

Old Colony Student Health & Wellness 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 improve health education for young people like yourself.

DO NOT put your name on this survey. The answers you give will be kept private. No one will know what you submit. Answer the questions honestly.

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 the 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 each question completely. When you are finished, follow the instructions of the person giving you the survey.

1. How old are you?

Mark only one oval.

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

2. What is your sex?

Mark only one oval.

- Female
- Male

3. What is your gender expression?

Mark only one oval.

- Male
- Female
- Transgender (denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.)
- Genderqueer (a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders)
- Gender Fluid (denoting or relating to a person who does not identify themselves as having a fixed gender.)
- Gender Nonconforming (denoting or relating to a person whose behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their gender.)
- Prefer not to say
- My gender expression is not listed.

4. In what grade are you?

Mark only one oval.

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

5. What shop are you in?

Mark only one oval.

- Automotive
- CAD Drafting
- CIS/COT
- Cosmetology
- Culinary Arts
- Electrical
- Electronic Engineering Technology
- Graphic Communications
- Health Careers
- House & Mill
- Machine & Tool
- Welding & Metal Fabrication

6. Are you Hispanic or Latino?

Mark only one oval.

- Yes
- No

7. What is your race? (Select one or more responses)

Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

8. How tall are you without your shoes on?

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

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

The next 5 questions are about safety.

11. When you rode a (bike, motorcycle, quad etc) during the past 12 months, how often did you wear a helmet?

Mark only one oval.

- Always
- Often
- Sometimes
- Rarely
- Never
- I did not ride a (bike, motorcycle, quad etc) in the past 12 months

12. How often do you wear a seat belt when riding in the car driven by someone else?

Mark only one oval.

- Always
- Often
- Sometimes
- Rarely
- Never

13. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been under the influence of alcohol or other drugs?

Mark only one oval.

- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

14. During the past 30 days, how many times did you drive a car or other vehicle when you had been under the influence of alcohol or other drugs?

Mark only one oval.

- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
 I did not drive a car or other vehicle during the past 30 days

15. During the past 30 days, how many days did you text or email while driving a car or other vehicle?

Mark only one oval.

- 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
 I did not drive a car or other vehicle during the past 30 days

The next 11 questions ask about violence-related behaviors

16. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club?

Mark only one oval.

- 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days

17. During the past 30 days, on how many days did you carry a gun for purposes OTHER than hunting or sport such as for self-defense?

Mark only one oval.

- 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days

18. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

Mark only one oval.

- 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days

19. 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?

Mark only one oval.

- 0 days
 1 day
 2 or 3 days
 4 or 5 days
 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?

Mark only one oval.

- 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

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

Mark only one oval.

- 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

22. **During the past 12 months, how many times were you in a physical fight on school property?**

Mark only one oval.

- 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

23. **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?**

Mark only one oval.

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

24. **Have you ever been physically forced to have sexual intercourse when you did not want to?**

Mark only one oval.

- Yes
- No

25. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Such as being hit, pushed into something or injured with an object or weapon)

Mark only one oval.

- I did not date or go out with anyone in the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

26. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (such as kissing, touching or being physically forced to have sexual intercourse)

Mark only one oval.

- I did not date or go out with anyone in the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

27. During the past 12 months, have you ever been bullied on school property?

Mark only one oval.

- Yes
- No

28. During the past 12 months, have you ever been electronically bullied? (such as through email, chat rooms, instant messaging, websites or texting)

Mark only one oval.

- Yes
- No

The next 5 questions ask about 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, 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?

Mark only one oval.

Yes

No

30. During the past 12 months, did you ever seriously consider attempting suicide?

Mark only one oval.

Yes

No

31. During the past 12 months, did you make a plan about how you would attempt suicide?

Mark only one oval.

Yes

No

32. During the past 12 months, how many times did you actually attempt suicide?

Mark only one oval.

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

33. 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?

Mark only one oval.

I did not attempt suicide during the past 12 months

Yes

No

The next 8 questions ask about tobacco use

34. Have you ever tried cigarette smoking, even one or two puffs?

Mark only one oval.

Yes

No

35. **How old were you when you smoked a whole cigarette for the first time?**

Mark only one oval.

- 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

36. **During the past 30 days, on how many days did you smoke cigarettes?**

Mark only one oval.

- 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

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

Mark only one oval.

- 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

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

Mark only one oval.

- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store or gas station
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

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

Mark only one oval.

- Yes
- No
- I did not smoke during the past 12 months

40. 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?

Mark only one oval.

- 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

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

Mark only one oval.

- 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 2 questions ask about electronic vapor products such as blu, NJOY or Starbuzz. Electronic vapor products include e-

cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs and hookah pens.

42. **Have you ever used an electronic vapor product?**

Mark only one oval.

- Yes
- No

43. **During the past 30 days, on how many days did you use an electronic vapor product?**

Mark only one oval.

- 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 6 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

44. **During your life, on how many days have you had at least one drink of alcohol?**

Mark only one oval.

- 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

45. **How old were you when you had your first drink of alcohol other than a few sips?**

Mark only one oval.

- 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

46. **During the past 30 days, on how many days did you have at least one drink of alcohol?**

Mark only one oval.

- 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 have 5 or more drinks of alcohol in a row, that is, within a couple hours?**

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

48. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

Mark only one oval.

- I did not drink alcohol during the past 30 days
- 1 or 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 or 7 drinks
- 8 or 9 drinks
- 10 or more drinks

49. During the past 30 days, how did you usually get the alcohol you drank?

Mark only one oval.

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station
- I bought it at a restaurant, bar or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- Someone gave it to me
- I took it from a store or family member
- I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

50. During your life, how many times have you used marijuana?

Mark only one oval.

- 0 times
- 1 to 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

51. **How old were you when tried marijuana for the first time?**

Mark only one oval.

- 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

52. **During the past 30 days, how many times did you use marijuana?**

Mark only one oval.

- 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 other drugs.

53. **During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

54. **During your life, how many times have you used inhalants (such as whippets, sniffing glue, breathing the contents of aerosol spray cans or inhaled any paints or sprays) to get high?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

55. **During your life, how many times have you used heroin?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

56. **During your life, how many times have you used methamphetamines (also called speed, crystal, crank or ice)?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

57. **During your life, how many times have you used ecstasy (also called MDMA)?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

58. **During your life, how many times have you used molly or other designer drugs?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

59. **During your life, how many times have you used LSD, Psilocybin (mushrooms) or other hallucinogens?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

60. **During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk or Moon Rocks)?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

61. **During your life, how many times have you taken steroid pills or shots without a doctor's prescription?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

62. **During your life, how many times have you taken prescription drugs (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax, Klonopin, Valium or others) without a doctor's prescription?**

Mark only one oval.

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

63. **During your life, how many times have you used a needle to inject any illegal drug into your body?**

Mark only one oval.

- 0 times
- 1 time
- 2 or more times

64. **During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?**

Mark only one oval.

- Yes
- No

The next 9 questions ask about sexual behavior.

65. **Have you ever had sexual intercourse?**

Mark only one oval.

- Yes
- No

66. **How old were you when you had sexual intercourse for the first time?**

Mark only one oval.

- 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

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

Mark only one oval.

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

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

Mark only one oval.

- 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

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

Mark only one oval.

- I have never had sexual intercourse
- Yes
- No

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

Mark only one oval.

- I have never had sexual intercourse
- Yes
- No

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

Mark only one oval.

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- IUD (such as Mirena or Paragard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)
- Withdrawal or some other method
- Not sure

72. During your life, with whom have you had sexual contact?

Mark only one oval.

- I have never had sexual contact
- Males
- Females
- Females and Males

73. Which of the following best describes you?

Mark only one oval.

- Heterosexual (sexually attracted to members of the opposite sex)
- Gay or Lesbian (sexually attracted to members of the same sex)
- Bisexual (sexually attracted to members of both sexes)
- Asexual (no sexual feelings or associations)
- My sexual identity is not listed
- Not sure

The next two questions ask about body weight

74. How do you describe your weight?

Mark only one oval.

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

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

Mark only one oval.

- Lost weight
- Gain weight
- Stay in the same weight
- I am not trying to do anything about my weight

The next 9 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.

76. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice or grape juice? (Do not count punch, Kool-Aid, sports drinks or other fruit-flavored drinks.)

Mark only one oval.

- 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

77. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice)

Mark only one oval.

- 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

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

Mark only one oval.

- I did not eat green salad 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

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

Mark only one oval.

- I did not eat potatoes 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

80. During the past 7 days, how many times did you eat carrots?

Mark only one oval.

- I did not eat carrots 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

81. **During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes or carrots)**

Mark only one oval.

- I did not eat other 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

82. **During the past 7 days, how many times did you drink a can, bottle or glass of soda or pop, such as Coke, Pepsi or Sprite? (Do not count diet soda or diet pop)**

Mark only one oval.

- I did not drink soda or pop 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

83. **During the past 7 days, how many glasses of milk did you drink? (Count 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.)**

Mark only one oval.

- 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 day
- 1 glass per day
- 2 glass per day
- 3 glass per day
- 4 or more glasses per day

84. **During the past 7 days, on how many days did you eat breakfast?**

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

85. **Where do you eat breakfast the most often?**

Mark only one oval.

- At home
- At school
- At fast food restaurants (McDonalds, Dunkin Donuts, Starbucks, etc)
- I do not eat breakfast.

The next 5 questions ask about physical activity

86. **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 physical activity that increased your heart rate and made breathe hard for some of the time)**

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

Mark only one oval.

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

88. **On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, using an iPad, iPod, smartphone, tablet. Count time spent on YouTube, Facebook or other social networking tools and the internet)**

Mark only one oval.

- I do not play video or computer games or use a computer or other device for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

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

Mark only one oval.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

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

Mark only one oval.

- 0 Teams
- 1 team
- 2 teams
- 3 or more teams

The next 5 questions ask about other health-related topics

91. **Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you have donated blood)**

Mark only one oval.

- Yes
- No
- Not sure

92. **When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?**

Mark only one oval.

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

93. **Has a doctor or nurse ever told you that you have asthma?**

Mark only one oval.

- Yes
- No
- Not sure

94. **On an average school night, how many hours of sleep do you get?**

Mark only one oval.

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

95. **During the past 12 months, how would you describe your grades in school?**

Mark only one oval.

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

This is the end of the survey. Thank you very much for your help.