

FLORIDA
YOUTH
SURVEY
2005
PROOF



PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



2005 YOUTH RISK BEHAVIOR SURVEY

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank You Very Much For Your Help.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B C D
- To change your answer, erase completely.



Incorrect Marks



The first questions ask for some information about yourself.

1. How old are you?

- a. 12 years old or younger
- b. 13 years old
- c. 14 years old
- d. 15 years old
- e. 16 years old
- f. 17 years old
- g. 18 years old or older

2. What is your sex?

- a. Female
- b. Male

3. In what grade are you?

- a. 9th grade
- b. 10th grade
- c. 11th grade
- d. 12th grade
- e. Ungraded or other grade

4. How do you describe yourself? (SELECT ONE OR MORE RESPONSES.)

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Hispanic or Latino
- e. Native Hawaiian or Other Pacific Islander
- f. White

5. During the past 12 months, how would you describe your grades in school?

- a. Mostly A's
- b. Mostly B's
- c. Mostly C's
- d. Mostly D's
- e. Mostly F's
- f. None of these grades
- g. Not sure

6. How tall are you without your shoes on?

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

Example

HEIGHT		HEIGHT	
ft	inches	ft	inches
5	11		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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

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

Example

WEIGHT		WEIGHT	
ft	inches	ft	inches
1	53		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input checked="" type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

8. How do you describe your health in general?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

The next 7 questions ask about personal safety.

9. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

- a. I did not ride a bicycle during the past 12 months
- b. Never wore a helmet
- c. Rarely wore a helmet
- d. Sometimes wore a helmet
- e. Most of the time wore a helmet
- f. Always wore a helmet

10. How often do you wear a seat belt when riding in a car driven by someone else?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

11. How often do you wear a seat belt when you drive a car or other vehicle?

- a. I do not drive
- b. Never
- c. Rarely
- d. Sometimes
- e. Most of the time
- f. Always

12. How often do you wear a seat belt when you drive a car or other vehicle with an adult (for example, your parents)?

- a. I do not drive
- b. Never
- c. Rarely
- d. Sometimes
- e. Most of the time
- f. Always

13. How often do you wear a seat belt when you drive a car or other vehicle with your peers (for example, your friends)?

- a. I do not drive
- b. Never
- c. Rarely
- d. Sometimes
- e. Most of the time
- f. Always

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

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

15. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

The next 11 questions ask about violence-related behaviors.

16. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

17. During the past 30 days, on how many days did you carry a gun?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

18. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

19. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

20. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

21. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

22. During the past 12 months, how many times were you in a physical fight?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

23. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

24. During the past 12 months, how many times were you in a physical fight on school property?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

25. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- a. Yes
- b. No

26. Have you ever been physically forced to have sexual intercourse when you did not want to?

- a. Yes
- b. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is taking some action to end their own life.

27. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- a. Yes
- b. No

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

- a. Yes
- b. No

29. During the past 12 months, did you make a plan about how you would attempt suicide?

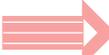
- a. Yes
- b. No

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

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

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

- a. I did not attempt suicide during the past 12 months
- b. Yes
- c. No

Continue on next page 

The next 11 questions ask about tobacco use.

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

- a. Yes
- b. No

33. How old were you when you smoked a whole cigarette for the first time?

- a. I have never smoked a whole cigarette
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

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

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

35. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- a. I did not smoke cigarettes during the past 30 days
- b. Less than 1 cigarette per day
- c. 1 cigarette per day
- d. 2 to 5 cigarettes per day
- e. 6 to 10 cigarettes per day
- f. 11 to 20 cigarettes per day
- g. More than 20 cigarettes per day

36. During the past 30 days, how did you usually get your own cigarettes? (SELECT ONLY ONE RESPONSE.)

- a. I did not smoke cigarettes during the past 30 days
- b. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- c. I bought them from a vending machine
- d. I gave someone else money to buy them for me
- e. I borrowed (or bummed) them from someone else
- f. A person 18 years old or older gave them to me
- g. I took them from a store or family member
- h. I got them some other way

37. During the past 30 days, on how many days did you smoke cigarettes on school property?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

38. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- a. Yes
- b. No

39. During the past 12 months, did you ever try to quit smoking cigarettes?

- a. I did not smoke during the past 12 months
- b. Yes
- c. No

40. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

41. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

42. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

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

- a. 0 days
- b. 1 or 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 39 days
- f. 40 to 99 days
- g. 100 or more days

44. How old were you when you had your first drink of alcohol other than a few sips?

- a. I have never had a drink of alcohol other than a few sips
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

45. During the past 30 days, on how many days did you have at least one drink of alcohol?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

46. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

47. During the past 30 days, where did you usually drink? (Select only one response.)

- a. I did not drink during the past 30 days
- b. At your home
- c. At another person's home
- d. At a restaurant, bar, or club
- e. At a public place, such as at a park, beach, or parking lot
- f. At a public event such as a concert or sporting event
- g. On school property

48. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

The next 4 questions ask about marijuana use. Marijuana is also called grass or pot.

49. During your life, how many times have you used marijuana?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 to 99 times
- g. 100 or more times

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

- a. I have never tried marijuana
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

51. During the past 30 days, how many times did you use marijuana?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

52. During the past 30 days, how many times did you use marijuana on school property?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

The next 9 questions ask about other drugs.

53. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

54. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

55. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

56. During your life, how many times have you used heroin (also called smack, junk, or China White)?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

57. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

58. During your life, how many times have you used ecstasy (also called MDMA)?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

59. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

60. During your life, how many times have you used a needle to inject any illegal drug into your body?

- a. 0 times
- b. 1 time
- c. 2 or more times

61. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- a. Yes
- b. No

The next 8 questions ask about sexual behavior.

62. Have you ever had sexual intercourse?
- a. Yes
 - b. No
63. How old were you when you had sexual intercourse for the first time?
- a. I have never had sexual intercourse
 - b. 11 years old or younger
 - c. 12 years old
 - d. 13 years old
 - e. 14 years old
 - f. 15 years old
 - g. 16 years old
 - h. 17 years old or older
64. During your life, with how many people have you had sexual intercourse?
- a. I have never had sexual intercourse
 - b. 1 person
 - c. 2 people
 - d. 3 people
 - e. 4 people
 - f. 5 people
 - g. 6 or more people
65. During the past 3 months, with how many people did you have sexual intercourse?
- a. I have never had sexual intercourse
 - b. I have had sexual intercourse, but not during the past 3 months
 - c. 1 person
 - d. 2 people
 - e. 3 people
 - f. 4 people
 - g. 5 people
 - h. 6 or more people
66. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- a. I have never had sexual intercourse
 - b. Yes
 - c. No
67. The last time you had sexual intercourse, did you or your partner use a condom?
- a. I have never had sexual intercourse
 - b. Yes
 - c. No

68. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (SELECT ONLY ONE RESPONSE.)
- a. I have never had sexual intercourse
 - b. No method was used to prevent pregnancy
 - c. Birth control pills
 - d. Condoms
 - e. Depo-Provera (injectable birth control)
 - f. Withdrawal
 - g. Some other method
 - h. Not sure
69. How many times have you been pregnant or gotten someone pregnant?
- a. 0 times
 - b. 1 time
 - c. 2 or more times
 - d. Not sure

The next 7 questions ask about body weight.

70. How do you describe your weight?
- a. Very underweight
 - b. Slightly underweight
 - c. About the right weight
 - d. Slightly overweight
 - e. Very overweight
71. Which of the following are you trying to do about your weight?
- a. Lose weight
 - b. Gain weight
 - c. Stay the same weight
 - d. I am not trying to do anything about my weight
72. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
- a. Yes
 - b. No
73. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- a. Yes
 - b. No

74. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

- a. Yes
- b. No

75. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

- a. Yes
- b. No

76. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

- a. Yes
- b. No

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

77. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- a. I did not drink 100% fruit juice during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

78. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- a. I did not eat fruit during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

79. During the past 7 days, how many times did you eat green salad?

- a. I did not eat green salad during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

80. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

- a. I did not eat potatoes during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

81. During the past 7 days, how many times did you eat carrots?

- a. I did not eat carrots during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

82. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- a. I did not eat other vegetables during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

83. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- a. I did not drink milk during the past 7 days
- b. 1 to 3 glasses during the past 7 days
- c. 4 to 6 glasses during the past 7 days
- d. 1 glass per day
- e. 2 glasses per day
- f. 3 glasses per day
- g. 4 or more glasses per day

84. During the past 7 days, how many sodas did you drink?

- a. I did not drink soda during the past 7 days
- b. 1 to 3 sodas during the past 7 days
- c. 4 to 6 sodas during the past 7 days
- d. 1 soda per day
- e. 2 sodas per day
- f. 3 sodas per day
- g. 4 or more sodas per day

85. During the past 7 days, how many times did you eat snacks like candy, chips, cookies, ice cream, or cupcakes?

- a. I did not eat those snacks in the past 7 days
- b. Sometimes, but less than once a day
- c. 1 time per day
- d. 2 times per day
- e. 3 times per day
- f. 4 or more times per day

The next 9 questions ask about physical activity.

86. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

87. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

88. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as pushups, sit-ups, or weight lifting?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

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

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

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

- a. I do not watch TV on an average school day
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 hours per day
- g. 5 or more hours per day

91. On an average school day, how many hours do you spend playing video games or using a computer for fun? (Include activities such as Nintendo, Game Boy, Play Station, and computer games.)

- a. I do not play video games or use a computer for fun on an average school day
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 hours per day
- g. 5 hours or more per day

92. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days

93. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- a. I do not take PE
- b. Less than 10 minutes
- c. 10 to 20 minutes
- d. 21 to 30 minutes
- e. 31 to 40 minutes
- f. 41 to 50 minutes
- g. 51 to 60 minutes
- h. More than 60 minutes

94. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- a. 0 teams
- b. 1 team
- c. 2 teams
- d. 3 or more teams

The next 5 questions ask about other health-related topics.

95. Have you ever been taught about AIDS or HIV infection in school?

- a. Yes
- b. No
- c. Not sure

96. Has a doctor or nurse ever told you that you have asthma?

- a. Yes
- b. No
- c. Not sure

97. During the past 12 months, have you had an episode of asthma or an asthma attack?

- a. I do not have asthma
- b. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months
- c. Yes, I have had an episode of asthma or an asthma attack during the past 12 months
- d. Not sure

98. How often do you wear sunscreen or sun block when you are outside for more than an hour?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

99. During the past 12 months, how often have you run away from home (for more than 24 hours)?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

**This is the end of the survey.
Thank you very much for your help.**

