

2017 Springfield Youth Health Survey

Before you begin, there are a few important things you need to know.

- This is a survey, NOT A TEST.
- The purpose of this survey is to gather information from students in Springfield Public Schools about health topics such as the use of tobacco, alcohol and drugs, diet and exercise, and more. This information will be used to better understand the concerns and health practices of current students.
- This survey provides critical information to guide programs, policies, and interventions to support students to be healthy, happy, and successful.
- It is important that you answer each question as honestly and accurately as you can.
- While the survey is being given online, no identifying information is tracked and the answers you give will be kept private and confidential. No one will know what you write. Your answers will be combined with other answers for statistical purposes.
- The questions that ask about your background are only used to describe the types of students completing this survey.
- Your teacher/survey administrator will not be monitoring or observing your responses as you take the survey.
- If you are not comfortable answering a question, please just skip that question and go on to the next question.
- Your participation is voluntary.
- If you find the survey upsetting, you may stop answering the questions.
- When you reach the end of the survey please ensure you click the Submit button before shutting down your computer.
- Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you.

Thank you for your time and cooperation. **Your voice matters.**

BACKGROUND INFORMATION

1. **Where do you go to school? (select school name from dropdown menu)**
2. **What street do you live on?**
 - o Name of Street:
 - o Name of nearest cross-street/intersection:
3. **What neighborhood do you live in? (select name of neighborhood from dropdown menu)**
4. **In what grade are you?**
 - o 6th grade
 - o 7th grade
 - o 8th grade
 - o Other/Ungraded
5. **How old are you?**
 - o 11 years old or younger
 - o 12 years old
 - o 13 years old
 - o 14 years old
 - o 15 years old
 - o 16 years old
 - o 17 years old
 - o 18 years old or older
6. **What is your sex?**
 - o Female
 - o Male
7. **Do you identify as transgender?**

Definition: Transgender is an umbrella term that refers to people whose gender identity, expression, or behavior is different from those typically associated with their sex at birth. Other identities that fall under this umbrella include: non-binary, gender fluid, genderqueer, and many more.

 - o Yes
 - o No
 - o I don't know
8. **Which of the following best describes you?**
 - o Heterosexual (straight)
 - o Gay or lesbian
 - o Bisexual
 - o Not Sure
9. **How tall are you without your shoes on?**
 - o Feet:

- Inches:
10. How much do you weight without your shoes on? (Write your weight in pounds in the space below)
11. What is your race, ethnicity, and/or origin? **(select one or more responses)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
 - Some other race, ethnicity, or origin (please specific)
12. How long have you lived in the **mainland** United States? (Do **not** include US territories such as Puerto Rico.)
- Less than 1 year
 - 1 to 3 years
 - 4 to 6 years
 - More than 6 years but not my whole life
 - I have always lived in the mainland United States → **If this, go to Question 14**
13. Where did you live prior to moving to the mainland United States?
- Puerto Rico
 - Iraq
 - Syria
 - Bhutan
 - Somalia
 - Burma
 - Other (please specify)
14. **During the past 12 months, how would you describe your grades in school?**
- Mostly A's
 - Mostly B's
 - Mostly C's
 - Mostly D's
 - Mostly F's
 - None of these grades
 - Not sure

WORK and LIFESTYLE QUESTIONS

15. **In the past 12 months, did you work at a job for pay? Do NOT count chores, babysitting, or yard work (such as raking leaves, shoveling snow, or mowing grass).**
- Yes
 - No → **If NO, go to Question 17**
16. **Where did you most recently work?**

(Choose ONE. If you work in more than one place, choose the place you work the most hours.)

- Restaurant (such as fast food, pizza place, coffee shop, or ice cream shop)
- Grocery store or supermarket
- Other retail store or places where things are sold (such as a clothing store, gas station, pharmacy, or pet store)
- Health care facility (such as a nursing home, hospital, clinic, or doctor's office)
- Recreation or entertainment place (such as a golf course, camp, sports center, amusement park, or movie theater)
- Construction site
- Landscaping company
- Other (Please specify: _____)

17. 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? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 to 2 hours per day
- 3 or more hours per day

18. On an average weekend day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 to 2 hours per day
- 3 or more hours per day

19. 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 increases your heart rate and makes you breathe hard some of the time.)

- 0 Days
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days
- 6 Days
- 7 Days

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

- 0 Days
- 1 Day
- 2 Days

- 3 Days
- 4 Days
- 5 Days
- 6 Days
- 7 Days

21. How much do you agree or disagree with the following statement? I can easily access opportunities to be physically active.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

22. Listed below are some factors that may make it difficult for people to get physical activity. What challenges do you face when you try to be physically active? (Select one or more of the options below. If you don't experience any challenges getting physical activity, select "does not apply" below.)

- I don't enjoy it
- I am worried about being judged or made fun of
- I don't feel safe being physically active in my neighborhood
- I don't know of any physical activity opportunities available
- The physical activity opportunities at school or in the community do not appeal to me
- There aren't any parks or other places nearby to be physically active
- Does not apply
- Other (please specify)

23. Yesterday, how many times did you eat vegetables?

DEFINITION: Count all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes.

Do NOT count: French fries, potato chips, or lettuce that is on a sandwich or sub.

- I did not eat vegetables yesterday
- 1 time
- 2 times
- 3 or more times

24. When you eat vegetables, where do you usually eat them?

- Only at home
- Only at school
- At both home and school
- Other (please specify)

25. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

- I did not eat fruit or drink 100% fruit juice yesterday
- 1 time

- 2 times
- 3 or more times

26. Yesterday, how many drinks did you have that contained caffeine?

DEFINITION:

Count coffee, tea, sodas, energy drinks such as 5-hour Energy, Red Bull®, Monster®, or Rockstar®, or other drinks with caffeine added.

- I did not have any drinks containing caffeine yesterday
- 1 drink containing caffeine
- 2 drinks containing caffeine
- 3 or more drinks containing caffeine

27. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

28. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

29. Now think about the current school year. On average, how frequently did you walk or bike to get to and/or home from school?

- Not at all
- Less than once a month
- At least once a month
- At least once a week
- Most or all days

30. On average during the past 12 months, how frequently did you participate in music activities or programs (such as choir, band, music lessons, or any other music-related programs or activities)?
- Not at all
 - Less than once a month
 - At least once a month
 - At least once a week
 - Most or all days

QUESTIONS ABOUT HOW YOU FEEL

31. During the past 12 months, have you felt you needed to talk to an adult about how you were feeling, how things were going in your life, or problems you might have had?

- Yes
- No → If NO, go to Question 33

32. During the past 12 months, did you talk to any of the following people about things like that?

	YES	NO
a. An adult family member	<input type="radio"/>	<input type="radio"/>
b. A school psychologist, school counselor, or school nurse	<input type="radio"/>	<input type="radio"/>
c. Teacher or some other adult at school not mentioned in part b	<input type="radio"/>	<input type="radio"/>
d. A psychologist, therapist, counselor, doctor, or nurse (not in school)	<input type="radio"/>	<input type="radio"/>
e. Some other adult in the community (not in school)	<input type="radio"/>	<input type="radio"/>

33. During the past 12 months, how many times did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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

- Yes
- No

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

- Yes
- No

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

- 0 times → **If 0 times, go to Question 38**
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

37. 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?

- Yes
- No

PERSONAL SAFETY

38. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?

- Yes
- No → **If NO, go to Question 40**
- I did not play on a sports team during the past 12 months → **If you did NOT play on a sports team, go to Question 40**

39. If you suffered such a blow to your head during sports in the past 12 months, what happened?

- I stopped playing sports that day, and also got checked by a doctor, nurse or health care provider
- I stopped playing sports that day, but did NOT get checked by a doctor, nurse or health care provider
- I continued playing sports that day

40. How often do you wear a seatbelt when riding in a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the time

- Always

41. Did any of the following happen to you in the past 12 months?

	YES	NO
a. You were physically hurt by someone in your family	<input type="radio"/>	<input type="radio"/>
b. You witnessed violence in your family	<input type="radio"/>	<input type="radio"/>

42. During the past 12 months, how many times have you been bullied at school? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

43. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, texting, or online gaming.)

- Yes
- No

44. Has someone you were dating or going out with done any of the following: monitored your cell phone use, called or texted you multiple times a day to monitor your whereabouts, prevented you from doing things with friends, got angry if you were talking to someone else, or prevented you from going to school?

- I have never been on a date or gone out with anyone
- Yes, this has happened to me in the past 12 months
- Yes, this has happened to me, but longer ago than the past 12 months
- Yes, this has happened to me in the past 12 months and longer ago than that
- No, this has not happened to me

45. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, kicked, or forced into sexual activity.)

- I have never been on a date or gone out with anyone
- Yes, this has happened to me in the past 12 months
- Yes, this has happened to me, but longer ago than the past 12 months
- Yes, this has happened to me in the past 12 months and longer ago than that
- No, this has not happened to me

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

	YES	NO
a. Bully or push someone around	<input type="radio"/>	<input type="radio"/>

b. Use texting, e-mail, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation	<input type="radio"/>	<input type="radio"/>
c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT YOUR FAMILY AND PEERS

47. How would your parent(s) react if they found out you regularly drank alcohol? Would they be:

- Extremely Upset
- Fairly Upset
- A Little Upset
- Not Upset at All

48. Do you think most people your age do the following?

		YES	NO
a.	Drink alcohol	<input type="radio"/>	<input type="radio"/>
b.	Smoke cigarettes	<input type="radio"/>	<input type="radio"/>
c.	Smoke marijuana	<input type="radio"/>	<input type="radio"/>
d.	Use other illegal drugs	<input type="radio"/>	<input type="radio"/>
e.	Bully, threaten, or push around other kids	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT ALCOHOL

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade, 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.

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

- I have never had a drink of alcohol other than a few sips. → **If you have NEVER had alcohol, go to Question 54**
- 1 or 2 days
- 3 to 9 days
- 10 or more days

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

- 8 years old or younger
- 9 or 10 years old

- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

51. In the past 30 days, have you had a drink of alcohol?

- Yes
- No → **If NO, go to question 53**

52. In the past 30 days, have you had 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- Yes
- No

53. There are many different ways to get beer, wine coolers, wine, or liquor. Which of the following are how you get alcohol?

	YES	NO
a. I buy it from a supermarket or a convenience store	○	○
b. I buy it from a liquor store or package store	○	○
c. I buy it from bars or clubs or restaurants	○	○
d. I have someone else buy it for me	○	○
e. I get it through my friends	○	○
f. I get it at home	○	○
g. I get it at parties	○	○

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

- Yes
- No

55. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks in a row?

- No risk
- Slight risk
- Moderate risk
- Great risk

DRUG QUESTIONS

The next 3 questions ask about marijuana use. Marijuana also is called dope, grass, hashish, herb, joint, pot, weed or reefer. It includes blunts and cigars filled with marijuana.

56. **How old were you when you tried marijuana for the first time?**
- I have never tried marijuana → If NEVER tried marijuana, go to Question 58
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
57. **In the past 30 days, have you used marijuana?**
- Yes
 - No
58. **In the past 30 days did you ever ride in a car or other vehicle driven by someone who had been using marijuana?**
- Yes
 - No
59. **In your lifetime, have you used inhalants to get high? (Using inhalants includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays.)**
- Yes
 - No → If NO, go to Question 61
60. **In the past 30 days, have you used inhalants?**
- Yes
 - No
61. **In your lifetime, have you used heroin (also called smack, “H”, horse, brown sugar, dragon, junk, or China White)?**
- Yes
 - No → If NO, go to Question 63
62. **During the past 30 days, have you used heroin?**
- Yes
 - No
63. **In your lifetime, have you ever used any form of cocaine (also called blow, “C”, candy, rock, powder, crack or freebase)?**
- Yes
 - No → If NO, go to Question 65
64. **In the past 30 days, have you used any form of cocaine?**
- Yes
 - No
65. **In your lifetime, have you ever taken amphetamines or methamphetamines (also called speed, uppers, dexies, bennies, meth, crystal, crank, or ice)?**
- Yes

- o No → If NO, go to Question 67

66. In the past 30 days, have you taken amphetamines or methamphetamines?

- o Yes
- o No

67. In your lifetime, have you ever used ecstasy (MDMA, also called “E”, “X”, XTC, Adam, lover’s speed, happy pill, or Molly)?

- o Yes
- o No → If NO, go to Question 69

68. In the past 30 days, have you used ecstasy?

- o Yes
- o No

69. In your lifetime, have you ever taken over-the-counter medication (such as dextromethorphan, also called DXM, DM, drex, robo, rojo, tussin, triple C) to get high?

- o Yes
- o No → If NO, go to Question 71

70. In the past 30 days, have you taken over-the-counter medication to get high?

- o Yes
- o No

71. In your lifetime, have you ever taken prescription drugs that weren’t your own?

- o Yes
- o No → If NO, go to Question 75

72. In your lifetime, which of the following prescription drugs have you taken that weren’t your own?

	YES	NO
a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>
b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="radio"/>	<input type="radio"/>
c. Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
d. Other prescription drugs	<input type="radio"/>	<input type="radio"/>

73. In the past 30 days, have you taken prescription drugs that weren’t your own?

- o Yes
- o No → If NO, go to Question 75

74. In the past 30 days, which of the following prescription drugs have you taken that weren’t your own?

	YES	NO

a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>
b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="radio"/>	<input type="radio"/>
c. Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
d. Other prescription drugs	<input type="radio"/>	<input type="radio"/>

75. In your **lifetime**, how many times have you used a needle to inject any *illegal* drug into your body?

- 0 times
- 1 time
- 2 or more times

76. How easy or difficult would it be for you to get each of the following?

		VERY EASY	FAIRLY EASY	FAIRLY DIFFICULT	VERY DIFFICULT	IMPOSSIBLE	DON'T KNOW
a.	Beer, wine, or other alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Marijuana (also called dope, grass, hashish, herb, joint, pot, weed or reefer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. How much do you think people risk harming themselves if they **occasionally** use:

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
a. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed or reefer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tranquilizers (such as Valium, Xanax, Klonopin, Ativan and Librium) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Heroin (also called smack, "H", horse, brown sugar, dragon, junk, or China White)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about gambling activities.

78. During the **past 12 months**, how many times have you done any of the following for money or

anything of value?

	0 times	1-5 times	6-10 times	More than 10 times
a. Played lottery or scratch tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participated in fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Engaged in one of these other activities: Betting on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Engaged in playing cards or bingo for money or prizes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Gambled on the internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT TOBACCO

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

- Yes
- No → If NO, Go to Question 81

80. In the past 30 days, have you smoked cigarettes?

- Yes
- No

81. Do you think that you will smoke a cigarette at any time during the next year?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

82. Does anyone who lives with you now smoke cigarettes?

- Yes
- No

83. Have you ever used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs?

- Yes
- No → If NO, Go to Question 85

84. In the past 30 days, did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs?

- Yes

- No

85. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

- Yes
- No → If NO, Go to Question 87

86. In the past 30 days, did you smoke cigars, cigarillos, or little cigars?

- Yes
- No

The next 3 questions ask about electronic vapor products, such as Blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

87. Have you ever tried an electronic vapor product, even one or two puffs?

- Yes
- No → If NO, Go to Question 90

88. In the past 30 days, have you used an electronic vapor product?

- Yes
- No → If NO, Go to Question 90

89. During the past 30 days, did the electronic vapor product you used contain a flavor such as cherry, vanilla, piña colada, bubble gum, blue mist, or fizzy pop?

NOTE: Do not include regular tobacco or menthol, mint, or wintergreen.

- Yes
- No
- I don't know

90. During the past 30 days, how did you get your tobacco products (this includes cigarettes, cigars, smokeless, and electronic vapor products)? (CHOOSE ALL THAT APPLY)

- I did not use any tobacco products during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vape shop or vapor store
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

QUESTIONS ABOUT ADVERTISING

91. In the past 30 days, have you seen or heard any ads or promotions for alcohol on TV, the Internet, the radio, or in newspapers or magazines?

- Yes
- No

92. In the past 30 days, have you seen or heard any anti-alcohol and/or anti-drug messages on TV, the Internet, the radio, or in newspapers or magazines?

- Yes
- No

OTHER HEALTH-RELATED QUESTIONS

93. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

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

DEFINITION: "Long -term" refers to difficulties that have lasted or are expected to last 6 months or more.

- Yes
- No
- Not Sure

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

- Yes
- No
- Not Sure

96. Have you ever been told by a doctor, nurse or other health care professional that you have diabetes?

- Yes
- No
- Not sure

97. How would you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

98. During the past 30 days, have you done any of the following things at least once to lose or maintain your weight?

	YES	NO
a. Increase your intake of fruits and vegetables	<input type="radio"/>	<input type="radio"/>
b. Reduce the number of calories you	<input type="radio"/>	<input type="radio"/>

eat		
c. Cut out between meal snacking	<input type="radio"/>	<input type="radio"/>
d. Decrease your fat intake	<input type="radio"/>	<input type="radio"/>
e. Exercise	<input type="radio"/>	<input type="radio"/>
f. Fast (that is going 24 hours or more without eating)	<input type="radio"/>	<input type="radio"/>
g. Vomit or throw up on purpose after eating	<input type="radio"/>	<input type="radio"/>
h. Take diet pills without a doctor's permission	<input type="radio"/>	<input type="radio"/>
i. Take laxatives	<input type="radio"/>	<input type="radio"/>

99. In the **past 12 months**, have you been examined by a dentist or dental hygienist?

- Yes
- No

100. In the **past 12 months**, have you had a cavity in any tooth?

- Yes
- No
- Not sure

101. In the **past 12 months**, have you received dental care from a dental hygienist or dentist while at school (in the school building)?

- Yes
- No

102. Has a doctor, nurse, or other healthcare provider ever told you that you have asthma?

- Yes
- No → **If NO, go to question 105**
- Not Sure

103. During the **past 12 months**, how many times did you go to an emergency room or urgent care center because of your asthma?

- 0 times
- 1 to 3 times
- 4 to 9 times
- 10 to 12 times
- 13 or more times

104. During the **past 30 days**, on how many days of school did you miss because of your asthma?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days

- 5 or more days

105. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

106. Please use this box to write in any comments you may have about this survey.

This is the end of the survey. Thank you very much for your help. Please do not forget to press the submit button below!