

# ROCKINGHAM COUNTY - HARRISONBURG YOUTH SURVEY

**SCHOOL CODE**

0	1	2	3	4	5	6	7	8	9
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FORM 3532 (10/07) 0987654321

INSTRUCTIONS



USE NO. 2 PENCIL ONLY

**RIGHT**

● ● ●

**WRONG**

✗ ✗ ✗ ✗

• USE A NO. 2 PENCIL

• FILL THE OVAL COMPLETELY

• DO NOT MAKE ANY STRAY MARKS

<p><b>1. Ethnic Origin:</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Russian/Eastern European</p> <p><input type="checkbox"/> Other</p>	<p><b>2. What is your sex?</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p><b>3. What is your age?</b></p> <p><input type="checkbox"/> 13 years old</p> <p><input type="checkbox"/> 14 years old</p> <p><input type="checkbox"/> 15 years old</p> <p><input type="checkbox"/> 16 years old</p> <p><input type="checkbox"/> 17 years old</p> <p><input type="checkbox"/> 18 years old</p> <p><input type="checkbox"/> 19 years old or older</p>	<p><b>4. What is your grade?</b></p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p>	<p><b>5. Do you live with?</b></p> <p><input type="checkbox"/> Both parents</p> <p><input type="checkbox"/> Mother only</p> <p><input type="checkbox"/> Father only</p> <p><input type="checkbox"/> Mother and Stepfather</p> <p><input type="checkbox"/> Father and Stepmother</p> <p><input type="checkbox"/> Grandparents</p> <p><input type="checkbox"/> Other</p>
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**6. When you rode a bike in the last 12 Months, did you wear a helmet?**

I did not ride a bicycle during the past 12 months

Rarely wore a helmet

Most of the time wore a helmet

Always wore a helmet

**7. If you were being physically harmed or hurt, who would you tell?**

Parent/family member or relative

Friend(s)

Church leader

School teacher

School Counselor

Other

No one

**8. Have you ever been pressured by anyone to take part in a sexual act against your will?**

Yes

No

**9. If you have intentionally harmed your body in the past 6 months, please select each method you have used: (Select all that apply)**

I have never intentionally tried to harm myself

I have cut myself

I have scratched myself

I have hit or punched myself

I have carved names/symbols into my skin

Other

**10. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**

I do not drive

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

**11. During your life, how many times have you taken PRESCRIPTION medication that WAS NOT prescribed for you?**

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

**12. Do you wear a seatbelt when driving or riding in another vehicle?**

Every time

Sometimes

Never

**13. Have you ever talked about HIV/AIDS infection with your parents/guardians or other adults in your family?**

Yes

No

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

Yes → If yes, how old were you when you had sexual intercourse for the first time?

No

12 or younger  
 13  
 14  
 15  
 16  
 17  
 18

**15. Did you drink alcohol or use drugs before you had sexual intercourse the LAST TIME?**

I have never had sexual intercourse

Yes

No

Not sure

**16. 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

Withdrawal

Birth Control Shot

**17. Do you agree that abstinence is the only 100% effective way to prevent pregnancy and the spread of sexually transmitted infection(s) (STI/STD's)?**

Yes

No

**18. I feel comfortable with my body size:**

Yes

No

**19. How do you think of yourself?**

Very underweight

Slightly underweight

About the right weight

Slightly overweight

Very overweight

**20. During the past 30 days, which ONE of the following did you do to lose weight or keep from gaining weight?**

I did not try to lose weight

I made myself vomit

I took diet pills

I made myself vomit and took diet pills

I used some other method but did not vomit or take diet pills

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21. On how many of the past 30 days did you exercise or participate in sports activities for at least 20 minutes THAT MADE YOU SWEAT AND BREATHE HARD, such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
  - 8 days
  - 9 days +

The next question asks about food you ate in the past 7 days. Think about all meals and snacks you ate over the past week. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

22. Over the past week did you eat or drink:

- Fruit or Fruit Juice
- Milk products (milk, cheese, yogurt)
- Water
- Soda
- Energy Drinks
- Green salad
- Cooked Vegetables
- Hamburger, hot dogs or sausage
- French fries or potato chips
- Cookies, candy, doughnuts or pizza

23. Are there gangs in your: *(Select all that apply)*

- School
- Neighborhood
- Community

24. Have you ever seen gang activity in your: *(Select all that apply)*

- Have never seen gang activity
- School
- Neighborhood
- The community

25. Have you ever been asked to join a gang?

- Yes
- No

26. Have you ever felt threatened or harmed by a gang member(s)?

- Yes
- No

27. Are you, or have you ever been a member of a gang?

- Yes  $\rightarrow$  If yes, do any of the following describe your gang? *(Select all that apply)*
- No
- You can join before age 13
- There are initiation rites
- The gang has established leaders
- The gang has regular meetings
- The gang has specific rules or codes
- Gang members have specific roles
- There are roles for each age group
- The gang has symbols or colors
- There are specific roles for girls

28. What is the language you use most often at home?

- English
- Spanish
- Another Language

29. Have you ever been suspended from school?

- Yes
- No

30. If you are in a gang, does your gang do the following things? *(Select all that apply)*

- Get in fights with other gangs
- Provide protection for each other
- Steal things or rob people
- Tagging or Graffiti
- Steal cars
- Sell marijuana
- Sell other illegal drugs
- Damage or destroy property
- I am not in a gang

31. I feel safe in my neighborhood.

- Yes
- No

32. When I am not at home, one of my parents/guardians knows where I am and who I am with.

- Yes
- No

33. My parents/guardians ask if I've gotten my homework done.

- Yes
- No

34. Who would you tell if you were worried that a friend is seriously thinking of suicide?

- A friend
- My parent or another relative
- My friends parents or relative
- A teacher or coach
- A school counselor
- A religious leader (my minister, priest, rabbi, or youth leader)
- Other
- I would not tell anyone

35. If you were seriously thinking of suicide, who would you tell?

- A friend
- My parents or another relative
- A teacher or coach
- A school counselor
- A community counselor
- A religious leader (my minister, priest, rabbi, or church youth leader)
- Other
- I would not tell anyone

36. Over the last 12 months I have lived with: *(Select all that apply)*

- I have lived in the same place all 12 months
- Parents or guardian
- A friend
- Another relative
- A shelter
- A foster home
- I had no where to live
- Other