

## 2009 Allen County Youth Health Needs Questionnaire

---

---

**The following will be included at the top of each survey:**

**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 in a different order than the person sitting next to you 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 folder at the front of the class. Thank you for doing your best on this!

<b>Information About You</b>
------------------------------

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..... 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  
Graduated from high school..... H  
Ungraded or other grade..... I

4. How do you describe yourself?  
**(SELECT 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. Do you live with...?  
Both of your parents..... A  
One of your parents..... B  
Mother and step-father..... C  
Father and step-mother..... D  
Grandparents..... E  
Another relative..... F  
On your own or with friends..... G

6. During the past 12 months, how would you describe your grades in school?  
 Mostly A's..... A  
 Mostly B's..... B  
 Mostly C's..... C  
 Mostly D's..... D  
 Mostly F's..... E  
 None of these grades..... F  
 Not sure..... G
7. Which of these activities do you currently participate in?  
 A school club or social organization..... A  
 A church or religious organization..... B  
 A church youth group..... C  
 A sports or intramural program..... D  
 Some other organized activity (4H, Scouts)..... E  
 Don't participate in any of these activities... F

**Personal Safety**

8. 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
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?  
 0 times..... A  
 1 time..... B  
 2 or 3 times..... C  
 4 or 5 times..... D  
 6 or more times..... E

10. During the past 30 days, how many times did you drive a car or other vehicle when you 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  
 Do not drive..... F
11. During the past 12 months, how often did you wear a helmet while riding the following?

<b>Bike</b>	<b>ATV</b>	<b>Moped</b>	<b>Skateboard</b>
<input type="checkbox"/> Did not ride during the past 12 months	<input type="checkbox"/> Did not ride during the past 12 months	<input type="checkbox"/> Did not ride during the past 12 months	<input type="checkbox"/> Did not ride during the past 12 months
<input type="checkbox"/> Never wore a helmet	<input type="checkbox"/> Never wore a helmet	<input type="checkbox"/> Never wore a helmet	<input type="checkbox"/> Never wore a helmet
<input type="checkbox"/> Rarely wore a helmet	<input type="checkbox"/> Rarely wore a helmet	<input type="checkbox"/> Rarely wore a helmet	<input type="checkbox"/> Rarely wore a helmet
<input type="checkbox"/> Sometimes wore a helmet	<input type="checkbox"/> Sometimes wore a helmet	<input type="checkbox"/> Sometimes wore a helmet	<input type="checkbox"/> Sometimes wore a helmet
<input type="checkbox"/> Most of the time wore a helmet	<input type="checkbox"/> Most of the time wore a helmet	<input type="checkbox"/> Most of the time wore a helmet	<input type="checkbox"/> Most of the time wore a helmet
<input type="checkbox"/> Always wore a helmet	<input type="checkbox"/> Always wore a helmet	<input type="checkbox"/> Always wore a helmet	<input type="checkbox"/> Always wore a helmet

12. Have you ever played the choking game (pass-out game, space monkey, dream game)?  
 Yes..... A  
 No..... B
13. Have you ever hit your head hard enough that you were dizzy, had a concussion, were knocked out, had your "bell rung", etc.?  
 Yes..... A  
 No..... B  
 Don't know..... C

**Violence Related Behavior**

14. During the past 30 days, 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 the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?
- Yes.....A
- No.....B
21. During the past 12 months, on how many days did an adult hit or slap you?
- 0 days.....A
- 1 day.....B
- 2 or 3 days.....C
- 4 or 5 days.....D
- 6 or more days.....E

22. What types of bullying have you experienced in the last year? (**CHECK 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, an other electronic methods)..... D
- None of the above..... E
23. During your life, how many times have you purposely hurt yourself (for example, cutting, burning, scratching, hitting, biting, etc.)?
- 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
24. Have you ever been forced to participate in any sexual activity when you did not want to?
- Yes..... A
- No..... B

**Mental Health**

25. 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
26. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes..... A
- No..... B

27. 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
28. **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?
- Yes..... A
- No..... B
- Did not attempt suicide during the past 12 months..... C
29. On a typical day, how would you rate your stress level?
- Very low stress level..... A
- Low stress level..... B
- Moderate stress level..... C
- High stress level..... D
- Very high stress level..... E

**Tobacco**

30. How old were you when you smoked a whole cigarette for the first time?
- 8 years old or younger..... A
- 9 or 10 years old..... B
- 11 or 12 years old..... C
- 13 or 14 years old..... D
- 15 or 16 years old..... E
- 17 years old or older..... F
- I have never smoked a whole cigarette..... G

31. 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

32. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke during the past 30 days ..... A
- Less than 1 cigarette a day ..... B
- 1 cigarette per day ..... C
- 2 to 5 cigarettes per day ..... D
- 6 to 10 cigarettes per day ..... E
- 11 to 20 cigarettes per day ..... F
- More than 20 cigarettes per day ..... G

33. During the past 30 days, how did you usually get your cigarettes? (**Select only one response**)

- 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

34. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal Bandits or Copenhagen?

- 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

35. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- 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

36. During the past 12 months, did you ever try to quit smoking cigarettes?

- I did not smoke during the past 12 months ..... A
- Yes ..... B
- No ..... C

37. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy cigarettes in a store during the past 30 days ..... A
- Yes, I was asked to show proof of age ..... B
- No, I was not asked to show proof of age ..... C

**Alcohol**

38. 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
39. How old were you when you had your first drink of alcohol other than a few sips?
- 8 years old or younger ..... A
- 9 or 10 years old ..... B
- 11 or 12 years old ..... C
- 13 or 14 years old ..... D
- 15 or 16 years old ..... E
- 17 years old or older ..... F
- Have never had a drink of alcohol ..... G
40. 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
41. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- 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

42. 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
43. During the past 30 days, how did you usually get your alcohol? (**Select only one response**)
- 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
- I took it from a store or family member ..... G
- I got it some other way ..... H

**Drug Use**

44. 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

45. 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
46. 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
47. 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
48. 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 29 times..... E  
40 or more times..... F

49. 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
50. 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?  
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

<b>Sexual Health</b>
----------------------

53. Have you ever had sexual intercourse?  
Yes..... A  
No..... B

54. How old were you when you had sexual intercourse for the first time?
- 11 years old or younger..... A
  - 12 years old..... B
  - 13 years old..... C
  - 14 years old..... D
  - 15 years old..... E
  - 16 years old..... F
  - 17 years old or older..... G
  - I have never had sexual intercourse..... H
55. During your life, with how many people have you had sexual intercourse?
- 1 person..... A
  - 2 people..... B
  - 3 people..... C
  - 4 people..... D
  - 5 people..... E
  - 6 or more people..... F
  - I have never had sexual intercourse..... G
56. The last time you had sexual intercourse, what methods did you or your partner use to prevent pregnancy? **(CHECK ALL THAT APPLY)**
- I have never had sexual intercourse..... A
  - No method was used to prevent pregnancy... B
  - Birth control pills..... C
  - Condoms..... D
  - Depo-Provera (injectable birth control)..... E
  - Withdrawal..... F
  - Some other method..... G
  - Not sure..... H
57. Have you ever been taught about following? **(CHECK ALL THAT APPLY)**
- Safe dating/ Healthy relationships..... A
  - Sexually transmitted tiseases..... B
  - AIDS or HIV infection..... C
  - Contraception..... D
  - Reproductive Health..... E

58. If yes, where? **(CHECK ALL THAT APPLY)**
- School..... A
  - My doctor..... B
  - At home..... C
  - Friends..... D
  - Internet..... E
  - Somewhere else..... F
  - Have not been taught about these subjects... G

<b>Diet &amp; Nutrition</b>
-----------------------------

59. How do you describe your weight?
- Very underweight..... A
  - Slightly underweight..... B
  - About the right weight..... C
  - Slightly overweight..... D
  - Very overweight..... E
60. 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
61. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or keep from gaining weight?
- Yes..... A
  - No..... B
62. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight? (Do not include meal replacement products such as Slim Fast.)
- Yes..... A
  - No..... B
63. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- Yes..... A
  - No..... B

64. During the past 7 days, how many times did you eat fruit or drink 100% fruit juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- 1 to 3 times during the past 7 days.....A
- 4 to 6 times during the past 7 days.....B
- 1 time per day.....C
- 2 times per day.....D
- 3 times per day.....E
- 4 or more times per day.....F
- I did not eat fruit during the past 7 days.....G
65. 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.)
- 1 to 3 glasses during the past 7 days.....A
- 4 to 6 glasses during the past 7 days.....B
- 1 glass per day.....C
- 2 glasses per day.....D
- 3 glasses per day.....E
- 4 or more glasses per day.....F
- I did not drink milk during the past 7 days...G
66. During the past 7 days, how many times did you eat vegetables such as green salad, carrots, and potatoes? (Do not count french fries, fried potatoes, or potato chips)
- 1 to 3 times during the past 7 days.....A
- 4 to 6 times during the past 7 days.....B
- 1 time per day.....C
- 2 times per day.....D
- 3 times per day.....E
- 4 or more times per day.....F
- I did not eat vegetables during the past 7 days.....G
67. In a typical week, how many meals did you eat out in a restaurant or bring take out food home to eat?
- \_\_\_\_\_ meals

**Exercise**

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

TV	Video Games (sitting down)	Computer
<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"/> 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"/> 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"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours

69. 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 spend in any kind of physical activity that increases your heart rate and makes 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

**Miscellaneous**

70. 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.....

71. 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

72. During your participation in chat rooms, has anyone ever asked you to meet them or participate in sexual activity?

- I do not participate in chat rooms..... A
- Yes, I have been asked to meet someone..... B
- Yes, I have participated in sexual activity with someone I met on a chat room..... C
- No..... D
- Not sure..... E

73. If you have a MySpace or facebook account, please check all that apply:

- I do not have a MySpace or facebook 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 MySpace or facebook account..... F

74. Do you consider yourself a member of a gang?

- Yes..... A
- No..... B

75. How tall are you without your shoes on?

\_\_\_\_\_ Feet  
\_\_\_\_\_ Inches

76. 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!**

Certain questions provided by: Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance System*, Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007