

2005 Massachusetts Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

THANK YOU VERY MUCH FOR YOUR HELP.

Directions

Use a #2 pencil only. Make dark marks.
 Fill in a response like this: A B ● D.
 To change your answer, erase completely.
 Choose only one answer for each question (except question 4).

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. 9th grade
 - b. 10th grade
 - c. 11th grade
 - d. 12th grade
 - e. Ungraded or other grade

4. How do you describe yourself? **(Select one or more responses.)**
 - a. American Indian or Alaska Native
 - b. Southeast Asian American (such as Cambodian, Vietnamese, Laotian, Thai)
 - c. Asian American (such as Chinese, Japanese, Korean, East Indian)
 - d. Black or African American
 - e. Hispanic or Latino
 - f. Native Hawaiian or Other Pacific Islander
 - g. White

5. During the past 12 months, how would you describe your grades in school?
 - a. Mostly A's
 - b. Mostly B's
 - c. Mostly C's
 - d. Mostly D's
 - e. Mostly F's
 - f. None of these grades
 - g. Not sure

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

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

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

Weight		
Pounds		
1	5	2
●	⑩	⑩
②	①	①
③	②	●
	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. How long have you lived in the United States?

- a. Less than one year
- b. 1 to 3 years
- c. 4 to 6 years
- d. More than 6 years, but not my whole life
- e. I have **always** lived in the United States

9. What is your primary nighttime residence? (In other words, where do you typically sleep at night?)

- a. At home with my parents/guardians
- b. At a friend's or relative's house with my parents/guardians
- c. At a friend's or relative's house without my parents/guardians
- d. In a supervised shelter with my parents/guardians
- e. In a supervised shelter without my parents/guardians
- f. In a hotel/motel, car, park, campground or other public place with my parents/guardians
- g. In a hotel/motel, car, park, campground or other public place without my parents/guardians
- h. Other

10. Which of the following best describes you?

- a. Heterosexual (straight)
- b. Gay or lesbian
- c. Bisexual
- d. Not sure

11. Are you receiving special education services? (That is, do you have an IEP?)

- a. Yes
- b. No
- c. Not sure

12. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?

- a. Yes
- b. No
- c. Not sure

13. Outside of school, is there an adult (or adults) you can talk to about things that are important to you?

- a. Yes, parent or other adult family member
- b. Yes, non-family adult (such as religious leader, club advisor, neighbor, etc.)
- c. Yes, both family and non-family adults
- d. No
- e. Not sure

The next **3** questions ask about personal safety.

14. 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

15. 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

16. 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

The next **12** questions ask about violence-related behaviors.

- e. 6 or more times

17. 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

18. 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

19. During the past 30 days, on how many days did you carry a weapon such as a gun, 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

20. 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?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

21. During the past 12 months, how many times have you been bullied **at school**? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)

- 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 has someone stolen or deliberately damaged your property such as your car, clothing, or books 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

23. 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

24. 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

25. 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?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

26. During the past 12 months, how many times were you in a physical fight **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

27. Have you ever been hurt physically or sexually by a date or someone you were going out with? This might include being hurt by being shoved, slapped, hit, or forced into any sexual activity.
- I have never been on a date or gone out with anyone.
 - No, I have never been hurt by a date or someone I was going out with.
 - Yes, I was hurt physically.
 - Yes, I was hurt sexually.
 - Yes, I was hurt both physically and sexually.
28. During the past 12 months, have you been a member of a gang?
- Yes
 - No

The next 6 questions ask about deliberately hurting yourself, sad feelings, and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

29. During the past 12 months, how many times did you hurt or injure yourself **on purpose** without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)
- 0 times
 - 1 or 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 to 19 times
 - 20 or more times
30. 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
31. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
 - No
32. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
 - No

33. 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
34. **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 10 questions ask about tobacco use.

35. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
 - No
36. 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 older
37. 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

38. 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
39. 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
40. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes
 - No
41. How many times have you tried **to quit** smoking cigarettes?
- I have never smoked cigarettes.
 - I have never tried to quit smoking cigarettes.
 - 1 or 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
42. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, 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

43. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip 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
44. 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

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade or hard cider, 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.

45. 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
46. 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

47. During the past 30 days, on how many days did you have at least one drink of alcohol?
- a. 0 days
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 9 days
 - e. 10 to 19 days
 - f. 20 to 29 days
 - g. All 30 days
48. 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?
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 to 5 days
 - e. 6 to 9 days
 - f. 10 to 19 days
 - g. 20 or more days
49. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- a. 0 days
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 9 days
 - e. 10 to 19 days
 - f. 20 to 29 days
 - g. All 30 days

The next 4 questions ask about marijuana use. Marijuana also is called grass, pot, weed, or reefer.

50. During your life, how many times have you used marijuana?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 to 99 times
 - g. 100 or more times

51. How old were you when you tried marijuana for the first time?
- a. I have never tried marijuana
 - b. 8 years old or younger
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 years old or older
52. During the past 30 days, how many times did you use marijuana?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
53. During the past 30 days, how many times did you use marijuana **on school property**?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times

The next 11 questions ask about cocaine, ecstasy, and other drugs.

54. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
55. During your life, how many times have you used **ecstasy** (MDMA, also called "E" or "X")?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
56. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
57. During the past 30 days, how many times did you use **heroin** (also called smack, junk, or China White)?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
58. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
59. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
60. During your life, how many times have you used any **other type of illegal drug** such as inhalants, LSD (acid), PCP, mushrooms, Ketamine (Special K), Rohypnol (Roofies), or GHB?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times

61. During your life, how many times have you used a needle to inject any **illegal drug** into your body?
- a. 0 times
 - b. 1 time
 - c. 2 or more times
62. **During the past 30 days**, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
63. **During the past 30 days**, how many times did you use any illegal drug **other than** marijuana, heroin, or inhalants? This includes any drug such as cocaine, methamphetamines, ecstasy, or other illegal drugs.
- a. 0 times
 - b. 1 or 2 times
 - c. 3 to 9 times
 - d. 10 to 19 times
 - e. 20 to 39 times
 - f. 40 or more times
64. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- a. Yes
- The next 4 questions concern communication and education about sexuality, AIDS prevention, and other health education.
- b. No
65. During the past 12 months, about how often have you had a conversation with your parents or other adults in your family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs) or pregnancy?
- a. Not at all in the past 12 months
 - b. About once in the past 12 months
 - c. About once every few months
 - d. About once a month
 - e. More than once a month

66. Have you ever been taught about AIDS or HIV infection in school?
- Yes
 - No
 - Not sure
67. In school, have you ever been taught how to use condoms?
- Yes
 - No
 - Not sure
68. Have you had any health education in school this year?
- Yes, I had health education in a health course.
 - Yes, I had health education in a wellness course (such as a combined PE and health course).
 - Yes, I had health education in another subject course (such as science or social studies).
 - No, I have not had any health education this year.

The next 12 questions concern sexual behavior.

69. Have you ever had sexual intercourse?
- Yes
 - No
70. 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
71. 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
72. 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
73. During your life, the person(s) with whom you have had **sexual contact** is (are)...
- I have not had sexual contact with anyone
 - Female(s)
 - Male(s)
 - Female(s) and male(s)
74. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
 - Yes
 - No
75. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No
76. 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 (injectable birth control)
 - Withdrawal
 - Some other method
 - Not sure
77. How many times have you been pregnant or gotten someone pregnant?
- 0 times
 - 1 time
 - 2 or more times
 - Not sure

78. Have you ever been tested for **HIV infection or other sexually transmitted diseases (STDs)** such as genital herpes, chlamydia, syphilis, or genital warts?

- a. No, I have never been tested for HIV or other STDs.
- b. Yes, I have been tested for HIV.
- c. Yes, I have been tested for other STDs.
- d. Yes, I have been tested for both HIV and for other STDs.

79. Have you ever been told by a doctor or other health care professional that you had HIV infection or any other sexually transmitted disease (STD)?

- a. No
- b. Yes

80. Has anyone ever had **sexual contact** with you against your will?

- a. No one has ever had sexual contact with me against my will
- b. Yes, within the past 12 months
- c. Yes, more than 12 months ago
- d. Yes, both "b" and "c"

81. How do **you** describe your weight?

The next **6** questions ask about body weight.

- a. Very underweight
- b. Slightly underweight
- c. About the right weight
- d. Slightly overweight
- e. Very overweight

82. Which of the following are you trying to do about your weight?

- a. **Lose** weight
- b. **Gain** weight
- c. **Stay** the same weight
- d. I am **not trying to do anything** about my weight.

83. During the past 30 days, did you **exercise or eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

- a. Yes, I exercised.
- b. Yes, I ate less food, fewer calories, or foods low in fat.
- c. Yes, I both exercised and ate less food, fewer calories, or foods low in fat.
- d. No, I did not exercise or eat less food, fewer calories, or foods low in fat.

84. 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?

- a. Yes
- b. No

85. 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.)

- a. Yes
- b. No

86. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- a. Yes
- b. 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.

87. During the past 7 days, how many times did you eat fruit or drink **100% fruit juices**? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- a. I did not eat fruit or drink 100% fruit juice during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

88. During the past 7 days, how many times did you eat **green salad**?

- a. I did not eat green salad during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

89. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- a. I did not eat potatoes during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

90. During the past 7 days, how many times did you eat **other vegetables** such as carrots, peas, broccoli, etc.? (Do **not** count green salad or potatoes.)

- a. I did not eat other vegetables during the past 7 days
- b. 1 to 3 times during the past 7 days
- c. 4 to 6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

91. 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.)

- a. I did not drink milk during the past 7 days
- b. 1 to 3 glasses during the past 7 days
- c. 4 to 6 glasses during the past 7 days
- d. 1 glass per day
- e. 2 glasses per day
- f. 3 glasses per day
- g. 4 or more glasses per day

92. On how many of the past 7 days did you eat breakfast?

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

The next 4 questions ask about physical activity.

- h. 7 days

93. 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

94. 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

95. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

The next 4 questions ask about how you spend your free time.

96. 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 teams
- d. 3 or more teams

97. 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 hour 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

98. In an **average month**, how many hours do you spend on **volunteer work, community service**, or helping people outside of your home without getting paid? (Do not include community service work that you are required to do as a punishment.)

- a. 0 hours
- b. 1 to 4 hours
- c. 5 to 9 hours
- d. 10 or more hours

99. On how many of the past 7 days did you take part in **organized afterschool, evening, or weekend activities** (such as school clubs, community center groups, music/art/dance lessons, drama, church, or other **supervised** 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

***THIS IS THE END OF THE SURVEY.
THANK YOU VERY MUCH FOR YOUR HELP.***