

2010 Franklin County/North Quabbin 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 ovals 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:
- If you change your answer, erase your old answer completely.



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. Are you Hispanic or Latino?
 - A Yes
 - B No

5. What is your race? (Select one or more responses.)
 - A American Indian or Alaska Native
 - B Asian
 - C Black or African American
 - D Native Hawaiian or Other Pacific Islander
 - E White

6. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 1
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Your Height

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 1
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input checked="" type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Your Weight

Weight		
Pounds		
<input type="radio"/> 1	<input type="radio"/> 1	<input 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 checked="" type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9



8. 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
9. How long have you lived in the United States?
- A Less than 1 year
 - B 1 to 3 years
 - C 4 to 6 years
 - D More than 6 years but not my whole life
 - E I have always lived in the United States
10. Where do you typically sleep at night?
- A At home with my parents or guardians
 - B At a friend's or relative's home with my parents or guardians
 - C At a friend's or relative's home without my parents or guardian
 - D In a supervised shelter with my parents or guardians
 - E In a supervised shelter without my parents or guardians
 - F In a hotel, motel, car, park, campground, or other public place with my parents or guardians
 - G In a hotel, motel, car, park, campground, or other public place without my parents or guardians
 - H Someplace else
11. Which of the following best describes you?
- A Heterosexual (straight)
 - B Gay or lesbian
 - C Bisexual
 - D Not sure
12. Do you have any long-term learning disabilities? (Long-term means 6 months or more.)
- A Yes
 - B No
 - C Not sure
13. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
- A Yes
 - B No
 - C Not sure

14. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
- A Yes
 - B No
 - C Not sure
15. Can you talk with at least one of your parents or other adult family members about things that are important to you?
- A Yes
 - B No
 - C Not sure

The next 3 questions ask about safety.

16. 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
17. 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
18. 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.

19. 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



20. 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
21. 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
22. 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
23. During the past 12 months, how many times has someone threatened you 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
24. 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
25. 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

26. 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
27. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, or forced into any sexual activity.)
- A I have never been on a date or gone out with anyone
 - B Yes, I have been hurt physically by a date or someone I was going out with
 - C No, I have **not** been hurt physically by a date or someone I was going out with
28. Has anyone ever had **sexual contact** with you against your will?
- A Yes
 - B No
29. During the past 12 months, have you been a member of a gang?
- A Yes
 - B No

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

30. During the past 12 months, have you ever been bullied **on school property**?
- A Yes
 - B No



31. Think about the last time you saw someone being bullied on school property. Which of the following comes closest to your reaction to what you saw?
- A I have not seen any bullying on school property.
 - B I thought it was wrong and acted to stop it.
 - C I thought it was wrong but I was unsure what to do and did not act to stop it.
 - D I thought it was none of my business, so I stayed out of it.
 - E I thought it was kind of funny, but I stayed on the sidelines.
 - F I thought the person being bullied deserved it, and I supported the bully.
 - G None of the above.

The next 4 questions ask about deliberately hurting yourself, 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.

32. 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
33. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A Yes
 - B No
34. **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

35. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A 0 times
 - B 1 time
 - C 2 or 3 times
 - D 4 or 5 times
 - E 6 or more times

The next 8 questions ask about tobacco use.

36. Have you ever tried cigarette smoking, even one or two puffs?
- A Yes
 - B No
37. 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
38. 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
39. 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



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

- A Yes
- B No

41. 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

42. 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

43. 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 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade or hard cider, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

44. 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

45. 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

46. 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

47. 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



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 also is called grass, pot, weed or reefer.

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 11 questions ask about cocaine, ecstasy, and 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 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
55. 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
56. During your life, how many times have you taken **steriod 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
57. **During the past 30 days**, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale 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



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

- A Yes
- B No

59. During your life, how many times have you used pain killers (for example, OxyContin, Vicodin, Codeine) without a doctor telling you to take them?

- 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 sedatives or downers (for example, Xanax, Valium) without a doctor telling you to take them?

- 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

61. During your life, how many times have you used stimulants or uppers (for example, Ritalin, Adderall) without a doctor telling you to take them?

- 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

62. In the past 12 months, if you used any prescription medication without a doctor telling you to take it, where did you **most often** get it?

- A I did not take any prescription drugs without a doctor telling me to take it in the past 12 months
- B I bought it on the internet
- C I took it from a friend or relative without asking
- D A friend or relative gave it to me
- E A friend or relative sold it to me
- F I bought it from a drug dealer/stranger
- G Other method

63. During the past 12 months, has anyone offered, sold, or given you a prescription drug that was not prescribed to you **on school property**?

- A Yes
- B No

The next 3 questions ask about communication and education on sexuality and AIDS prevention.

64. During the past 12 months, how often did you talk with your parents or other adults in your family about sexuality, or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy?

- A Not at all during the past 12 months
- B About once during the past 12 months
- C About once every few months
- D About once a month
- E More than once a month

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

- A Yes
- B No
- C Not sure

66. Have you ever been taught in school about how to use condoms ?

- A Yes
- B No
- C Not sure

The next 13 questions ask about sexual behavior.

67. Have you ever had sexual intercourse?

- A Yes
- B No



68. 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
69. 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
70. During the past three 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
71. 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
72. 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

73. 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 Birth control pills, patch, ring, or shot (Depo-Provera)
 - C Emergency contraception ("Morning After Pill" or Plan B)
 - D Condoms
 - E Withdrawal
 - F Some other method
 - G No method was used to prevent pregnancy
74. Think about your partner the last time you had sexual intercourse. Have you ever talked with that partner about ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy?
- A I have never had sexual intercourse
 - B Yes
 - C No
75. During your life, with whom have you had sexual contact?
- A I have never had sexual contact
 - B Females
 - C Males
 - D Females and Males
76. 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
77. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A Yes
 - B No
 - C Not sure



78. Have you ever been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts?
- A Yes
 - B No
 - C Not sure
79. Have you ever been told by a doctor or nurse that you had HIV infection or any other sexually transmitted disease (STD)?
- A Yes
 - B No
 - C Not sure

The next 7 questions ask about body weight.

80. How do **you** describe your weight?
- A Very underweight
 - B Slightly underweight
 - C About the right weight
 - D Slightly overweight
 - E Very overweight
81. 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
82. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A Yes
 - B No
83. 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
84. 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

85. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
- A Yes
 - B No
86. During the past 30 days, did you **vomit or take laxatives** to lose weight or keep from gaining weight?
- A Yes
 - B No

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all of 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.

87. How many servings of fruits or vegetables do you usually have per day? (1 serving = 1 medium piece of fruit; 1/2 cup fresh, frozen or canned fruits/vegetables; 3/4 cup fruit/vegetable juice; 1 cup salad greens; or 1/4 cup dried fruit)
- A 0 servings per day
 - B 1-2 servings per day
 - C 3-4 servings per day
 - D 5 or more servings per day
88. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop** such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- A I did not drink any soda or pop 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



89. During the past 7 days, how many times did you drink a **can, bottle, or glass** of sweetened fruit or coffee drinks, sports or energy drinks, such as Kool-Aid, Lemonade, Hi-C, cranberry drink, Gatorade, Red Bull, or Vitamin Water?
- A I did not drink any sweetened drinks, sports drinks or energy drinks 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

90. During the past 7 days, on how many days did you eat breakfast?
- A 0 days
 - B 1 day
 - C 2 days
 - D 3 days
 - E 4 days
 - F 5 days
 - G 6 days
 - H 7 days

91. Have you been taught in school about how to choose foods that will keep you healthy and how to eat a balanced, nutritious diet?
- A Yes
 - B No
 - C Not sure

92. Do you received free or reduced-price lunch at school?
- A Yes, free
 - B Yes, reduced price
 - C No
 - D I don't know

93. In the past 12 months, how often have gone hungry or been close to going hungry because there just wasn't enough food in your home and your family didn't have the money to buy more?
- A Never
 - B Only one or two months
 - C Some months, but not every month
 - D Almost every month
 - E I don't know

The next 5 questions are about physical activity.

94. 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 activity?

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days
- G 6 days
- H 7 days

95. During the past 7 days on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made 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

96. 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



97. 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

98. Have you ever been taught in school how to follow a personal fitness plan, including setting fitness goals for yourself and keeping track of your progress?

- A Yes
- B No
- C Not sure

The last 3 questions ask about how you spend your free time.

99. 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

100. During an average month when you are in school, how many hours do you spend on volunteer work, community service, or helping people outside your home without getting paid? (Do not include community service work that you are required to do as punishment.)

- A 0 hours
- B 1 to 4 hours
- C 5 to 9 hours
- D 10 or more hours

101. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, Xbox, computer games, and the Internet.)

- A I do not play video or computer games or use a computer for something that is not school work.
- 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

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

