



Draft

Questions About Body Weight

- B1. How do **you** describe your weight?
- Very underweight About the right weight ^(S00601) Very overweight
 Slightly underweight Slightly overweight
- B2. Which of the following are you trying to do about your weight? ^(S00602)
- Lose** weight **Gain** weight **Stay** the same weight I am **not trying to do anything** about my weight
- B3. During the PAST 30 DAYS, did you: ^(S00603)
- | | 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.) ^(S00604)
- I did not drink 100% fruit juice during the past 7 days 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
- B5. During the PAST 7 DAYS, how many times did you eat **fruit**? (Do **not** count fruit juice.) ^(S00605)
- I did not eat fruit during the past 7 days 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
- B6. During the PAST 7 DAYS, how many times did you eat **green salad**? ^(S00606)
- I did not eat green salad during the past 7 days 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day



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- B7. During the PAST 7 DAYS, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.) (S00b07)
- I did not eat potatoes during the past 7 days 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
- B8. During the PAST 7 DAYS, how many times did you eat **carrots**? (S00b08)
- I did not eat carrots during the past 7 days 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
- B9. During the PAST 7 DAYS, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.) (S00b09)
- I did not eat other vegetables during the past 7 days 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
- 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.) (S00b10)
- I did not drink milk during the past 7 days 2 glasses per day
 1 to 3 glasses during the past 7 days 3 glasses per day
 4 to 6 glasses during the past 7 days 4 or more glasses per day
 1 glass per day
- B11. 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
- B12. How many times during the PAST 7 DAYS did you eat a meal with your family? (S00b12)
- 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**? (S00b13)
- 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



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B20. During an average week, how many hours do you spend helping other people without getting paid (such as helping out at a hospital, day care center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live? (S00b42)

- 0
- 1 hour
- 2 hours
- 3-5 hours
- 6-10 hours
- 11 or more hours

B21. 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. On 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

B22. Have you ever had sexual intercourse? (S00b19)

- Yes
- No

B23. How old were you when you had sexual intercourse for the first time? (S00b20)

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

Questions on sexual activity (B22 through B30, B33, B36f) are not included on questionnaires for sixth-grade students.

B24. During your life, with how many people have you had sexual intercourse? (S00b21)

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

B25. During the PAST 3 MONTHS, with how many people did you have sexual intercourse? (S00b22)

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

B26. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**? (S00b23)

- I have never had sexual intercourse
- Yes
- No

B27. The **last time** you had sexual intercourse, did you or your partner use a condom? (S00b24)

- I have never had sexual intercourse
- Yes
- No



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- B28. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.) (S00b25)
- I have never had sexual intercourse
 - No method was used to prevent pregnancy
 - Birth control pills
 - Condoms
 - Depo-Provera (injectable birth control)
 - Withdrawal
 - Some other method
 - Not sure
- B29. How many times have you been pregnant or gotten someone pregnant? (S00b26)
- 0 times
 - 1 time
 - 2 or more times
 - Not sure
- B30. When did you **first** go to a medical office or clinic to get a method for preventing pregnancy? (Select only **one** response) (t3 - S00b43)
- I have never had sexual intercourse
 - Before my first sexual intercourse
 - Less than 1 month after my first sexual intercourse
 - 1 to 3 months after my first sexual intercourse
 - 4 to 12 months after my first sexual intercourse
 - More than 12 months after my first sexual intercourse
 - I have never gone to a medical office or clinic to get a method for preventing pregnancy

Questions About AIDS/HIV

- B31. 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.) (S00b27)
- From classroom instruction
 - From parents or other adults in my family
 - From friends
 - From a teacher or school counselor
 - From brochures available at schools or school health center
 - From TV or radio
 - Other sources not mentioned above
- B32. During the LAST 12 MONTHS, have you ever been taught about AIDS or HIV infection in school? (S00b28)
- Yes
 - No
 - Not sure
- B33. If you wanted them, where would you go to get condoms and other pregnancy prevention or STD prevention methods? (Select only **one** response.) (S00b29)
- Parent or other family member
 - Vending machine
 - Friend
 - School health center
 - Pharmacy or store
 - County or Community Health program
 - Not sure, haven't really thought about it
 - It's hard to get condoms and other pregnancy prevention/STD prevention methods in my community
 - From some other source



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Questions About Health Care

B34. In the PAST 12 MONTHS, have you had wheezing, dry cough, and/or breathing difficulty **not due to** having a cold or the flu? (S00b30)

- Yes No Not sure

B35. During the PAST 12 MONTHS, have you had an asthma attack or taken asthma medication? (S00b31)

- Never had asthma Yes No Don't know

B36. Has a doctor, nurse, or other health professional ever told you that you have: <small>(S00b32)</small>	Yes	No	Not Sure
a. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. An eating disorder (anorexia or bulimia)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A sexually transmitted disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B37. 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

B38. 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

B39. During the PAST 12 MONTHS, where did you **usually** go to meet your health care needs? (Choose only **one**.) (S00b35)

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



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B40. 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.) (S00636)

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

B41. 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.) (S00637)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Other need not listed here
- 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.)

B42. Have you registered or do you have permission to use the School Based Health Center? (S00638)

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

B43. Have you used the School Based Health Center services at your school? (S00639)

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