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### 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! ☺

**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.**

Base: Has a doctor or health professional that he/she usually goes to (A5=1)

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

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
Yes (not specified).....	4	6

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

Base: Had medical exam in past 12 months (A12=1)

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

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 or 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	65	68
Don't know.....3 GO TO A22	8	10
Yes (not specified)	2	3

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

Base: Needed medical care but didn't get it (A19=1)

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 insurance .....4	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 know .....7	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

Base: Needed medical care but didn't get it (A19=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>Base: All students</u>	<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
 <u>Base: Girls only</u>		
Menstruation (your period) or cramps.....5	42	-
 <u>Base: All students</u>		
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....										Never	
	Very Likely		Somewhat Likely		Not Very Likely		Not At All Likely		I Don't Know		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	28	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	30	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	57
Some .....	2	33
Very little.....	3	4
None at all.....	4	1
Don't know .....	5	4

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 like.....2 GO TO B7	17	17
I smoke a cigarette sometimes.....3 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 quit.....6 ANSWER NEXT QUESTION (B6)	5	6
Smoker (not specified)	3	4

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

Base: Smoker (B5=3-6) or smoker (not specified)

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 (not specified).....		2	4

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

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

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

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

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	7	4
To try it ..... 7	7	6
Like the way it feels/Feels Good/Like to/Like it ..... 6	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 alcohol .....1	15	23	2	84	75	3	1	1
C. Had a hangover or headache, or vomited after drinking alcohol .....1	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 bored .....1	19	18
They are curious.....2	56	45
They want to escape from reality .....3	46	34
Their friends take drugs .....4	69	56
They want to impress someone or be popular .....5	60	44
Other family members take drugs .....6	43	31
They have family problems or school problems .....7	58	39
Taking drugs is fun .....8	24	25
They want to try it or experiment .....9	52	38
They want to be cool .....10	60	49
Another reason (WRITE REASON ON ANSWER SHEET .....11	7	6
Don't know .....12	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 know ....3 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 mature ..... 5	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 stress ..... 8	37	31
Because I wanted to try it or experiment ..... 9	55	38
To be cool..... 10	5	12
Another reason (WRITE ON ANSWER SHEET) ..... 11	12	21
Don't know ..... 12	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 week ..... 3	13	8
Less often than once or twice a week ..... 4	8	4
Never ..... 5	2	2
Don't know ..... 6	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 class ..... 3	28	14
No exercise..... 4	8	5
Don't know ..... 5	7	6

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

B20. 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): .....	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		No,		Don't	
	Happened		Has Not		Know	
	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>	<u>G</u>	<u>B</u>
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
J. 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.

		<u>Girls</u>	<u>Boys</u>	
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

		<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

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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

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	33
1-2 days .....	2	39	37
3-4 days .....	3	21	13
5-6 days .....	4	9	5
7 days (everyday).....	5	10	7
Don't know .....	6	5	6

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 ANSWER NEXT QUESTION (D3)	48	23
No, I have never been on a diet ....	2 GO TO D4	50	74
Don't know .....	3 GO TO D4	2	4

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.....	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)

E13. 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 ..... 1	7	N/A
12 years old ..... 2	6	N/A
13 years old ..... 3	10	N/A
14 years old ..... 4	18	N/A
15 years old ..... 5	23	N/A
16 years old ..... 6	23	N/A
17 years old ..... 7	10	N/A
18 years old ..... 8	2	N/A
19 years old or older ..... 9	*	N/A
Don't know ..... 10	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 ..... 1	28	N/A
For menstrual problem or pelvic pain ..... 2	25	N/A
To get birth control pills ..... 3	37	N/A
To be checked for possible infection ..... 4	26	N/A
For pregnancy or abortion ..... 5	8	N/A
Mom's idea ..... 6	21	N/A
Other reason (WRITE ON ANSWER SHEET) ..... 7	10	N/A
Don't know ..... 8	1	N/A
I was sexually abused/raped ..... 2	2	N/A
I'm sexually active ..... 2	2	N/A

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	1	-
Boyfriend/Girlfriend ..... 6	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

Base: Girls and boys in grades 9-12 only

F13. Has a boyfriend or date ever forced you to have sex against your will (or when you didn't want to)?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	8	5
No..... 2	91	92
Don't know ..... 3	1	3

Base: Girls and boys in grades 9-12 only

F14. Have you ever not broken up with a boyfriend or date because you were afraid that they would physically hurt you?

	<u>Girls</u>	<u>Boys</u>
Yes..... 1	9	4
No..... 2	88	91
Don't know ..... 3	3	5

**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	72
Step-parent..... 3	13	12
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
Shelter/Group home/Boys-girls home/Covenant house	-	*

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

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**

Base: Have an after-school job (G5=1)

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	-	-
Asian, Asian Indian, or Pacific Islander ..... 6	4	4
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.

