

Questions About Body Weight

B1. How do you describe your weight?

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

B2. Which of the following are you trying to do about your weight?

- Lose weight Stay the same weight
 Gain weight I am **not trying to do anything** about my weight

B3. During the **PAST 30 DAYS**, did you:

- | | YES | NO |
|--|-----------------------|-----------------------|
| a. Exercise to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |
| b. Eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |
| c. Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |
| d. 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.) | <input type="radio"/> | <input type="radio"/> |
| e. Vomit or take laxatives to lose weight or to keep from gaining weight? | <input type="radio"/> | <input type="radio"/> |

Questions About Nutrition

The next 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.

B4. 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.)

- I did not drink 100% fruit juice during the past 7 days
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

B5. During the **PAST 7 DAYS**, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

B6. During the **PAST 7 DAYS**, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

B7. During the **PAST 7 DAYS**, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

B8. During the **PAST 7 DAYS**, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

B9. During the **PAST 7 DAYS**, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

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B10. 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.)

I did not drink milk during the past 7 days

1 to 3 glasses during the past 7 days 1 glass per day 3 glasses per day

4 to 6 glasses during the past 7 days 2 glasses per day 4 or more glasses per day

B11. In the **PAST 7 DAYS**, on how many days did you eat breakfast?

0 days 1 day 2-4 days 5-6 days 7 days

B12. How many times during the **PAST 7 DAYS** did you eat a meal with your family?

0 times 2-4 times 7 or more times

1 time 5-6 times I was away from home and not with my family during the past 7 days

B13. How often in the **PAST 12 MONTHS** did you or your family have to cut meal size or skip meals **because there wasn't enough money for food?**

Almost every month Only 1 or 2 months

Some months but not every month Did not have to skip or cut the size of meals

Questions About Physical Exercise and Other Activity

B14. 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?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

B15. 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?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

B16. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

0 days 1 day 2 days 3 days 4 days 5 days

B17. Over the **LAST MONTH**, in an average week, how many **hours** did you spend:

	0 hours	1-2 hours	3-5 hours	6-10 hours	11-17 hours	18-24 hours	25 or more hours
a. Working at a job for which you received a paycheck or wages?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In volunteer work, religious activities, youth groups, music, drama, or special school activities such as yearbook, both at school and away from school (not including sports)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participating in sports teams, either through school or in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Doing homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Doing household chores or helping the family with house projects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B18. On an **average school day**, how many hours do you spend:

	None	Less than 1 hour per day	1 hour per day	2 hours per day	3 hours per day	4 hours per day	5 or more hours per day
a. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Playing video/computer games like Nintendo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Surfing the Internet? (Do not include time spent using the Internet for school homework.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions About Sexual Activity

B19. Have you ever had sexual intercourse? This question does not appear on the survey for grade 6.

Yes No

Questions B20 - B29 do not appear on the survey for grade 6.

B20. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse 13 years old 16 years old
 11 years old or younger 14 years old 17 years old or older
 12 years old 15 years old

B21. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse 2 people 4 people 6 or more people
 1 person 3 people 5 people

B22. During the **PAST 3 MONTHS**, with how many people did you have sexual intercourse?

- I have never had sexual intercourse 1 person 4 people
 I have had sexual intercourse, but not 2 people 5 people
during the past 3 months 3 people 6 or more people

B23. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- I have never had sexual intercourse Yes No

B24. The **last time** you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse Yes No

B25. The **last time** you had sexual intercourse, what **ONE** method did you or your partner use to **prevent pregnancy**?
(Select only **one** response.)

- I have never had sexual intercourse Depo-Provera (injectable birth control)
 No method was used to prevent pregnancy Withdrawal
 Birth control pills Some other method
 Condoms Not sure

B26. How many times have you been pregnant or gotten someone pregnant?

- 0 times 1 time 2 or more times Not sure

Questions B20 - B29 do not appear on the survey for grade 6.

Questions About AIDS/HIV

B27. What do you consider to be the **one** most reliable or accurate source where you have gotten your information about AIDS/HIV infection? (Select only **one** response.)

- From classroom instruction From brochures available at schools or school health center
 From parents or other adults in my family From TV or radio
 From friends Other sources not mentioned above
 From a teacher or school counselor

B28. During the **LAST 12 MONTHS**, have you ever been taught about AIDS or HIV infection in school?

- Yes No Not sure

B29. If you wanted them, where would you go to get condoms? (Select only **one** response.)

- Parent or other family member County or Community Health program
 Vending machine Not sure; Haven't really thought about it
 Friend It's hard to get condoms in my community
 School health center From some other source
 Pharmacy or store

Questions B20 - B29 do not appear on the survey for grade 6.

Questions About Health Care

B30. In the **PAST 12 MONTHS**, have you had wheezing, dry cough, and/or breathing difficulty **not due to** having a cold or the flu?

- Yes No Don't know

Your participation in this survey is voluntary.

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B31. During the **PAST 12 MONTHS**, have you had an asthma attack or taken asthma medication?

- Never had asthma
- Yes
- No
- Not sure

B32. Has a doctor, nurse, or other health professional ever told you that you have:

	YES	NO	Not sure
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- a. Asthma? YES NO Not sure
- b. Arthritis? YES NO Not sure
- c. Diabetes? YES NO Not sure
- d. Another chronic medical condition which has lasted over a year, such as cancer, heart problems, hearing or vision problems (do not include needing braces, glasses, or contacts)? YES NO Not sure
- e. An eating disorder (anorexia or bulimia)? YES NO Not sure
- f. A sexually transmitted disease? YES NO Not sure
- g. Depression? YES NO Not sure

B33. When was the last time you saw a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?

- During the past 12 months
- More than 24 months ago
- Not sure
- Between 12 and 24 months ago
- Never

B34. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- More than 24 months ago
- Not sure
- Between 12 and 24 months ago
- Never

B35. During the **PAST 12 MONTHS**, where did you **usually** go to meet your health care needs? (Choose only one.)

- Emergency room
- County or community health clinic
- I did not need care during the past 12 months
- Family doctor
- Other place not listed
- School-based health center
- I needed care, but didn't see anyone

B36. During the **PAST 12 MONTHS**, did you have any of the following health care needs? (Fill in all that apply; count any situation where you thought you should see a doctor, nurse, or other health professional.)

- Check-up or sports physical
- Alcohol or other drug problem counseling
- Injury or accident
- Personal or emotional problem counseling
- Illness
- Other need not listed here
- Immunization/Vaccination
- I had no health care needs

B37. During the **PAST 12 MONTHS**, did you have any of the following health care needs that were **NOT MET**? (Fill in all that apply; count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should.)

- Check-up or sports physical
- Alcohol or other drug problem counseling
- Injury or accident
- Personal or emotional problem counseling
- Illness
- Other need not listed here
- Immunization/Vaccination
- All my health care needs were met, or I had no health care needs

The next two questions are about School Based Health Centers. (If your school doesn't have a center, please fill in that answer.)

B38. Have you registered or do you have permission to use the School Based Health Center?

- Yes
- No
- Don't have a school Health Center

B39. Have you used the School Based Health Center services at your school?

- Yes
- No
- Don't have a school Health Center

Your participation in this survey is voluntary.