	0	0
You've gotten into trouble with the police because you had been drinking.	0	0	0	0	0

10. In the **past six months**, about how many times have you gotten **drunk** or "very, very high" on alcohol?

<u>1</u> 0 Never	<u>6</u> 0 2 or 3 days a month
<u>2</u> 0 Once	<u>7</u> 0 Once a week
<u>3</u> 0 2-3 Times	<u>8</u> 0 Twice a week
<u>4</u> 0 4-5 Times	<u>9</u> 0 More than twice a week
<u>5</u> 0 Once a month	

11. How much of your drinking takes place on weekends (Friday and Saturday nights)?

<u>1</u> 0 None of It	<u>2</u> 0 Some of It	<u>3</u> 0 Most of It	<u>4</u> 0 Nearly All of It
-----------------------------	-----------------------------	-----------------------------	-----------------------------------

12. How do you think **your parents** feel about someone your age drinking alcohol?

<u>1</u> 0 They Strongly Disapprove	<u>2</u> 0 They Disapprove	<u>3</u> 0 They Neither Disapprove Nor Approve
---	----------------------------------	--

13. How do most of **your friends** feel about someone your age drinking alcohol?

<u>1</u> 0 They Strongly Disapprove	<u>2</u> 0 They Disapprove	<u>3</u> 0 They Approve	<u>4</u> 0 They Strongly Approve
---	----------------------------------	-------------------------------	--

14. How many of your friends drink alcohol fairly regularly?

1 2 3 4
0 None 0 Some of Them 0 Most of Them 0 All of Them

15. Do your friends ever pressure you to drink or to drink more than you do now?

1 2 3 4
0 Never 0 Once in a While 0 Often 0 All the Time

16. If you wanted some beer, wine, or liquor, how easy would it be for you to get some?

1 2 3 4
0 Very Difficult 0 Fairly Difficult 0 Fairly Easy 0 Very Easy

17. Do you think daily use of alcohol can have an effect on the health of young people your age?

4 3 2 1
0 Very Serious Effect 0 Serious Effect 0 Mild Effect 0 Almost No Effect

The following questions are about eating.

1. How often do you skip breakfast?

1 2 3
0 Most Mornings 0 Some Mornings 0 Almost Never

2. How often do you skip lunch?

1 2 3
0 Most Days 0 Some Days 0 Almost Never

3. How often do you eat dinner with your family?

3 2 1
0 Most Days 0 Some Days 0 Almost Never

4. Do you usually snack instead of eating regular meals?

3 2 1
0 Most of the Time 0 Some of the Time 0 Almost Never

5. Do you think skipping breakfast most days can have an effect on the health of young people your age?

4 3 2 1
0 Very Serious Effect 0 Serious Effect 0 Mild Effect 0 Almost No Effect

6. Think about your usual eating habits.

DO YOU PAY ATTENTION TO:

	3 <u>A Lot</u>	2 <u>Some</u>	1 <u>None</u>
a. Seeing that your diet is healthy?	0	0	0
b. Keeping down the amount of salt you eat?	0	0	0
c. Eating only as much as your body really needs?	0	0	0
d. Keeping down the amount of fat you eat?	0	0	0
e. Drinking enough milk every day?	0	0	0
f. Eating some fresh vegetables every day?	0	0	0
g. Eating in a healthy way even when you're with friends?	0	0	0
h. Eating healthy snacks like fruit instead of candy?	0	0	0
i. Eating foods that are baked or broiled rather than fried?	0	0	0

7. Do you think eating a lot of "junk food" can have an effect on the health of young people your age?

4 0 Very Serious Effect	3 0 Serious Effect	2 0 Mild Effect	1 0 Almost No Effect
		3 <u>Often</u>	2 <u>Sometimes</u>
			1 <u>Almost Never</u>

8. Do you ever eat more than you really need to?	0	0	0
9. Do you ever eat even when you're not really hungry?	0	0	0
10. Do you ever keep on eating even after you feel full?	0	0	0
11. Do you ever eat because you're upset about something?	0	0	0
12. Do you ever eat just because you're bored?	0	0	0

13. In the past six months, about how many times have you started a diet to lose weight?

1 0 Never	2 0 Once	3 0 2-3 Times	4 0 4 or More Times
--------------	-------------	------------------	------------------------

14. Are you on a diet to lose weight now?

1 0 No	2 0 Yes
-----------	------------

15. In the past six months, have you ever used diet pills or laxatives to help you to lose weight or to stay thin?

1 0 Never	2 0 Once or Twice	3 0 Several Times	4 0 Often
--------------	----------------------	----------------------	--------------

16. In the past six months, have you ever made yourself throw up as a way to lose weight or to stay thin?

1 0 Never	2 0 Once or Twice	3 0 Several Times	4 0 Often
--------------	----------------------	----------------------	--------------

Think about how you see your future.

	I think the chances are:				
	<u>5</u> Very High	<u>4</u> High	<u>3</u> About Fifty-Fifty	<u>2</u> Low	<u>1</u> Very Low
WHAT ARE THE CHANCES THAT:					
1. You will graduate from high school?	0	0	0	0	0
2. You will go to college?	0	0	0	0	0
3. You will have a job that pays well?	0	0	0	0	0
4. You will be able to own your own home?	0	0	0	0	0
5. You will have a job that you enjoy doing?	0	0	0	0	0
6. You will have a happy family life?	0	0	0	0	0
7. You will stay in good health most of the time?	0	0	0	0	0
8. You will be able to live wherever you want to in the country?	0	0	0	0	0
9. You will be respected in your community?	0	0	0	0	0
10. You will have good friends you can count on?	0	0	0	0	0

DURING THE PAST SIX MONTHS, HOW OFTEN HAVE YOU:	1	2	3	4	5
	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3-4 Times</u>	<u>5 or More Times</u>
1. Started a fist fight or shoving match?	0	0	0	0	0
2. Shoplifted from a store?	0	0	0	0	0
3. Damaged or marked up public or private property?	0	0	0	0	0
4. Lied to a teacher to cover up something you did?	0	0	0	0	0
5. Taken things that didn't belong to you?	0	0	0	0	0
6. Stayed out all night without permission?	0	0	0	0	0
7. Damaged school property on purpose?	0	0	0	0	0
8. Lied to your parents about where you have been or who you were with?	0	0	0	0	0
9. Skipped school without permission?	0	0	0	0	0
10. Hit someone because you didn't like what they said or did?	0	0	0	0	0
11. Been in a fight with members of a gang?	0	0	0	0	0
12. Carried a weapon, like a knife or a gun?	0	0	0	0	0
13. Had a serious fight at school?	0	0	0	0	0

The next questions are about drugs.

1. How do most of **your friends** feel about someone your age using marijuana?

1 0 They Strongly Disapprove 2 0 They Disapprove 3 0 They Don't Seem to Care 4 0 They Approve

2. How many of your friends use marijuana (pot, grass, weed, hash)?

1 0 None 2 0 Some of Them 3 0 Most of Them 4 0 All of Them

3. Have you ever tried marijuana?

1 0 No, never ———→ IF YOU MARKED NEVER, PLEASE SKIP TO QUESTION 8 BELOW.
2 0 Yes, once
3 0 Yes, more than once

4. How old were you when you first tried marijuana?

_____ Years Old

5. Have you ever gotten high or stoned from using marijuana?

1 0 Have Not Used Marijuana 2 0 Have Used It, But Never Gotten High 3 0 Have Gotten High Once 4 0 Have Gotten High More than Once

6. In the **past six months**, how often have you used marijuana?

1 0 Never 6 0 2-3 Times a Month
2 0 Once 7 0 Once a Week
3 0 2-3 Times 8 0 2 or 3 Times a Week
4 0 4-5 Times 9 0 4 or 5 Times a Week
5 0 Once a Month 10 0 Every Day

7. In the **past six months**, have you ever been high at school from having used marijuana?

1 0 Never 2 0 Once or Twice 3 0 Several Times 4 0 Often

8. How do **your parents** feel about someone your age using marijuana?

1 0 They Strongly Disapprove 2 0 They Disapprove 3 0 They Neither Disapprove Nor Approve

9. If you wanted to get some marijuana, how easy would it be for you?

1 0 Very Difficult 2 0 Fairly Difficult 3 0 Fairly Easy 4 0 Very Easy

10. Do you think being a marijuana user can have an effect on the health of young people your age?

4 3 2 1
 0 Very Serious Effect 0 Serious Effect 0 Mild Effect 0 Almost No Effect

11. Have you used any of the following drugs? If you have, please answer how many times you used each drug in the past six months.

	<u>Ever Used</u>		<u>Times Used in Past 6 Months</u>
	1	2	
Pills (Uppers, Downers, Tranquilizers)	0 No	0 Yes	_____ Times
Crack (Rock)	0 No	0 Yes	_____ Times
Cocaine	0 No	0 Yes	_____ Times
LSD (acid)	0 No	0 Yes	_____ Times
PCP (angel dust)	0 No	0 Yes	_____ Times
Paint, glue, or other things you inhale	0 No	0 Yes	_____ Times
Heroin	0 No	0 Yes	_____ Times

See p.42.

HOW SURE ARE YOU THAT YOU WILL:

	3 <u>Very Sure</u>	2 <u>Pretty Sure</u>	1 <u>Not Too Sure</u>
1. Get at least a B average this year?	0	0	0
2. Be considered a bright student by your teachers?	0	0	0
3. Come out near the top of the class on exams?	0	0	0
4. Have good enough grades to get into college?	0	0	0
5. Be thought of as a good student by the other students?	0	0	0

This section is about dating and sex.

1. How often in the past six months did you go out on a date with someone of the opposite sex?

¹ 0 Not at all ² 0 Once or twice in the past 6 months ³ 0 3-4 times in the past 6 months	⁴ 0 About once a month ⁵ 0 Two or three times a month ⁶ 0 Once a week or more
---	--
2. Are you dating someone fairly regularly or going steady now?

² 0 Yes	¹ 0 No
--------------------	-------------------
3. Think of all your friends of the same sex you are. How many of them have had sexual intercourse ("gone all the way") with someone of the opposite sex?

¹ 0 Almost None	² 0 Some of Them	³ 0 Most of Them	⁴ 0 All of Them
----------------------------	-----------------------------	-----------------------------	----------------------------
4. When kids your age have sexual intercourse, do they usually use some kind of birth control method or contraceptive (like condoms, birth control pills, or foam)?

⁴ 0 Almost All Do	³ 0 Most Do	² 0 Some Do	¹ 0 Almost None Do
------------------------------	------------------------	------------------------	-------------------------------
5. How much peer pressure is there on kids your age to have sex?

¹ 0 None	² 0 A Little	³ 0 A Fair Amount	⁴ 0 A Lot
---------------------	-------------------------	------------------------------	----------------------
6. Kids my age are just too young to have sex.

⁴ 0 Strongly Agree	³ 0 Agree	² 0 Disagree	¹ 0 Strongly Disagree
-------------------------------	----------------------	-------------------------	----------------------------------
7. It's better not to have sex rather than to risk getting pregnant.

⁴ 0 Strongly Agree	³ 0 Agree	² 0 Disagree	¹ 0 Strongly Disagree
-------------------------------	----------------------	-------------------------	----------------------------------
8. These next questions are about contraception or birth control. Please mark whether you agree or disagree with them.

	⁴ <u>Strongly Agree</u>	³ <u>Agree</u>	² <u>Disagree</u>	¹ <u>Strongly Disagree</u>
a. It's smart to use birth control to prevent an unplanned pregnancy.	0	0	0	0
b. Using birth control is just too much of a hassle.	0	0	0	0
c. It's a good idea to use condoms to protect against getting AIDS.	0	0	0	0
d. It's just not right to use birth control.	0	0	0	0
e. The whole idea of birth control is embarrassing to me.	0	0	0	0
f. Teenagers who use birth control show they care about themselves and their future.	0	0	0	0

9. Have you ever had sexual intercourse ("gone all the way") with someone of the opposite sex?
 2 Yes 0 No ▶ IF YOU MARKED "NO", GO TO QUESTION 1 ON PAGE 34.

10. How old were you the first time you had sexual intercourse? _____ Years Old

11. What was your relationship to your first sexual partner?

- 5 0 Engaged
 4 0 Going Steady
 3 0 Friend
 2 0 Knew Each Other a Little
 0 Other Stranger = 1 Rape = 7 Relative = 8
Other, unspecified = 6

12. (a) That first time you had sex, did you or your partner use any kind of birth control method or contraceptive (like condoms, birth control pills, or foam)?
 2 No 0 Yes 3 I don't remember

(b) If "Yes", what type of birth control method or contraceptive was used?

[See page 42.]

13. In your life, how many people have you had sexual intercourse with? _____ People [See p. 42.]

14. In the past year, how many times, if any, have you had sexual intercourse? _____ Times [See p. 42.]

IF YOU HAVEN'T HAD SEXUAL INTERCOURSE IN THE PAST YEAR,
 PLEASE GO ON TO QUESTION 18 ON PAGE 34.

15. In the past year, how many people have you had sexual intercourse with? _____ People [See p. 42.]

16. (a) When you had sex in the past year, did you make sure that some kind of birth control method or contraceptive was used, either by you or by the other person?
 6 0 Almost Always 5 0 Most of the Time 4 0 About Half of the Time 3 0 Some of the Time 2 0 Hardly Ever 1 0 Never

(b) When you had sex in the past year, what type of birth control method or contraceptive, if any, was usually used?

- 1 0 None 6 0 Foam, cream, or jelly only
 2 0 Birth control pills only 7 0 Diaphragm or cervical cap
 3 0 Birth control pills and condoms 8 0 Withdrawal ("pulling out")
 4 0 Condoms only 9 0 Rhythm method ("safe days")
 5 0 Condoms and foam, cream, or jelly 10 0 Other [See page 42.]

(c) If contraception was not used, what was the reason? [See page 43.]

(d) When you had sex in the past year, who usually made the decision about whether or not to use birth control?
 1 0 I Did 2 0 My Partner Did 3 0 We Both Did

(e) The last time you had sex, what type of birth control method or contraceptive was used?

[See page 42.]

17. When you had sex in the past year, how often was a condom (rubber) used?
- 6 0 Almost Always 5 0 Most of the Time 4 0 About Half of the Time 3 0 Some of the Time 2 0 Hardly Ever 1 0 Never

18. Have you ever been pregnant or made a girl pregnant?

0 No 2 0 Yes, Once 3 0 More Than Once

If "Yes", what did you and your partner do about the pregnancy?

- 1 0 Had the baby and kept it
 2 0 Had the baby and gave it up for adoption
 3 0 Had a miscarriage (lost the baby)
 4 0 Had an abortion

These next questions are about different types of school and community activities.

1. Do you belong to any school clubs or organizations, like the drama club, school newspaper, peer counselors, and so on?

1 0 No 2 0 Yes, one 3 0 Yes, two or more

If yes, which ones? [See page 43.]

2. Do you belong to any community youth groups, like Boy Scouts, Girl Scouts, the "Y," or others?

1 0 No 2 0 Yes, one 3 0 Yes, two or more

3. Do you do any kind of volunteer work in the community?

1 0 No 2 0 Once in a While 3 0 Fairly Often

HOW MANY OF YOUR FRIENDS:	4 All of Them	3 Most of Them	2 Some of Them	1 None
1. Are in school clubs or organizations?	0	0	0	0
2. Go to church or religious services pretty regularly?	0	0	0	0
3. Are in community youth groups, like Scouts, Boys Club or Girls Club, the "Y", etc.?	0	0	0	0
4. Get good grades in school?	0	0	0	0
5. Do volunteer work in the community?	0	0	0	0
6. Take part in organized sports?	0	0	0	0
7. Spend a lot of time doing things with their families?	0	0	0	0

Do you agree or disagree with each of the following statements about **health**?

1. If I do things right, it's easy to stay in good health.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

2. I can get sick no matter how much I try to take care of myself.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

3. If I get sick, there are things I can do to get better faster.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

4. Kids my age are just too young to do much about their health.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

5. Staying healthy seems to be mostly a matter of luck for me.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

6. I might get sick more often if I didn't take care of myself.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

7. It's easy for me to stay healthy if I eat right and get enough sleep and exercise.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

8. People in my family just seem to get sick easily.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

9. Once I'm sick, there is not much I can do to get better except wait.

4	3	2	1
0 Strongly Agree	0 Agree	0 Disagree	0 Strongly Disagree

We want to find out what teenagers think about AIDS and what they know about AIDS.

You need to understand two related words used in this survey: AIDS and HIV.

AIDS stands for acquired immunodeficiency syndrome.

AIDS is caused by the virus, HIV.

HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS.

	<u>3</u> <u>Yes</u>	<u>1</u> <u>No</u>	<u>2</u> <u>Not Sure</u>
1. Should students your age be taught about AIDS/HIV infection in school?	0	0	0
2. Have you been taught about AIDS/HIV infection in school?	0	0	0
3. Should a student with AIDS/HIV infection be allowed to go to your school?	0	0	0
4. Would you be willing to be in the same class with a student with AIDS/HIV infection?	0	0	0
5. Do you know where to get good information about AIDS/HIV infection?	0	0	0
6. Do you know where to get tested to see if you are infected with the AIDS virus (HIV)?	0	0	0
7. Do you know how to keep from getting the AIDS virus (HIV)?	0	0	0
8. Have you ever talked about AIDS/HIV infection with a friend?			
<u>2</u> <u>1</u>			
0 Yes 0 No			
9. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?			
<u>2</u> <u>1</u>			
0 Yes 0 No			
10. Getting AIDS isn't something teenagers really have to worry about.			
<u>1</u> <u>2</u> <u>3</u> <u>4</u>			
0 Strongly Agree 0 Agree 0 Disagree 0 Strongly Disagree			
11. AIDS is not as big a problem as it's made out to be.			
<u>1</u> <u>2</u> <u>3</u> <u>4</u>			
0 Strongly Agree 0 Agree 0 Disagree 0 Strongly Disagree			
12. Do you ever worry about getting AIDS yourself?			
<u>1</u> <u>2</u> <u>3</u>			
0 No 0 Yes, a Little 0 Yes, a Lot			

Can a person get AIDS/HIV infection from:

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
1. Holding hands with someone?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
2. Sharing needles used to inject (shoot up) drugs?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
3. Being bitten by mosquitos or other insects?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
4. Giving blood?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
5. Having a blood test?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
6. Using public toilets?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
7. Having sexual intercourse without a condom (rubber)?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
8. Being in the same class with a student who has AIDS/HIV infection?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
1. Can you tell if people are infected with the AIDS virus (HIV) just by looking at them?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
2. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
3. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
4. Is there a cure for AIDS/HIV infection?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0
5. Is it true that only homosexual (gay) men can get AIDS/HIV infection?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0

Can people reduce their chances of becoming infected with the AIDS virus (HIV):

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
1. By <u>not</u> having sexual intercourse (being abstinent)?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
2. By using condoms (rubbers) during sexual intercourse?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
3. By <u>not</u> having sexual intercourse with a person who has injected (shot up) drugs?	<u>1</u> 0	<u>0</u> 0	<u>0</u> 0
4. By taking birth control pills?	<u>0</u> 0	<u>1</u> 0	<u>0</u> 0

We would like to know what you thought of the questionnaire so we can make it better next time.

1. How interesting were the questions?

3 2 1
0 Very 0 Fairly 0 Not Too
Interesting Interesting Interesting

2. Did the questions deal with things that are important for someone your age?

3 2 1
0 Most of 0 About Half 0 Some of
Them Did of Them Did Them Did

3. Were there any sections that were too personal for you?

1 2
0 No 0 Yes

If "Yes", which ones? [See page 44.]

4. Were there any sections that you didn't like for some other reason?

1 2
0 No 0 Yes

If "Yes", which ones? Why? [See page 44.]

5. Are there any other things we should have asked about? What? _____

6. If we should want to get back in touch with you in the future, even ten years from now, would that be all right with you?

2 1
0 Yes 0 No

THANK YOU VERY MUCH FOR BEING PART OF THIS STUDY!

WE REALLY APPRECIATE YOUR WORKING WITH US IN THIS RESEARCH.
YOU ARE HELPING US TO UNDERSTAND MORE ABOUT
THE LIVES AND HEALTH OF YOUNG PEOPLE.

THANKS!

NOW PLEASE FILL IN
THE NAME SHEET
ON THE
NEXT PAGE

CODING GUIDE TO OPEN-ENDED ITEMS

Page 1, Item 12: Reasons for Avoiding Hard Physical Exercise

01	Asthma	26	Will get sick
02	Knees, or knee	27	High blood pressure
03	Back	28	Epilepsy
04	Overweight	29	Surgery
05	Easily out of breath	30	Too big
06	Pregnant	31	Get mad quick
07	Smokes	32	MS/MD/Somehow handicapped physically
08	Get tired easily	33	Weak appendix
09	Weak ankles	34	Cancer
10	Venus hum heart	35	Ulcer/stomach
11	Not in shape	36	Arthritis/joints
12	Dehydration	37	Diabetes
13	My heart	38	Anemic
14	Need to be healthier	39	Sickle cell anemia
15	Birth defect (twisted limb)	40	Kidney Infection
16	Hurt in accident	41	Broken bone
17	Get headaches	42	Nerve damage
18	Bronchitis	43	Lazy
19	Legs	44	Period/PMS/menstrual problems
20	Get dizzy	45	Chronic fatigue syndrome
21	So don't get hurt	46	Spina bifida
22	Allergies	47	Neck injury
23	So I don't get fat	48	Mono
24	Can't	49	Dislocated joint
25	Chest/side pain	50	Weak lungs

Page 5, Item 9: Other People Subject is Living With

01	Mother's boyfriend	19	Stepsister
02	Father's girlfriend	20	Step-grandfather
03	Cousin	21	Sibling (unspecified age)
04	Friend of family	22	Foster sibling/Guardian's children
05	Friend	23	Godparent(s)
06	Boyfriend	24	Host family
07	Girlfriend	25	Stepfather's uncle
08	Son/Daughter/Child	26	Boarder
09	Au pair	27	Aunt's boyfriend
10	Exchange student	28	Guardians/Foster parents
11	Niece/Nephew	29	In-laws
12	Twin	30	01 or 02's children
13	Nanny/Caretaker	31	Great grandparents
14	Roommate/Housemate	32	Brother's girlfriend
16	Sister-in-law	33	Great aunt
15	Brother-in-law	34	Group home/institution
17	Ex-Stepfather	35	Boyfriend's/Girlfriend's family
18	Stepbrother	36	Friend's family

Page 5, Item 13: Racial/Ethnic Background "Other"

07	Anglo and Black	13	Black and Indian
08	Anglo and Hispanic	14	Hispanic and Indian
09	Anglo and Asian	15	Hispanic and Asian
10	Anglo and Indian	16	Indian and Asian
11	Black and Hispanic	17	3 or more of the above
12	Black and Asian	18	Other, unknown

Page 6, Item 16: Father's Occupation**Page 6, Item 18: Mother's Occupation**

Assign Hollingshead Occupational Ratings (1-9) to reported parental occupations.

Page 7, Item 22: Subject's Job(s)

01 Babysit/child care	40 Grades papers/Asst. teacher
02 Yardwork/Landscaping	41 Work on a computer/Programmer
03 Cashier	42 Nursing home/Health care
04 Cook	43 Asst. in lab
05 Clean/Laundry	44 Jobs for teenagers
06 Food server (waiter/waitress)	45 Telemarketing
07 Fast food	46 Help elderly
08 Deliver flyers	47 Shop foreman asst.
09 Sales clerk/sales	48 Work in a store
10 Deliver newspapers	49 Fix bikes
11 Sitting for houses, pets	50 Manager store
12 Keep score for team/coach	51 Office/file clerk/bookkeeper
13 Works for father	52 Library asst./museum
14 Work at auction	53 Amusement park/arcade/skating
15 Sell records	54 Offset printing/print shop
16 Zoo/Kennel/Animal shelter/etc.	55 Porter/baggage/houseman
17 Day care center	56 Golf caddy/sports-related work
18 Chores	57 Sponsor business
19 Wash cars	58 Contract labor/moving/manual labor
20 Riding horses/trainer	59 Parking attendant/checkout
21 Works for mother/aunt	60 Bank teller
22 Work at bookstore	61 Maintenance
23 Painter's helper	62 Musician/acting/performing
24 Modeling	63 Odd jobs
25 Pay bills	64 Guard/security/lifeguard
26 Teach class/tutor	65 Messenger/delivery
27 Stock or sack groceries	66 Concessions
28 Shovel snow	67 Nurses aid
29 Pick up brother/sister	68 Usher/theater/host/hostess
30 Construction/remodel/home	69 Heavy equip./Machine operator
31 Receptionist/secretary	70 Film developer
32 Busboy/girl	71 Cosmetology/Beauty salon
33 Counselor	72 Clean machines
34 Works on cars	73 Service station
35 Housework	74 Answer phone
36 Clean shelves at store	75 Demo new product
37 Dishwasher	76 Social
38 Janitor/sweeper	77 Drug dealer
39 Granny sitting (elderly)	78 Factory work

Verbal Responses To**Page 31, Item 11: Number of Times Used Drugs****Page 33, Item 13: Number of Sex Partners, Lifetime****Page 33, Item 14: Frequency Of Sexual Intercourse, Past Year****Page 33, Item 15: Number of Sex Partners, Past Year**

985 All the time	990 Many (times)	995 A few
986 Not sure	991 A lot (lots)/whole bunch	996 Some
987 Enough	992 Uncounted (can't count)	997 A # of times
988 I forget	993 I don't know	998 Not many
989 Too many/too much	994 Can't answer	999 Several

Page 33, Item 12b: Contraception Used at First Intercourse**Page 33, Item 16e: Contraception Used at Last Intercourse**

01 None	15 Sponge
02 BC pills	16 None or rhythm
03 BC pills & condom	17 None or condom
04 Condom	18 Condom & diaphragm
05 Condom & spermicide	19 Sponge or condom
06 Foam, cream, jelly	20 Condom or rhythm
07 Diaphragm or cervical cap	21 Condom or pills & condom
08 Withdrawal	22 Shots (depoprovera)
09 Rhythm	23 Three or more types
10 Condom or withdrawal	24 Pills or none
11 Condom & pills or foam	25 Foam & pills
12 Pills or condom	26 Norplant & condom
13 Pills & condom or withdrawal	27 Shots & condom
14 Norplant	

Page 33, Item 16b: "Other" Type of Contraceptive Used in Past Year

10 Condom or withdrawal	19 Sponge or condom
11 Condom & pills or foam	20 Condom or rhythm
12 Pills or condom	21 Condom or pills & condom
13 Pills & condom or withdrawal	22 Shots (depoprovera)
14 Norplant	23 Three or more types
15 Sponge	24 Pills or none
16 None or rhythm	25 Foam & pills
17 None or condom	26 Norplant & condom
18 Condom & diaphragm	27 Shots & condom

Page 33, Item 16c: Reasons for Not Using Contraception

01	Forgot, Didn't think	26	It broke/Hole in it
02	Didn't have any (one)	27	Had no control over that
03	"Heat of the Moment" or "Too Hot" or "Horny"	28	Afraid parents would find out
04	Embarrassed	29	Too young
05	Couldn't get any (one)	30	Not comfortable/hurts
06	Didn't want any (one)	31	Too much bother/hassle
07	Partner didn't want any (one)	32	No money/couldn't afford any
08	"Safe day", "Right time of the month", rhythm method	33	Partners "checked with each other"
09	Wanted (her) to get pregnant	34	Withdrawal/pulled out
10	Wanted "the real thing"	35	Didn't know how to get it
11	Partner wanted "the real thing"	36	Less enjoyment/like natural feel/didn't feel good
12	Married	37	Just didn't bother/lazy
13	Believe (she) can't have children	38	I don't understand
14	Didn't (won't) fit	39	Afraid to get it
15	Stupid, foolish, etc.	40	Inconvenient
16	Only "tramps" use it	41	Side effects/cancer
17	Thought she had something (protection)	42	Allergies
18	Partner didn't want to have sex	43	Didn't plan on it/just happened/spur of the moment
19	Already pregnant	44	Not discussed
20	Didn't care/not important	45	Hate using condoms
21	Didn't need them	46	Gross/disgusting
22	Not familiar with contraceptive devices	47	Romantic/more special
23	Didn't have time/too late	48	Together long time
24	Don't know (unknown)/no reason	49	Don't believe in it
25	Too drunk/stoned	50	Peer pressure

Page 34, Item 1: School Clubs or Organizations

01	Peer counseling	07	Other
02	Achievement (IB,NHS,NFL,Mesa)	08	Arts & performance/cheerleading
03	Athletic	09	Student Council
04	Social	10	Language clubs
05	Service (Octagon)	11	School paper/yearbook/journalism
06	Career (e.g., Computer, FBLA)	12	ROTC

Page 38, Items 3 and 4: Disliked Section of Questionnaire

01	Social Background	17	Alienation
02	Value on Health	18	Alcohol Use
03	Health, Illness, Height, Weight	19	Perceived Life Chances
	Dental Care (specific health section)		
04	Sleep	20	Deviant Behavior
05	Self-esteem	21	Illicit Drug Use
06	Leisure Activities	22	Diet
07	Values	23	Perceived Health Effects
08	School and Schoolwork	24	AIDS
09	Parents and Friends Agreement	25	Sex
10	Health Models	26	School and Community Activities
11	Stress and Depression	27	Health I-E
12	Attitude Toward Deviance	28	All of It
13	Risk Taking	29	Health Questions/Health
14	Driving	30	Religiosity
15	Rules at Home	31	Work
16	Cigarette Smoking/Tobacco Use		