



50398



Oregon Healthy Teens Survey

SURVEY 22

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.

MARKING INSTRUCTIONS:

Please use the pencil provided. Make solid marks that fill in the response bubbles. If you make a mistake, please cross out your mistake, then mark and circle your answer.

Shade Circles → ●
Not Like → ⊗ ✓

Office use									
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

Your participation in this survey is voluntary.



3. Some questions have the following format:

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

EXAMPLE: The Portland

Trailblazers are a good
basketball team:

NO! **no** **yes** **YES!**

Mark (the Big) **NO!** if you think the statement is definitely not true for you.

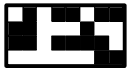
Mark (the little) **no** if you think the statement is mostly not true for you.

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.

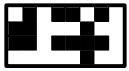
Your participation in this survey is voluntary.



Your school or school district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard. **Fill in the corresponding answers to those questions here:**

- | | | |
|---|--|--|
| 1. (A) (B) (C) (D) (E) (F) (G) (H) | 6. (A) (B) (C) (D) (E) (F) (G) (H) | 11. (A) (B) (C) (D) (E) (F) (G) (H) |
| 2. (A) (B) (C) (D) (E) (F) (G) (H) | 7. (A) (B) (C) (D) (E) (F) (G) (H) | 12. (A) (B) (C) (D) (E) (F) (G) (H) |
| 3. (A) (B) (C) (D) (E) (F) (G) (H) | 8. (A) (B) (C) (D) (E) (F) (G) (H) | 13. (A) (B) (C) (D) (E) (F) (G) (H) |
| 4. (A) (B) (C) (D) (E) (F) (G) (H) | 9. (A) (B) (C) (D) (E) (F) (G) (H) | 14. (A) (B) (C) (D) (E) (F) (G) (H) |
| 5. (A) (B) (C) (D) (E) (F) (G) (H) | 10. (A) (B) (C) (D) (E) (F) (G) (H) | 15. (A) (B) (C) (D) (E) (F) (G) (H) |
-

Your participation in this survey is voluntary.



50398

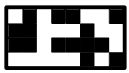
1. What is your sex? (S00m04)
 Female Male

2. What grade are you in? (S00m10)
 6th 7th 8th 9th 10th 11th 12th

3. How old are you? (S00m01)
 10 or younger 15 years old
 11 years old 16 years old
 12 years old 17 years old
 13 years old 18 years old
 14 years old 19 or older

- 4a. What is your birth month? (S00m02a)
 January July
 February August
 March September
 April October
 May November
 June December

Your participation in this survey is voluntary.



50398

4b. What is your birth year? (S00m02b)

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

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

9	7			
---	---	--	--	--

Please fill in the bubbles under the number boxes.

<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

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

Your participation in this survey is voluntary.



50398

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

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

Questions About Tobacco Use

8. During the PAST 30 DAYS, on how many days did you smoke cigarettes? (S00h02)

- 0 days 3 to 5 days 10 to 19 days
 1 or 2 days 6 to 9 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? (S00h05)

- 0 days 3 to 5 days 10 to 19 days
 1 or 2 days 6 to 9 days 20 to 29 days
 All 30 days

Your participation in this survey is voluntary.



50398

10. During the PAST 30 DAYS, on how many days did you smoke **cigars, cigarillos, or little cigars**? (S00a06)
- 0 days 3 to 5 days 10 to 19 days
 1 or 2 days 6 to 9 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 3 to 5 days 10 to 19 days
 1 or 2 days 6 to 9 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 3 to 5 days 10 to 19 days
 1 or 2 days 6 to 9 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? (E3 - S00ba3)
- 0-10 21-30 41-50 61-70 81-90
 11-20 31-40 51-60 71-80 91-100

Your participation in this survey is voluntary.



50398

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 3 to 5 days 10 to 19 days
 1 or 2 days 6 to 9 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 2 days 6 to 9 days
 1 day 3 to 5 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 3 to 9 times 20 to 39 times
 1 or 2 times 10 to 19 times 40 or more times

Your participation in this survey is voluntary.



50398

17. On how many occasions (if any) have you (S00a17)

a. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the PAST 30 DAYS?

- 0 occasions**
- 1-2 occasions**
- 3-5 occasions**
- 6-9 occasions**
- 10 or more occasions**

b. Used prescription drugs (without a doctor's order) to get high during the PAST 30 DAYS?

- 0 occasions**
- 1-2 occasions**
- 3-5 occasions**
- 6-9 occasions**
- 10 or more occasions**

c. Used stimulants (amphetamines, meth, crystal, speed, crank) during the PAST 30 DAYS?

- 0 occasions**
- 1-2 occasions**
- 3-5 occasions**
- 6-9 occasions**
- 10 or more occasions**

Your participation in this survey is voluntary.



50398

- d. Used cocaine or "crack" cocaine during the PAST 30 DAYS?
- 0 occasions
 - 1-2 occasions
 - 3-5 occasions
 - 6-9 occasions
 - 10 or more occasions
- e. Used heroin or other opiates or narcotics during the PAST 30 DAYS?
- 0 occasions
 - 1-2 occasions
 - 3-5 occasions
 - 6-9 occasions
 - 10 or more occasions
- f. Used Ecstasy or MDMA during the PAST 30 DAYS?
- 0 occasions
 - 1-2 occasions
 - 3-5 occasions
 - 6-9 occasions
 - 10 or more occasions

Your participation in this survey is voluntary.



50398

g. Used LSD or other hallucinogens or psychedelics during the PAST 30 DAYS?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10 or more occasions

Questions About Age of First Use

18. How old were you when you first... (S00a25)

a. Smoked a whole cigarette?

- | | | |
|------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 11 | <input type="radio"/> 15 |
| <input type="radio"/> 8 or younger | <input type="radio"/> 12 | <input type="radio"/> 16 |
| <input type="radio"/> 9 | <input type="radio"/> 13 | <input type="radio"/> 17 |
| <input type="radio"/> 10 | <input type="radio"/> 14 | <input type="radio"/> 18 or older |

b. Tried smokeless tobacco (chew, snuff, plug)?

- | | | |
|------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 11 | <input type="radio"/> 15 |
| <input type="radio"/> 8 or younger | <input type="radio"/> 12 | <input type="radio"/> 16 |
| <input type="radio"/> 9 | <input type="radio"/> 13 | <input type="radio"/> 17 |
| <input type="radio"/> 10 | <input type="radio"/> 14 | <input type="radio"/> 18 or older |

Your participation in this survey is voluntary.



50398

c. Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- | | | |
|------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 11 | <input type="radio"/> 15 |
| <input type="radio"/> 8 or younger | <input type="radio"/> 12 | <input type="radio"/> 16 |
| <input type="radio"/> 9 | <input type="radio"/> 13 | <input type="radio"/> 17 |
| <input type="radio"/> 10 | <input type="radio"/> 14 | <input type="radio"/> 18 or older |

d. Got drunk?

- | | | |
|------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 11 | <input type="radio"/> 15 |
| <input type="radio"/> 8 or younger | <input type="radio"/> 12 | <input type="radio"/> 16 |
| <input type="radio"/> 9 | <input type="radio"/> 13 | <input type="radio"/> 17 |
| <input type="radio"/> 10 | <input type="radio"/> 14 | <input type="radio"/> 18 or older |

e. Tried marijuana or hashish?

- | | | |
|------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never have | <input type="radio"/> 11 | <input type="radio"/> 15 |
| <input type="radio"/> 8 or younger | <input type="radio"/> 12 | <input type="radio"/> 16 |
| <input type="radio"/> 9 | <input type="radio"/> 13 | <input type="radio"/> 17 |
| <input type="radio"/> 10 | <input type="radio"/> 14 | <input type="radio"/> 18 or older |

Your participation in this survey is voluntary.



50398

f. Tried to sniff or inhale gases, sprays, or glue in order to get high?

- Never have 11 15
 8 or younger 12 16
 9 13 17
 10 14 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)

a. When I am an adult, I will smoke cigarettes.

- NO!** **no** **yes** **YES!**

b. When I am an adult, I will drink beer, wine, or liquor.

- NO!** **no** **yes** **YES!**

c. When I am an adult, I will smoke marijuana.

- NO!** **no** **yes** **YES!**

Question About Nutrition

20. In the PAST 7 DAYS, on how many days did you eat breakfast? (S00b11)

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

Your participation in this survey is voluntary.



50398

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 4 days

1 day 5 days

2 days 6 days

3 days 7 days

22. Over the LAST MONTH, in an average week, how many hours did you spend: (S00B17)

a. Working at a job for which you received a paycheck or wages?

0 **1-2** **3-5** **6-10** **11-17** **18-24** **25 or more**

Your participation in this survey is voluntary.



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)?

0 **1-2** **3-5** **6-10** **11-17** **18-24** **25 or more**

c. Participating in sports teams, either through school or in the community?

0 **1-2** **3-5** **6-10** **11-17** **18-24** **25 or more**

d. Doing homework?

0 **1-2** **3-5** **6-10** **11-17** **18-24** **25 or more**

e. Doing household chores or helping the family with house projects?

0 **1-2** **3-5** **6-10** **11-17** **18-24** **25 or more**

Your participation in this survey is voluntary.



50398

23. On an average school day, how many hours do you spend: (S00618)

a. Watching TV?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Less than | | | | | 5 or more |
| | 1 hour | 1 hour | 2 hours | 3 hours | 4 hours | hours |
| None | per day | per day | per day | per day | per day | per day |
| <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?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Less than | | | | | 5 or more |
| | 1 hour | 1 hour | 2 hours | 3 hours | 4 hours | hours |
| None | per day | per day | per day | per day | per day | per day |
| <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.)

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Less than | | | | | 5 or more |
| | 1 hour | 1 hour | 2 hours | 3 hours | 4 hours | hours |
| None | per day | per day | per day | per day | per day | per day |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Your participation in this survey is voluntary.



50398

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 Never
 Between 12 and 24 months ago Not sure
 More than 24 months ago

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 Never
 Between 12 and 24 months ago Not sure
 More than 24 months ago

Your participation in this survey is voluntary.



50398

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

Quite often

Sometimes

All the time

b. How often does at least one of your parents know where you are after school?

Never

Quite often

Sometimes

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

5 hours

Less than 1/2 hour

6 to 10 hours

1/2 to 1 hour

11 to 15 hours

2 hours

16 to 20 hours

3 hours

21 to 30 hours

4 hours

31 or more hours

Your participation in this survey is voluntary.



50398

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? (S3 - 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? (S3 - S00c24)
- None 1 2 3 or 4 5 or more

Your participation in this survey is voluntary.



Questions About Peers and Siblings

34. Think of your **four best friends** (the friends you feel closest to). (S00401)

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"? (S00408)

- none
 2 days
 4-5 days
 11 or more days
 1 day
 3 days
 6-10 days

Your participation in this survey is voluntary.



50398

Question About Church

36. How often do you attend religious services or activities? (S00410)

- Never 1-2 times a month
 Rarely Once a week or more

Questions About Personal Beliefs

37. How often have you done the following things? (S00412)

a. Done crazy things even if they are a little dangerous

- | | | | | | |
|-----------------------|---|---------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|
| | 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 |
| Never | | | | | |
| <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

- | | | | | | |
|-----------------------|---|---------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|
| | 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 |
| Never | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Your participation in this survey is voluntary.



50398

c. Done what feels good no matter what

- | | | | | | |
|-----------------------|---|---------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|
| | 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 |
| Never | | | | | |
| <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? (S00e03)

- | | |
|--------------------------------------|--|
| <input type="radio"/> Definitely not | <input type="radio"/> Probably would |
| <input type="radio"/> Probably not | <input type="radio"/> Definitely would |

Question About School Activities

39. During the **LAST YEAR (12 MONTHS)**: (S00e12)

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

Your participation in this survey is voluntary.



50398

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 Sometimes Never
 Fairly often Almost never

Question About Cigarette Advertisement

41. If you have a favorite, what is the brand of your favorite cigarette advertisement? (Select only **one** response.) (13 - S00e30)

- Marlboro Kool Winston
 Camel Virginia Slim Other
 I don't have a favorite cigarette advertisement.

Your participation in this survey is voluntary.



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.** (S0001)

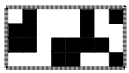
	0 days	1-2 days	3-4 days	5-7 days
a. I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt sad.	<input 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: (S0011)

	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"/>

Your participation in this survey is voluntary.



b. Ride in a car or other vehicle with a parent or other adult driver who had been drinking alcohol? _____

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

○ ○ ○ ○ ○

c. Ride in a car or other vehicle with a teenage driver who had been drinking alcohol? _____

○ ○ ○ ○ ○

44. How often do you wear a seat belt when **riding in** a car driven by someone else? (S0025)

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

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? (S0016)

- 0 times ○ 3-5 times ○ 10-19 times
 ○ 1-2 times ○ 6-9 times ○ 20 or more times

Your participation in this survey is voluntary.