



Healthy Youth Survey 2002

We are asking you to take part in this survey about issues facing students in communities in Washington. The questions in this survey ask for your opinions about yourself, your friends, your school, and your neighborhood. School, community, county, and state officials will use the information from this survey in planning future programs to help youth.

Your answers to the questions on this survey are **CONFIDENTIAL**. No one will see your answers or know your name. **Do not write your name anywhere on the answer sheet.**

CONFIDENTIAL INFORMATION ONLY

This survey is completely voluntary. You may skip any question you do not wish to answer. Other students have said this survey is interesting and they enjoyed filling it out. We hope you will too. Please take a minute to read the instructions below before starting the survey.

Instructions

1. This is not a test, so there are no right or wrong answers.
2. The questions should be answered by marking one of the answer spaces on the answer sheet. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.

- Use a pencil only.
- Make heavy marks inside the bubbles.
- Erase cleanly any answer you wish to change.
- Make no other markings or comments on the answer pages.

This kind of mark will work:

Correct Mark



These kinds of marks will NOT work:

Incorrect Marks



4. Some of the questions have the following format:

Please mark in the bubble which of the four words best describes how you feel about that sentence.

EXAMPLE: Pepperoni pizza is one of my favorite foods.

a. NO! b. no c. yes d. YES!



Mark (the Big) YES! if you think the statement is definitely true for you.

Mark (the little) yes if you think the statement is mostly true for you.

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

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

In the example above, the student marked yes because he or she thinks the statement is mostly true. (Please mark one answer.)

1. How old are you?
 - a. 10 or younger
 - b. 11
 - c. 12
 - d. 13
 - e. 14
 - f. 15 or older
2. Are you?
 - a. Female
 - b. Male
3. What grade are you in?
 - a. 5th
 - b. 6th
 - c. 7th
 - d. Ungraded or other
4. How do you describe yourself?
(Select one or more responses)
 - a. Asian or Asian American
 - b. American Indian or Alaskan Native
 - c. Black or African-American
 - d. Hispanic or Latino/Latina
 - e. Native Hawaiian or other Pacific Islander
 - f. White or Caucasian
 - g. Other
5. What language is usually spoken in the home?
 - a. English
 - b. Spanish
 - c. Other

The next questions ask about personal safety.

6. When you ride a bicycle, how often do you wear a helmet?
 - a. I do not ride a bicycle
 - b. Never wear a helmet
 - c. Rarely wear a helmet
 - d. Sometimes wear a helmet
 - e. Most of the time wear a helmet
 - f. Always wear a helmet

7. When you rollerblade or ride a skateboard, how often do you wear a helmet?
 - a. I do not rollerblade or ride a skateboard
 - b. Never wear a helmet
 - c. Rarely wear a helmet
 - d. Sometimes wear a helmet
 - e. Most of the time wear a helmet
 - f. Always wear a helmet
8. How often do you wear a seat belt when riding in a car?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always

The next questions ask about safety when walking or riding a bicycle.

In the past 30 days, when you bicycled or walked in your neighborhood or to school:

9. Did you have enough room to walk or bike?
 - a. Yes
 - b. No
 - c. I did not walk or ride a bike
10. Was it easy to cross the streets?
 - a. Yes
 - b. Sometimes yes and sometimes no
 - c. No
 - d. I did not cross any streets
 - e. I did not walk or ride a bike
11. Were there dogs or people who scared you?
 - a. Yes, dogs
 - b. Yes, people
 - c. Yes, both dogs and people
 - d. No
 - e. I did not walk or ride a bike

The next questions ask about how active you are.

12. 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?
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4 days
 - f. 5 days
 - g. 6 days
 - h. 7 days
13. On an average school day, how many hours do you watch TV, play video games, or use a computer for fun?
- a. I do not do these activities on an average school day
 - b. Less than 1 hour per day
 - c. 1 hour per day
 - d. 2 hours per day
 - e. 3 hours per day
 - f. 4 hours per day
 - g. 5 or more hours per day

The next questions ask about your health and health care.

14. Are you limited in any activities because of any physical disabilities or long-term health problem lasting or expected to last 6 months or more?
- a. Yes
 - b. No
 - c. Not sure
15. Have you ever been told by a doctor or other health professional that you had asthma?
- a. Yes
 - b. No
 - c. Not sure
16. During the past 12 months, have you had an asthma attack or taken asthma medication?
- a. Never had asthma
 - b. Yes
 - c. No
 - d. Not sure

The next questions ask about your experiences with school.

17. Think back over the past year in school. How often did you:
- A. Enjoy being in school?
 - a. Never
 - b. Seldom
 - c. Sometimes
 - d. Often
 - e. Almost always
 - B. Try to do your best work in school?
 - a. Never
 - b. Seldom
 - c. Sometimes
 - d. Often
 - e. Almost always
18. Putting them all together, what were your grades like last year?
- a. Mostly As
 - b. Mostly Bs
 - c. Mostly Cs
 - d. Mostly Ds
 - e. Mostly Fs
19. Are your school grades better than the grades of most students in your class?
- a. NO!
 - b. no
 - c. yes
 - d. YES!
20. During the past year, did you practice ways to say NO to tobacco in any of your classes (for example, by role playing)?
- a. Yes
 - b. No
 - c. Not sure
21. My teacher(s) notices when I am doing a good job and lets me know about it.
- a. NO!
 - b. no
 - c. yes
 - d. YES!

22. The school lets my parents know when I have done something well.
- NO!
 - no
 - yes
 - YES!
23. I feel safe at my school.
- NO!
 - no
 - yes
 - YES!
24. My teachers praise me when I work hard in school.
- NO!
 - no
 - yes
 - YES!
25. How often do you feel the schoolwork you are assigned is meaningful and important?
- Almost always
 - Often
 - Sometimes
 - Seldom
 - Never
26. How interesting are most of your courses to you?
- Very interesting and stimulating
 - Quite interesting
 - Fairly interesting
 - Slightly dull
 - Very dull
27. How important do you think the things you are learning in school are going to be for you later in life?
- Very important
 - Quite important
 - Fairly important
 - Slightly important
 - Not at all important
28. Do you have goals and plans for the future?
- No
 - Yes

The next questions ask about the neighborhood and community where you live.

29. There are adults in my neighborhood I could talk to about something important.
- NO!
 - no
 - yes
 - YES!
30. My neighbors notice when I am doing a good job and let me know.
- NO!
 - no
 - yes
 - YES!
31. There are people in my neighborhood who encourage me to do my best.
- NO!
 - no
 - yes
 - YES!
32. There are people in my neighborhood who are proud of me when I do something well.
- NO!
 - no
 - yes
 - YES!
33. Which of the following activities do you regularly participate in:
- A. Sports teams?
- Yes
 - No, even though this activity is available
 - No, because this activity is not available
- B. Scouting (such as Cub Scouts, Boy Scouts, Girl Scouts, Brownies, Camp Fire Boys & Girls, etc.)?
- Yes
 - No, even though this activity is available
 - No, because this activity is not available
- C. Arts groups (such as art, music, drama, dance, etc.)?
- Yes
 - No, even though this activity is available
 - No, because this activity is not available

- D. Service or social clubs (such as Boys and Girls Clubs, 4-H Clubs, church youth groups, etc.)?
- Yes
 - No, even though this activity is available
 - No, because this activity is not available
34. How wrong would most adults in your neighborhood think it was for kids your age:
- A. To use marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
- B. To drink alcohol?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
- C. To smoke cigarettes?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
35. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?
- NO!
 - no
 - yes
 - YES!
36. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?
- NO!
 - no
 - yes
 - YES!
37. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?
- NO!
 - no
 - yes
 - YES!

38. If you wanted to get some beer, wine, or hard 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
39. 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
40. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
41. 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

The next questions ask about your experience with tobacco, alcohol, and other drugs. Remember, no one but you will know how you answered.

42. During the past 30 days, on how many days did you:
- A. Smoke cigarettes?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 29 days
 - All 30 days

- B. Chew tobacco or use snuff?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 29 days
 - All 30 days
- C. Drink a glass, can, or bottle of alcohol (beer, wine, wine coolers, hard liquor)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- D. Use marijuana or hashish (grass, hash, pot)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
- E. Use derbisol (wagon wheels, hope)?
- None
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
43. Have you ever, even once in your lifetime:
- A. Had more than a sip or two of beer, wine, or hard liquor (for example vodka, whiskey, or gin)?
- Yes
 - No
- B. Smoked marijuana?
- Yes
 - No
- C. Used inhalants (things you sniff to get high)?
- Yes
 - No
- D. Used other illegal drugs?
- Yes
 - No

44. How old were you the first time you smoked a whole cigarette?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13 or older

The next questions ask about fighting and other issues related to safety.

45. During the past 30 days, did you carry a weapon such as a gun, knife, or club on school property?
- Yes
 - No
46. During the past 12 months have you been a member of a gang?
- No
 - Yes
47. A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when two students of about the same strength quarrel or fight. In the last 30 days, how often have you been bullied?
- I have not been bullied
 - Once
 - 2 – 3 times
 - About once a week
 - Several times a week
48. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
- No
 - Yes
49. Do you try to work out your problems by talking about them?
- No, never
 - Yes, some of the time
 - Yes, most of the time
 - Yes, all of the time

The next questions ask about suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

50. Have you ever seriously thought about killing yourself?
- Yes
 - No
51. Have you ever tried to kill yourself?
- Yes
 - No
52. When you feel sad and hopeless, are there people you can turn to for help?
- I never feel sad or hopeless
 - Yes
 - No
 - Not sure

This section asks more questions about tobacco, alcohol, and other drugs.

53. Have you ever smoked cigarettes every day for 30 days?
- No
 - Yes
54. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
55. Do you think that you will smoke a cigarette anytime in the next year?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
56. How much do you think people risk harming themselves if they:
- A. Smoke one or more packs of cigarettes per day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure

- B. Try marijuana once or twice?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure
- C. Smoke marijuana regularly?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure
- D. Take one or two drinks of an alcoholic beverage (wine, beer, a shot, liquor) nearly every day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure
57. How wrong do you think it is for someone your age to:
- A. Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
- B. Smoke cigarettes?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
- C. Smoke marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
- D. Use LSD, cocaine, amphetamines, or another illegal drug?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

58. Do you think young people risk harming themselves if they smoke one to five cigarettes a day?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
59. Have you ever ridden in a car driven by someone who had been drinking alcohol?
- Yes
 - No
 - Not sure
60. Has either of your parents (or guardians) discussed the dangers of tobacco use with you?
- Mother (or female guardian) only
 - Father (or male guardian) only
 - Both
 - Neither
61. Some tobacco companies make items like sports gear, t-shirts, lighters, hats, jackets, and sunglasses that people can buy or receive for free. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
62. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
 - 1 – 2 days
 - 3 – 4 days
 - 5 – 6 days
 - 7 days

63. Do you think the smoke from other people's cigarettes (secondhand smoke) is harmful to you?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes

The next questions ask about body weight and what you eat.

64. Which of the following are you trying to do about your weight?
- I am not trying to do anything about my weight
 - Stay the same weight
 - Lose weight
 - Gain weight
65. Have you ever done any of the following to lose weight or keep from gaining weight?
- Gone without eating for 24 hours or more (also called fasting);
 - Taken diet pills, powders, or liquids without a doctor's advice;
 - Vomited or taken laxatives
- Yes
 - No
66. How many sodas or pops did you drink yesterday (do not count diet soda)?
- none
 - 1
 - 2
 - 3
 - 4 or more
67. How honest were you in filling out this survey?
- I was very honest
 - I was honest pretty much of the time
 - I was honest some of the time.
 - I was honest once in a while.
 - I was not honest at all.

The next questions ask about your family. When answering these questions, think about the people you consider to be your family - parents, stepparents, grandparents, aunts, uncles, etc.

68. My parents give me lots of chances to do fun things with them.
- a. NO!
 - b. no
 - c. yes
 - d. YES!
69. My parents ask me what I think before most family decisions affecting me are made.
- a. NO!
 - b. no
 - c. yes
 - d. YES!
70. If I had a personal problem, I could ask my mom or dad for help.
- a. NO!
 - b. no
 - c. yes
 - d. YES!
71. Do you enjoy spending time with your dad?
- a. NO!
 - b. no
 - c. yes
 - d. YES!
72. Do you enjoy spending time with your mom?
- a. NO!
 - b. no
 - c. yes
 - d. YES!
73. My parents notice when I am doing a good job and let me know about it.
- a. Never or almost never
 - b. Sometimes
 - c. Often
 - d. All the time

74. How often do your parents tell you they're proud of you for something you've done?
- a. Never or almost never
 - b. Sometimes
 - c. Often
 - d. All the time
75. How often do you eat dinner with your family?
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
76. 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?
- a. Almost every month
 - b. Some months but not every month
 - c. Only 1 or 2 months
 - d. Did not have to skip or cut the size of meals
77. Have you ever been physically abused by an adult?
- a. No
 - b. Yes

Healthy Youth Survey 2002 Answer Sheet

1. A B C D E F

2. A B

3. A B C D

4. A B C D E F G

5. A B C

Safety

6. A B C D E F

7. A B C D E F

8. A B C D E

Walking & Bicycling

9. A B C

10. A B C D E

11. A B C D E

12. A B C D E F G H

13. A B C D E F G

Health & Health Care

14. A B C

15. A B C

16. A B C D

School

17. A. A B C D E

B. A B C D E

18. A B C D E

19. A B C D

20. A B C

21. A B C D

22. A B C D

23. A B C D

24. A B C D

25. A B C D E

26. A B C D E

27. A B C D E

28. A B

Neighborhood & Community

29. A B C D

30. A B C D

32. A B C D

33. A. A B C

B. A B C

C. A B C

D. A B C

34. A. A B C D

B. A B C D

C. A B C D

35. A B C D

36. A B C D

37. A B C D

38. A B C D

39. A B C D

40. A B C D

41. A B C D

Tobacco, Alcohol, Other Drugs

42. A. A B C D E F

B. A B C D E F

C. A B C D E

D. A B C D E

E. A B C D E

43. A. A B

B. A B

C. A B

D. A B

44. A B C D E

Fighting & Violence

45. A B

48. A B

49. A B C D

Suicide

50. A B

51. A B

52. A B C D

Tobacco, Alcohol, Other Drugs

53. A B

54. A B C D

55. A B C D

56. A. A B C D E

B. A B C D E

C. A B C D E

D. A B C D E

57. A. A B C D

B. A B C D

C. A B C D

D. A B C D

58. A B C D

59. A B C

60. A B C D

61. A B C D

62. A B C D E

63. A B C D

Body Weight & What You Eat

64. A B C D

65. A B

66. A B C D E

67. A B C D E

Family

68. A B C D

69. A B C D

70. A B C D

71. A B C D

72. A B C D

73. A B C D

74. A B C D

75. A B C D E

76. A B C D

77. A B

INFORMATION ONLY

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