

2010 Hamilton County 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, including the questions on the front and back of each page. 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 C D
- If you change your answer, erase your old answer completely.
- Be sure to answer the questions on both the FRONT and BACK sides of the pages of the questionnaire.
- **TURN THIS PAGE OVER TO BEGIN THE QUESTIONNAIRE.**



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?
- Female
 - Male

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?

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

Example	
Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

GO TO PAGE 3 TO CONTINUE.



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.

Example		
Weight		
Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

The next 4 questions ask about safety.

8. **When you rode a bicycle during the past 12 months, how often did you wear a helmet?**
- I did not ride a bicycle during the past 12 months
 - Never wore a helmet
 - Rarely wore a helmet
 - Sometimes wore a helmet
 - Most of the time wore a helmet
 - Always wore a helmet
9. 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
10. 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
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
11. During the past 30 days, how many times did you **drive** a car or other vehicle when **you had been drinking alcohol?**
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

TURN THE PAGE OVER AND CONTINUE.



The next 10 questions ask about violence-related behaviors.

12. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
13. During the past 30 days, on how many days did you carry a **gun**?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
14. 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
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
15. 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
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days

16. 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
 - 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
17. 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
18. 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?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

GO TO PAGE 5 AND CONTINUE.



19. 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

20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No

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

- Yes
- No

The next question asks 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.

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

- Yes
- No

23. During the past 12 months, have you ever been **electronically bullied**, such as through e-mail, chat rooms, instant messaging, Web sites, or text messaging?

- Yes
- No

24. During the past 12 months, have you ever bullied another student?

- 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.

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
- No

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

- Yes
- No

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

- Yes
- No

TURN THE PAGE OVER AND CONTINUE.



28. 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
29. **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 11 questions ask about tobacco use.

30. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
 - No
31. 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

32. 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
33. 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
34. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- 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 bought them from a vending machine
 - 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

GO TO PAGE 7 AND CONTINUE



35. 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

36. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- Yes
- No

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

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

38. 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

39. 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

40. 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 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.

41. 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

TURN THE PAGE OVER AND CONTINUE.



42. 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
43. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 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 have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days

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

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

47. During your life, how many times have you used marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 to 99 times
 - 100 or more times

GO TO PAGE 9 AND CONTINUE.



48. 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
49. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
50. During the past 30 days, how many times did you use marijuana on school property?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next 9 questions ask about other drugs.

51. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

52. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
53. 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
 - 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 **heroin** (also called smack, junk, or China White)?
- 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 **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

TURN PAGE OVER AND CONTINUE.



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

- 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 taken **steroid pills or shots** without a doctor's prescription?

- 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 a prescription drug such as OxyContin, Percocet, Demerol, Adderall, Ritalin, or Xanax **without a doctor's prescription for you?**

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

59. During the past 30 days, how did you **usually** get prescription drugs **without a doctor's prescription** (select only one response)?

- I did not use prescription drugs without a doctor's prescription in the past 30 days.
- I took it from a family member or from my house
- I bought them from a dealer
- I bought them over the Internet
- I gave someone else money to buy them for me
- Someone gave them to me
- I got them some other way

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

- 0 times
- 1 time
- 2 or more times

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

- Yes
- No

The next 7 questions ask about sexual behavior.

62. Have you ever had sexual intercourse?

- Yes
- No

GO TO PAGE 11 AND CONTINUE.



63. 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
64. 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
65. 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
66. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
 - Yes
 - No

67. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No
68. 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
69. Do you think that oral sex can transmit sexually transmitted diseases (STDs)?
- Yes
 - No
70. How old were you when you had oral sex for the first time?
- I have never had oral sex
 - 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

TURN PAGE OVER AND CONTINUE.



The next 7 questions ask about body weight.

71. How do you describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
72. 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
73. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- Yes
 - No
74. During the past 30 days, did you eat **less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- Yes
 - No
75. 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?
- Yes
 - No

76. 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.)
- Yes
 - No
77. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- Yes
 - No

The next 8 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.

78. 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

GO TO PAGE 13 AND CONTINUE.



79. 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

80. 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

81. 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

82. 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

83. 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

84. 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** include 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

TURN PAGE OVER AND CONTINUE.



85. 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.)
- 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 past 7 days
 - 1 glass per day
 - 2 glasses per day
 - 3 glasses per day
 - 4 or more glasses per day

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 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

87. 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
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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- 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
89. 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

GO TO PAGE 15 AND CONTINUE.



90. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- 0 teams
 - 1 team
 - 2 teams
 - 3 or more teams

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

91. Have you ever been taught about AIDS or HIV infection in school?
- Yes
 - No
 - Not sure
92. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
93. Do you still have asthma?
- I have never had asthma
 - Yes
 - No
 - Not sure

The last question asks about involvement in certain after school activities.

94. On average, how many years have you participated in afterschool programs with any of the following groups/agencies: Boy Scouts, Girl Scouts, Boys & Girls Club, Girls Inc., Kids on the Block, Northside Neighborhood House youth program, Salvation Army youth program, YMCA, Urban League youth programs, any church/religious youth programs, "other" community youth programs?
- Never
 - Less than one year
 - 1-2 years
 - 3-4 years
 - 5 or more years

PLEASE MAKE SURE THAT YOU HAVE COMPLETED THE QUESTIONS ON BOTH FRONT AND BACK SIDES OF THE SURVEY PAGES.

This is the end of the survey.

Thank you very much for your help.

