

HEALTH BEHAVIOR QUESTIONNAIRE

High School Form

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**?

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?				
0 Excellent	0 Very Good	0 Good	0 Fair	0 Poor
12. Do you have to avoid hard physical exercise or games because of your health ?				
0 No	0 Yes If "Yes", why? _____			
13. Since the school year began, how often have you been sick enough that you had to stay home?				
0 Never	0 Once or Twice	0 3-6 Times	0 7 or More Times	
14. How often in the past year did you go to see a doctor because you were sick ?				
0 Never	0 Once	0 Twice	0 Three or More Times	

15. When you're sick enough to need a doctor, where do you **usually** go for medical care?

- The health clinic at my school
 Hospital or emergency room
 My private doctor
 Neighborhood clinic
 I wouldn't know where to go

16. In the last year, have you ever gone to the **school nurse**?

- There is no school nurse at my school
 No
 Once
 Twice
 Three or More Times

17. In the last year, have you ever gone to the **school social worker**?

- There is no school social worker at my school
 No
 Once
 Twice
 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**?

- Yes
 No
 I Don't Know

19. In the last year, have you ever gone to the **School-Based Clinic**?

- No
 Once
 Twice
 Three or More Times

20. How tall are you? ____ Feet and ____ Inches

21. Has your height changed a lot in the past year?

- No
 Yes

22. How do you feel about your height?

- Would Like to be a Lot Shorter
 Would Like to be a Little Shorter
 My Height is About Right
 Would Like to be a Little Taller
 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?

- It's gone down a lot
 It hasn't changed very much
 It's gone up a lot

25. How do you feel about your weight?

- Would Like to Lose at Least 10 Pounds
 Would Like to Lose Several Pounds
 My Weight Is About Right
 Would Like to Gain Several Pounds
 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?

- Very Serious Effect Serious Effect Mild Effect Almost No Effect

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

- Less than 6 hours a night 8-2 hours
 6 hours 9 hours
 6-2 hours 9-2 hours
 7 hours 10 hours
 7-2 hours More than 10 hours a night
 8 hours

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

- 9 pm 10 pm 11 pm 12 am 1 am
 9:30 pm 10:30 pm 11:30 pm 12:30 am

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

- Not at All A Little Some A Lot

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

- 5:30 am or Earlier 6 am 6:30 am 7 am 7:30 am 8 am 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?

- Very Serious Effect Serious Effect Mild Effect Almost No Effect

32. How often do you brush your teeth?

- After Every Meal Twice a Day Once a Day Every Couple of Days

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

- Once a Day or More Every Couple of Days About Once a Week Almost Never

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

- Once a Day or More Every Couple of Days About Once a Week Almost Never

The following questions are about your background.

1. In what month were you born?

Jan Feb March April May June
 July Aug Sept Oct Nov Dec

2. In what year were you born?

1971 1972 1973 1974 1975 1976 1977

3. What sex are you?

Male Female

4. What grade are you in?

7th 8th 9th 10th 11th 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?

8th 9th 10th 11th 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?

Yes, Go Back to High School Yes, Get a GED No

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

Yes 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?)

- Mostly A's
- Mostly A's and B's
- Mostly A's and B's, and some C's
- Mostly B's
- Mostly B's and C's
- Mostly B's and C's, and some D's
- Mostly C's
- Mostly C's and D's
- Mostly C's and D's, and some F's
- Mostly D's
- Mostly D's and F's

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

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

10. Is your mother living?

- Yes
- No

11. Is your father living?

- Yes
- No

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

- Yes
- No, they're divorced
- No, they're separated and not living together

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

- White **Non**-Hispanic or Anglo
- White Hispanic (Mexican, Puerto Rican, Cuban, or Latin American)
- Black
- Indian or Native American
- Asian
- Pacific Islander
- Other. What? _____

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>	
0	0	Less than 8th grade
0	0	Completed 8th grade, but did not go to high school
0	0	Went to high school but did not graduate
0	0	Graduated from high school, but did not go to college or other schools
0	0	Had special job training after high school
0	0	Went to college, but did not graduate
0	0	Graduated from college
0	0	Some education after college, like graduate school, medical school, law school
0	0	I don't know

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

- 0 Working at a job **full time**
- 0 Working at a job **part time**
- 0 Going to school, not working at a job
- 0 Out of work or not working at a job. How long has he been out of work? _____
- 0 Retired
- 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?

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

- 0 Working at a job **full time**
- 0 Working at a job **part time**
- 0 Going to school, not working at a job
- 0 Out of work or not working at a job. How long has she been out of work?
- 0 A homemaker, not working at a job
- 0 Retired
- 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?

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

Yes

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.)?

23. How do you feel about your job?

I Like It
a Lot

It's
Okay

I Don't Like It
Very Much

24. Does your work make you tired at school?

I don't go
to school

Never

Sometimes

About half
the time

Most Days

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

Strongly
Agree

Agree

Disagree

Strongly
Disagree

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

Strongly
Agree

Agree

Disagree

Strongly
Disagree

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

Strongly
Agree

Agree

Disagree

Strongly
Disagree

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

Strongly
Agree

Agree

Disagree

Strongly
Disagree

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

Strongly
Agree

Agree

Disagree

Strongly
Disagree

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

None
at All

Only a
Little

A Fair
Amount

A Lot

The next questions are about **how you see your self**.

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

Very Well Pretty Well Not Too Well Not Well at All

2. How well do you live up to what other people expect of you?

Very Well Pretty Well Not Too Well Not Well at All

3. What about your ability to do well in school work?

Very Able Pretty Able Not Too Able Not Able at All

4. How much common sense do you have for dealing with everyday problems?

A Great Deal A Fair Amount Not Too Much Not Much at All

5. How well do you make decisions about important things in your life?

Very Well Pretty Well Not Too Well Not Well at All

6. How well do you resist peer pressure from the rest of the group?

Very Well Pretty Well Not Too Well Not Well at All

7. How sure are you that you can learn new skills when you need them?

Very Sure Pretty Sure Not Too Sure Not Sure at All

8. How attractive are you to the opposite sex?

Very Attractive Fairly Attractive Not Too Attractive Not Attractive At All

9. On the whole, how satisfied are you with yourself?

Very Satisfied Pretty Satisfied Not Too Satisfied 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**:

	<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?

Very Serious
Effect

Serious
Effect

Mild
Effect

Almost No
Effect

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

None

1 hour or less

12 hours

2 hours

22 hours

3 hours

32 hours

4 hours

42 hours

5 hours

52 hours

6 hours

More than 6 hours

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

None

One hour or less

12 hours

2 hours

22 hours

3 hours

32 hours

4 hours

42 hours

5 hours

52 hours

6 hours

7 hours

8 hours

9 hours

10 hours

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?

Very Serious
Effect

Serious
Effect

Mild
Effect

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?

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

HOW IMPORTANT IS IT TO YOU:	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Too Important</u>
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?

0 I Like It a Lot	0 It's Okay	0 I Don't Like It Very Much
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2. How do you feel about your teachers?

0 I Like Most of Them	0 They're Okay	0 I Don't Like Most of Them
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3. Are any of your classes too hard for you?

0 No	0 One or Two	0 Several	0 All of Them
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4. Are any of your classes too easy for you?

0 No	0 One or Two	0 Several	0 All of Them
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	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
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?	0 Yes	0 Maybe	0 No	
15. Is it important to your parents (or the adults you live with) that you do well in school?	0 Not Too Important		0 Important	0 Very Important
16. Is it important to your friends that you do well in school?	0 Not Too Important		0 Important	0 Very Important
17. If you asked your parents to help you with your homework, would they try to help?	0 Definitely Would	0 Probably Would	0 Probably Would Not	0 Definitely Would Not
18. Do your parents ask if you've gotten your homework done?	0 Hardly Ever	0 Sometimes	0 Often	
19. If students act up and make trouble at your school, do they get away with it?	0 Hardly Ever	0 Sometimes	0 Most of the Time	

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

None of Them Some of Them Most of Them All of Them

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

No, Never Yes, Once Yes, More Than Once

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

No, Never Yes, Once 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?

No, Never Yes, Once Yes, More Than Once

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

No Yes, I think about it from time to time Yes, I think about it often

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

No Yes, Once Yes, More Than Once

The next two questions ask about religion.

1. HOW IMPORTANT IS IT TO YOU:	<u>Not Important</u>	<u>Important</u>	<u>Very Important</u>
a. To be able to rely on religious teachings when you have a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To believe in God?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To rely on your religious beliefs as a guide for day-to-day living?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To be able to turn to prayer when you're facing a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Once a week or more
- 2-3 times a month
- About once a month
- About every other month
- Once or twice
- 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?

No A Little A Lot

2. Would your **friends** agree with your **parents** (or the adults you live with) about the kind of person **you** should become?

No A Little 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?

No A Little 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?

Friends Most Parents and Friends the Same 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?

Friends Most Parents and Friends the Same Parents Most

6. What about how to take care of your health? Who do you listen to the most--your friends or your parents?

Friends Most Parents and Friends the Same 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?

Friends Most Parents and Friends the Same 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?

Almost Always Sometimes Hardly Ever

9. How close do you feel to your family?

Very
Close

Close

Not Too
Close

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

Almost
Always

Much of
the Time

Once in
a While

Almost
Never

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

Almost
Always

Much of
the Time

Once in
a While

Almost
Never

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

Almost
Always

Much of
the Time

Once in
a While

Almost
Never

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

Almost
Always

Much of
the Time

Once in
a While

Almost
Never

14. How strict are your parents with you?

Very
Strict

Strict

Not Too
Strict

15. How many **close** friends do you have?

None

One

2 or 3

4 or More

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

Almost
Always

Sometimes

Hardly
Ever

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

Almost
Always

Sometimes

Hardly
Ever

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

Definitely
Would

Probably
Would

Probably
Would Not

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.)

Your Mother?	<input type="radio"/> A Lot of Attention	<input type="radio"/> Some Attention	<input type="radio"/> Almost No Attention
Your Father?	<input type="radio"/> A Lot of Attention	<input type="radio"/> Some Attention	<input type="radio"/> Almost No Attention
Your Best Friend?	<input type="radio"/> A Lot of Attention	<input type="radio"/> Some Attention	<input type="radio"/> Almost No Attention

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

Your Mother?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None
Your Father?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None
Your Best Friend?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None

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

Your Mother?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None
Your Father?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None
Your Best Friend?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None

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

Your Mother?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None
Your Father?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None
Your Best Friend?	<input type="radio"/> A Lot	<input type="radio"/> Some	<input type="radio"/> Almost None

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

<input type="radio"/> None of Them Do	<input type="radio"/> Some of Them Do	<input type="radio"/> Most of Them Do	<input type="radio"/> All of Them Do
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6. How many of your friends eat a lot of "junk food" instead of a healthy diet?

<input type="radio"/> None of Them Do	<input type="radio"/> Some of Them Do	<input type="radio"/> Most of Them Do	<input type="radio"/> All of Them Do
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1. In the **past six months**, how much stress or pressure have you felt at school?

0 None at All 0 Only a Little 0 A Fair Amount 0 A Lot

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

0 None at All 0 Only a Little 0 A Fair Amount 0 A Lot

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

0 None at All 0 Only a Little 0 A Fair Amount 0 A Lot

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

	<u>Not at All</u>	<u>A Little</u>	<u>Some</u>	<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:

	<u>Hardly Ever</u>	<u>Several Times</u>	<u>Very 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?

- 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?

- 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?

- 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:	<u>Not Wrong</u>	<u>A Little Wrong</u>	<u>Wrong</u>	<u>Very 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**?

- No **(IF YOU MARKED "NO," PLEASE GO TO PAGE 21.)**
 Yes, a car
 Yes, a motorcycle
 Yes, both

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

- No
 Yes, a Learner's Permit
 Yes, a Driver's License

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

- Still have a learner's permit
 Less than a month 6 months to a year
 1 or 2 months 1 -12 years
 3 or 4 months 12 - 2 years
 5 or 6 months More than 2 years

4. Do you own a car or a motorcycle?

- No 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?

- No Yes

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

- 0 miles a week 41-50
 1-10 miles a week 51-75
 11-20 76-100
 21-30 More than 100 miles a week
 31-40

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

- None Some Most
 of It of It of It

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

- Hardly Some of Most of Almost
 Ever the Time the Time Always

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

- Hardly Some of Most of Almost
 Ever the Time the Time Always

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

	<u>Never</u>	<u>Once or Twice</u>	<u>3-5 Times</u>	<u>6 or More 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)?

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?

0 Never 0 Once 0 Twice 0 Three or More Times

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

	<u>Very Strict</u>	<u>Not Too Strict</u>	<u>Not Strict 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?

- No, never
- Yes, but only once
- A few times
- 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?

- About 2 packs or more a day
- About 1-2 packs a day
- About a pack a day
- About half a pack a day
- Between one and five cigarettes a day
- Less than one cigarette a day
- None at all

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?

- They Strongly Disapprove
- They Disapprove
- They Neither Disapprove Nor Approve

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

- Neither Does
- Father Only
- Mother Only
- Both Do

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

- None Some of Them Most of Them All of Them

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

- Very Serious Effect Serious Effect Mild Effect Almost No Effect

9. Have you **ever** tried chewing tobacco?

- No, never
 Yes, but only once }
 A few times
 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?

- Once a week or less
 A couple of times a week
 Nearly every day
 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?

- Very Serious Effect Serious Effect Mild Effect 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>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
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?**

0 Yes 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?**

0 Yes 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?

0 No

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

0 I only drink alcohol when I'm with my family.

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

- None of It
 Some of It
 Most of It
 All of It

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

- Every day
 Four or five days a week
 Two or three days a week
 Once a week
 Two or three days a month
 About once a month
 3-4 times in the past 6 months
 Once or twice in the past 6 months
 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?

- Nine or more cans of beer, glasses of wine, or drinks of liquor
 Seven or eight
 Six
 Five
 Four
 Three
 Two
 One
 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?

- Never 2 or 3 days a month
 Once Once a week
 2-3 Times Twice a week
 4-5 Times More than twice a week
 Once a month

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

	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3-4 Times</u>	<u>5 or More 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?

- | | |
|------------------------------------|--|
| <input type="radio"/> Never | <input type="radio"/> 2 or 3 days a month |
| <input type="radio"/> Once | <input type="radio"/> Once a week |
| <input type="radio"/> 2-3 Times | <input type="radio"/> Twice a week |
| <input type="radio"/> 4-5 Times | <input type="radio"/> More than twice a week |
| <input type="radio"/> Once a month | |

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

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|--|
| <input type="radio"/> None of It | <input type="radio"/> Some of It | <input type="radio"/> Most of It | <input type="radio"/> Nearly All of It |
|----------------------------------|----------------------------------|----------------------------------|--|

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

- | | | |
|--|---------------------------------------|---|
| <input type="radio"/> They Strongly Disapprove | <input type="radio"/> They Disapprove | <input type="radio"/> They Neither Disapprove Nor Approve |
|--|---------------------------------------|---|

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

- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="radio"/> They Strongly Disapprove | <input type="radio"/> They Disapprove | <input type="radio"/> They Approve | <input type="radio"/> They Strongly Approve |
|--|---------------------------------------|------------------------------------|---|

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

None Some of Them Most of Them All of Them

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

Never Once in a While Often All the Time

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

Very Difficult Fairly Difficult Fairly Easy Very Easy

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

Very Serious Effect Serious Effect Mild Effect Almost No Effect

The following questions are about eating.

1. How often do you skip breakfast?

Most Mornings Some Mornings Almost Never

2. How often do you skip lunch?

Most Days Some Days Almost Never

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

Most Days Some Days Almost Never

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

Most of the Time Some of the Time Almost Never

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

Very Serious Effect Serious Effect Mild Effect Almost No Effect

6. Think about **your usual** eating habits.

DO YOU PAY ATTENTION TO:	<u>A Lot</u>	<u>Some</u>	<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?

Very Serious Effect
 Serious Effect
 Mild Effect
 Almost No Effect

	<u>Often</u>	<u>Sometimes</u>	<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?

Never
 Once
 2-3 Times
 4 or More Times

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

No
 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?

Never
 Once or Twice
 Several Times
 Often

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

Never
 Once or Twice
 Several Times
 Often

Think about how you see your future.

I think the chances are:

WHAT ARE THE CHANCES THAT:	<u>Very High</u>	<u>High</u>	<u>About Fifty-Fifty</u>	<u>Low</u>	<u>Very Low</u>
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:

	<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?

They Strongly Disapprove They Disapprove They Don't Seem to Care They Approve

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

None Some of Them Most of Them All of Them

3. Have **you** ever tried marijuana?

No, never → **IF YOU MARKED NEVER, PLEASE SKIP TO QUESTION 8 BELOW.**
 Yes, once
 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?

Have Not Used Marijuana Have Used It, But Never Gotten High Have Gotten High Once Have Gotten High More than Once

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

Never 2-3 Times a Month
 Once Once a Week
 2-3 Times 2 or 3 Times a Week
 4-5 Times 4 or 5 Times a Week
 Once a Month Every Day

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

Never Once or Twice Several Times Often

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

They Strongly Disapprove They Disapprove They Neither Disapprove Nor Approve

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

Very Difficult Fairly Difficult Fairly Easy Very Easy

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

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>	
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

HOW SURE ARE YOU THAT YOU WILL:

	<u>Very Sure</u>	<u>Pretty Sure</u>	<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?

- | | |
|--|--|
| <input type="radio"/> Not at all | <input type="radio"/> About once a month |
| <input type="radio"/> Once or twice in the past 6 months | <input type="radio"/> Two or three times a month |
| <input type="radio"/> 3-4 times in the past 6 months | <input type="radio"/> Once a week or more |

2. Are you dating someone fairly regularly or going steady now?

- Yes 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?

- | | | | |
|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="radio"/> Almost None | <input type="radio"/> Some of Them | <input type="radio"/> Most of Them | <input type="radio"/> 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)?

- Almost All Do Most Do Some Do Almost None Do

5. How much peer pressure is there on kids your age to have sex?

- None A Little A Fair Amount A Lot

6. Kids my age are just too young to have sex.

- Strongly Agree Agree Disagree Strongly Disagree

7. It's better not to have sex rather than to risk getting pregnant.

- Strongly Agree Agree Disagree Strongly Disagree

8. These next questions are about contraception or birth control. Please mark whether you agree or disagree with them.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<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?

Yes

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?

Engaged

Going Steady

Friend

Knew Each Other a Little

Other _____

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)?

No

Yes

I don't remember

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

13. **In your life**, how many people have you had sexual intercourse with? _____ People

14. **In the past year**, how many times, if any, have you had sexual intercourse? _____ Times

**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

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?

Almost
Always

Most of
the Time

About Half
of the Time

Some of
the Time

Hardly
Ever

Never

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

None

Birth control pills only

Birth control pills and condoms

Condoms only

Condoms and foam, cream, or jelly

Foam, cream, or jelly only

Diaphragm or cervical cap

Withdrawal ("pulling out")

Rhythm method ("safe days")

Other

(c) If contraception was **not** used, what was the reason? _____

(d) When you had sex in the past year, who **usually** made the decision about whether or not to use birth control?

I Did

My Partner Did

We Both Did

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

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.

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.

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.

0 Strongly Agree 0 Agree 0 Disagree 0 Strongly Disagree

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

0 Strongly Agree 0 Agree 0 Disagree 0 Strongly Disagree

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

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.

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.

0 Strongly Agree 0 Agree 0 Disagree 0 Strongly Disagree

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

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.

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>Yes</u>	<u>No</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?			
	0 Yes	0 No	
9. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?			
	0 Yes	0 No	
10. Getting AIDS isn't something teenagers really have to worry about.			
	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.			
	0 Strongly Agree	0 Agree	0 Disagree
			0 Strongly Disagree
12. Do you ever worry about getting AIDS yourself?			
	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?	0	0	0
2. Sharing needles used to inject (shoot up) drugs?	0	0	0
3. Being bitten by mosquitoes or other insects?	0	0	0
4. Giving blood?	0	0	0
5. Having a blood test?	0	0	0
6. Using public toilets?	0	0	0
7. Having sexual intercourse without a condom (rubber)?	0	0	0
8. Being in the same class with a student who has AIDS/HIV infection?	0	0	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?	0	0	0
2. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse?	0	0	0
3. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?	0	0	0
4. Is there a cure for AIDS/HIV infection?	0	0	0
5. Is it true that only homosexual (gay) men can get AIDS/HIV infection?	0	0	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)?	0	0	0
2. By using condoms (rubbers) during sexual intercourse?	0	0	0
3. By <u>not</u> having sexual intercourse with a person who has injected (shot up) drugs?	0	0	0
4. By taking birth control pills?	0	0	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?

- Very Interesting Fairly Interesting Not Too Interesting

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

- Most of Them Did About Half of Them Did Some of Them Did

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

- No Yes

If "Yes", which ones? _____

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

- No Yes

If "Yes", which ones? Why? _____

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?

- Yes 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

NAME SHEET

THIS SHEET WILL BE REMOVED FROM YOUR
BOOKLET WHEN YOU HAND IT IN.

YOUR NAME WILL NEVER AGAIN
BE TOGETHER WITH YOUR ANSWERS

YOUR FULL NAME: _____
Last First Middle

YOUR HOME ADDRESS: _____
Number Street

City State Zip

YOUR MOTHER'S (or female guardian's) NAME: _____

YOUR FATHER'S (or male guardian's) NAME: _____

YOUR TELEPHONE NUMBER: _____

Please list one person, **other than your parents**, who could help us get in touch with you in the future:

FULL NAME: _____
Last First Middle

ADDRESS: _____
Number Street

City State Zip

TELEPHONE NUMBER: _____