

2011 Gauga County Youth Health Needs Questionnaire

Directions: Please listen to the instructions of the leader. Do **NOT** put your name on this survey. This survey asks you about your health and things you do in your life that affect your health. The information you give us will be used to develop better health education and services for people your age.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank. The questions that ask about your background will be used only 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.

Please read and answer each question carefully. Please pick the letter of the answer that best describes you and your views. Circle the letter next to the best answer on your survey. The questions are out of order so that anyone who sees your survey cannot tell what you have answered. No one will know what you write, but you must be honest. If you feel you can't be honest, please DO NOT answer the question at all. Just leave it blank. When you are done with the survey, fold it and place it in the envelope at the front of the class. Thank you for doing your best on this!

Information About You

1. How old are you?
 - 12 years old.....A
 - 13 years old.....B
 - 14 years old.....C
 - 15 years old.....D
 - 16 years old.....E
 - 17 years old.....F
 - 18 years old or older.....G

2. What is your gender?
 - Female.....A
 - Male.....B

3. In what grade are you?
 - 6th grade.....A
 - 7th grade.....B
 - 8th grade.....C
 - 9th grade.....D
 - 10th grade.....E
 - 11th grade.....F
 - 12th grade.....G

4. How do you describe yourself?
(CIRCLE ONE OR MORE RESPONSES)
 - American Indian/Alaska Native.....A
 - Asian.....B
 - Black or African American.....C
 - Hispanic or Latino.....D
 - Native Hawaiian or Other Pacific Islander.....E
 - White.....F

5. What is your zip code? _____

6. Do you live with...?
 - Both of your parents.....A
 - One of your parents.....B
 - Mother and step-father.....C
 - Father and step-mother.....D
 - Mother and partner.....E
 - Father and partner.....F
 - Grandparents.....G
 - Another relative.....H
 - Guardians/foster parents.....I
 - On your own or with friends.....J

7. Which of these activities do you currently participate in?
(CIRCLE ALL THAT APPLY)
 - A school club or social organization.....A
 - A church or religious organization.....B
 - A church youth group.....C
 - A sports or intramural program.....D
 - A part-time job.....E
 - Take care of your siblings after school.....F
 - Babysit for other kids.....G
 - Some other organized activity (4H, Scouts).....H
 - Volunteer in the community.....I
 - Don't participate in any of these activities.....J

8. Why do you NOT currently participate in extracurricular activities?
(CHECK ALL THAT APPLY)
 - I do participate in extracurricular activities.....A
 - Doesn't exist.....B
 - Transportation.....C
 - Can't afford it.....D
 - Parents won't take me to activities.....E
 - Have a job.....F
 - Watch younger siblings.....G

Personal Safety

9. How often do you wear a seat belt when riding in a car driven by someone else?
- Never.....A
Rarely.....B
Sometimes.....C
Most of the time.....D
Always.....E
10. 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?
- 0 times.....A
1 time.....B
2 or 3 times.....C
4 or 5 times.....D
6 or more times.....E
11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
- I do not drive.....A
0 times.....B
1 time.....C
2 or 3 times.....D
4 or 5 times.....E
6 or more times.....F
12. Have you ever played the choking game (pass-out game, space monkey, dream game)?
- Yes.....A
No.....B
I have never heard of the choking game.....C
13. During the past 30 days, did you drive a car or other vehicle while doing the following? **(CIRCLE ALL THAT APPLY)**
- I do not drive.....A
Texting.....B
Talking on cell phone.....C
Using Internet on cell phone.....D
Checking facebook on cell phone.....E
Reading.....F
Applying makeup.....G
Eating.....H
Wearing a seatbelt.....I
Other cell phone usage.....J

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? (Do not include Swiss Army or other field or hunting knives)
- 0 days.....A
1 day.....B
2 or 3 days.....C
4 or 5 days.....D
6 or more days.....E
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club on school property?
- 0 days.....A
1 day.....B
2 or 3 days.....C
4 or 5 days.....D
6 or more days.....E
16. During the past 30 days, on 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?
- 0 days.....A
1 day.....B
2 or 3 days.....C
4 or 5 days.....D
6 or more days.....E
17. 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?
- 0 times.....A
1 time.....B
2 or 3 times.....C
4 or 5 times.....D
6 or 7 times.....E
8 or 9 times.....F
10 or 11 times.....G
12 or more times.....H
18. During the past 12 months, how many times were you in a physical fight?
- 0 times.....A
1 time.....B
2 or 3 times.....C
4 or 5 times.....D
6 or 7 times.....E
8 or 9 times.....F
10 or 11 times.....G
12 or more times.....H

19. During the past 12 months, how many times were you in a physical fight on school property?
- 0 times.....A
 1 time.....B
 2 or 3 times.....C
 4 or 5 times.....D
 6 or more times.....E
20. During your life, have you purposely hurt yourself by:
(CIRCLE ALL THAT APPLY)
- I have never hurt myself on purpose.....A
 Cutting.....B
 Burning.....C
 Scratching.....D
 Hitting.....E
 Biting.....F
21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?
- Yes.....A
 No.....B
22. During the past 12 months, did an adult or caregiver ever hit, slap or physically hurt you on purpose?
- Yes.....A
 No.....B
23. Have you ever been forced to participate in any sexual activity when you did not want to?
- Yes.....A
 No.....B
24. How many times have you witnessed the adults in your house hitting or threatening, where you have felt afraid?
- 0 times.....A
 1 time.....B
 2 or 3 times.....C
 4 or more times.....D
25. What types of bullying have you experienced in the last year? **(CIRCLE ALL THAT APPLY)**
- Physically bullied (e.g., you were hit, kicked, punched, or people took your belongings).....A
 Verbally bullied (e.g., teased, taunted, or called you harmful names).....B
 Indirectly bullied (e.g., spread mean rumors about you or kept you out of a "group").....C
 Cyber bullied (e.g., teased, taunted, or threatened by e-mail, cell phone, and other electronic methods).....D
 None of the above.....E

Mental Health

26. 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.....A
 No.....B
27. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes.....A
 No.....B
28. During the past 12 months, how many times did you actually attempt suicide?
- 0 times.....A
 1 time.....B
 2 or 3 times.....C
 4 or 5 times.....D
 6 or more times.....E
29. How do you deal with anxiety, stress, or depression?
(CIRCLE ALL THAT APPLY)
- I do not have anxiety, stress, or depression....A
 Talk to someone.....B
 Exercise.....C
 Eat.....D
 Drink alcohol.....E
 Smoke/use tobacco.....F
 Use illegal drugs.....G
 Sleep.....H
 Use medication that is prescribed for me.....I
 Use medication that is not prescribed for me..J
 Hobbies.....K
 Journal.....L
 Gamble.....M
 Shop.....N
 Break something.....O
 Vandalism or violent behavior.....P
 Self-harm, such as cutting.....Q

30. What causes you stress? **(CIRCLE ALL THAT APPLY)**
- Peer pressure.....A
 - Fighting in home.....B
 - Family member in military.....C
 - Dating relationship.....D
 - Parent lost job (unemployment).....E
 - Breakup.....F
 - Poverty/no money.....G
 - Fighting with friends.....H
 - Sports.....I
 - Academic success.....J
 - Other stress at home.....K
 - None of the above.....L

Tobacco Use

31. Have you ever tried cigarette smoking, even one or two puffs?
- Yes.....A
 - No.....B
32. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days.....A
 - 1 or 2 days.....B
 - 3 to 5 days.....C
 - 6 to 9 days.....D
 - 10 to 19 days.....E
 - 20 to 29 days.....F
 - All 30 days.....G
33. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette.....A
 - 8 years old or younger.....B
 - 9 years old.....C
 - 10 years old.....D
 - 11 years old.....E
 - 12 years old.....F
 - 13 years old.....G
 - 14 years old.....H
 - 15 years old.....I
 - 16 years old.....J
 - 17 years old or older.....K

34. During the past 30 days, how did you usually get your cigarettes? **(CIRCLE ALL THAT APPLY)**
- I did not smoke during the past 30 days.....A
 - In a store or gas station.....B
 - From a vending machine.....C
 - Someone else bought them for me.....D
 - I borrowed them from someone else.....E
 - A person 18 years or older gave them to me.....F
 - I took them from a store or family member.....G
 - I got them some other way.....H

35. Which forms of tobacco listed below have you used the in the past year? **(CIRCLE ALL THAT APPLY)**
- Cigarettes.....A
 - Flavored cigarettes.....B
 - Bidis.....C
 - Cigars.....D
 - Black & Milds.....E
 - Cigarillos.....F
 - Little cigars.....G
 - Swishers.....H
 - Chewing tobacco, snuff.....I
 - Snus.....J
 - Hookah.....K
 - None.....L

Alcohol Consumption

36. During your life, how many days have you had at least one drink of alcohol?
- 0 days.....A
 - 1 or 2 days.....B
 - 3 to 9 days.....C
 - 10 to 19 days.....D
 - 20 to 39 days.....E
 - 40 to 99 days.....F
 - 100 or more days.....G
37. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days.....A
 - 1 or 2 days.....B
 - 3 to 5 days.....C
 - 6 to 9 days.....D
 - 10 to 19 days.....E
 - 20 to 29 days.....F
 - All 30 days.....G

38. 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.....A
 - 8 years old or younger.....B
 - 9 years old.....C
 - 10 years old.....D
 - 11 years old.....E
 - 12 years old.....F
 - 13 years old.....G
 - 14 years old.....H
 - 15 years old.....I
 - 16 years old.....J
 - 17 years old or older.....K
39. 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.....A
 - 1 day.....B
 - 2 days.....C
 - 3 to 5 days.....D
 - 6 to 9 days.....E
 - 10 to 19 days.....F
 - 20 days or more.....G
40. During the past 30 days, how did you usually get your alcohol? **(CIRCLE ALL THAT APPLY)**
- I did not drink during the past 30 days.....A
 - I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station.....B
 - I bought it at a restaurant, bar or club.....C
 - Someone gave it to me.....D
 - I bought it at a public event such as a concert or sporting event.....E
 - My parent gave it to me.....F
 - My friend's parent gave it to me.....G
 - I took it from a store or family member.....H
 - I got it some other way.....I

41. During the past 30 days, on how many days were you on school property under the influence of alcohol?
- 0 days.....A
 - 1 or 2 days.....B
 - 3 to 5 days.....C
 - 6 to 9 days.....D
 - 10 to 19 days.....E
 - 20 to 29 days.....F
 - All 30 days.....G

Drug Use

42. During the past 30 days, how many times did you use marijuana?
- 0 times.....A
 - 1 or 2 times.....B
 - 3 to 9 times.....C
 - 10 to 19 times.....D
 - 20 to 39 times.....E
 - 40 times or more.....F
43. During your life, how many times have you used any form of cocaine, including powder, crack or freebase?
- 0 times.....A
 - 1 or 2 times.....B
 - 3 to 9 times.....C
 - 10 to 19 times.....D
 - 20 to 39 times.....E
 - 40 or more times.....F
44. 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.....A
 - 1 or 2 times.....B
 - 3 to 9 times.....C
 - 10 to 19 times.....D
 - 20 to 39 times.....E
 - 40 or more times.....F
45. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- 0 times.....A
 - 1 or 2 times.....B
 - 3 to 9 times.....C
 - 10 to 19 times.....D
 - 20 to 39 times.....E
 - 40 or more times.....F

46. During your life, how many times have you used methamphetamines (also called speed, crystal, crack or ice)?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
47. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
48. During your life, how many times have you used medications that were either not prescribed for you, or took more than was prescribed to feel good or high? (examples include Oxycontin, Vicodin, Adderall, Concerta or Ritalin)
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
49. How did you usually get the medications that were not prescribed for you? **(CIRCLE ALL THAT APPLY)**
- A friend gave them to me.....A
 A parent gave them to me.....B
 Another family member gave them to me.....C
 I took them from a friend or family member.....D
 I bought them from a friend.....E
 I bought them from someone else.....F
 I did not misuse medications.....G
50. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F

51. During your life, how many times have you used a needle to inject any illegal drug into your body?
- 0 times.....A
 1 time.....B
 2 or more times.....C
52. During the past 12 months, has anyone offered, sold or given you an illegal drug on school property?
- Yes.....A
 No.....B

Diet & Nutrition

53. How do you describe your weight?
- Very underweight.....A
 Slightly underweight.....B
 About the right weight.....C
 Slightly overweight.....D
 Very overweight.....E
54. Which of the following are you trying to do about your weight?
- Lose weight.....A
 Gain weight.....B
 Stay the same weight.....C
 I am not trying to do anything about my weight.....D
55. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? **(CIRCLE ALL THAT APPLY)**
- I did not do anything to lose weight or keep from gaining weight.....A
 Eat less food, fewer calories, or foods low in fat.....B
 Exercise.....C
 Go without eating for 24 hours.....D
 Take any diet pills, powders, or liquids without a doctor's advice.....E
 Vomit or take laxatives.....F
 Smoke cigarettes.....G
56. On average how many servings of fruits and vegetables do you have per day?
- 1 to 4 servings per day.....A
 5 or more servings per day.....B
 0 – I do not like fruits or vegetables.....C
 0 – I cannot afford fruits or vegetables.....D
 0 – I do not have access to fruits or vegetables.....E

57. Which of the following sources of calcium do you consume daily? (**CIRCLE ALL THAT APPLY**)
- Milk.....A
- Calcium fortified juice.....B
- Yogurt.....C
- Calcium supplements.....D
- Other dairy products.....E
- Other calcium sources.....F
- None of the above.....G
58. I drink energy drinks for the following reasons (examples: RedBull, Monster)? (**CIRCLE ALL THAT APPLY**)
- I do not drink energy drinks.....A
- To help me perform.....B
- Before games or practice.....C
- To get pumped up.....D
- To mix with alcohol.....E
- To stay awake.....F
- For some other reason.....G

Exercise

59. On an average day of the week, how many hours do you spend doing the following activities?

TV	Video Games (non-active)	Computer	Cell Phone (texting, talking, internet)
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours
<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours
<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6 or more hours	<input type="checkbox"/> 6 or more hours	<input type="checkbox"/> 6 or more hours	<input type="checkbox"/> 6 or more hours

60. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and made you breathe hard some of the time.)
- 0 days.....A
- 1 day.....B
- 2 days.....C
- 3 days.....D
- 4 days.....E
- 5 days.....F
- 6 days.....G
- 7 days.....H

General Health

61. When did you last visit your doctor for a routine check-up?
- Less than a year ago.....A
- 1 to 2 years ago.....B
- 2 to 5 years ago.....C
- 5 or more years ago.....D
- Don't know.....E
- Never.....F
62. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- Less than 1 year ago.....A
- 1 to 2 years ago.....B
- More than 2 years ago.....C
- Never.....D
- Don't know/not sure.....E
63. Has a doctor or nurse ever told you that you have asthma?
- Yes.....A
- No.....B
- Not sure.....C
64. On an average school night, do you care for any children under the age of 18? Include your brothers or sisters if you are the one who is responsible for them.
- Yes, I care for 1 child.....A
- Yes, I care for 2 or 3 children.....B
- Yes, I care for 4 or more children.....C
- No, I don't care for any children.....D

65. If you have a MySpace page, Facebook page, or other social networking account, **CIRCLE ALL THAT APPLY:**

- I do not have a MySpace, facebook or other account.....A
- My parents have my password.....B
- I know all of the people in “my friends”C
- My account is currently checked private.....D
- My friends have my password.....E
- I have had problems as a result of my account.....F
- I have been asked to meet someone I met online.....G
- I have participated in sexual activity with someone I met online.....H

66. How tall are you without your shoes on?

_____ Feet
_____ Inches

67. How much do you weigh without your shoes on?

_____ Pounds

Please put your questionnaire in the envelope at the front of the room.

Thank you for giving us your opinions!

Most questions used in this survey are from the 2007 & 2009 State and Local Youth Risk Behavior Survey, Department of Health and Human Services, Centers for Disease Control, Washington D.C., 2007 & 2009. Other questions are ©2011 Hospital Council of NW Ohio.