

# Illinois Health Survey

IHS Adolescent Supplement Survey  
Instrument  
Ages 12-17  
Version 7  
January 31, 2008

Child Health Data Lab  
Children's Memorial Hospital  
Chicago, IL



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## Section A-Demographics

- TA1            What is your date of birth?  
                 \_\_\_\_\_ Month  
                 \_\_\_\_\_ Day  
                 \_\_\_\_\_ Year  
                 77     Don't know  
                 99     Refused
- TA2            How old are you?  
                 \_\_\_\_\_ Years  
                 77     Don't know  
                 88     Skipped  
                 99     Refused
- TA3            Are you male or female?  
                 1        Male  
                 2        Female  
                 7        Don't know  
                 9        Refused
- TA4            Did you attend school last week?  
                 1        Yes  
                 2        No  
                 7        Don't know  
                 9        Refused
- TA5            Did you attend school during the last year?  
                 1        Yes  
                 2        No  
                 7        Don't know  
                 9        Refused
- TA6            Not including any allowance you may get, have you worked for pay in the past 12 months?  
**[IF NEEDED, SAY: "Include babysitting, yard work, pet care and any other odd jobs you were paid for."]**  
                 1        Yes  
                 2        No [GO TO TA7]  
                 7        Don't know [GO TO TA7]  
                 9        Refused [GO TO TA7]
- TA6A          How many hours do you spend working for pay in a typical week during the school year?  
**[IF NEEDED, SAY: "A typical week is a usual week." "Pick the most recent school year."]**  
                 \_\_\_\_\_ Hours  
                 77     Don't know  
                 88     Skipped  
                 99     Refused
- TA7            Now I am going to ask you about your health. In general, would you say your health is excellent, very good, good, fair or poor?  
                 1        Excellent  
                 2        Very good  
                 3        Good  
                 4        Fair  
                 5        Poor  
                 7        Don't know

Section A-Demographics, continued

TA8 [IF TA5=2, GO TO TA9] During the last four school weeks, how many days of school did you miss because of a personal health problem?

- \_\_\_\_\_ Days
- 77 Don't know
- 99 Refused

TA9 About what time do you usually go to bed if you have school the next day? [IF TA5=2, **ASK, "About what time do you usually go to bed if you have work the next day?"**]

- \_\_\_\_\_ Hour
- \_\_\_\_\_ Minute
- 1 AM
- 2 PM
- 7 Don't know
- 9 Refused

TA10 About what time do you usually wake up on days that you have to go to school? [IF **TA5=2 ASK, "About what time do you usually wake up on days that you have to go to work?"**]

- \_\_\_\_\_ Hour
- \_\_\_\_\_ Minute
- 1 AM
- 2 PM
- 7 Don't know
- 9 Refused

TA11 In the past 7 days how many days did you feel sleepy or tired during the day time?

- \_\_\_\_\_ Days
- 77 Don't know
- 99 Refused

TA12 On average, how often do you nap or fall asleep during the day? Would you say...

- 1 Most days
- 2 1 or 2 times a week
- 3 1 or 2 times a month
- 4 Never [GO TO TB1]
- 7 Don't know [GO TO TB1]
- 9 Refused [GO TO TB1]

TA13 On days that you do nap or fall asleep during the day, on average for how long do you nap or sleep?

- \_\_\_\_\_ Hours
- \_\_\_\_\_ Minutes
- 77 Don't know
- 88 Skipped
- 99 Refused

## Section B-Injury Prevention

- TB1            Have you ridden a bicycle in the past year?
- 1        Yes
  - 2        No [GO TO TB2]
  - 7        Don't know [GO TO TB2]
  - 9        Refused [GO TO TB2]
- TB1A           About how often do you wear a helmet when riding a bicycle? Would you say...
- 1        Always
  - 2        Usually
  - 3        Sometimes
  - 4        Never
  - 7        Don't know
  - 8        Skipped
  - 9        Refused
- TB2            Have you taken a ride in a car or other vehicle in the past year? **[IF AGE >15, ASK "Have you take a ride in or driven a car or other vehicle in the past year?"]**
- 1        Yes
  - 2        No [GO TO TC1]
  - 7        Don't know [GO TO TC1]
  - 9        Refused [GO TO TC1]
- TB2A           How often do you use a seatbelt when riding (or driving) in a car? Would you say...
- 1        Always
  - 2        Usually
  - 3        Sometimes
  - 4        Never
  - 7        Don't know
  - 8        Skipped
  - 9        Refused
- TB2B           Have you ever ridden in a car other vehicle with a driver who has been drinking alcohol?
- 1        Yes
  - 2        No [GO TO TC1]
  - 7        Don't know [GO TO TC1]
  - 8        Skipped
  - 9        Refused [GO TO TC1]
- TB2B.1        How old was the driver?
- 1        Under 18
  - 2        18 to 21
  - 3        Over 21
  - 7        Don't know
  - 9        Refused

## Section C-Nutrition and Physical Activity

- TC1 Yesterday, how many glasses of milk did you drink?  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC2 Yesterday, how many glasses or cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or sports drinks) did you drink? Do not count diet drinks.  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC3 Yesterday, how many glasses of 100% juice (such as apple or orange) did you drink? [IF **NEEDED, SAY: "Include only 100% fruit juices." "Do not include fruit drinks."**]  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC4 Yesterday, how many servings of fruit, such as an apple or banana, did you eat? [IF **NEEDED, SAY: "A serving is whatever it means to you." "Do not count juices."**]  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC5 Yesterday, how many servings of vegetables like green beans, green salad, corn or other vegetables did you eat? Do not include fried potatoes.  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC6 Yesterday, how many servings of high sugar foods, such as cookies, candy, doughnuts, pastries, cake or popsicles did you eat? [IF **NEEDED, SAY: "Do not include kinds that are completely sugar-free. Include low-fat kinds."**]  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC7 In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at school, at home, at fast food restaurants, carryout or drive-thru. [IF **NEEDED, SAY: "Such as food you get at McDonald's, Panda Express, or Taco Bell."**]  
\_\_\_\_\_ Times  
77 Don't know  
99 Refused
- TC8 In the past 7 days, did you do any physical activity for at least 20 minutes that made you sweat and breathe hard? [either in or out of school] [IF **NEEDED, SAY: "Such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities." "This includes school PE."**]  
1 Yes  
2 No [GO TO TC9]  
7 Don't know [GO TO TC9]  
9 Refused [GO TO TC9]

Section C-Nutrition and Physical Activity, continued

- TC8A On how many of the past 7 days did you do this? **[IF NEEDED, SAY: "Do physical activity that made you sweat or breathe hard."]**  
\_\_\_\_\_ Days  
77 Don't know  
99 Refused
- TC9 In the past 7 days, did you do any physical activity for at a half an hour that did not make you sweat or breathe hard? **[IF NEEDED, SAY: "Such as walking, slow bicycling, skating, pushing a lawn mower or mopping floors."]**  
1 Yes  
2 No [GO TO TC10]  
7 Don't know [GO TO TC10]  
9 Refused [GO TO TC10]
- TC9A On how many of the past 7 days did you do this? **[IF NEEDED, SAY: "Do physical activity for at least 30 minutes that did not make you sweat or breathe hard."]**  
\_\_\_\_\_ Days  
77 Don't know  
99 Refused
- TC10 In the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups or weight lifting?  
1 Yes  
2 No [GO TO TC11]  
7 Don't know [GO TO TC11]  
9 Refused [GO TO TC11]
- TC10A On how many of the past 7 days did you do this? **[IF NEEDED, SAY: "Do exercises to strengthen your muscles."]**  
\_\_\_\_\_ Days  
77 Don't know  
99 Refused
- TC11 [IF NO TO TC8, TC9 AND TC10 GO TO TC11A] [IF TA5=2, GO TO TC12] Were any of these physical activities partly done at or sponsored by your school?  
1 Yes  
2 No  
7 Don't know  
9 Refused
- TC11A Are you required to take PE?  
1 Yes  
2 No  
7 Don't know  
9 Refused
- TC12 About how tall are you without shoes? **[IF NEEDED, SAY: "Your best guess is fine."]**  
\_\_\_\_\_ Feet \_\_\_\_\_ Inches OR  
\_\_\_\_\_ Centimeters  
777 Don't know  
999 Refused

## Section C-Nutrition and Physical Activity, continued

TC13 About how much do you weigh without shoes? **[IF NEEDED, SAY: "Your best guess is fine."]**

- \_\_\_\_\_ Pounds OR
- \_\_\_\_\_ Kilograms
- 777 Don't know
- 999 Refused

**TC14** Would you say you are very underweight, slightly underweight, about the right weight, slightly overweight or very overweight? **[IF NEEDED, SAY: "Compared to what you would like to be," AND REPEAT QUESTION.]**

- 1 Very overweight
- 2 Slightly overweight
- 3 About the right weight
- 4 Slightly underweight
- 5 Very underweight
- 7 Don't know
- 9 Refused

TC15 Are you currently trying to lose weight, stay the same weight, gain weight or not do anything about your weight?

- 1 Lose weight
- 2 Stay the same weight
- 3 Gain weight
- 4 Not do anything [GO TO TC16]
- 7 Don't know [GO TO TC16]
- 9 Refused [GO TO TC16]

TC15A In the past 7 days, did you diet or eat differently to manage your weight?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

TC15B In the past 7 days, did you exercise to manage your weight?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

TC15C In the past 7 days, did you do anything else to manage your weight?

- 1 Yes
- 2 No [GO TO TC16]
- 7 Don't know [GO TO TC16]
- 9 Refused [GO TO TC16]

Section C-Nutrition and Physical Activity, continued

TC15C.1      What else did you do? [DO NOT READ RESPONSES] [CODE ALL THAT APPLY]

- 01      Diet pills/Other kinds of pills
- 02      Detoxification
- 03      Dietary supplments
- 04      Drank more water
- 05      Nutrition shakes (eg Ensure, Pediasure)
- 06      Fasting
- 07      Meditation/prayer
- 08      Protein powder
- 09      Skipped meals
- 10      Smoked
- 11      Other, specify \_\_\_\_\_
- 77      Don't know
- 88      Skipped
- 99      Refused

TC16            Have you ever used steroids or HGH (Human Growth Hormone) in order to build muscle or improve performance?

- 1        Yes
- 2        No
- 7        Don't know
- 9        Refused

## Section D-Tobacco, Alcohol and Drug Use

- TD1            Have you ever smoked cigarettes, even 1 or 2 puffs?  
                  1        Yes  
                  2        No [GO TO TD2]  
                  7        Don't know [GO TO TD2]  
                  9        Refused [GO TO TD2]
- TD1A           How old were you when you smoked your first cigarette?  
                  \_\_\_\_\_ Years  
                  77       Don't know  
                  88       Skipped  
                  99       Refused
- TD1B           In the past 30 days, on how many days did you smoke cigarettes?  
                  01       None  
                  02       1 or 2 days  
                  03       3 to 5 days  
                  04       6 to 9 days  
                  05       10 to 19 days  
                  06       20 to 29 days  
                  07       30 days  
                  77       Don't know  
                  88       Skipped  
                  99       Refused
- TD2            Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks or liquor?  
                  1        Yes  
                  2        No [GO TO TD3]  
                  7        Don't know [GO TO TD3]  
                  9        Refused [GO TO TD3]
- TD2A           How old were you when you first had more than a few sips of alcohol?  
                  \_\_\_\_\_ Years  
                  77       Don't know  
                  88       Skipped  
                  99       Refused
- TD2B           If we consider one drink to be a can or bottle of beer, a glass of wine, a shot of liquor or one mixed drink, on how many days in the past 30 days did you have at least one drink of alcohol?  
                  01       None  
                  02       1 or 2 days  
                  03       3 to 5 days  
                  04       6 to 9 days  
                  05       10 to 19 days  
                  06       20 to 29 days  
                  07       30 days  
                  77       Don't know

88 Skipped  
99 Refused

Section D-Tobacco, Alcohol and Drug Use, continued

TD2C How many days in the past 30 did you have five (four if F) or more drinks in a row, that is within a couple of hours?

01 None  
02 1 or 2 days  
03 3 to 5 days  
04 6 to 9 days  
05 10 to 19 days  
06 20 to 29 days  
07 30 days  
77 Don't know  
88 Skipped  
99 Refused

TD2D Have you ever driven a car after you've been drinking?

1 Yes  
2 No  
7 Don't know  
8 Skipped  
9 Refused

TD3 Have you ever used marijuana?

1 Yes  
2 No [GO TO TD4]  
7 Don't know [GO TO TD4]  
9 Refused [GO TO TD4]

TD3A How old were you when you first tried marijuana?

\_\_\_\_ Years  
77 Don't know  
88 Skipped  
99 Refused

TD3B How many days in the past 30 did you use marijuana?

01 None  
02 1 or 2 days  
03 3 to 5 days  
04 6 to 9 days  
05 10 to 19 days  
06 20 to 29 days  
07 30 days  
77 Don't know  
88 Skipped

99 Refused

TD4 Have you ever used inhalants (like sniffing glue, using asthma inhaler to get high)?  
1 Yes  
2 No [GO TO TD5]  
7 Don't know [GO TO TD5]  
9 Refused [GO TO TD5]

TD4A How old were you when you first used inhalants?  
\_\_\_\_\_ Years  
77 Don't know  
88 Skipped  
99 Refused

Section D-Tobacco, Alcohol and Drug Use, continued

TD4B How many days in the past 30 did you use inhalants?  
01 None  
02 1 or 2 days  
03 3 to 5 days  
04 6 to 9 days  
05 10 to 19 days  
06 20 to 29 days  
07 30 days  
77 Don't know  
88 Skipped  
99 Refused

TD5 Have you ever used cocaine?  
1 Yes  
2 No [GO TO TD6]  
7 Don't know [GO TO TD6]  
9 Refused [GO TO TD6]

TD5A How old were you when you first used cocaine?  
\_\_\_\_\_ Years  
77 Don't know  
88 Skipped  
99 Refused

TD5B How many days in the past 30 did you use cocaine?  
01 None  
02 1 or 2 days  
03 3 to 5 days  
04 6 to 9 days  
05 10 to 19 days  
06 20 to 29 days  
07 30 days  
77 Don't know  
88 Skipped  
99 Refused

TD6 Have you ever used methamphetamine ("meth")?  
1 Yes  
2 No [GO TO TD7]  
7 Don't know [GO TO TD7]  
9 Refused [GO TO TD7]

TD6A How old were you when you first used methamphetamine?  
\_\_\_\_\_ Years  
77 Don't know  
88 Skipped  
99 Refused

Section D-Tobacco, Alcohol and Drug Use, continued

TD6B How many days in the past 30 did you use methamphetamine?  
01 None  
02 1 or 2 days  
03 3 to 5 days  
04 6 to 9 days  
05 10 to 19 days  
06 20 to 29 days  
07 30 days  
77 Don't know  
88 Skipped  
99 Refused

TD7 Have you ever used a prescription drug to get high?  
1 Yes  
2 No [GO TO TD9]  
7 Don't know [GO TO TD9]  
9 Refused [GO TO TD9]

TD7 How old were you when you first used a prescription drug to get high?  
\_\_\_\_\_ Years  
77 Don't know  
88 Skipped  
99 Refused

TD7 How many days in the past 30 did you use a prescription drug to get high?  
01 None  
02 1 or 2 days  
03 3 to 5 days  
04 6 to 9 days  
05 10 to 19 days  
06 20 to 29 days  
07 30 days  
77 Don't know  
88 Skipped  
99 Refused

TD8 Have you ever used a needle to take a drug to get high?  
1 Yes  
2 No [GO TO TD8]  
7 Don't know [GO TO TD8]  
9 Refused [GO TO TD8]

TD8            How old were you when you first used a needle to take this drug?  
                      \_\_\_\_\_ Years  
                      77     Don't know  
                      88     Skipped  
                      99     Refused

Section D-Tobacco, Alcohol and Drug Use, continued

TD8            How many days in the past 30 did you use a needle to take this drug?  
                      01     None  
                      02     1 or 2 days  
                      03     3 to 5 days  
                      04     6 to 9 days  
                      05     10 to 19 days  
                      06     20 to 29 days  
                      07     30 days  
                      77     Don't know  
                      88     Skipped  
                      99     Refused

TD9            Other than the ones we asked you about earlier, have you ever used any other drugs?  
                      1        Yes  
                      2        No [GO TO TD10]  
                      7        Don't know [GO TO TD10]  
                      9        Refused [GO TO TD10]

TD9A          What other drugs have you used?  
                      \_\_\_\_\_

                      7        Don't know  
                      8        Skipped  
                      9        Refused

TD9B          How old were you when you first used the other drug?  
                      \_\_\_\_\_ Years  
                      77     Don't know  
                      88     Skipped  
                      99     Refused

TD9C          How many days in the past 30 did you use the other drug?  
                      01     None  
                      02     1 or 2 days  
                      03     3 to 5 days  
                      04     6 to 9 days  
                      05     10 to 19 days  
                      06     20 to 29 days  
                      07     30 days  
                      77     Don't know

88 Skipped  
99 Refused

### Section E-Emotional Functioning, Anxiety and Conduct Disorders

- TE1            During the past 30 days, how often have you felt restless or edgy?  
                  1        Never  
                  2        Sometimes  
                  3        Often  
                  4        Very often  
                  7        Don't know  
                  9        Refused
- TE2            During the past 30 days, how often have you been irritable most of the day?  
                  1        Never  
                  2        Sometimes  
                  3        Often  
                  4        Very often  
                  7        Don't know  
                  9        Refused
- TE3            During the past 30 days, how often have you been extremely tense or unable to relax?  
                  1        Never  
                  2        Sometimes  
                  3        Often  
                  4        Very often  
                  7        Don't know  
                  9        Refused
- TE4            During the past 30 days, how often have you been depressed or sad for most of the day?  
                  1        Never  
                  2        Sometimes  
                  3        Often  
                  4        Very often  
                  7        Don't know  
                  9        Refused
- TE5            During the past 30 days, how often have you showed little interest in (or enjoyment of)  
                  pleasurable activities?  
                  1        Never  
                  2        Sometimes  
                  3        Often

- 4 Very often
- 7 Don't know
- 9 Refused

TE6 During the past 30 days, how often have you had a low energy level or felt tired for no apparent reason?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Very often
- 7 Don't know
- 9 Refused

Section E-Emotional Functioning, Anxiety and Conduct Disorders, continued

TE7 During the past 30 days, how often have you had little confidence or been very self-conscious?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Very often
- 7 Don't know
- 9 Refused

TE8 [IF TA5=2, GO TO TE10] During the past 30 days, how many whole days of school have you missed because you skipped or "cut"?

- 01 Never
- 02 1 day
- 03 2 days
- 04 3 days
- 05 4 or 5 days
- 06 6 to 10 days
- 07 11 or more days
- 77 Don't know
- 99 Refused

TE9 During the past 30 days, how often have you gone to school, but skipped or "cut" a class?

- 01 Never
- 02 1 day
- 03 2 days
- 04 3 days
- 05 4 or 5 days
- 06 6 to 10 days
- 07 11 or more days
- 77 Don't know
- 99 Refused

TE10 Now we're going to ask you about the past 12 months. In the past 12 months, how often did you shoplift—that is, stolen something from a store when you thought no one was looking?

- 1 Never
- 2 1 or 2 times
- 3 3 or 4 times

- 4 5 or more times
- 7 Don't know
- 9 Refused

TE11 In the past 12 months, how often did you lie to your parents or guardians about where you had been or whom you were with?

- 1 Never
- 2 1 or 2 times
- 3 3 or 4 times
- 4 5 or more times
- 7 Don't know
- 9 Refused

**Section F-Sexual Behavior**

TF1 [IF AGE <14 GO TO TG1] The next questions are about sexual behaviors. All answers will be kept private and you can refuse to answer any question. Have you ever had oral sex? [IF NEEDED, SAY: "Oral sex is mouth to genital sexual contact, such as mouth to penis or mouth to vagina."]

- 1 Yes
- 2 No [GO TO TF2]
- 7 Don't know [GO TO TF2]
- 9 Refused [GO TO TF2]

TF1A How old were you when you had oral sex for the first time?

\_\_\_\_\_ Years

- 77 Don't know
- 88 Skipped
- 99 Refused

TF2 Do you feel sexually attracted to...

- 1 Boys
- 2 Girls
- 3 Both about the same
- 4 Neither
- 7 Don't know
- 9 Refused

TF3 Have you ever had sexual intercourse? [IF NEEDED, SAY: "By sexual intercourse, we mean sex with a penis in a vagina or an anus or rectum."]

- 1 Yes
- 2 No [GO TO TF4]
- 7 Don't know [GO TO TF4]
- 9 Refused [GO TO TF4]

TF3A How old were you when you had sexual intercourse of the first time?

\_\_\_\_\_ Years

- 77 Don't know
- 88 Skipped
- 99 Refused

TF3B During your life, how many different people have you had sexual intercourse with?

\_\_\_\_\_ people

- 77 Don't know
- 88 Skipped
- 99 Refused

TF3C During the past 12 months, how many different people have you had sexual intercourse with?

- \_\_\_\_\_ people
- 77 Don't know
  - 88 Skipped
  - 99 Refused

TF3D Have you had sexual intercourse in the past 3 months?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

Section F-Sexual Behavior, continued

TF3E Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

TF3F The last time you had sexual intercourse, did you or your partner use a condom?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

TF3G The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy or disease?

- 1 Yes
- 2 No [GO TO TF3H]
- 7 Don't know[GO TO TF3H]
- 8 Skipped
- 9 Refused[GO TO TF3H]

TF3G.1 What method did you use? Do you want to tell me or shall I read from my list? [CODE ALL

**THAT APPLY.] [PROBE: "Any others?"]**

- 01 A female condom
- 02 Depo-Provera/Lunelle
- 03 Norplant
- 04 The pill/Birth control pills
- 05 Rhythm method
- 06 Suppository or an insert
- 07 Withdrawal or pulling out
- 08 The patch
- 09 Some other method, specify \_\_\_\_\_
- 77 Don't know
- 88 Skipped
- 99 Refused

TF3H {Have you ever gotten someone}/{Have you ever been} pregnant?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

TF4 In the past year, have you been tested for a sexually transmitted disease or AIDS?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

### Section G-Health Care Access and Utilization

TG1 During the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

TG2 During the past 12 months did a parent or guardian think you needed help for emotional or mental health problems?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

TG3 In the past 12 months, have you received any psychological or emotional counseling?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

TG4 Do you know of a place, other than the school nurse's, where young people like you can go to see a doctor or other health provider without their parents knowing?

- 1 Yes
- 2 No [GO TO TG4B]
- 7 Don't know
- 9 Refused [GO TO TH1]

TG4A Have you ever seen a doctor or other health care professional without your parents knowing?

- 1 Yes [GO TO TH1]
- 2 No [GO TO TH1]
- 7 Don't know [GO TO TH1]
- 9 Refused [GO TO TH1]

TG4B About how sure are you that you can get health care without your family knowing. Would you say...

- 1 Not at all sure
- 2 Somewhat sure
- 3 Very sure
- 7 Don't know
- 8 Skipped
- 9 Refused

Section H-Interpersonal Violence

TH1 During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club?

- 00 None [GO TO TH2]  
\_\_\_\_\_ Days
- 77 Don't know [GO TO TH2]
- 99 Refused [GO TO TH2]

TH1A During the last 30 days, on how many days did you carry a gun?

- 00 None [GO TO TH2]  
\_\_\_\_\_ Days
- 77 Don't know
- 88 Skipped
- 99 Refused

TH1B During the last 30 days, on how many days did you carry a weapon, such as a gun, knife or club on school property?

- 00 None  
\_\_\_\_\_ Days
- 77 Don't know
- 88 Skipped
- 99 Refused

TH2 [IF TA5=2, GO TO TH3] 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?

- 00 None  
\_\_\_\_\_ Days
- 77 Don't know
- 99 Refused

TH3 During the past 12 months, how many times were you in a physical fight?

- 00 None [GO TO TH4]  
\_\_\_\_\_ Times
- 77 Don't know [GO TO TH4]
- 99 Refused [GO TO TH4]

TH3A During the past 12 months, how of those fights were with a gang member?  
00 None  
\_\_\_\_\_ Fights  
77 Don't know  
88 Skipped  
99 Refused

TH4 During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?  
1 Yes  
2 No [GO TO TI 1]  
3 I've never had a boyfriend or girlfriend [GO TO TI 1]  
7 Don't know [GO TO TI 1]  
9 Refused [GO TO TI 1]

TH4A Did you talk to anyone about what happened?  
1 Yes  
2 No  
7 Don't know  
8 Skipped  
9 Refused

### Section I -Adult Supervision and Resiliency

TI1 About how often is there an adult around during your after-school hours? Would you say...  
1 Always  
2 Most of the time  
3 Some of the time  
4 Almost never  
5 Never  
7 Don't know  
9 Refused

TI2 About how much do your parents (guardians) really know about where you go when you go out at night? Would you say...  
1 Know a lot  
2 Know a little  
3 Know nothing  
7 Don't know  
9 Refused

TI3 About how much do they know about what you do with your free time? Would you say...  
1 Know a lot  
2 Know a little  
3 Know nothing  
7 Don't know  
9 Refused

TI4 About how much do they know about where you are most afternoons (after school)? Would you say..  
1 Know a lot  
2 Know a little  
3 Know nothing  
7 Don't know  
9 Refused

## Section J-Neighborhood Safety

- TJ1 Thinking about your neighborhood, is there a park, playground or open space within walking distance of your home? [IF NEEDED, SAY: **"An open space is somewhere outside you can go to hang out with your friends or get some exercise."**]
- 1 Yes
  - 2 No [GO TO TJ2]
  - 7 Don't know [GO TO TJ2]
  - 9 Refused [GO TO TJ2]
- TJ1A Do you strongly agree, agree, disagree or strongly disagree with the following statement:  
The park or playground closest to where I live is safe during the day?
- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
  - 7 Don't know
  - 8 Skipped
  - 9 Refused
- TJ1B Do you strongly agree, agree, disagree or strongly disagree with the following statement:  
The park or playground closest to where I live is safe at night?
- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
  - 7 Don't know
  - 8 Skipped
  - 9 Refused
- TJ2 Tell me how likely is it that your neighbors would do something about a kid spray-painting graffiti on a building in your neighborhood or town. Would you say... [IF NEEDED, SAY: **"A 'kid' is a child or adolescent." "Do something' means they would stop or report the person."**]
- 1 Very likely
  - 2 Likely

- 3 Unlikely
- 4 Very unlikely
- 7 Don't know
- 9 Refused

TJ3 Can you tell me what you plan to do after high school?

- 01 Go to college or university
- 02 Go to junior college or technical school
- 03 Get a job
- 04 Go into the military
- 05 Get married
- 06 Have babies
- 07 Other plan, specify \_\_\_\_\_
- 77 Don't know
- 99 Refused

TJ4 Do you have access to the internet at home?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused