

2002 Weymouth Youth Health Risk Behavior Survey

9th - 12th Grade Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. Please answer each question honestly. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give are **totally anonymous**. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. **No names will ever be reported.**

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

**This study is being made possible by a generous gift from
Sithe New England to the Weymouth Board of Health**

Thank you very much for your help





SECTION A:

- 1) How old are you now?
 12 years old or younger
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old
 18 years old or older
- 2) What is your sex?
 Female Male
- 3) In what grade are you?
 9th grade
 10th grade
 11th grade
 12th grade
 Ungraded or other grade
- 4) How do you describe yourself?
(Select one or more responses.)
 American Indian or Alaska Native
 Southeast Asian American
(such as Cambodian, Vietnamese, Laotian, Thai)
 Asian American
(such as Chinese, Japanese, Korean, East Indian)
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
- 5) During the past 12 months, how would you describe your grades in school?
 Mostly A's
 Mostly B's
 Mostly C's
 Mostly D's
 Mostly F's
 None of these grades
 Not sure
- 6) Do you expect to complete high school?
 Yes No

- 7) What do you plan to do when you get out of high school? (Fill in only one circle.)
 Go to work
 Join the Armed Services (Army, Navy, etc.)
 Go to college
 Something else or unsure
- 8) How tall are you without your shoes on?

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feet inches
- 9) How much do you weigh without your shoes on?

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pounds
- 10) How long have you lived in the United States?
 Less than one year
 1 to 3 years
 4 to 6 years
 More than 6 years, but not my whole life
 I have always lived in the United States
- 11) How often do the people in your home speak a language other than English?
 Never
 Rarely
 Sometimes
 Most of the time
 Always
- 12) Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
 Yes
 No
 Not sure
- 13) Outside of school, is there an adult (or adults) you can talk to about things that are important to you?
 Yes, parent or other adult family member
 Yes, non-family adult
(such as religious leader, club advisor, neighbor)
 Yes, both family and non-family adults
 No
 Not sure



14) Which of the following best describes the people who live with you most of the time? (Mark ALL of the people who live with you.)

- Mother
- Father
- Stepmother
- Stepfather
- Brothers/ Sisters
- Grandparents
- Aunts/ Uncles
- Other people

15) During the past 12 months, have you been to a doctor for a regular check-up?

- Yes
- No
- Not sure

16) During the past 12 months, have you been to the dentist for a regular check-up or cleaning?

- Yes
- No
- Not sure

17) During the past 12 months, how many times have you been to **emergency room** for medical care?

- None
- 1-2 times
- 3-4 times
- 5 or more times

SECTION B:

The next questions ask about personal safety.

1) When you rode a motorcycle (or motorized dirt bike) during the past 12 months, how often did you wear a helmet?

- I did not ride a motorcycle in the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

2) When you rode a bicycle in the past 12 months, how often do you wear a helmet?

- I did not ride a bicycle in the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

3) How often do you wear a seat belt when riding in a car driven by someone else?

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

4) During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

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

5) During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

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



SECTION C:

The next questions ask about violence-related behaviors.

1) **During the past 30 days**, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

2) **During the past 30 days**, on how many days did you...

a. ...carry a **weapon**, such as a gun, knife, or club?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

b. ...carry a **gun**?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

c. ...carry a **weapon**, such as a gun, knife, or club **on school property**?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

3) **During the past 12 months**, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

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

4) **During the past 12 months**, how many times...

a. ...has someone threatened you or injured you with a weapon such as a gun, knife, or club **on school property**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

b. ...were you in a physical fight?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

c. ...were you in a physical fight **on school property**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

5) **During the past 12 months**, has someone stolen or deliberately damaged your personal property, such as your car, clothing or books **on school property**?

- Yes
- No

6) Have you ever experienced violence because you or someone else was drinking alcohol?

- Yes
- No

7) **During the past 12 months**, have you been a member of a gang?

- Yes
- No



- 8) Have you ever been hurt physically or sexually by a date or someone you were going out with? This would include being hurt by being shoved, slapped, hit, or forced into any sexual activity.
- I have never been on a date or gone out with anyone
 - No, I have never been hurt by a date or someone I was going out with
 - Yes, I was hurt physically
 - Yes, I was hurt sexually
 - Yes, I was hurt both physically and sexually
- 9) Has anyone ever had sexual contact with you against your will?
- No one has ever had sexual contact with me against my will
 - Yes, within the past 12 months
 - Yes, more than 12 months ago
 - Yes, both in the past 12 months and more than 12 months ago

SECTION D:

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

- 1) Have you ever felt so angry, sad or hopeless that you caused injury to yourself (such as cutting or burning yourself)?
- Yes No
- 2) During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes No
- 3) During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes No
- 4) During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes No

- 5) During the past 12 months, how many times did you actually attempt suicide?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
- 6) If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide in the past 12 months
 - Yes
 - No

SECTION E:

The next questions concern communication and education about sexuality and AIDS prevention.

- 1) During the past 12 months, about how often have you had a conversation with **your parents or other adults in your family** about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs) or pregnancy?
- Not at all in the past 12 months
 - About once in the past 12 months
 - About once every few months
 - About once a month
 - More than once a month
- 2) During the past 12 months, about how often have you had a conversation or used any of the following resources to learn about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs) or pregnancy?
- a. Doctor, nurse or other health care provider
 - Never Sometimes Often
 - b. Peer(s) or Sibling(s)
 - Never Sometimes Often
 - c. Internet
 - Never Sometimes Often
 - d. Books
 - Never Sometimes Often
 - e. Other media (TV, magazines)
 - Never Sometimes Often



SECTION F:

The next questions ask about tobacco use.

1) Have you ever tried cigarette smoking, even one or two puffs?

- Yes No

2) How old were you when you smoked a whole cigarette for the first time?

- I have never smoked a whole cigarette
 8 years old or younger
 9 or 10 years old
 11 or 12 years old
 13 or 14 years old
 15 or 16 years old
 17 years old or older

3) **During the past 30 days**, on how many days did you smoke cigarettes?

- 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

4) **During the past 30 days**, on the days you smoked, how many cigarettes did you smoke **per day**?

- I did not smoke cigarettes in the past 30 days
 Less than 1 cigarette per day
 1 cigarette per day
 2 to 5 cigarettes per day
 6 to 10 cigarettes per day
 11 to 20 cigarettes per day
 More than 20 cigarettes per day

5) If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard
 Sort of hard
 Sort of easy
 Very easy

6) **During the past 30 days**, how did you usually get your own cigarettes?

(Select **only one** response.)

- I did not smoke cigarettes in the past 30 days
 I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 I bought them from a vending machine
 I gave someone else money to buy them for me
 I borrowed (bummed) them from someone else
 A person 18 years old or older gave them to me
 I took them from a store or family member
 I got them some other way

7) **When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy cigarettes in the past 30 days
 Yes, I was asked to show proof of age
 No, I was not asked to show proof of age

8) **During the past 30 days**, on how many days did you smoke cigarettes **on school property**?

- 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) Have you ever smoked cigarettes daily, that is, at least one cigarette **every day for 30 days**?

- Yes No

10) How many times have you tried **to quit** smoking cigarettes?

- 0 times
 1 or 2 times
 3 to 5 times
 6 to 9 times
 10 or more times

11) How difficult do you think it is for people who smoke to quit smoking?

- Very hard
 Sort of hard
 Sort of easy
 Very easy



12) How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day?

- No risk
- Slight risk
- Moderate risk
- Great risk

13) During the past 30 days, on how many days did you...

a. ...use chewing tobacco, snuff, or dip, such as Redman, Levi Garret, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 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

b. ...use **chewing tobacco or snuff on school property?**

- 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

c. ...smoke **cigars, cigarillos, or little cigars?**

- 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

14) How wrong do you think it is for someone your age to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

SECTION G:

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade or hard cider, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

1) During your life, on how many days have you had at least one drink of alcohol?

- 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

2) How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

3) During the past 30 days, on how many days did you have at least one drink of alcohol?

- 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

4) 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?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days



- 5) If you wanted to get some beer, wine or liquor (for example vodka, whiskey or gin) how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
- 6) My family has clear rules about alcohol and drug use.
- Yes
 - No
- 7) During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- 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
- 8) Where do you usually get beer, wine or liquor when you want it? (Mark all the places you usually get alcohol)
- I don't drink alcohol (does not apply)
 - Someone else buys it
 - Friends give it to me
 - Supermarket or convenience store
 - Bars or clubs
 - Restaurants
 - Liquor store (package store)
 - At home
 - At parties
 - At friends' homes
 - I get it some other way
- 9) Think about friends you see most often. About how many of them have a drink of beer, wine or liquor at least once a month?
- None of them
 - Some of them
 - About half of them
 - Most of them
 - All of them

- 10) In the last six months, did you ask a family member, friend or other person to quit drinking?
- Yes
 - No
- 11) How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine or liquor) nearly every day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
- 12) How wrong do you think it is for someone your age to drink beer, wine or hard liquor regularly?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

SECTION H:

The next questions ask about marijuana use. Marijuana also is called grass, pot, weed, or reefer.

- 1) During your life, how many times have you used marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 to 99 times
 - 100 or more times
- 2) How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older



- 3) During the past 30 days, how many times did you...
- ...use marijuana?
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
 - ...use marijuana **on school property**?
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
- 4) How much do you think people risk harming themselves (physically or in other ways) if they...
- ...smoke marijuana **once or twice**?
 - No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - ...smoke marijuana **regularly**?
 - No risk
 - Slight risk
 - Moderate risk
 - Great risk
- 5) If you wanted to get some marijuana (pot, grass, weed) or hashish, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
- 6) How wrong do you think it is for someone your age to smoke marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

SECTION I:

The next section asks about cocaine and other drugs.

- 1) During your life, how many times have you used any of the following?
- any form of cocaine**, including powder, crack, or freebase?
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
 - MDMA (i.e., **ecstasy**, "E", "X")?
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
 - sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
 - heroin** (also called smack, junk, China White)?
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
 - methamphetamines** (also called speed, crystal, crank, or ice?)
 - 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times



f. **steroid** pills or shots without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

g. **LSD** (acid)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

h. **Ketamine** ("Special K")?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

i. **Rohypnol** ("Roofies")?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

j. **GHB** (also called G or liquid X)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

k. any **other type of illegal drug**, such as PCP or mushrooms?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

2) During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

3) During your life, how many times have you shared a needle for any purpose (such as tattooing, piercing, injecting drugs, etc.)?

- 0 time
- 1 time
- 2 or more times

4) During your life, have you taken any of the following medications not prescribed for you, in order to get high?

a. **Painkillers** (such as Percodan, Oxycontin, Morphine, Vicodan)?

- Yes
- No

b. **Tranquilizers** (such as Xanax, Ativan, Valium)?

- Yes
- No

c. **Sleeping pills** (such as Ambien, Seconal, Nembutol)?

- Yes
- No

5) During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- Yes
- No

6) **During the past 30 days**, how many times have you used any illegal drug **other than** marijuana? This includes any drug such as cocaine, heroin, methamphetamines, inhalants, ecstasy, or other illegal drugs.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times



7) How old were you when you first used drugs other than alcohol or marijuana?

- I have never used drugs other than alcohol or marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

8) How much do you think people risk harming themselves (physically or in other ways) if they...

a. use "crack" cocaine occasionally?

- No risk
- Slight risk
- Moderate risk
- Great risk

b. use ecstasy occasionally?

- No risk
- Slight risk
- Moderate risk
- Great risk

c. use other drugs occasionally to get high?

- No risk
- Slight risk
- Moderate risk
- Great risk

9) How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or other illegal drugs?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

10) How easy would it be for you to get the following?

a. If you wanted to get a **drug like cocaine, LSD, or amphetamines**, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

b. If you wanted to get a **handgun**, how easy would it be for you to get one?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

c. If you wanted to get some **ecstasy** (E, X, MDMA) how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

d. If you wanted to get some **Ritalin, Adderal, or Concerta** without a prescription, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

e. If you wanted to get some **Rohypnol** (Roofies) without a prescription, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

f. If you wanted to get some **prescription medicine** not prescribed for you in order to get high, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy



SECTION J:

The next set of questions concern sexual behavior.

- 1) Have you ever had sexual intercourse?
 Yes No
- 2) How old were you when you first had sexual intercourse?
 I have never had sexual intercourse
 8 years old or younger
 9 or 10 years old
 11 or 12 years old
 13 or 14 years old
 15 or 16 years old
 17 years old or older
- 3) During your life, the person(s) with whom you have had sexual contacts is (are):
 I have not had sexual contact with anyone
 Female(s)
 Male(s)
 Female(s) and Male(s)
- 4) During your life, with how many people have you had sexual intercourse?
 I have never had sexual intercourse
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
- 5) Did you drink alcohol or use drugs before you had sexual intercourse **the last time**?
 I have never had sexual intercourse
 Yes
 No
- 6) The last time you had sexual intercourse, did you or your partner use a condom?
 I have never had sexual intercourse
 Yes
 No
- 7) How many times have you been pregnant or gotten someone pregnant?
 0 times
 1 time
 2 or more times
 Not sure

- 8) 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
 No method was used to prevent pregnancy
 Birth control pills
 Condoms
 Depo-Provera (injectable birth control)
 Withdrawal
 Some other method
 Not sure
- 9) Have you ever been tested for HIV infection or other sexually transmitted diseases (STDs) such as genital herpes, gonorrhea, chlamydia, syphilis, or genital warts?
 No
 Yes, I have been tested for HIV
 Yes, I have been tested for other STDs
 Yes, I have been tested for both HIV and other STDs
- 10) Have you ever been told by a doctor or other health care professional that you had HIV infection or any other sexually transmitted disease (STD)?
 Yes No

SECTION K:

The next questions ask about body weight.

- 1) How do you describe your weight?
 Very underweight
 Slightly underweight
 About the right weight
 Slightly overweight
 Very overweight
- 2) During the past 30 days, did you exercise or eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
 Yes, I exercised
 Yes, I ate less food, fewer calories, or foods low in fat
 Yes, I both exercised and ate less food, fewer calories, or foods low in fat
 No



- 3) During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
 Yes No
- 4) During the past 30 days, did you 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.)
 Yes No
- 5) During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
 Yes No

SECTION L:

The next questions ask about physical activity and how you spend your free time.

- 1) During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
 0 teams
 1 team
 2 teams
 3 or more teams
- 2) In an average month, how many hours do you spend on volunteer work, community service or helping people outside of your home without getting paid?
 0 hours
 1 to 4 hours
 5 to 9 hours
 10 or more hours
- 3) On how many of the past 7 days did you take part in organized afterschool, evening, or weekend activities (such as school clubs, community center groups, music/art/dance lessons, drama, church, or other supervised activities)?
 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 All 7 days
- 4) On how many of the past 7 days did you...
 a. ...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
 All 7 days
- b. ...exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 All 7 days
- 5) On an average school day...
 a. ...how many hours do you watch TV?
 I do not watch TV on an average school day
 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
- b. ...how many hours do you spend using the internet for non-school related purposes?
 I do not use the internet on an average school day
 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

**This is the end of the survey.
 Thank you very much for your help.**

