

1999 Oregon Youth Risk Behavior Survey

This survey has been developed to learn about risks to students' health and safety. The information you give will be used to develop better health education and services, and to improve student health and safety in Oregon.

DO NOT WRITE YOUR NAME ON THIS SURVEY OR ON THE ANSWER SHEET. *The answers you give will be kept private. No one will know how you answer.*

Use the back of your answer sheet to write any comments - good or bad - and any suggestions.

*Completing this survey is **VOLUNTARY**. If you are not comfortable answering a question, just leave it blank. If you do not understand a question or can not find an answer that applies to you, please also leave that question blank.*

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

Place all your answers on the answer sheet. Fill in the boxes completely. When you are finished, follow the instructions of the person administering the survey.

The survey is designed so that participating students take approximately the same amount of time to fill in their answers. This process helps to keep your answers confidential while you take the survey in a classroom setting.

*Because a question is asked **DOES NOT** mean that we believe you have engaged in a particular behavior. Each question has a response to indicate if you **DID NOT** engage in that behavior.*

THANK YOU VERY MUCH FOR YOUR HELP.

Write your school code here. Your proctor / teacher has written this number on the board or told you the number.

Write your class code here.

IMPORTANT

- Choose only one answer for each question.
- Use a #2 pencil.
- Erase completely to change your answer.

1. **How old are you?**
 - a. 12 years old or younger
 - b. 13 years old
 - c. 14 years old
 - d. 15 years old
 - e. 16 years old
 - f. 17 years old
 - g. 18 years old or older

2. **What is your sex?**
 - a. Female
 - b. Male

3. **In what grade are you?**
 - a. 7th grade
 - b. 8th grade
 - c. 9th grade
 - d. 10th grade
 - e. 11th grade
 - f. 12th grade
 - g. Ungraded or other grade

4. **How do you describe yourself?**
(Select one or more responses.)
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Hispanic or Latino
 - e. Native Hawaiian or Other Pacific Islander
 - f. White

5. **How tall are you without your shoes on?**
Directions: Write you height on the answer sheet.
Fill in the matching oval below each number.

Height	
Feet	Inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

6. **How much do weigh without your shoes on?**
Directions: Write your height on the answer sheet.
Fill in the matching oval below each number.

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

The next five questions ask about personal safety.

7. **When you rode a bicycle during the past 12 months, how often did you wear a helmet?**
 - a. I did not ride a bicycle during the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet
8. **How often do you wear a seat belt when riding in a car driven by someone else?**
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
9. **During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**
 - a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
10. **During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**
 - a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times

The next three questions ask about harassment at school. Harassment can include threatening, bullying; name calling or obscenities; offensive notes or graffiti; exclusion from groups, unwanted attention or unwanted touching, and physical assault.

11. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your race or ethnic origin?
 - a. Yes
 - b. No
12. During the past 12 months have you ever been harassed at school (or on your way to or from school) because someone thought you were gay, lesbian or bisexual?
 - a. Yes
 - b. No
13. During the past 12 months, have you received unwanted sexual comments or attention at school (or on you way to or from school)?
 - a. Yes
 - b. No

The next series of questions ask about violence related behavior.

14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club?
 - a. 0 days
 - b. 1 day
 - c. 2 or 3 days
 - d. 4 or 5 days
 - e. 6 or more days
15. During the past 30 days, on how many days did you carry a gun?
 - a. 0 days
 - b. 1 day
 - c. 2 or 3 days
 - d. 4 or 5 days
 - e. 6 or more days
16. If you carried a gun in the last 30 days, who did the gun belong to?
 - a. I did not carry a gun
 - b. Gun belongs to me
 - c. Gun belongs to another person who lives in my house
 - d. Gun belongs to someone that does not live in my home

17. During the past 30 days, on how many days did you carry a gun as a weapon on school property?
 - a. 0 days
 - b. 1 day
 - c. 2 or 3 days
 - d. 4 or 5 days
 - e. 6 or more days
18. During the past 30 days, on how many days did you carry a weapon (other than a gun) such as a knife or club on school property?
 - a. 0 days
 - b. 1 day
 - c. 2 or 3 days
 - d. 4 or 5 days
 - e. 6 or more days
19. During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
 - a. 0 days
 - b. 1 day
 - c. 2 or 3 days
 - d. 4 or 5 days
 - e. 6 or more days
20. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
 - a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or 7 times
 - f. 8 or 9 times
 - g. 10 or 11 times
 - h. 12 or more times
21. During the past 12 months, how many times were you in a physical fight?
 - a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or 7 times
 - f. 8 or 9 times
 - g. 10 or 11 times
 - h. 12 or more times

22. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
23. During the past 12 months, how many times were you in a physical fight on school property?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times
24. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes
 - No
 - Did not have a boyfriend or girlfriend during the last 12 months
25. During the past 12 months did any adult family member ever hit slap or physically hurt you on purpose?
- Yes
 - No

The next two questions are about unwanted sexual contact.

26. Have you ever been forced to have sexual intercourse when you did not want to?
- Yes
 - No
27. Other than forced sexual intercourse, have you ever been touched sexually when you did not want to be touched?
- Yes
 - No

The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life.

28. During the past 12 months, did you ever feel so sad or hopeless almost every day for *two weeks or more* in a row that you stopped doing some usual activities?
- Yes
 - No
29. During the past 12 months, did you ever *seriously* consider attempting suicide?
- Yes
 - No
30. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
31. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide during the past 12 months
 - Yes
 - No

The next twenty-three questions ask about tobacco use.

32. If one of your best friends were to offer you a cigarette, would you try it?
- Definitely No
 - Probably No
 - Probably Yes
 - Definitely Yes
33. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or more

34. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
35. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- I did not smoke cigarettes during the past 30 days
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
36. During the past 30 days, have you bought cigarettes from ANY of the following sources?
(Mark all that apply)
- I did not smoke cigarettes during the past 30 days
 - I did not buy cigarettes in the past 30 days
 - I bought them from a grocery store
 - I bought them from a convenience store
 - I bought them from a gas station
 - I bought them from a vending machine
37. During the past 30 days, how many times have you bought cigarettes from any store or gas station?
- None
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5-9 times
 - 10-14 times
 - 15 or more times
38. During the past 30 days, how many times has any store or gas station refused to sell you cigarettes?
- I did not try to buy cigarettes
 - None (I was able to buy cigarettes each time I tried)
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 times
 - 6 or more times
39. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?
- I did not smoke cigarettes during the past 30 days
 - I did not buy cigarettes in a store during the past 30 days
 - Yes, I was asked to show proof of age
 - No, I was **not** asked to show proof of age
40. During the past 30 days, have you gotten cigarettes from ANY of the following sources?
(Mark all that apply):
- I did not smoke cigarettes during the last 30 days
 - A friend who was *18 or older* gave them to me
 - A friend who was *under 18* gave them to me
 - Family members gave them to me
 - I stole or took them without permission from a family member
 - I gave someone else money to buy them for me
 - I stole them from a grocery store, gas station or convenience store
 - I got them some other way
41. During the past 30 days, where have you **most** often gotten you cigarettes?
(Select only one response)
- I did not smoke cigarettes during the past 30 days
 - A friend gave them to me
 - I got them from family members (with or without permission)
 - I gave someone else money to buy them for me
 - I bought them from a grocery store, convenience store or gas station
 - I bought them from a vending machine
 - I stole them from a grocery store, gas station or convenience store
 - I got them some other way
42. During the past 30 days, on how many days did you smoke cigarettes on school property?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
43. Have you ever smoked regularly, that is, at least one cigarette every day for 30 days?
- Yes
 - No

44. **Have you ever succeeded in quitting smoking cigarettes for at least three months?**
- I have never smoked
 - I smoke now and have never quit for 3 months
 - I smoke now, but I have quit for at least 3 months at one time
 - I used to smoke, but I quit 3 or more months ago
45. **Does someone living in your house (other than you) smoke cigarettes?**
- Nobody smokes
 - Someone smokes, but not inside the house
 - Someone smokes inside the house
46. **During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
47. **During the past 30 days, on how many days did you use chewing tobacco or snuff on school property?**
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
48. **During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?**
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
49. **Are you seriously thinking of stopping smoking in the next 30 days?**
- I don't smoke
 - I smoke and plan to *stop* within the next 30 days
 - I smoke and I'm *not* planning on stopping in the next 30 days.
50. **Is there a rule at your school that students are not allowed to smoke on school property?**
- Yes
 - No
 - I don't know
51. **How strictly are the non-smoking rules for students enforced at your school?**
- Very strictly enforced
 - Somewhat enforced
 - Not enforced at all
 - I don't know
 - There are no rules against students smoking
52. **During the past school year have you seen teachers or staff smoke on school property?**
- Yes
 - No
53. **During the past school year have you participated in any organized activities (outside the classroom) to prevent tobacco use (for example, after school or in the community)?**
- Yes
 - No
54. **During this school year have you encouraged any smoker (for example, family or friends) to try to quit smoking?**
- Yes
 - No
- The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.*
55. **During your life, on how many days have you had at least one drink of alcohol?**
- 0 days
 - 1 or 2 days
 - 3 to 9 days
 - 10 to 19 days
 - 20 to 39 days
 - 40 to 99 days
 - 100 or more days
56. **How old were you when you had your first drink of alcohol other than a few sips?**
- I have never had a drink of alcohol other than a few sips
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older

57. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
58. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 or 9 days
 - 10 to 19 days
 - 20 or more days
59. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

The next four questions ask about the use of marijuana, which is also called grass or pot.

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

62. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
63. During the past 30 days, how many times did you use marijuana on school property?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next 10 questions ask about cocaine and other drug use.

64. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
65. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or free base?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
66. During the past 30 days, how many times did you use any form of carbodroxyl (also known as carbs or droxy)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
67. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

68. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
69. During your life, how many times have you used heroin (also called smack, junk or China White)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
70. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
71. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
72. During your life, how many times have you used a needle to inject any illegal drug into your body?
- 0 times
 - 1 time
 - 2 or more times
73. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
- Yes
 - No

Remember the survey is designed so that participating students take approximately the same amount of time to fill in their answers. This process helps to keep your answers confidential while you take the survey in a classroom setting.

Because a question is asked DOES NOT mean that we believe you have engaged in a particular behavior. *Each question has a response to indicate if you DID NOT engage in that behavior.*

The next thirteen questions ask about sexual behavior.

74. Many middle school students take the STARS (Students Today Aren't Ready for Sex) classes. These classes teach refusal skills to limit sexual involvement. Were you in a STARS class in middle school?
- Yes
 - No
 - Don't remember; Don't know
75. Many high school students become teen leaders for the STARS program. Were you ever a teen leader for the STARS program?
- Yes
 - No
 - Don't know, don't remember
76. If a classmate, your same age and gender, asked you for your advice about whether to start having sexual intercourse, what would you probably say?
- Wait until you're married
 - Wait until you are older
 - Go ahead and do it
77. What percentage of your classmates, your same age and gender, have had sexual intercourse? Would you guess:
- less than 20%
 - 20%-29%
 - 30%-39%
 - 40%-49%
 - 50%-59%
 - 60%-69%
 - 70%-79%
 - more than 80%
78. Have you ever had sexual intercourse?
- Yes
 - No
79. How old were you when you had sexual intercourse for the first time?
- I have never had sexual intercourse
 - 11 years old or younger
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

80. When did you first go to a medical office or clinic to get a method for preventing pregnancy?

- I have never had sexual intercourse
- Before my first sexual intercourse
- Less than 1 month after my first sexual intercourse
- 1 to 3 months after my first sexual intercourse
- 4 to 12 months after my first sexual intercourse
- More than 12 months after my first sexual intercourse
- I have never gone to a medical office or clinic to get a method for preventing pregnancy

81. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

82. During the past 3 months, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

83. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

84. The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No

85. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response)

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Depo Provera (birth control shot)
- Withdrawal
- Some other method
- Not sure

86. How many times have you been pregnant or gotten someone pregnant?

- 0 times
- 1 time
- 2 or more times
- Not sure

87. If you have had sexual intercourse, did you talk with your partner about HIV and other STD's?

- Never had sexual intercourse
- Yes, talked with my partner(s) about STD and HIV
- No, didn't talk about HIV and STD
- Have had multiple partners and answer varies based on partner.

The next series of questions asks about sexually transmitted diseases, which includes HIV/AIDS.

88. What do you consider to be the one most reliable or accurate source from where you have gotten your information about AIDS/HIV infection? (Choose one)

- From classroom instruction
- From a teacher or school counselor
- From parents or other adults in my family
- From friends
- From brochures available at schools or school health centers
- From TV or radio
- Other sources not mentioned above

89. During the last 12 months have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not sure

90. If you wanted them, where would you go to get condoms? (Select only **one** response.)

- Parent or other family member
- Friend
- Pharmacy or store
- Vending machine
- School health center
- County or Community Health program
- It's hard to get condoms in my community
- Not sure; haven't really thought about it

The next seven questions ask about body weight.

91. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

92. Which of the following are you trying to do about your weight?
- Lose weight
 - Gain weight
 - Stay the same weight
 - I am **not trying to do anything** about my weight
93. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
- Yes
 - No
94. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- Yes
 - No
95. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- Yes
 - No
96. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
- Yes
 - No
97. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- Yes
 - No
- The next 6 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.
98. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
99. During the past 7 days, how many times did you eat fruit? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
100. In the past 7 days, how many times did you eat raw or cooked vegetables (including green salad)?
- I did not drink eat raw or cooked vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
101. In the past 7 days, how many days did you eat breakfast?
- 0 days
 - 1 days
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
102. How many times during the past 7 days did you eat a meal with your family?
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 - 6 times
 - I ate with my family daily
 - I was away from home and not with my family during the last 7 days.
103. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- I did not drink milk during the past 7 days
 - 1 to 3 glasses during the past 7 days
 - 4 to 6 glasses during the past 7 days
 - 1 glass per day
 - 2 glasses per day
 - 3 glasses per day
 - 4 or more glasses per day

The next 6 questions ask about exercise, sports and other activities

104. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

105. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

106. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups).

- a. 0 teams
- b. 1 team
- c. 2 team
- d. 3 or more teams

107. On an average school day, how many hours do you watch TV ?

- a. I do not watch TV on an average school day
- b. Less than 1 per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 hours per day
- g. 5 or more hours per day

108. Thinking back over the last month, in an average week how many hours do you spend in volunteer work, religious activities, youth groups, music, drama or special school activities such as year book, both at school and away from school? (Do **not** include hours spent on the sports teams you previously indicated).

- a. 0 hours
- b. 1- 2 hours
- c. 3-5 hours
- d. 6-10 hours
- e. 11-17 hours
- f. 18-24 hours
- g. 25 or more hours

109. Thinking back over the last month, in an average week, how many hours do you spend working at a job for which you receive a paycheck or wages?

- a. 0 hours
- b. 1- 2 hours
- c. 3-5 hours
- d. 6-10 hours
- e. 10-17 hours
- f. 18-24 hours
- g. 25 or more hours

These questions ask about health care and community resources.

110. When did you last go to a doctor or nurse practitioner?

- a. During the past 12 months
- b. Within the past two years
- c. Within the past five years
- d. More than five years ago
- e. Never been to doctor
- f. Don't know

111. When did you last go to a dentist?

- a. During the past 12 months
- b. Within the past two years
- c. Within the past five years
- d. More than five years ago
- e. Never been to dentist
- f. Don't know if I've been to dentist

112. Has a doctor, nurse or other professional ever told you that you have one or more of the following? (Check any that apply)

- a. A medical condition which has lasted over a year (for example asthma, arthritis, cancer, diabetes, heart problems, seizures, hearing or vision problems other than glasses or contacts, etc.)
- b. Depression, problems with anxiety or fearfulness, or an eating disorder (anorexia or bulimia)
- c. A learning disorder, attention deficit disorder or ADHD
- d. I've never been told that I have any physical, learning, or emotional condition that has lasted longer than one year

- 113. Does your physical, learning or emotional condition keep you from doing some things other kids your age do? (Check all that apply)**
- No limitations or does not apply to me
 - Yes, it limits my ability to go to school or do regular school work
 - Yes, it limits my ability to do strenuous activities such as running, swimming, or other sports
 - Yes, it limits my ability to make friends
 - Yes it causes me to have difficulty with personal care such as bathing, dressing, eating or using the toilet
- 114. Do you think that other people can tell that you have a physical, learning, or emotional condition?**
- No, never or does not apply
 - Yes, sometimes
 - Yes, always
- 115. During the past 12 months, did you have any of the following health care needs? (On your answer sheet **MARK ALL THAT APPLY.**)**
- Check-up or sports physical
 - Injury or accident
 - Illness
 - Immunization
 - Reproductive health services (exam or birth control/condoms)
 - Pregnancy test or sexually transmitted disease test
 - Alcohol or other drug problem
 - Personal or emotional problem
 - Other need not listed
 - I had no health care needs
- 116. During the past 12 months, did you have any of the following health care needs that were *not* met? (On your answer sheet **MARK ALL THAT APPLY.**)**
- Check-up or sports physical
 - Injury or accident
 - Illness
 - Immunization
 - Reproductive health services (exam or birth control/condoms)
 - Pregnancy test or sexually transmitted disease test
 - Alcohol or other drug problem
 - Personal or emotional problem
 - Other need not listed
 - I had no health care needs
- 117. During the past 12 months, where did you usually go to meet your health care needs? (Choose only one.)**
- Emergency room
 - Family doctor
 - County or community health clinic
 - School-based health center
 - Other place not listed
 - I needed care, but didn't see anyone
 - I did not need care during the past 12 months
- 118. Does your school have a School Based Health Center?**
- Yes
 - No
 - Don't know
- 119. Have you registered or do you have permission to use the School Based Health Center?**
- Yes
 - No
 - Don't have School Based Health Center
- 120. Have you used the School Based Health Center services at this school?**
- Yes
 - No
 - Don't have a School Based Health Center
- 121. When you are scared, worried, or concerned about yourself or your friends, is there a caring adult you can talk to?**
- No, there is no adult
 - Yes, 1 adult
 - Yes, 2 or 3 adults
 - Yes, 4 or more adult
- 122. Your school or district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard. Mark the corresponding answers from those questions here.**
- Mark here for 1st answer
 - Mark here for 2nd answer
 - Etcetera ...
 -
 -
 -
 -
 -

During previous year students participating in the YRBS survey commented that the issue of sexual orientation was left out of the previous surveys. Your school agreed to pilot a special module of questions to study this issue. These questions together will help us compare self perceived sexual orientation with other health topics for a more accurate picture of the demographics of Oregon youth.

Optional 1

How would you describe your sexual orientation?

- a. Heterosexual - attracted to the opposite sex
- b. Bisexual - attracted to both sexes
- c. Homosexual - (gay or lesbian) - attracted to the same sex

Be sure to turn in your answer sheet. You may keep this booklet. It can be used as a resource.

The statewide summary data for this survey should appear on the Oregon Health Division web site during the summer. You can find the information from the 1997 Youth Risk Behavior Survey on the web site at:

<http://www.ohd.hr.state.or.us/cdpe/chs/statinfo.htm>

This website is a good resource for health topics and background. Great background for writing term papers on research issues. It can also lead you to other community resources on health and wellness.

Other places for information are the Oregon Safenet telephone hotline. They answer many questions for teens. Their number is 1-800-723-3638

Your local county health department also services the health needs of teens or can refer you to local services and providers.

For more information about this survey, contact the Oregon Health Division or look for reports on the Internet at <http://www.ohd.hr.state.or.us>. Thank you for your time.