

# Oregon Healthy Teens ~ Survey

**Instructions:**

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish. Your participation in this survey is voluntary.
2. Each of the questions should be answered by marking **ONE** of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. Some of the questions have the following format:

**Please fill in the bubble for the ONE word that best describes how you feel about that sentence.**

NO!
no
yes
YES!

**EXAMPLE:** The Portland Trailblazers are a good basketball team . . . . .

Mark (the Big) **NO!** if you think the statement is **definitely not true** for you.  
 Mark (the little) **no** if you think the statement is **mostly not true** for you.  
 Mark (the little) **yes** if you think the statement is **mostly true** for you.  
 Mark (the Big) **YES!** if you think the statement is **definitely true** for you.

In the example above, the student marked **yes** because he or she thinks the statement is **mostly true**.

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT:       INCORRECT:

1. How old are you?

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 15 years old |
| <input type="radio"/> 11 years old  | <input type="radio"/> 16 years old |
| <input type="radio"/> 12 years old  | <input type="radio"/> 17 years old |
| <input type="radio"/> 13 years old  | <input type="radio"/> 18 years old |
| <input type="radio"/> 14 years old  | <input type="radio"/> 19 or older  |

2. What is your birth month?

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="radio"/> January  | <input type="radio"/> July      |
| <input type="radio"/> February | <input type="radio"/> August    |
| <input type="radio"/> March    | <input type="radio"/> September |
| <input type="radio"/> April    | <input type="radio"/> October   |
| <input type="radio"/> May      | <input type="radio"/> November  |
| <input type="radio"/> June     | <input type="radio"/> December  |

What is your birth year?

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1980 | <input type="radio"/> 1985 | <input type="radio"/> 1990 | <input type="radio"/> 1995 |
| <input type="radio"/> 1981 | <input type="radio"/> 1986 | <input type="radio"/> 1991 | <input type="radio"/> 1996 |
| <input type="radio"/> 1982 | <input type="radio"/> 1987 | <input type="radio"/> 1992 | <input type="radio"/> 1997 |
| <input type="radio"/> 1983 | <input type="radio"/> 1988 | <input type="radio"/> 1993 | <input type="radio"/> 1998 |
| <input type="radio"/> 1984 | <input type="radio"/> 1989 | <input type="radio"/> 1994 | <input type="radio"/> 1999 |

3. Please tell us your ZIP code:

9	7			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<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 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"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input 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"/> 6
<input type="radio"/> 7	<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"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

4. What is your sex?

- Female  
 Male

5. How do you describe yourself?  
*(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

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

- Mostly A's       Mostly D's       Not sure  
 Mostly B's       Mostly F's  
 Mostly C's       None of these grades

63  
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7. Think of where you live most of the time.  
Which of the following people live there with you?  
(Choose all that apply.)

- Mother
- Father
- Sister(s)
- Brother(s)
- Grandmother
- Grandfather
- Aunt
- Uncle
- Stepfather
- Stepmother
- Stepbrother(s)
- Stepsister(s)
- Foster Mother
- Foster Father
- Other Children
- Other Adults

8. 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"/> 0
<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

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<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

9. 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"/> 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"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<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"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5
<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"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<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"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<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"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

10. What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

11. What is the language that you first learned to speak at home?

- English
- Spanish
- Russian
- Vietnamese
- Chinese, including Cantonese and Mandarin
- Korean
- Hmong
- Cambodian
- Ukrainian
- Lao
- Mien
- Tagalog
- Romanian
- Arabic
- Japanese
- Other \_\_\_\_\_

12. What is the highest level of schooling your father (or the man you think of as your father) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know

13. What is the highest level of schooling your mother (or the woman you think of as your mother) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know