

15. How many times a week do you: (check one box for each category)

Eat fast food (McDonald's) 1 time 2-4 times 5-7 times 8+ times Never

Eat vegetables 1 time 2-4 times 5-7 times 8+ times Never

Eat fruit 1 time 2-4 times 5-7 times 8+ times Never

Consume dairy products (cheese, milk, etc.) 1 time 2-4 times 5-7 times 8+ times Never

Drink soda 1 time 2-4 times 5-7 times 8+ times Never

16. Are you currently doing any of the following to lose, gain, or control your weight: (check all that apply)

watching the amount of fat and/or calories you eat to lose weight

taking any diet pills, powders, or liquids, without a doctor's advise, to lose weight or keep from gaining weight

vomiting, take laxatives to lose weight or to keep from gaining weight

going without eating for 24 hours or more to lose weight or to keep from gaining weight

Exercising

Not trying to control weight

17. On an average day, how many hours do you watch television or play video/computer games?

Less than 1 hour 1-2 hours 3-4 hours 5+ hours

18. During the past 12 months, did you ever feel so sad or hopeless almost everyday for two weeks or more in a row that you stopped doing some usual activities? Yes No

19. Presently, how would you classify yourself with regard to tobacco use (i.e. cigarettes, cigars, chewing tobacco, pipes):

I am a current tobacco user

I am a former tobacco user

I occasionally (but not regularly) use tobacco products

I have experimented with tobacco products but no longer use them

I am trying to quit using tobacco products

I have never used tobacco products

20. During the past year, did you use any of the following substances: (check all that apply)

Marijuana (grass, pot)

Inhalants (glue, paints, contents of aerosol spray can)

Cocaine (powder, crack, freebase)

Heroin (smack, junk, China white)

Methamphetamines (speed, crystal, ice)

Ecstasy (MDMA, Adam, XTC, Hug, Beans, Love)

GHB (Gamma-hydroxybutyric acid)

LSD (acid)

Steroid pills/shots (without a doctors prescription)

Use of needles to inject any illegal drugs

For the following questions, please keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 bottle of wine cooler, 1 cocktail or 1 shot of liquor. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

21. In the past month, did you drive after you have been drinking alcohol/ride in a vehicle where the driver has been drinking?

Yes No Don't drink alcohol

22. During the past month, how many days did you drink any alcoholic beverages?

0 (don't drink) 1-5 days 6-10 days 11-20 days 21-30 days



23. When you drink alcohol, about how many drinks do you usually have?

- 1-2 drinks 3-4 drinks 5+ drinks

24. How often do you use seat belts when you drive or ride in a car?

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

25. Overall, would you say that the bus system in your community is:

- Very good Good Fair Poor Very poor No response

26. How often do you use a helmet when you skate board, ride a bike, scooter, etc?

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

27. Do you have access to a firearm? Yes No

28. Overall, how would you rate the safety in:

A) Your Neighborhood Very safe Safe Unsafe Very unsafe

B) Your School Very safe Safe Unsafe Very unsafe

29. Outside of school hours, do your parents know where you are:

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

30. In the past five years, have you been a victim of a violent crime in this county? Definition of violent crime: rape, robbery, assault, and/or kidnapping) Yes No (skip to question # 32)

31. Did this crime take place: In your home In your neighborhood At school Somewhere else

32. How would you rate the sexual education information you received in your school?

- Very helpful Helpful Fairly helpful Unhelpful Very unhelpful

33. Have you ever had sexual intercourse? (If No, skip to question #37) Yes No

34. When you last had sexual intercourse, what method did you/your partner use to prevent pregnancy/sexually transmitted diseases?

- No method was used to prevent pregnancy
 Birth control pills
 Birth control patch (Ortho Evra)
 Condoms
 Diaphragm
 Injectable birth control (Depo-Provera)
 Withdrawal
 Other (specify):
 Don't know

35. In the past year, have you gone without birth control supplies because: (check all that apply)

- It was too expensive
 You were too embarrassed
 You think it's your partners responsibility

36. Have you ever had a sexually transmitted disease (STD)? Yes Tested negative Never tested

37. Where would you go to be tested for a sexually transmitted diseases (STD)?

- Doctor Clinic Hospital/ER Don't know Other (specify):

38. How would you rate the availability of after school recreational options available in your neighborhood?

- Very good Good Fair Poor Very poor No response

