



2432

1. What is your sex? (S00m04)

- Female
- Male

2. What grade are you in? (S00m10)

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

3. How old are you? (S00m01)

- 10 or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 or older

4. What is your birth month? (S00m02a)

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

What is your birth year? (S00m02b)

- 1980
- 1981
- 1982
- 1983
- 1984
- 1985
- 1986
- 1987
- 1988
- 1989
- 1990
- 1991
- 1992
- 1993
- 1994
- 1995
- 1996
- 1997
- 1998
- 1999

5. Please tell us your ZIP code: (S00m03)

9	7			
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Please fill in the bubbles under the number boxes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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6. How do you describe yourself? **(Select one or more responses.)** (S00m05)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

7. During the past 12 months, how would you describe your grades in school? (S00m06)

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



Questions About Tobacco Use

8. During the PAST 30 DAYS, on how many days did you smoke cigarettes? (S00a02)
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
9. 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? (S00a05)
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
10. During the PAST 30 DAYS, on how many days did you smoke **cigars, cigarillos, or little cigars**? (S00a06)
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
11. During the PAST 30 DAYS, on how many days did you smoke cigarettes **on school property**? (S00a07)
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
12. During the PAST 30 DAYS, on how many days did you use **chewing tobacco, snuff, or dip on school property**? (S00a08)
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
13. Out of every 100 students at your school, how many do you think have smoked cigarettes in the last 30 days? (t3 - S00a33)
- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="radio"/> 0-10 | <input type="radio"/> 21-30 | <input type="radio"/> 41-50 | <input type="radio"/> 61-70 | <input type="radio"/> 81-90 |
| <input type="radio"/> 11-20 | <input type="radio"/> 31-40 | <input type="radio"/> 51-60 | <input type="radio"/> 71-80 | <input type="radio"/> 91-100 |

Questions About Alcohol Use

14. During the PAST 30 DAYS, on how many days did you have at least one drink of alcohol? (S00a11)
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
15. 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? (S00a12)
 0 days 1 day 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 or more days

Questions About Drug Use

16. During the PAST 30 DAYS, how many times did you use marijuana? (S00a15)
 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
17. On how many occasions (if any) have you . . . (S00a17)
- | | 0
occasions | 1-2
occasions | 3-5
occasions | 6-9
occasions | 10 or more
occasions |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Used prescription drugs (without a doctor's order) to get high during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Used stimulants (amphetamines, meth, crystal, speed, crank) during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Used cocaine or "crack" cocaine during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Used heroin or other opiates or narcotics during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Used Ecstasy or MDMA during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Used LSD or other hallucinogens or psychedelics during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Questions About Age of First Use

18. How old were you when you first... (S00a25)
- a. Smoked a whole cigarette?
 Never have 8 or younger 9 10 11 12 13 14 15 16 17 18 or older
 - b. Tried smokeless tobacco (chew, snuff, plug)?
 Never have 8 or younger 9 10 11 12 13 14 15 16 17 18 or older
 - c. Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
 Never have 8 or younger 9 10 11 12 13 14 15 16 17 18 or older
 - d. Got drunk?
 Never have 8 or younger 9 10 11 12 13 14 15 16 17 18 or older
 - e. Tried marijuana or hashish?
 Never have 8 or younger 9 10 11 12 13 14 15 16 17 18 or older
 - f. Tried to sniff or inhale gases, sprays, or glue in order to get high?
 Never have 8 or younger 9 10 11 12 13 14 15 16 17 18 or older

19. Sometimes we don't know what we will do as adults, but we may have an idea. Please tell us how true these statements may be for you as an adult: (S00a26)

- | | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. When I am an adult, I will smoke cigarettes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. When I am an adult, I will drink beer, wine, or liquor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. When I am an adult, I will smoke marijuana. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question About Nutrition

20. In the PAST 7 DAYS, on how many days did you eat breakfast? (S00b11)
- 0 days 1 day 2-4 days 5-6 days 7 days

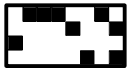
Questions About Physical Exercise and Other Activity

21. 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? (S00b14)

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

22. Over the LAST MONTH, in an average week, how many hours did you spend: (S00b17)

- | | 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"/> |



23. On an average school day, how many hours do you spend: (S00b18)

	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"/>

Question About AIDS/HIV

24. During the LAST 12 MONTHS, have you ever been taught about AIDS or HIV infection in school? (S00b28)
 Yes No Not sure

Questions About Health Care

25. 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? (S00b33)

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

26. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work? (S00b34)

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

Questions About Parent Supervision

27. Please mark how often the following things happen in general. (S00c01)

- a. How often does at least one of your parents know what you are doing when you are away from home?
 Never Sometimes Quite often All the time
- b. How often does at least one of your parents know where you are after school?
 Never Sometimes Quite often All the time

28. In the LAST MONTH, about how many hours per week were you usually home in the afternoon with **no adult supervision**? (S00c03)

- None 2 hours 5 hours 16 to 20 hours
 Less than 1/2 hour 3 hours 6 to 10 hours 21 to 30 hours
 1/2 to 1 hour 4 hours 11 to 15 hours 31 or more hours

Question About Family Substance Use

29. Has anyone in your family ever had a severe alcohol or drug problem? (S00c12)
 Yes No

Questions About Neighborhood

30. Have you changed homes in the PAST YEAR? (S00c16)
 Yes No

31. Have you changed schools (including changing from elementary to middle and middle to high school) in the PAST YEAR? (S00c18)

- Yes No



32. How many adults do you know who give you lots of encouragement whenever they see you? (13 - S00c23)
 None 1 2 3 or 4 5 or more

33. How many adults do you know who you look forward to spending time with? (13 - S00c24)
 None 1 2 3 or 4 5 or more

Questions About Peers and Siblings

34. Think of your **four best friends** (the friends you feel closest to). (S00d01)
 In the **PAST YEAR** (12 months), how many of your **best friends** have:

	None	1	2	3	4
a. Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tried beer, wine, or liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question About School

35. During the **LAST FOUR WEEKS** how many whole school days have you missed because you skipped or "cut"? (S00d08)
 none 1 day 2 days 3 days 4-5 days 6-10 days 11 or more days

Question About Church

36. How often do you attend religious services or activities? (S00d10)
 Never Rarely 1-2 times a month Once a week or more

Questions About Personal Beliefs

37. How often have you done the following things? (S00d12)

	Never	I've done it, but not in the past year	Less than once a month	About once a month	2 or 3 times a month	Once a week or more
a. Done crazy things even if they are a little dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Done something dangerous because someone dared you to do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Done what feels good no matter what	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question About Intentions

38. At any time during the next year, do you think you will smoke a cigarette? (S00d03)
 Definitely not Probably not Probably would Definitely would

Question About School Activities

39. During the **LAST YEAR** (12 MONTHS):

	Very often	A few times	Once	Never
Did you have any school lessons about tobacco use? (S00e12a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Question About Parents

40. DURING THE LAST YEAR, how often have your parent(s) talked to you about not smoking cigarettes or using chewing tobacco? (S00e18)
- Very often Fairly often Sometimes Almost never Never

Question About Cigarette Advertisement

41. If you have a favorite, what is the brand of your favorite cigarette advertisement? (Select only **one** response.) (t3 - S00e30)
- Marlboro Virginia Slim I don't have a favorite cigarette advertisement.
 Camel Winston
 Kool Other

Questions About Mood

42. Fill in the one circle for each statement which best describes on how many of the days you felt this way DURING THE PAST WEEK. (S00f01)
- | | 0 days | 1-2 days | 3-4 days | 5-7 days |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I did not feel like eating; my appetite was poor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I felt depressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I felt sad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I could not get going; I had low energy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Questions About Personal Safety

43. During the PAST 30 DAYS, how many times did you: (S00f11)
- | | 0 times | 1 time | 2 or 3 times | 4 or 5 times | 6 or more times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Drive a car or other vehicle when you had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Ride in a car or other vehicle with a parent or other adult driver who had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Ride in a car or other vehicle with a teenage driver who had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

44. How often do you wear a seat belt when **riding in** a car driven by someone else? (S00f25)
- Never Rarely Sometimes Most of the time Always

Question About Harassment and Threats

45. In the PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you? (S00f16)
- 0 times 1-2 times 3-5 times 6-9 times 10-19 times 20 or more times