

LOUIS HARRIS AND ASSOCIATES, INC.
111 Fifth Avenue
New York, New York 10003

FOR OFFICE USE ONLY:

Questionnaire No.:

Study No. 528035
(108-113)
September 9, 1997
(114-115)

(1-5)

Sample Point No. _____
(116-125)

ADOLESCENT HEALTH – GIRLS & BOYS TOTAL

THANK YOU for taking part in our important study. This survey is being conducted to help us learn more about students' experiences and opinions of their day-to-day lives, challenges and concerns.

Many of the questions are about serious topics and issues. It is very important that you answer all questions truthfully and completely, saying exactly what you think, or have experienced. Some questions are about very personal matters or sensitive topics, and you may not wish to answer them. While we hope that you will answer all questions, you may skip any question that you consider too personal. This is not a test. There are no right or wrong answers. Again, please be as honest as you can in answering these questions.

We are not asking for your name, your answers will be kept confidential and anonymous. You have been given an envelope in which to seal your answer sheet before you hand it in. It will not be opened except by the survey professionals in New York at Louis Harris and Associates. No teachers or other school personnel will open the envelopes.

The schools taking part in this project have been scientifically chosen to represent all schools in the country. So it is very important that you answer all questions carefully.

THE QUESTIONNAIRE IS EASY TO FILL OUT!

TELL US ABOUT YOURSELF!

Directions:

This survey is about you and your experiences. We want it to be interesting for you, and we want it to be easy to do.

For each question, fill in the oval on the answer sheet next to that question number. Be sure to completely fill in each oval. Use a **pencil** to mark your answers. In case you change your mind, you can then erase your first answer and mark the one you want. Make sure you erase your first answer completely.

ANSWER EACH QUESTION ON THE ANSWER SHEET. DO NOT WRITE ON THE QUESTIONNAIRE ITSELF.

Please answer the questions in the order they appear and do not skip ahead.

It is very important that you answer each question truthfully. No one will know which answers are yours because your answers will be added together with those of other students in other schools.

Please do not talk over your answers with others.

**IN ADVANCE, THANK YOU VERY MUCH FOR YOUR HELP
WITH THIS VERY IMPORTANT STUDY! ☺**

ADOLESCENT HEALTH

A. MEDICAL CARE

A1. Are you a boy or a girl?

Male (a boy).....1
 Female (a girl).....2

A2. What grade are you in?

	<u>Girls</u>	<u>Boys</u>
Fifth.....1	13	13
Sixth.....2	14	13
Seventh.....3	14	13
Eighth.....4	12	14
Ninth.....1	13	15
Tenth.....2	13	11
Eleventh.....3	11	11
Twelfth.....4	9	10

A3. How would you describe your own health?

	<u>Girls</u>	<u>Boys</u>
Excellent.....1	23	33
Good.....2	58	49
Fair.....3	15	13
Poor.....4	1	1
Don't know.....5	4	4

A4. How many school days did you miss last year because you were sick?

	<u>Girls</u>	<u>Boys</u>
1 day.....1	7	10
2 days.....2	11	12
3 days.....3	12	11
4 days.....4	9	9
5 days.....5	11	10
6-10 days.....6	12	11
11-15 days.....7	4	3
16 or more days.....8	4	3
None.....9	15	18
Don't know.....10	15	13

A5. Do you have a doctor or other health professional that you usually go to when you are sick, or not?

	<u>Girls</u>	<u>Boys</u>
Yes.....1 ANSWER NEXT QUESTION (A6)	80	73
No.....2 GO TO A7	16	21
Don't know.....3 GO TO A7	4	7

IF YOU DO NOT HAVE A DOCTOR OR HEALTH PROFESSIONAL THAT YOU USUALLY GO TO, GO TO A7.

A6. Is the doctor or other health professional you usually go to male or female? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Male 1	66	80
Female 2	33	17
Don't know 3	2	3

EVERYONE SHOULD ANSWER A7

A7. Do you go to the same doctor or health professional as your parents go to?

	<u>Girls</u>	<u>Boys</u>
Yes, same as parents 1	39	36
No, not the same as parents 2	47	43
Don't know 3	14	21

A8. Would you prefer to go to a doctor or other health professional who is male or female, or does it make no difference to you?

	<u>Girls</u>	<u>Boys</u>
I prefer a male doctor/health professional 1	2	22
I prefer a female doctor/health professional 2	51	14
It makes no difference 3	46	62
Don't know 4	1	3

A9. Would you prefer to go to the same doctor as your parents, or to a different doctor, or does it make no difference to you?

	<u>Girls</u>	<u>Boys</u>
I prefer the same doctor as my parents 1	21	19
I prefer a different doctor 2	19	15
It makes no difference 3	58	64
Don't know 4	1	2

ADOLESCENT HEALTH

A10. Where do you usually go to get medical care? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Doctor's office..... 1	62	56
Clinic or health center (not in school)..... 2	23	22
The school nurse..... 3	1	1
The school clinic..... 4	*	-
Hospital emergency room..... 5	4	5
Hospital (other than the emergency room)..... 6	6	7
Some other place (WRITE ON ANSWER SHEET).. 7	2	2
Don't know..... 8	5	8
Parent/My house.....	*	1
Pharmacy.....	*	*
Military Medical Center.....	*	*

A11. Where are you most comfortable going for medical care? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Doctor's office..... 1	61	56
Clinic or health center (not in school)..... 2	20	19
The school nurse..... 3	2	2
The school clinic..... 4	*	1
Hospital emergency room..... 5	4	5
Hospital (other than the emergency room)..... 6	6	6
Some other place (WRITE ON ANSWER SHEET).. 7	1	2
Don't know..... 8	7	11
My parents/My home.....	*	1
Pharmacy.....	*	*
Military Medical Center.....	*	*

A12. When was your last medical checkup or physical exam?

	<u>Girls</u>	<u>Boys</u>
In the past 12 months (past year)..... 1	70	65
Between 13 and 24 months ago (1-2 years ago)..... 2	6	8
Between 25 and 36 months ago (2-3 years ago)..... 3	2	3
3 or more years ago..... 4	2	2
Never..... 5	1	1
Don't know..... 6	14	15
Not sure.....	4	15

IF YOU DID NOT HAVE A CHECKUP OR EXAM IN THE PAST 12 MONTHS, GO TO A14

A13. How many times have you visited a doctor in the past twelve months?

	<u>Girls</u>	<u>Boys</u>
Once.....1	20	25
Twice.....2	30	31
3-4 times.....3	27	26
5-6 times.....4	8	6
7 or more times.....5	9	6
None.....6	1	1
Don't know.....7	5	5

EVERYONE SHOULD ANSWER A14

A14. Do you get a chance to speak with a doctor or health care professional privately, without your parents?

	<u>Girls</u>	<u>Boys</u>
Yes.....1	50	57
No.....2	44	34
Don't know.....3	6	9

A15. When you are being examined by a doctor, do you prefer to be by yourself or to have a parent or guardian with you, or does it make no difference?

	<u>Girls</u>	<u>Boys</u>
I prefer to be by myself.....1	29	38
I prefer to be with my parent or guardian.....2	41	19
It makes no difference.....3	28	41
Don't know.....4	1	2

A16. Have you seen a psychiatrist, psychologist or other mental health professional in the past twelve months?

	<u>Girls</u>	<u>Boys</u>
Yes, I have.....1	14	13
No, I have not.....2	79	76
Don't know.....3	7	11

ADOLESCENT HEALTH

A17. Please fill in the number next to the topics that you think a doctor or health professional should discuss with someone your age. (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Topics Doctors Should Discuss</u>	
	<u>Girls</u>	<u>Boys</u>
Drinking alcohol.....1	56	56
Drugs.....2	65	65
Eating disorders, like anorexia, bulimia or compulsive overeating.....3	66	44
Good eating habits.....4	63	51
How to prevent sexually transmitted diseases (STDs), or AIDS.....5	65	58
How to prevent pregnancy.....6	59	41
Physical or sexual abuse.....7	48	36
Safety, violence, or incest.....8	33	30
Sleep problems.....9	44	36
Smoking.....10	59	58
Stress.....11	58	48
The importance of exercise.....12	56	47
The right weight for someone your size and age.....13	65	48
Your family life.....14	19	19

A18. Please fill in the number next to the topics that any doctor or health professional has discussed with you. (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Topics Discussed</u>	
	<u>Girls</u>	<u>Boys</u>
Drinking alcohol.....1	23	27
Drugs.....2	28	34
Eating disorders, like anorexia, bulimia or15 compulsive overeating.....3	24	15
Good eating habits.....4	53	44
How to prevent sexually transmitted diseases (STDs), or AIDS.....5	28	24
How to prevent pregnancy.....6	26	15
Physical or sexual abuse.....7	13	12
Safety, violence, or incest.....8	10	14
Sleep problems.....9	19	16
Smoking.....10	27	32
Stress.....11	30	25
The importance of exercise.....12	41	40
The right weight for someone your size and age.....13	47	38
Your family life.....14	16	18

A19. Has there been a time when you needed medical care but didn't get it?

		<u>Girls</u>	<u>Boys</u>
Yes.....1	ANSWER NEXT QUESTION (A20)	25	19
No.....2	GO TO A22		
Don't know.....3	GO TO A22	65	68
Not sure.....		8	10
		2	3

**IF THERE HAS NOT BEEN A TIME WHEN YOU NEEDED MEDICAL CARE BUT DIDN'T GET IT,
GO TO A22**

A20. Please fill in the number next to any reasons that you did not get medical care that you needed. (FILL IN AS MANY ANSWERS AS APPLY)

		<u>Girls</u>	<u>Boys</u>
It costs too much.....1		22	22
I didn't want to tell my parents about a problem.2		36	28
I had no way to get to the doctor's office or clinic 3		12	10
I have no health insurance4		9	9
I had no time to go.....5		22	18
Any other reason you did not get needed care (WRITE ON ANSWER SHEET):6		5	11
Don't know7		7	9
Parents/I didn't think it was that bad.....		15	12
I didn't want to go.....		4	7
I was scared.....		1	*
Dr. refused to see me.....		2	1

A21. How serious was not getting care?

		<u>Girls</u>	<u>Boys</u>
Very serious.....1		12	14
Somewhat serious.....2		26	23
Not very serious.....3		55	53
Don't know.....4		8	10

EVERYONE SHOULD ANSWER A22

A22. Please fill in the number next to topics that you would be too embarrassed, afraid, or uncomfortable to discuss with a doctor or health professional. (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
Birth control, contraception or pregnancy prevention..... 1	35	16
Changes in your body..... 2	42	29
Drug or alcohol use..... 3	9	12
Eating problems..... 4	12	9
Menstruation (your period) or cramps..... 5	42	-
Physical or sexual abuse..... 6	34	24
Reproduction, or pregnancy..... 7	26	15
Sexuality or sexual preferences..... 8	44	31
Sexually transmitted diseases..... 9	22	18
Very private health concerns..... 10	35	26
Other topics (WRITE ON ANSWER SHEET)..... 11	2	4
Don't know..... 12	13	30
Not embarrassed to talk about anything.....	2	2

A23. Has there ever been a time in your life when you were too embarrassed, afraid or uncomfortable to discuss a problem with your doctor or health professional, or not?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	35	21
No..... 2	55	67
Don't know..... 3	9	12

B. HEALTH ISSUES

B1. How likely do you think it is that you will get any of these diseases in your lifetime? (FILL IN ONE ANSWER FOR EACH DISEASE OR CONDITION.)

	I think it is....											
	Very Likely		Somewhat Likely		Not Very Likely		Not At All Likely		I Don't Know		Never Heard of This	
	G	B	G	B	G	B	G	B	G	B	G	B
A. AIDS	2	2	7	7	31	30	49	46	10	14	1	1
B. Asthma	14	13	16	12	24	20	33	39	7	10	5	7
C. Cancer	8	4	30	21	31	31	20	38	12	14	1	1
D. Depression	17	11	24	17	25	24	23	31	7	11	5	7
E. Diabetes	6	4	18	10	28	25	37	44	9	13	2	4
F. Heart problems	7	7	22	20	32	36	28	29	10	12	1	1
G. Osteoporosis or bones that break easily	4	3	13	6	29	22	39	51	10	12	5	6

B2. Do you have any family members who suffer from any of these diseases, or not? (FILL IN ONE ANSWER FOR EACH DISEASE OR CONDITION.)

	Yes		No		I Never Heard Of This		I Don't Know	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
	A. AIDS	5	4	87	85	*	1	7
B. Asthma.....	51	41	36	44	4	4	9	11
C. Cancer.....	55	42	36	47	*	*	9	11
D. Depression.....	30	21	53	60	3	4	15	15
E. Diabetes	47	37	42	49	1	2	11	13
F. Heart problems	57	48	32	40	*	*	11	12
G. Osteoporosis or bones that break easily	16	12	62	66	2	3	20	19

B3. How much control do you think that you have over being healthy?

	Girls	Boys
A lot	1	
Some	57	65
Very little.....	33	26
None at all.....	4	3
Don't know	1	1
	4	5

ADOLESCENT HEALTH

B4. How important is each of these things in influencing how long you will live and how healthy you will be? (FILL IN ONE ANSWER FOR EACH HABIT.)

	I think it is....									
	Very Important		Somewhat Important		Not Very Important		Not Important At All		I Don't Know	
	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>
A. Not smoking	77	74	13	13	3	4	5	6	1	3
B. Eating the right foods	68	60	26	30	3	5	1	2	1	3
C. Exercising a lot	57	58	36	32	5	5	1	2	2	3
D. Avoiding the sun.....	18	13	43	34	27	35	8	13	4	5

B5. Which one of these statements best describes your use of cigarettes? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
I have never smoked at all.....1 GO TO B7	57	55
I have smoked one or two cigarettes to see what they were like2 GO TO B7	17	17
I smoke a cigarette sometimes3 ANSWER NEXT QUESTION (B6)	10	9
I smoked several cigarettes in the last week.4 ANSWER NEXT QUESTION (B6)	3	3
I smoked a pack or more in the past week.....5 ANSWER NEXT QUESTION (B6)	5	6
I smoked at one time but quit6 ANSWER NEXT QUESTION (B6)	5	6
Smoker Not sure	3	4

IF YOU HAVE NEVER SMOKED, OR ONLY SMOKED ONE OR TWO CIGARETTES TO SEE WHAT THEY WERE LIKE, GO TO B7

B6. Why do (did) you smoke? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My friends encourage(d) me to smoke..... 1	20	20
It helps me to be thin..... 2	8	1
All of the popular kids smoke 3	3	5
I'm around people who smoke all of the time..... 4	46	35
I want to seem older or more mature 5	5	6
I don't believe that I can get cancer 6	2	3
I don't think I'll live long enough to have to worry about the risks of smoking 7	6	7
Cigarettes help to relieve my stress 8	47	30
Because I wanted to try it or experiment 9	35	34
To be cool 10	6	12
Another reason (WRITE ON ANSWER SHEET) 11	9	18
Don't know 12	6	7
Want to.....	5	7
I'm addicted.....	4	3
Feels good/like the way it feels.....	4	3

EVERYONE SHOULD ANSWER B7

B7. In my opinion, when someone my age is smoking a cigarette, it makes him or her look... (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
Conforming, or like he or she is trying to fit in..... 1	29	21
Cool, calm, in-control..... 2	9	10
Insecure 3	23	16
Like he or she is trying to appear mature and sophisticated 4	36	25
Mature, sophisticated..... 5	3	3
Rugged, tough, independent 6	10	10
Stupid 7	61	58
Don't know 8	15	17

B8. Which one of the following best describes your use of alcohol – such as beer, wine, wine coolers, or liquor? (FILL IN ONE ANSWER ONLY)

		<u>Girls</u>	<u>Boys</u>
I have never had an alcoholic drink at all..... 1	GO TO B13	31	29
I had a drink once or twice (sipped or tasted). 2	GO TO B13	36	35
I drink every once in a while 3	ANSWER NEXT QUESTION (B9)	22	19
I usually drink at least once a month..... 4	ANSWER NEXT QUESTION (B9)	6	6
I usually drink at least once a week..... 5	ANSWER NEXT QUESTION (B9)	3	6
Drinker		2	4

IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK OR ONLY HAD A DRINK ONCE OR TWICE, GO TO B13

B9. When you drink alcoholic beverages, about how many alcoholic drinks do you have in a night? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
1 drink 1	21	19
2 drinks..... 2	17	15
3-4 drinks 3	30	18
5-6 drinks 4	13	14
More than 6 drinks 5	11	25
Don't know 6	8	10

B10. Why do (did) you drink alcoholic beverages? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My friends encourage(d) me to drink alcoholic beverages 1	12	14
It helps me to forget my problems 2	22	16
All of the popular kids drink alcoholic beverages..... 3	3	5
I'm around people who drink alcoholic beverages all of the time 4	22	18
I want to seem older or more mature 5	3	5
I don't believe that I can get sick from drinking alcoholic beverages..... 6	5	8
I don't think I'll live long enough to have to worry about the risks of drinking alcoholic beverages..... 7	3	6
Drinking alcoholic beverages helps to relieve my stress 8	23	18
Drinking alcoholic beverages is fun..... 9	44	43
I drink alcoholic beverages with my family at holidays or religious events 10	36	29
Another reason (WRITE ON ANSWER SHEET) 11	9	12
Don't know 12	7	7
Tastes good	7	4
To try it.....	7	6
Like the way it feels/Feels Good/Like to/Like it	6	5

Base: Drink at least once in a while (B8=3-5) and drinker (not specified)

10. Why do (did) you drink alcoholic beverages? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My friends encourage(d) me to drink alcoholic beverages 1	12	14
It helps me to forget my problems 2	22	16
All of the popular kids drink alcoholic beverages..... 3	3	5
I'm around people who drink alcoholic beverages all of the time 4	22	18
I want to seem older or more mature 5	3	5
I don't believe that I can get sick from drinking alcoholic beverages..... 6	5	8
I don't think I'll live long enough to have to worry about the risks of drinking alcoholic beverages..... 7	3	6
Drinking alcoholic beverages helps to relieve my stress 8	23	18
Drinking alcoholic beverages is fun..... 9	44	43
I drink alcoholic beverages with my family at holidays or religious events 10	36	29
Another reason (WRITE ON ANSWER SHEET) 11	9	12
Don't know 12	7	7
Tastes good.....	7	4
To try it.....	7	6
Like the way it feels/Feels Good/Like to/Like it.....	6	5

Base: Drink at least once in a while (B8=3-5) and drinker (not specified)

B11. During the times that you drink alcoholic beverages, how often do you drink enough to feel buzzed, tipsy or drunk? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
None of the times..... 1	20	21
Few of the times 2	26	22
About half of the times 3	12	10
Most of the times 4	24	22
All of the times 5	16	22
Don't know 6	2	3

Base: Drink at least once in a while (B8=3-5) and drinker (not specified)

B12. Have you ever: (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Yes</u>			<u>No</u>			<u>Don't know</u>	
	<u>Girl</u>	<u>Boy</u>		<u>Girl</u>	<u>Boy</u>		<u>Girl</u>	<u>Boy</u>
A. Blacked out when drinking alcohol.....1	19	19	2	78	78	3	3	3
B. Driven a car or motorcycle after drinking alcohol1	15	23	2	84	75	3	1	1
C. Had a hangover or headache, or vomited after drinking alcohol1	56	51	2	43	47	3	1	2

EVERYONE SHOULD ANSWER B13

B13. Why do you think some young people use illegal drugs? Is it because: (FILL IN AS MANY ANSWERS AS APPLY.)

	<u>Girls</u>	<u>Boys</u>
They are bored1	19	18
They are curious.....2	56	45
They want to escape from reality3	46	34
Their friends take drugs4	69	56
They want to impress someone or be popular5	60	44
Other family members take drugs6	43	31
They have family problems or school problems7	58	39
Taking drugs is fun8	24	25
They want to try it or experiment9	52	38
They want to be cool10	60	49
Another reason (WRITE REASON ON ANSWER SHEET11	7	6
Don't know12	3	7
It feels good/like the way it feels.....	1	2
They're stupid/dumb.....	1	2
Never taught it was wrong.....	*	*
I'm addicted.....	*	*
Rebel.....	*	*

B14. Have you used any illegal drugs in the past month, or not?

	<u>Girls</u>	<u>Boys</u>
Yes.....1 ANSWER NEXT QUESTION (B15)	12	14
No.....2 GO TO B16	85	81
Don't know3 GO TO B16	1	2
Yes (not specified)	2	3

IF YOU HAVE NEVER USED ILLEGAL DRUGS, GO TO B16

Base: Used illegal drugs in past month (B14=1)

B15. Why do (did) you use illegal drugs? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My friends encourage(d) me to use illegal drugs 1	17	18
It helps me to be thin.....2	5	4
All of the popular kids use illegal drugs.....3	4	8
I'm around people who use illegal drugs all of the time . 4	27	21
I want to seem older or more mature5	2	5
I don't believe that I can get sick from using illegal drugs.....6	4	8
I don't think I'll live long enough to have to worry about the risks of using illegal drugs.....7	5	9
Drugs help to relieve my stress8	37	31
Because I wanted to try it or experiment 9	55	38
To be cool10	5	12
Another reason (WRITE ON ANSWER SHEET)11	12	21
Don't know12	6	5
Helps me escape from reality.....	2	2
It's fun.....	8	5
It feels good/Like the feeling.....	7	10
I like it/Like to do it.....	*	*

EVERYONE SHOULD ANSWER B16

B16. How often do you do things that require a lot of physical activity and exercise, like playing sports, jogging, swimming, dancing or other things? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Almost everyday..... 1	56	70
About 3 times a week.....2	19	13
Once or twice a week3	13	8
Less often than once or twice a week4	8	4
Never5	2	2
Don't know6	3	3

B17. Which of the following types of activities do you participate in on a regular basis? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
Organized sports teams 1	42	62
Individual exercise outside of gym class, like jogging, swimming, bicycling, or hiking.....2	59	56
Group exercise outside of gym class, like an exercise class or dance class3	28	14
No exercise.....4	8	5
Don't know5	7	6

ADOLESCENT HEALTH

B18. How important is each of these things to you? (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Very Important</u>		<u>Somewhat Important</u>		<u>Not Very Important</u>		<u>Important At All</u>		<u>I Don't Know</u>	
	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>
A. Not being overweight	68	53	23	28	5	11	3	6	1	3
B. Not taking drugs	77	71	11	11	6	7	6	8	1	3
C. Not drinking any alcohol at all	51	48	24	22	15	16	9	11	1	3
D. Not smoking cigarettes	69	67	15	13	8	9	7	8	1	2
E. Getting exercise for at least twenty minutes three or more times each week	51	55	34	28	11	9	3	4	1	3
F. Having good, healthy eating habits.....	58	52	32	33	7	9	2	4	1	2
G. Not having sex (abstaining) during my teen years	59	39	19	21	11	16	9	20	2	5

B19. If you wanted to know more about health care issues, who would you ask first? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
My mother	57	37
My father.....	4	19
Another adult female relative.....	8	2
Another adult male relative	1	3
A friend	18	9
My teacher	2	3
My doctor or nurse	16	20
School nurse	2	2
My brother or sister.....	6	5
Nobody.....	2	4
Anybody else? (WRITE ON ANSWER SHEET):	3	3
Don't know	3	10
Another adult - not related.....	1	*
Boyfriend/Girlfriend	*	*
Magazine/Book/Internet.....	*	*
Cousin.....	*	*

Base: Named someone in B19

20. Who else would you talk to about health care issues? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My mother	22	30
My father.....	22	36
Another adult female relative.....	26	11
Another adult male relative	5	11
A friend	37	20
My teacher	9	10
My doctor or nurse.....	30	28
School nurse	8	8
My brother or sister	18	15
Nobody.....	4	5
Anybody else? (WRITE ON ANSWER SHEET):	4	3
Don't know	3	4
Boyfriend/Girlfriend	1	*
Another adult - not related.....	1	1
Cousin.....	1	*
Internet/Newspaper/Hotline	*	*

B21. People can get information about health care issues from a variety of sources. What sources do you rely on for information about health care? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
800 telephone numbers	6	7
Health education class	41	34
Health clinic outside of school.....	21	17
Health clinic in school.....	10	9
Magazines	46	28
Medical literature/encyclopedias	18	16
Newspapers.....	19	21
Television shows.....	32	31
The Internet	9	13
Your doctor or health professional	57	44
Your parents	66	50
Some other trusted adult	32	19
Other sources (WRITE ON ANSWER SHEET): 13	2	3
Don't know	7	16
Sibling.....	1	*
Books	*	*
Friends.....	3	1

C. YOUR WELL-BEING AND FEELINGS

C1. How easy do you think it is for girls to become the kind of person they want to be when they grow up?

	<u>Girls</u>	<u>Boys</u>
Very easy.....1	11	12
Somewhat easy.....2	38	29
Not very easy.....3	37	33
Not at all easy.....4	9	9
Don't know.....5	4	17

C2. How easy do you think it is for boys to become the kind of person they want to be when they grow up?

	<u>Girls</u>	<u>Boys</u>
Very easy.....1	20	14
Somewhat easy.....2	44	35
Not very easy.....3	22	33
Not at all easy.....4	6	9
Don't know.....5	8	9

C3. How strongly do you agree or disagree with these statements about you? Please say if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following. (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Strongly Agree</u>		<u>Somewhat Agree</u>		<u>Somewhat Disagree</u>		<u>Strongly Disagree</u>		<u>Don't Know</u>	
	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>
A. I feel that I'm a person of worth, at least on an equal basis with others	63	67	27	21	4	3	2	2	5	7
B. I feel that I have a number of good qualities	67	70	26	22	4	3	1	1	2	5
C. All in all, I feel that I am a failure.....	5	6	8	8	15	12	71	69	3	5
D. I am able to do things as well as most other people	52	57	35	30	7	5	3	3	2	5
E. I feel I do not have much to be proud of.	7	10	13	10	16	13	61	62	2	5
F. I take a positive (good) attitude toward myself	49	59	35	27	10	6	4	3	2	5
G. On the whole, I am satisfied with myself	46	55	35	29	11	7	5	3	3	6
H. I wish I could have more respect for myself	25	18	26	22	16	18	30	35	3	7
I. I certainly feel useless at times.....	18	15	29	23	21	19	29	36	3	6
J. At times I think I am no good at all	16	13	19	15	17	14	45	52	2	6

C4. Below is a list of situations that people your age sometimes experience. Please say if any of these situations has happened to you in the last year. (FILL IN ONE ANSWER FOR EACH ITEM)

	Yes, Has Happened		No, Has Not		Don't Know	
	G	B	G	B	G	B
A. Moving to a new home	36	38	64	60	1	3
B. New brother or sister	17	18	82	79	1	3
C. Changing to a new school.....	34	37	65	60	1	2
D. Serious illness or injury of a family member	56	52	40	44	3	5
E. Parents divorced or separated	16	17	82	80	1	3
F. Mother or father lost job	15	17	83	79	2	3
G. Death of a family member.....	50	46	48	50	2	4
H. Death of a close friend	24	22	74	75	2	3
I. Parent getting into trouble with the law	8	9	89	87	2	4
Any other stressful event.....	52	39	39	51	9	10

C5. We are interested in knowing about how you have been feeling during the past two weeks. The following set of questions lists feelings and ideas in groups. From each group pick one sentence that describes you best for the past two weeks.

		Girls	Boys	
A.	I am sad once in a while	1	78	87
	I am sad many times	2	19	11
	I am sad all the time	3	3	2
B.	Nothing will ever work out for me.....	1	6	6
	I am not sure if things will work out for me.....	2	35	28
	Things will work out for me O.K.	3	59	66
C.	I have fun in many things	1	62	71
	I have fun in some things	2	37	26
	Nothing is fun at all.....	3	2	3
D.	I hate myself	1	4	4
	I do not like myself.....	2	18	10
	I like myself	3	78	86
E.	I do not think about killing myself	1	69	74
	I think about killing myself but I would not do it..	2	29	21
	I want to kill myself.....	3	3	4

ADOLESCENT HEALTH

		<u>Girls</u>	<u>Boys</u>
F.	I feel like crying everyday 1	9	5
	I feel like crying many days 2	19	6
	I feel like crying once in a while 3	73	89
G.	Things bother me all the time 1	13	12
	Things bother me many times 2	29	21
	Things bother me once in a while 3	58	67
H.	I like being with people 1	85	83
	I do not like being with people many times 2	14	14
	I do not want to be with people at all 3	1	3
I.	I look O.K. 1	52	66
	There are some bad things about my looks 2	38	28
	I look ugly 3	9	6
J.	I do not feel alone 1	61	73
	I feel alone many times 2	33	23
	I feel alone all the time 3	6	5
K.	I never have fun at school 1	6	11
	I have fun at school only once in a while 2	38	40
	I have fun at school many times 3	57	49
L.	I have plenty of friends 1	73	76
	I have some friends but I wish I had more 2	25	21
	I do not have any friends 3	2	3
M.	I can never be as good as other kids 1	11	9
	I can be as good as other kids if I want to 2	31	29
	I am just as good as other kids 3	58	63
N.	Nobody really loves me 1	2	4
	I am not sure if anybody loves me 2	10	11
	I am sure that somebody loves me 3	87	85

76

C6. How much stress does each of these things cause in your life? (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>A Lot of Stress</u>		<u>A Little Stress</u>		<u>No Stress At All</u>		<u>I Don't Know</u>		<u>Not Applicable</u>	
	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>
<u>Base: All students</u>										
A. All of the homework I have to do	35	34	48	43	15	19	1	3	*	1
B. Breaking up with a boyfriend or girlfriend...	36	29	24	28	16	21	6	7	18	16
C. Unhappiness in my family	47	33	33	35	13	19	3	6	4	6
D. Feeling like I don't fit in.....	28	20	37	33	27	34	3	5	5	8
E. Figuring out what to do with my life.....	32	24	36	37	26	31	3	5	3	3
F. Illness or not feeling good physically.....	24	16	40	35	27	37	4	6	4	6
G. My parents' expectations	31	24	34	34	27	30	5	8	3	4
H. My job	11	13	18	21	24	28	6	6	42	32
I. Not having enough time	45	35	36	39	14	20	3	4	2	2
J. Not having enough money	38	32	34	34	21	25	3	4	4	4
K. Not having good friends.....	22	17	27	25	38	41	3	5	10	11
L. Not having a boyfriend or girlfriend.....	21	22	27	26	38	36	3	6	11	11
M. Pressure to get good grades	48	41	32	34	17	19	1	3	2	2
N. Pressure by friends to do things I don't want to do.....	16	14	22	25	49	47	3	5	10	9
<u>Base: Girls and boys in grades 9-12 only</u>										
O. Pressure to have sex	12	8	16	17	54	64	2	3	16	9
<u>Base: All students</u>										
P. Personal problems.....	39	24	35	34	18	30	3	6	4	6
Q. Trying to make sports teams.....	13	17	22	24	46	45	4	4	15	10

ADOLESCENT HEALTH

C7. Who do you usually talk to when you are feeling stressed, overwhelmed, or depressed? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My mother	55	46
My father.....	18	29
Another adult female relative.....	21	9
Another adult male relative.....	5	7
Call 800-number (suicide hotline).....	1	2
Coach.....	3	6
Community organization leaders, like Scouts, Boys or Girls Club, community center, etc.	1	2
My brother or sister.....	28	20
My doctor or nurse.....	4	5
My teacher.....	6	6
My best friend.....	64	33
My friends.....	44	28
Nobody.....	13	21
Religious leader, such as a minister, priest, rabbi, ... or youth group leader.....	7	6
Any others? (WRITE ON ANSWER SHEET).....	5	5
Don't know.....	2	6
Jesus/God.....	1	*
Write in journal/diary.....	*	*
Counselor/Therapist.....	1	*
My pet.....	1	*
Boyfriend/Girlfriend.....	6	2
Cousin.....	1	*

C8. When you feel stressed, overwhelmed, or depressed, do you... (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Yes, I do</u>		<u>No, I Don't</u>		<u>Don't Know</u>	
	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>
A. Call friends	70	44	27	51	3	5
B. Do nothing.....	35	39	59	53	5	7
C. Eat.....	43	33	53	60	4	7
D. Exercise.....	38	46	58	49	3	5
E. Have alcoholic drinks.....	12	13	86	82	2	4
F. Keep busy	61	54	34	39	4	6
G. Listen to music	89	79	10	17	2	4
H. Go to school.....	61	48	34	46	5	6
I. Sleep	68	60	30	35	2	5
J. Smoke a cigarette.....	15	15	83	82	2	4
K. Spend time on the computer	31	38	67	58	2	5
L. Spend time in an Internet "chat room"	12	17	85	79	3	5
M. Stop eating	29	15	68	80	4	5
N. Take a bath or shower.....	66	45	31	50	3	5
O. Talk to a counselor or therapist.....	9	7	88	88	2	5
P. Use illegal drugs.....	7	10	91	86	2	4
Q. Watch TV	78	78	20	18	2	3
R. Write in a diary or journal	51	12	47	84	2	3

C9. In the past week, how many days did you feel stressed, overwhelmed or depressed?

	<u>Girls</u>	<u>Boys</u>
None	1	17
1-2 days	2	39
3-4 days	3	21
5-6 days	4	9
7 days (everyday).....	5	10
Don't know	6	5

ADOLESCENT HEALTH

D. NUTRITION

D1. Please indicate whether or not you do each of the following things: (FILL IN ONE ANSWER FOR EACH ITEM)

Do you:	Yes		No		Don't Know	
	Girls	Boys	Girls	Boys	Girls	Boys
A. Count calories	23	10	74	85	3	5
B. Eat red meat (beef, pork, lamb, etc.).....	66	73	30	22	4	5
C. Eat chicken or fish.....	89	88	10	9	2	3
D. Eat fruits and vegetables	95	90	3	7	1	3
E. Eat foods high in calcium (such as broccoli, milk, etc.)	83	82	13	12	4	6
F. Try to eat low-fat foods	58	36	37	57	4	7
G. Avoid eating sugar	19	16	76	78	5	7

D2. Have you ever been on a diet?

	Girls	Boys
Yes, I have been on a diet 1	48	23
No, I have never been on a diet 2	50	74
Don't know 3	2	4

ANSWER NEXT
QUESTION (D3)
GO TO D4
GO TO D4

IF YOU HAVE NEVER BEEN ON A DIET OR DON'T KNOW, GO TO D4

Base: Have been on a diet (D2=1)

D3. Why were you dieting? (FILL IN AS MANY ANSWERS AS APPLY)

	Girls	Boys
For health reasons..... 1	17	26
To lose weight because you think you would look better..... 2	85	59
Because a doctor or nurse said you should diet..... 3	7	14
Because a coach or sports instructor said you should diet..... 4	4	22
Because a parent said you should diet 5	14	13
Don't know 6	4	5

EVERYONE SHOULD ANSWER D4

D4. Right now, how would you describe yourself? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
About the right weight 1	56	62
Overweight..... 2	27	14
Underweight..... 3	9	14
Don't know 4	9	10

D5. How tall are you? (WRITE IN NUMBER ON ANSWER SHEET)

_____ feet _____ inches

D6. How much do you weigh? (WRITE IN NUMBER ON ANSWER SHEET)

_____ pounds

D7. Would you say that your body frame is: (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Small 1	22	13
Medium..... 2	56	55
Large..... 3	15	23
Don't know 4	7	9

D8. Have you ever binged and purged, (which is when you eat a lot of food and then make yourself throw up, or vomit, or take something that makes you have diarrhea), or not?

	<u>Girls</u>	<u>Boys</u>
Yes, I have binged and purged 1 ANSWER NEXT QUESTION (D9)	16	8
No..... 2 GO TO E1	81	85
Don't know 3 GO TO E1	3	7

IF YOU HAVE NEVER BINGED AND PURGED OR DON'T KNOW, GO TO E1

Base: Have binged and purged (D8=1)

D9. How often did/do you binge and purge? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Several times a day 1	15	21
Once a day 2	17	12
A few times a week 3	13	17
Less often than a few times a week..... 4	41	29
Don't know 5	13	21

E. REPRODUCTIVE HEALTH

EVERYONE SHOULD ANSWER E1

E1. Have your parents or guardians ever discussed the following topics with you? (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Yes</u>		<u>No</u>		<u>Don't know</u>	
	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>
<u>Base: All students</u>						
A. AIDS	54	51	43	44	2	4
B. Alcohol abuse.....	58	58	40	38	2	4
C. Drug use	66	67	32	29	2	4
<u>Base: Girls and boys in grades 9-12 only</u>						
D. Having sex	72	66	27	32	1	2
<u>Base: All students</u>						
E. How women become pregnant.....	66	52	31	43	2	4
F. How to prevent pregnancy	60	47	38	48	2	4
<u>Base: Girls and boys in grades 9-12 only</u>						
G. Sexual abuse of children by adults.....	42	34	56	63	2	3
H. Sexually transmitted diseases (STDs).....	51	48	47	49	2	3
<u>Base: All students</u>						
I. The use of condoms	52	47	46	48	3	5
J. Violence, guns, gangs	64	64	34	33	2	3

Base: Girls only

E2. Have you gotten your period, or not?

		<u>Girls</u>	<u>Boys</u>
Yes..... 1	ANSWER NEXT QUESTION (E3)	74	N/A
No..... 2	GO TO E6	25	N/A
Don't know 3	GO TO E6	1	N/A

IF YOU HAVE NOT GOTTEN YOUR PERIOD OR DON'T KNOW, GO TO E6

Base: Girls who have gotten period (E2=1)

E3. How often do you usually get cramps or discomfort while you are having your period -- always, sometimes, or never?

		<u>Girls</u>	<u>Boys</u>
Always..... 1	ANSWER NEXT QUESTION (E4)	29	N/A
Sometimes..... 2	GO TO E5	59	N/A
Never 3	GO TO E5	11	N/A
Don't know 4	GO TO E5	1	N/A

IF YOU HAVE NEVER GOTTEN CRAMPS OR DISCOMFORT, GO TO E5

Base: Girls who always or sometimes get cramps (E3=1,2)

E4. Would you describe these cramps as very painful, or a little painful?

	<u>Girls</u>	<u>Boys</u>
Very painful..... 1	47	N/A
A little painful..... 2	52	N/A
Don't know 3	1	N/A

Base: Girls who have gotten period (E2=1)

E5. On the days when you are having your period, how often do you cut back on regular activities by staying home from school or staying away from work? Would you say always, sometimes, or never?

	<u>Girls</u>	<u>Boys</u>
Always..... 1	4	N/A
Sometimes..... 2	43	N/A
Never 3	52	N/A
Don't know 4	2	N/A

EVERYONE SHOULD ANSWER E6

Base: Girls and boys in grades 9-12 only

E6. Have you learned about birth control, contraception, or preventing pregnancy from any of the following? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
Brothers or sisters 1	21	19
Friends..... 2	67	48
Health professionals (like doctors or nurses)..... 3	47	29
Health class, pamphlets or videos at school..... 4	68	56
Magazines..... 5	62	36
Parents..... 6	55	44
Other adults..... 7	33	23
Television programs..... 8	51	46
The Internet 9	2	5
Your boyfriend/girlfriend..... 10	20	20
Other ways (WRITE ON ANSWER SHEET) 11	2	4
Don't know 12	2	8
Church.....	*	*
Nobody.....	-	1

Base: Girls and boys in grades 9-12 only

E7. If you wanted to get condoms, spermicides or birth control pills, where would you go or what would you do? Would you: (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Yes</u>		<u>No</u>		<u>Don't know</u>	
	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>
A. Go to your regular doctor or nurse	42	26	48	63	9	11
B. Go to another doctor or nurse	23	14	66	73	11	13
C. Go to a family planning clinic like Planned Parenthood	42	19	48	69	9	12
D. Go to the school nurse or school clinic	11	10	81	80	8	10
E. Go to a pharmacy	63	69	28	21	9	10
F. Talk to your parents	31	21	61	69	8	10
G. Talk to another adult relative.....	24	16	68	73	8	11
H. Expect your partner to take care of birth control or contraception	17	14	73	73	10	13

Base: Girls in grades 9-12 only

E8. How would you feel if you were to become pregnant at your current age? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
I would be happy	1	N/A
I would be upset	64	N/A
I would be happy and upset	20	N/A
I don't know	12	N/A
Happy (not specified)	*	N/A
Upset (not specified)	1	N/A
Happy/Upset (not specified).....	1	N/A

ANSWER E9 IF YOU WOULD BE "HAPPY" TO BECOME PREGNANT

Base: Girls in grades 9-12 who would be happy to be pregnant (E8=1,3, happy (ns), happy/upset (ns))

E9. Why would you feel happy to be pregnant? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
I would feel mature and grown up..... 1	7	N/A
I would feel important..... 2	11	N/A
My boyfriend would stay with me 3	7	N/A
My boyfriend would like it..... 4	10	N/A
I would like to have a baby..... 5	61	N/A
I would gain independence..... 6	12	N/A
I would get more attention..... 7	6	N/A
I would have someone who loves me 8	22	N/A
My friends would be happy for me 9	11	N/A
Don't know 10	23	N/A

ANSWER E10 IF YOU WOULD BE "UPSET" TO BECOME PREGNANT

Base: Girls in grades 9-12 who would be upset to be pregnant (E8=2,3, upset (ns))

E10. Why would you feel upset to be pregnant? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
My future would be limited..... 1	90	N/A
It is against my religion to have premarital sex 2	35	N/A
I'm not ready for the responsibility of caring for a baby..... 3	85	N/A
I would gain weight..... 4	27	N/A
My parents would be upset..... 5	84	N/A
My boyfriend would be upset 6	34	N/A
My friends would be upset 7	34	N/A
Don't know 8	1	N/A

EVERYONE SHOULD ANSWER E11

Base: Girls and boys in grades 9-12 only

E11. Do you agree or disagree with each of the following statements? (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>Agree</u>		<u>Disagree</u>		<u>Don't know</u>	
	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>
A. I am waiting to be sexually active until I'm married.....	43	32	45	53	12	14
B. It's very difficult for young people to get birth control or condoms	12	12	79	79	9	9
C. I would not have sex without using some form of birth control or condoms.....	80	69	15	21	6	10
D. I would not get birth control or condoms because someone might see it and know I was having sex.....	7	9	86	81	7	10
E. I don't think that I could get pregnant	7	10	88	82	5	8
F. I don't think young people who have sex really have to worry about getting AIDS.....	8	13	89	82	2	5
G. Boys don't like to use condoms	36	43	36	35	28	23

Base: Girls in grades 9-12 only

E12. Have you ever had a pelvic exam (internal, speculum or gynecology exam) by a doctor or nurse?

		<u>Girls</u>	<u>Boys</u>
Yes.....	1 ANSWER NEXT QUESTION (E13)	28	N/A
No.....	2 GO TO F1	68	N/A
Don't know	3 GO TO F1	3	N/A

IF YOU HAVE NOT EVER HAD A PELVIC EXAM OR DON'T KNOW, GO TO F1

Base: Girls who have had pelvic exam (E12=1)

13. How old were you when you had your first pelvic exam? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Younger than 12 years	7	N/A
12 years old	6	N/A
13 years old	10	N/A
14 years old	18	N/A
15 years old	23	N/A
16 years old	23	N/A
17 years old	10	N/A
18 years old	2	N/A
19 years old or older	*	N/A
Don't know	1	N/A

Base: Girls who have had pelvic exam (E12=1)

E14. What was the reason for your first pelvic exam? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
For a routine check-up	28	N/A
For menstrual problem or pelvic pain	25	N/A
To get birth control pills	37	N/A
To be checked for possible infection	26	N/A
For pregnancy or abortion	8	N/A
Mom's idea	21	N/A
Other reason (WRITE ON ANSWER SHEET)	10	N/A
Don't know	1	N/A
I was sexually abused/raped	2	N/A
I'm sexually active	2	N/A

ADOLESCENT HEALTH

F. SAFETY CONCERNS

EVERYONE SHOULD ANSWER F1

F1. How often do you feel safe when you are in the neighborhood where you live?

	<u>Girls</u>	<u>Boys</u>
Always..... 1	54	62
Often..... 2	24	19
Sometimes..... 3	15	11
Rarely..... 4	3	2
Never..... 5	2	2
Don't know..... 6	2	3

F2. How often do you feel safe when you are at school?

	<u>Girls</u>	<u>Boys</u>
Always..... 1	53	52
Often..... 2	26	26
Sometimes..... 3	16	14
Rarely..... 4	3	3
Never..... 5	2	3
Don't know..... 6	1	2

F3. How often do you feel safe when you are at home?

	<u>Girls</u>	<u>Boys</u>
Always..... 1	66	75
Often..... 2	21	14
Sometimes..... 3	9	5
Rarely..... 4	2	1
Never..... 5	1	2
Don't know..... 6	1	3

F4. Has violence in your home, or the threat of violence, ever made you want to leave your home, even just for a short while?

	<u>Girls</u>	<u>Boys</u>
Yes, violence in my home has made me want to leave... 1	25	22
No, I have never felt that I wanted to leave my home because of violence..... 2	68	70
Don't know..... 3	7	8

F5. Have you ever been sexually abused?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	9	4
No..... 2	88	93
Don't know 3	2	3

F6. Have you ever been physically abused?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	13	10
No..... 2	84	86
Don't know 3	3	4

IF YOU ANSWERED "NO" OR "DON'T KNOW" IN F5 AND F6, GO TO F13

Base: Have been sexually or physically abused (F5=1 or F6=1)

If you have ever been sexually or physically abused:

F7. Where did the abuse happen – at home, at school, in your neighborhood, or somewhere else?

	<u>Girls</u>	<u>Boys</u>
At home..... 1	53	60
At school 2	11	14
In your neighborhood 3	11	13
Somewhere else..... 4	31	22
Don't know 5	2	4

Base: Have been sexually or physically abused (F5=1 or F6=1)

F8. Was the person who abused you a family member, a friend of the family, or someone else?

	<u>Girls</u>	<u>Boys</u>
A family member 1	57	61
A friend of the family..... 2	13	17
Someone else 3	33	24
Don't know 4	2	7

Base: Have been sexually or physically abused (F5=1 or F6=1)

F9. Did the abuse happen one time or more than once?

	<u>Girls</u>	<u>Boys</u>
One time..... 1	32	37
More than once 2	65	58
Don't know 3	3	4

Base: Have been sexually or physically abused (F5=1 or F6=1)

F10. Have you talked to anyone about the abuse?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	70	49
No..... 2	29	48
Don't know 3	1	3

Base: Have been sexually or physically abused (F5=1 or F6=1)

F11. With whom did you talk about the abuse?

	<u>Girls</u>	<u>Boys</u>
Nobody..... 1	24	36
My mother 2	38	29
My father..... 3	16	15
Another adult female relative..... 4	14	7
Another adult male relative 5	6	9
My best friend 6	41	15
My friends..... 7	26	16
My teacher 8	7	6
My doctor or nurse 9	7	7
My brother or sister 10	14	9
Religious leader, such as a minister, priest, rabbi, or youth group leader 11	4	8
Community organization leaders, like Scouts, Boys or Girls Club, community center, etc..... 12	2	2
Coach..... 13	1	2
Any others? (WRITE ON ANSWER SHEET) 14	7	12
Don't know 15	1	6
Counselor/Therapist.....	8	-
Police	1	-
Boyfriend/Girlfriend	6	-

EVERYONE SHOULD ANSWER F12

Base: Girls and boys in grades 9-12 only

F12. Has a boyfriend or date ever threatened to or actually hurt you physically?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	14	6
No..... 2	85	91
Don't know 3	1	3

G. SOME QUESTIONS ABOUT YOU...

G1. What adults do you live with? (FILL IN AS MANY ANSWERS AS APPLY)

	<u>Girls</u>	<u>Boys</u>
Mother..... 1	91	90
Father..... 2	66	70
Step-parent..... 3	13	2
Parent's boyfriend or girlfriend..... 4	3	3
Grandparent(s)..... 5	8	6
Some other adult (WRITE ON ANSWER SHEET)..... 6	2	1
Don't know 7	1	1
Another adult male relative.....	3	3
Another adult female realtive.....	3	1
Husband/Wife.....	*	*
Friend.....	*	1

G2. On average, how many hours of television per day do you watch on a school day and on a weekend day? (FILL IN ONE ANSWER FOR EACH ITEM)

	<u>None</u>		<u>About 1 Hour</u>		<u>About 2 Hours</u>		<u>About 3 Hours</u>		<u>About 4 Hours</u>		<u>About 5 Hours</u>		<u>More Than 5 Hours</u>		<u>Don't Know</u>	
	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>
A. Hours of television on a <u>school</u> day.....	8	6	21	18	21	19	18	18	10	12	7	8	9	12	6	7
B. Hours of television on a <u>weekend</u> day.....	4	4	10	6	14	13	17	15	15	15	12	14	21	26	8	8

G3. How old are you? (FILL IN THE NUMBER NEXT TO YOUR AGE AT YOUR LAST BIRTHDAY)

	<u>Girls</u>	<u>Boys</u>
9 years old..... 1	*	1
10 years old..... 2	8	6
11 years old..... 3	13	13
12 years old..... 4	13	11
13 years old..... 5	13	13
14 years old..... 6	13	14
15 years old..... 7	13	13
16 years old..... 8	13	12
17 years old..... 9	9	10
18 years old..... 10	4	6
19 years old..... 11	*	1
20 years old..... 12	*	1

ADOLESCENT HEALTH

G4. Do you have health insurance?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	70	66
No..... 2	8	8
Don't know 3	22	25

G5. Do you currently have any kind of after-school or weekend job, or not?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1 ANSWER NEXT QUESTION (G6)	30	35
No..... 2 GO TO G7	68	63
Don't know 3 GO TO G7	1	2

IF YOU DON'T HAVE AN AFTER-SCHOOL OR WEEKEND JOB OR DON'T KNOW, GO TO G7

G6. How many hours do you work in a typical week?

	<u>Girls</u>	<u>Boys</u>
Less than 5 hours 1	27	25
5-10 hours..... 2	22	21
10-15 hours..... 3	12	12
16-20 hours..... 4	15	12
More than 20 hours..... 5	14	19
I don't work on a weekly basis 6	7	8
Don't know 7	3	3

EVERYONE SHOULD ANSWER G7

G7. Do you belong to any clubs or organized groups at your school, or not?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	58	50
No..... 2	39	47
Don't know 3	2	3

G8. What is your race or ethnic background? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
White (not Hispanic) 1	64	64
Black or African-American (not Hispanic) 2	15	13
Hispanic/Latino -- White 3	9	9
Hispanic/Latino -- Black 4	2	2
Hispanic/Latino -- Unspecified 5	-	4
Asian, Asian Indian, or Pacific Islander 6	4	1
Native American or Alaskan Native 7	2	1
Some other race (WRITE ON ANSWER SHEET) 8	1	2
Don't know 9	4	5

G9. For most of the time in your family, which of the following statements best describes your family situation? (FILL IN ONE ANSWER ONLY)

	<u>Girls</u>	<u>Boys</u>
Your family has a hard time getting enough money for food, clothing, and basic living costs 1	4	5
Your family has just enough money for food, clothing, and basic living costs 2	22	17
Your family has few problems buying what your family needs 3	23	28
Your family has no problems buying what your family needs and is able to buy special things 4	49	50
Don't know 5	-	-

G10. What is the highest level of school your mother and father completed?
 (FILL IN ONE ANSWER FOR YOUR MOTHER AND ONE FOR YOUR FATHER)

	<u>Mother</u>		<u>Father</u>	
	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>
Grade school or some high school	11	7	9	8
Finished high school	26	25	25	23
Some college or special school after high school	19	16	15	14
Finished college	25	29	22	25
School beyond college (like doctor, lawyer, professor, social worker, scientist).....	8	9	11	11
Don't know	11	14	18	19

THAT COMPLETES THE INTERVIEW. THANK YOU FOR YOUR PARTICIPATION.



G10. What is the highest level of school your mother and father completed?
 (FILL IN ONE ANSWER FOR YOUR MOTHER AND ONE FOR YOUR FATHER)

	<u>Mother</u>		<u>Father</u>	
	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>
Grade school or some high school	11	7	9	8
Finished high school	26	25	25	23
Some college or special school after high school	19	16	15	14
Finished college	25	29	22	25
School beyond college (like doctor, lawyer, professor, social worker, scientist).....	8	9	11	11
Don't know	11	14	18	19

THAT COMPLETES THE INTERVIEW. THANK YOU FOR YOUR PARTICIPATION.



If you or someone you know
wants to talk confidentially
about physical or sexual abuse,
there is someone you can call.

The toll-free number is:

1-800-448-4663

24 hours a day