

2007 Minnesota Steps 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. 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 ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
A. 12 years old or younger
B. 13 years old
C. 14 years old
D. 15 years old
E. 16 years old
F. 17 years old
G. 18 years old or older
2. What is your sex?
A. Female
B. Male
3. In what grade are you?
A. 9th grade
B. 10th grade
C. 11th grade
D. 12th grade
E. Ungraded or other grade
4. Are you Hispanic or Latino?
A. Yes
B. No

5. What is your race? (Select one or more responses.)
A. American Indian or Alaska Native
B. Asian
C. Black or African American
D. Native Hawaiian or Other Pacific Islander
E. 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
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

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
●	⓪	⓪
②	①	①
③	②	●
	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. How often do the people in your home speak a language other than English?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 8 questions ask about tobacco use.

9. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No

10. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- 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

11. During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

12. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- A. I did not smoke cigarettes during the past 30 days
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

13. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - C. I bought them from a vending machine
 - D. I gave someone else money to buy them for me
 - E. I borrowed (or bummed) them from someone else
 - F. A person 18 years old or older gave them to me
 - G. I took them from a store or family member
 - H. I got them some other way
14. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
15. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No

16. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
 - B. Yes
 - C. No

The next 7 questions ask about body weight.

17. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
18. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
19. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
20. 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?
- A. Yes
 - B. No

21. 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?
A. Yes
B. No
22. 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.)
A. Yes
B. No
23. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
A. Yes
B. No

The next 6 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.

24. 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.)
A. I did not drink 100% fruit juice during the past 7 days
B. 1 to 3 times during the past 7 days
C. 4 to 6 times during the past 7 days
D. 1 time per day
E. 2 times per day
F. 3 times per day
G. 4 or more times per day
25. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
A. I did not eat fruit during the past 7 days
B. 1 to 3 times during the past 7 days
C. 4 to 6 times during the past 7 days
D. 1 time per day
E. 2 times per day
F. 3 times per day
G. 4 or more times per day

26. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
27. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
28. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

29. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

The next 17 questions ask more about what you eat and drink.

30. On an average day, how many times should teens eat fruits or vegetables?
- A. 0 times per day
 - B. 1 time per day
 - C. 2 times per day
 - D. 3 times per day
 - E. 4 times per day
 - F. 5 or more times per day
 - G. Not sure
31. 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.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

32. On how many of the past 7 days did you eat breakfast?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
33. Yesterday, did you eat a meal with your family?
- A. Yes
 - B. No
34. During an average week when you are in school, on how many days do you get lunch in the school cafeteria main lunch line?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
35. During an average week when you are in school, on how many days do you get lunch in one of the school cafeteria a la carte or snack bar lines?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
36. During an average week when you are in school, on how many days do you bring lunch from home?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
37. During an average week when you are in school, on how many days do you get lunch off campus at a restaurant or convenience store?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
38. During an average week when you are in school, how many times do you get soda or pop, fruit drinks (any fruit flavored drink that is not 100% juice), or sports drinks from a school vending machine?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 times
 - F. 5 times
 - G. 6 or more times

39. During an average week when you are in school, how many times do you get food from a school vending machine?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 times
 - F. 5 times
 - G. 6 or more times
40. On an average school day, are you allowed to eat in at least some of your classrooms?
- A. Yes
 - B. No
41. On an average school day, are you allowed to drink soda or pop in at least some of your classrooms?
- A. Yes
 - B. No
42. On an average school day, are you allowed to eat snacks in the hallways or between classes?
- A. Yes
 - B. No
43. On an average school day, are you allowed to drink soda or pop in the hallways or between classes?
- A. Yes
 - B. No

44. Are foods or coupons for free foods given as rewards or incentives in at least some of your classes?
- A. Yes
 - B. No
45. During this school year, have any of your school fundraising events included sales of candy?
- A. Yes
 - B. No

The next 10 questions ask about physical activity.

46. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

47. 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?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
48. 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?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
49. How many minutes of physical activity should teens get each day?
- A. 10 minutes
 - B. 20 minutes
 - C. 30 minutes
 - D. 45 minutes
 - E. 60 minutes
 - F. Not sure
50. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
51. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
 - B. Less than 10 minutes
 - C. 10 to 20 minutes
 - D. 21 to 30 minutes
 - E. 31 to 40 minutes
 - F. 41 to 50 minutes
 - G. 51 to 60 minutes
 - H. More than 60 minutes
52. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams
53. How do you **usually** get to and from school?
- A. Bus
 - B. Walk
 - C. Car
 - D. Bicycle
 - E. Skateboard, roller blades, or roller skates

54. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
55. 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, Play Station, Xbox, computer games, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

The next 4 questions ask about asthma and diabetes.

56. Has a doctor or nurse ever told you that you have diabetes?
- A. Yes
 - B. No
 - C. Not sure

57. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
58. During the past 12 months, did you receive a written Asthma Action Plan from your doctor?
- A. I do not have asthma
 - B. Yes
 - C. No
 - D. Not sure
59. Do you still have asthma?
- A. I have never had asthma
 - B. Yes
 - C. No
 - D. Not sure
60. During the past 12 months, how many times did you go to an emergency room or urgent care center because of your asthma?
- A. I do not have asthma
 - B. 0 times
 - C. 1 to 3 times
 - D. 4 to 9 times
 - E. 10 to 12 times
 - F. 13 or more times

The next 2 questions ask about the Steps program.

61. Aside from information you may have received about this survey, have you heard of the Steps to a Healthier Minnesota (also known as Steps Saint Paul, Steps Minneapolis, Steps Rochester, Steps Willmar) program?
- A. Yes
 - B. No
 - C. Not sure

62. How did you hear about the Steps to a Healthier Minnesota (also known as Steps Saint Paul, Steps Minneapolis, Steps Rochester, Steps Willmar) program?
- A. I had not heard of the Steps to Healthier Minnesota program
 - B. Parent or other adult
 - C. Friends
 - D. Radio or television
 - E. Local or community newspaper
 - F. Internet
 - G. School newsletter, programs, or announcements
 - H. Community programs or announcements

**This is the end of the survey.
Thank you very much for your help.**