

## Clermont County Youth Survey

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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.

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.

***Thank you very much for your help.***

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1. How old are you?

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

2. What is your sex?

- Male
  - Female
-

3. In what grade are you?

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

4. Are you Hispanic or Latino?

- Yes
  - No
- 

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

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

6. How tall are you without your shoes on?

	Feet	Inches
Height	▼ 3 ... 7	▼ 0 ... 11

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

Weight  
Pounds \_\_\_\_\_

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**The next 2 questions ask about safety.**

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

- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
- 

9. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- I did not drive a car or other vehicle during the past 30 days
  - 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 3 questions ask about violence-related behaviors.**

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

- 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
- 

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

- 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
-

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

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

**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.**

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13. 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
- 

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

- Yes
  - No
- 

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

- Yes
  - No
-

16. 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

*Skip To: Alcohol Use If During the past 12 months, how many times did you actually attempt suicide? = 0 times*

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17. **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 question asks about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For this question, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

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18. 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
-

**The next question asks about marijuana use. Marijuana also is called grass, pot, or weed.**

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

- 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
- 

**The next 2 questions ask about body weight.**

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

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

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

- Lose** weight
  - Gain** weight
  - Stay** 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.

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22. 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.)

- 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
- 

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

- 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
-



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

- 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
- 

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

- 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
-

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

- 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
- 

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

- 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
-

28. 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.)

- 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
- 

29. 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.)

- I did not drink milk 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
-

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

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

**The next 5 questions ask about physical activity.**

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31. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

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

- 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
- 

33. 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)

- I do not play video or computer games or use a computer 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
-

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

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

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

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

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

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36. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active?**

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

**The next 3 questions ask about other health-related topics.**

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

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

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

- Yes
  - No
  - Not sure
- 

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

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

**The next 2 questions ask about other school-related topics.**

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

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

41. What school do you attend?

- Batavia High School
  - Bethel-Tate High School
  - Clermont Northeastern High School
  - Felicity-Franklin High School
  - Goshen High School
  - Milford High School
  - New Richmond High School
  - West Clermont High School
  - Williamsburg High School
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**Q44 This is the end of the survey. Thank you very much for your help.**