

# 2005

## CONNECTICUT SCHOOL HEALTH SURVEY YOUTH BEHAVIOR COMPONENT

### STUDENT QUESTIONNAIRE

This survey is about your habits and choices that you make about your health behaviors. It has been developed so you can tell us what you do that may affect your health. The answers you provide will be used to develop better public health and education programs for young people like yourself. Your answers are important and we want to hear from you. Your answers will be combined with responses from students around the state to help give an accurate picture of all Connecticut students.

**DO NOT write your name on this survey or answer sheet.** The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really know or do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Not all the questions or behaviors mentioned in this survey may apply to you, but please read each one carefully and respond with the answer that best fits what you really do. 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. **USE THE PENCIL PROVIDED.** Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

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

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**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:  A  B  C  D
- To change your answer, erase completely.

The first questions ask for some background information about yourself.

- 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
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- How do you describe yourself? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White
- 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

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	11
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/>	<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 checked="" type="radio"/>

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		
<i>Pounds</i>		
1	5	3
<input checked="" type="radio"/>	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input checked="" type="radio"/>
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/>	<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

8. How do you describe your health in general?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
9. During the past 30 days, on how many days was your physical health not good? (Physical health includes physical illness and injury.)
- 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
10. During the past 30 days, on how many days was your mental health not good? (Mental health includes stress, depression, and problems with emotions.)
- 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 personal safety.**

11. **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
12. 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

13. 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
14. 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

**The next 12 questions ask about violence-related behaviors and harassment.**

15. 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
16. 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
17. 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

18. 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
19. During the past 12 months, how many times as someone stolen or deliberately damaged our property such as your car, clothing, or books **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, 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
21. 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
22. 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
23. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes
  - No
24. During the past 12 months, how many times have you been harassed or bullied **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
25. During the past 12 months, how many times have you been harassed **on school property** because of your perceived sexual orientation?
- 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

26. During the past 12 months, how many times have you been harassed **on school property** because of your weight, size, or physical appearance?
- 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

**The next 6 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.**

27. When you feel sad, empty, hopeless, angry, or anxious, whom would you most likely talk to about it?
- I do not feel sad, empty, hopeless, angry, or anxious
  - Parent or other adult relative
  - School nurse
  - Counselor
  - Other adult
  - Friend or sibling
  - I do not get the help I need
28. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- I do not feel sad, empty, hopeless, angry, or anxious
  - Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
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?
- Yes
  - No

30. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No
31. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
  - No
32. 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

**The next 5 questions ask about tobacco use.**

33. 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
34. 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
35. 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

36. 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
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

**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.**

38. 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
39. 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

40. 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
41. During the past 30 days, how did you **usually** get your alcohol? (**Select only one response.**)
- 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, club, concert or sporting event
  - I gave someone else money to buy it for me
  - A person older than me gave it to me
  - I got it from friends my age, like at a party
  - I took it from a store or family member
  - I got it some other way
42. 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
43. 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.**

44. During your life, how many times have you used marijuana?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 to 99 times
  - g. 100 or more times
45. How old were you when you tried marijuana for the first time?
- a. I have never tried marijuana
  - b. 8 years old or younger
  - c. 9 or 10 years old
  - d. 11 or 12 years old
  - e. 13 or 14 years old
  - f. 15 or 16 years old
  - g. 17 years old or older
46. During the past 30 days, how many times did you use marijuana?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times
47. During the past 30 days, how many times did you use marijuana **on school property**?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times

**The next 9 questions ask about other drugs.**

48. During your life, how many times have you taken **over-the-counter drugs** to get high?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times

49. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times
50. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times
51. 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?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times
52. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times
53. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- a. 0 times
  - b. 1 or 2 times
  - c. 3 to 9 times
  - d. 10 to 19 times
  - e. 20 to 39 times
  - f. 40 or more times

54. 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
55. 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
56. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
  - No

**The next 8 questions ask about sexual behavior.**

57. Have you ever had sexual intercourse?
- Yes
  - No
58. 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
59. The first time you had sexual intercourse, how old was your partner?
- I have never had sexual intercourse
  - 5 or more years younger
  - 3 to 4 years younger
  - About the same age
  - 3 to 4 years older
  - 5 or more years older

60. 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
61. During the past 3 months, have you had sexual intercourse?
- I have never had sexual intercourse
  - Yes
  - No
62. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
  - Yes
  - No
63. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No
64. 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

**The next 6 questions ask about body weight.**

65. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight

66. 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
67. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- Yes
  - No
68. 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
69. 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
70. During the past 30 days, did you **take laxatives or diet pills** (without a doctor's advice), or **vomit** to lose weight or to keep from gaining weight?
- Yes
  - No

**The next 7 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.**

71. 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
72. 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
73. 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
74. 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

75. 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
76. 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
77. During the past 7 days, how many days did you eat at least one meal with your family?
- I did not eat a meal with my family during the past 7 days
  - 1 to 2 days during the past 7 days
  - 3 to 4 days during the past 7 days
  - 5 to 6 days during the past 7 days
  - Everyday

**The next 6 questions ask about physical activity.**

78. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

79. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
80. 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
81. 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
82. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE
  - Less than 10 minutes
  - 10 to 20 minutes
  - 21 to 30 minutes
  - 31 to 40 minutes
  - 41 to 50 minutes
  - 51 to 60 minutes
  - More than 60 minutes

83. During the past 12 months, how many times were you injured while exercising, playing sports, or being physically active and had to be treated by a doctor or a nurse?
- 0 times
  - 1 time
  - 2 times
  - 3 times
  - 4 times
  - 5 or more times

**The next 5 questions ask about other health-related topics.**

84. Have you ever been taught about AIDS or HIV infection in school?
- Yes
  - No
  - Not sure
85. Have you ever been taught about how Hepatitis A, B, and C viruses are spread?
- Yes
  - No
  - Not sure
86. Has a doctor or nurse ever told you that you have asthma?
- Yes
  - No
  - Not sure
87. During the past 12 months, have you had an episode of asthma or an asthma attack?
- I do not have asthma
  - No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months
  - Yes, I have had an episode of asthma or an asthma attack during the past 12 months.
  - Not sure
88. Has a doctor or nurse ever told you that you have diabetes?
- No, I do not have diabetes
  - Yes, I have Type 1 diabetes
  - Yes, I have Type 2 diabetes
  - Yes, but I'm not sure which type
  - Not sure

**The next 10 questions are about interaction with your family and after school activities.**

89. On a school day, how many hours do you **usually** spend after school without an adult present?
- 0 hours
  - Less than one hour
  - 1 hour
  - 2 hours
  - 3 hours
  - 4 hours
  - 5 or more hours
90. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
- Yes
  - No
  - Not sure
91. During the past 12 months, about how often have you had a conversation with your parents or other adults in your family about sexuality or ways prevent HIV infection, other sexually transmitted diseases (STDs) or pregnancy?
- Not at all in the past 12 months
  - About once in the past 12 months
  - About once every few months
  - About once a month or more
92. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- None
  - 1 adult
  - 2 adults
  - 3 adults
  - 4 adults
  - 5 or more adults
93. When you are away from home, how often do your parents or other adults in your family know where you are?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

94. On how many of the past 7 days did you take part in organized after school, evening or weekend activities (such as school clubs, sports, community center groups, music/art/dance lessons, drama, church or other supervised activities)?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
95. During an average week during the school year, how many hours do you work at a paying job outside your home?
- 0 hours
  - 1 to 4 hours
  - 5 to 8 hours
  - 9 to 12 hours
  - 13 to 20 hours
  - 21 or more hours
96. During the past 30 days, how many hours do you spend helping other people without getting paid (such as helping out a hospital, daycare center, food pantry, youth program, community service agency, or doing other things) to make your community a better place for people to live?
- 0 hours
  - 1 to 4 hours
  - 5 to 8 hours
  - 9 to 12 hours
  - 13 to 20 hours
  - 21 or more hours
97. How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?
- Definitely will not
  - Probably will not
  - Probably will
  - Definitely will
  - Not sure
98. Whom do you live with most of the time?
- 2 parents (natural or adopted)
  - 1 parent and 1 step parent
  - Both parents in separate households
  - 1 parent only
  - Foster parent
  - Other family member
  - Other non-family adult

**This is the end of the survey.**

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