Long-Term Follow-Up Study

UNIVERSITY OF MINNESOTA

Teen Health Survey

This survey is about health habits. It has been developed so you can tell us what you do that may affect your health. The information you and other young people your age give will be used to develop better health education programs for people like yourself.

The answers you give will be kept private. Your teachers, parents, doctors, brothers, sisters, or friends will not see your answer, only the University researchers will see this information. Answer the questions based on what you really do.

Place all your answers on the answer sheet. Please try not to skip any questions. However, it is okay to not answer a question if it makes you feel uncomfortable.

The whole survey usually takes about 40 minutes to complete. You do not have to do it all in one sitting. Take as much time as you need to answer the questions.

Thank you for your help.

INSTRUCTIONS

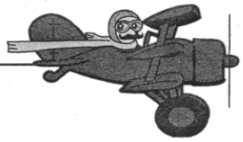
1. Do NOT put your name anywhere on the survey.
2. Make an X in the square for your answer.

3. Make no stray marks of any kind. Other than your responses, please keep the form as clean as possible. Erase cleanly any answer you wish to change.
4. Sign the Teen Assent Form

5. Put the survey in the large envelope and mail it back. Put the assent form in the small envelope and mail it back.

How to fill out this survey

Please read this page!



Thank you for agreeing to complete our health survey. Please read these instructions carefully before answering the questions in the survey. Wherever you see this symbol, ☙ , it means that important instructions follow which you must read before answering the next question(s). If you see this symbol, ☞ , it means that if you checked that box, you should answer the question that follows. Given below are some examples of the different ways you will answer the questions.

☙ For some questions, you will **PUT AN X IN THE BOX** that goes with your answer, like this:

EXAMPLE 1:

In the **PAST 4 WEEKS**, on how many days

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
1. did you feel really sick?	☒	☐	☐	☐	☐

EXAMPLE 2:

2. Is English the language you speak at home most of the time?

☒ No

☐ Yes

For some questions, you will **WRITE A NUMBER ON THE ANSWER LINE**, like this:

EXAMPLE 3:

3. How many days did you exercise in the **PAST MONTH**?

Number of days ____9_____

Or **WRITE A NUMBER IN A BOX**, like this:

EXAMPLE 4:

4. How old are you? | 1 | 7 |

Go to next page and begin

SECTION A

For each statement below, write in the answer or make an X in the box that applies.

1. What is today's date? ☐☐ Month ☐☐ Day ☐☐ Year

2. How old are you? Age: ☐☐

3. What is the month, day, and year you were born? ☐☐ Month ☐☐ Day ☐☐ Year

4. What is your sex?

- ☐ Male
- ☐ Female

5. Which of these best describes you?

- ☐ White, not Hispanic
- ☐ Black/African American, not Hispanic
- ☐ Hispanic/Latino
- ☐ American Indian or Alaskan
- ☐ Asian or Pacific Islander
- ☐ Other ☞ *Please describe:* _____

6. Is English the language you speak at home most of the time?

- ☐ No
- ☐ Yes

7. Circle the number of the school grade you are in now:

5 6 7 8 9 10 11 12 Not in school

☞ If you are not in school, what was the highest grade you completed? _____

8. How many people are living in your home? ☞ ***Please count yourself:*** _____

9. Who are all the people living in your home?

Check the box next to each person who lives in your home

- ☐ Mother
- ☐ Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Stepmother
- ☐ Stepfather
- ☐ Foster parents
- ☐ Brothers
- ☐ Sisters
- ☐ Other relatives
- ☐ Other people not related to you

10. What is the **highest** grade in school that your mother (or female guardian) finished?

- ☐ She did not finish high school
- ☐ She got a high school diploma or GED
- ☐ She had some college
- ☐ She finished college
- ☐ She finished graduate school, law school, or medical school
- ☐ Don't know

11. Is your mother (or female guardian) now . . .

Check all boxes that apply.

- ☐ Working full-time
- ☐ Working part-time
- ☐ Not working and looking for work
- ☐ Disabled and not working
- ☐ Not working and not looking for work
- ☐ Retired
- ☐ Full-time student
- ☐ Part-time student
- ☐ Don't know

12. What is the highest grade in school that your father (or male guardian) finished?

- ☐ He did not finish high school
- ☐ He got a high school diploma or GED
- ☐ He had some college
- ☐ He finished college
- ☐ He finished graduate school, law school, or medical school
- ☐ Don't know

13. Is your father (or male guardian) now . . .

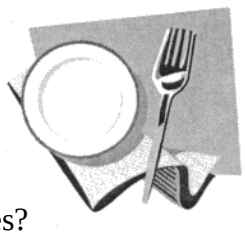
Check all boxes that apply.

- ☐ Working full-time
- ☐ Working part-time
- ☐ Not working and looking for work
- ☐ Disabled and not working
- ☐ Not working and not looking for work
- ☐ Retired
- ☐ Full-time student
- ☐ Part-time student
- ☐ Don't know

14. Does your family get a welfare check?

☐ No ☐ Yes ☐ Don't know

15. Does your family get food stamps?



☐ No ☐ Yes ☐ Don't know

16. Do you or any of your brothers or sisters get free or reduced cost school lunches?

☐ No ☐ Yes ☐ Don't know

Section B

SECTION B

For statements 1 to 11, mark the box below the line to show if you completely agree, mostly agree, agree a little, or do not agree with the statement.

	Completely Agree	Mostly Agree	Agree a Little	Do Not Agree
1. I am full of energy	☐	☐	☐	☐
2. I resist illness very well	☐	☐	☐	☐
3. When I get sick, I usually recover quickly	☐	☐	☐	☐
4. I am well coordinated	☐	☐	☐	☐
5. I have a lot of good qualities	☐	☐	☐	☐
6. I am very physically fit	☐	☐	☐	☐
7. I have much to be proud about	☐	☐	☐	☐
8. I like being the way I am	☐	☐	☐	☐
9. I am satisfied with how I live my life	☐	☐	☐	☐
10. My muscle strength is really good	☐	☐	☐	☐
11. I feel socially accepted	☐	☐	☐	☐

12. How is your health in general?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

SECTION C

These questions are about how you have been feeling over the **PAST 4 WEEKS**. Please mark the box to indicate your answer to each question.

In the PAST 4 WEEKS, on how many days . . .

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
1. Did you feel really sick?	☐	☐	☐	☐	☐
2. Did you wake up feeling tired?	☐	☐	☐	☐	☐
3. Did you tire easily or feel like you had no energy?	☐	☐	☐	☐	☐
4. Did you have watery or itchy eyes?	☐	☐	☐	☐	☐
5. Did you have skin problems, such as itching or pimples?	☐	☐	☐	☐	☐
6. Did you have a cough?	☐	☐	☐	☐	☐
7. Did you have fever or chills?	☐	☐	☐	☐	☐
8. Were you dizzy?	☐	☐	☐	☐	☐
9. Did you have wheezing or trouble breathing (when you weren't exercising)?	☐	☐	☐	☐	☐
10. Did you have chest pain?	☐	☐	☐	☐	☐
11. Did you have a headache?	☐	☐	☐	☐	☐
12. Did you have aches, pains, or soreness in your muscles or joints?	☐	☐	☐	☐	☐
13. Did you have a stomach ache?	☐	☐	☐	☐	☐
14. Did you have pain that really bothered you?	☐	☐	☐	☐	☐

Section C

In the PAST 4 WEEKS, on how many days . . .

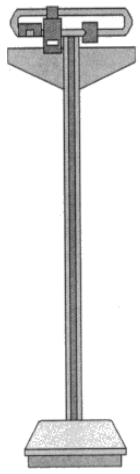
	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
15. Did you vomit or feel like vomiting?	☐	☐	☐	☐	☐
16. Did you have an unusual discharge from your sex organs?	☐	☐	☐	☐	☐
17. Did you have trouble passing your urine (peeing) or have burning when you urinated?	☐	☐	☐	☐	☐
18. Did you have trouble eating or have a poor appetite?	☐	☐	☐	☐	☐
19. Did you have trouble falling asleep or staying asleep?	☐	☐	☐	☐	☐
20. Did you have diarrhea or loose bowel movements?	☐	☐	☐	☐	☐
21. Did you have constipation or hard bowel movements?	☐	☐	☐	☐	☐
22. Did you feel depressed or blue?	☐	☐	☐	☐	☐
23. Did you have trouble relaxing?	☐	☐	☐	☐	☐
24. Were you nervous or uptight?	☐	☐	☐	☐	☐
25. Were you moody?	☐	☐	☐	☐	☐
26. Were you irritable or grouchy?	☐	☐	☐	☐	☐
27. Did you cry a lot?	☐	☐	☐	☐	☐
28. Were you afraid of things?	☐	☐	☐	☐	☐
29. ***FOR GIRLS ONLY:*** Did you have menstrual problems?	☐	☐	☐	☐	☐

Thinking about your *good* feelings,
In the PAST 4 WEEKS, on how many days . . .

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
30. Were you free of pain?	☐	☐	☐	☐	☐
31. Did you wake up feeling refreshed?	☐	☐	☐	☐	☐
32. Did you feel really healthy?	☐	☐	☐	☐	☐
33. Did you feel like you were doing everything just right?	☐	☐	☐	☐	☐
34. Did you feel loved and wanted?	☐	☐	☐	☐	☐

In the PAST 4 WEEKS, on how many days did a *health or emotional problem* cause you to . . .

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
35. Miss more than a half day of school or work?	☐	☐	☐	☐	☐
36. Stay in bed more than half a day, but not miss school or work?	☐	☐	☐	☐	☐
37. Cut down on other things you usually do, but not miss school or stay in bed?	☐	☐	☐	☐	☐
38. Have trouble walking?	☐	☐	☐	☐	☐
39. Have trouble running?	☐	☐	☐	☐	☐
40. Have trouble bending, lifting, stooping or reaching?	☐	☐	☐	☐	☐
41. Have trouble using your hands or fingers, like writing with a pencil, tying your shoelaces, or buttoning clothing?	☐	☐	☐	☐	☐



42. In the PAST 4 WEEKS, have you lost weight without trying?

- ☐ No
- ☐ Yes, 1 to 4 pounds
- ☐ Yes, 5 to 9 pounds
- ☐ Yes, 10 to 14 pounds
- ☐ Yes, more than 15 pounds

In the PAST 12 MONTHS,
how many times did you do the following?

	None	Once or twice	Several times
43. Vomit on purpose to lose weight?	☐	☐	☐
44. Go on an eating binge (you could not stop eating)?	☐	☐	☐

45. Have you **ever** tried to seriously hurt yourself or kill yourself?

- ☐ No, never
- ☐ Yes, more than a year ago
- ☐ Yes, in the past year
- ☐ Yes, in the past 4 weeks
- ☐ Yes, in the past 7 days

SECTION D

1. In the **PAST 4 WEEKS**, on how many days did you exercise or play sports hard enough to make you breathe hard, make your heart beat fast, or make you sweat for 20 minutes or more?

   - ☐ No days
   - ☐ 1 to 9 days
   - ☐ 10 to 13 days
   - ☐ 14 to 20 days
   - ☐ 21 or more days

2. In the **PAST 4 WEEKS**, how many situps did you do?

   - ☐ No sit-ups
   - ☐ 1-10 sit-ups
   - ☐ 11-20 sit-ups
   - ☐ 21-50 sit-ups
   - ☐ 51 or more sit-ups

3. In the **PAST 4 WEEKS**, how far did you walk at any one time without resting and without getting tired?

   - ☐ I didn't walk at all
   - ☐ Less than a quarter of a mile (less than 2 blocks)
   - ☐ A quarter mile to one half mile (3 to 6 blocks)
   - ☐ One half mile to one mile (6 to 12 blocks)
   - ☐ More than one mile (more than 12 blocks)

4. In the **PAST 4 WEEKS**, what is the longest time you ran without stopping?

   - ☐ I didn't run
   - ☐ 1 to 10 minutes
   - ☐ 11 to 19 minutes
   - ☐ 20 to 29 minutes
   - ☐ 30 minutes or more

5. In the **PAST 12 MONTHS**, how often did you play on a team that has a coach, other than in gym class?

   - ☐ Never
   - ☐ Once or twice
   - ☐ Several times

Section E

SECTION E

The questions on the next few pages are about different things you might do.

In the PAST 12 MONTHS,
how many times did you do the following?

	None	Once or twice	Several times
1. Race on a bike, skateboard or in a boat or car for excitement?	☐	☐	☐
2. Do something risky or dangerous on a dare?	☐	☐	☐
3. Break a rule that your parents set just for the thrill of seeing whether you could get away with it?	☐	☐	☐
4. Steal or shoplift?	☐	☐	☐
5. Slip out at night when your parents thought you were asleep?	☐	☐	☐
6. Willingly ride in a car with someone you knew would drive dangerously?	☐	☐	☐

7. In the **PAST 4 WEEKS**, about how many hours did you usually watch TV or videos on an average **school day**?

☐ None
☐ Less than 1 hour
☐ 1 to 2 hours
☐ 3 to 4 hours
☐ 4 or more hours

When was the last time you did this?

	Never	More than a year ago	In the past year	In the past month	In the past week
8. Rode a bicycle	☐	☐	☐	☐	☐
9. Wore a helmet when riding a bicycle	☐	☐	☐	☐	☐
10. Rode a motorbike (motorcycle, minibike or ATV - all terrain vehicle?)	☐	☐	☐	☐	☐
11. Wore a helmet when riding a motorbike?	☐	☐	☐	☐	☐

When was the last time you did this?

	Never	More than a year ago	In the past year	In the past month	In the past week
12. Drove a car?	☐	☐	☐	☐	☐
13. Drank alcohol or used drugs before driving a car or riding a motorbike?	☐	☐	☐	☐	☐
14. Wore a seat belt in a car or truck?	☐	☐	☐	☐	☐
15. Carried a weapon, such as a gun, razor, or big knife, for protection?	☐	☐	☐	☐	☐
16. Belonged to a gang?	☐	☐	☐	☐	☐
17. Smoked cigarettes?	☐	☐	☐	☐	☐
18. Chewed or dipped tobacco, used snuff?	☐	☐	☐	☐	☐
19. Drank beer, wine or wine coolers?	☐	☐	☐	☐	☐
20. Drank hard liquor or mixed drinks?	☐	☐	☐	☐	☐
21. Had 5 or more drinks in a row (like in one night or at a party)?	☐	☐	☐	☐	☐
22. Used marijuana?	☐	☐	☐	☐	☐
23. Took steroids to help build your muscles?	☐	☐	☐	☐	☐
24. Used inhalants such as airplane glue or white out?	☐	☐	☐	☐	☐
25. Used any kind of cocaine, ice or crack?	☐	☐	☐	☐	☐
26. Used or injected (shot up) any other type of illegal drug, such as LSD, PCP, mushrooms, speed, downers or heroin?	☐	☐	☐	☐	☐
27. Ran away from home?	☐	☐	☐	☐	☐
28. Threatened to hurt someone?	☐	☐	☐	☐	☐
29. Physically attacked someone?	☐	☐	☐	☐	☐
30. Stole something worth more than $10?	☐	☐	☐	☐	☐
31. Destroyed something belonging to someone else?	☐	☐	☐	☐	☐

Section E

How many of your friends do the following:

Check only one box	None	Some	Most	All
32. Smoke cigarettes	☐	☐	☐	☐
33. Drink alcohol	☐	☐	☐	☐
34. Smoke marijuana	☐	☐	☐	☐
35. Use other drugs (cocaine, stimulants, pills)	☐	☐	☐	☐
36. Have sexual intercourse	☐	☐	☐	☐

37. Have you ever had sexual intercourse (made love or gone all the way)?

☐ No — ***Go to question 38***

☐ Yes — ***Answer questions A to E***

☐ Don't know — ***Go to question 38***

A. How old were you when you had sexual intercourse for the first time?

☐ Younger than age 13
☐ Age 13
☐ Age 14
☐ Age 15
☐ Age 16 or older

B. How many people of the **opposite sex** have you had sex with?

☐ No opposite-sex partner
☐ One opposite-sex partner
☐ Two opposite-sex partners
☐ Three opposite-sex partners
☐ Four or more opposite-sex partners

C. How many people of the **same sex** have you had sex with?

☐ No same-sex partner
☐ One same-sex partner
☐ Two same-sex partners
☐ Three same-sex partners
☐ Four or more same-sex partners

D. Which of the following did you or your partner use to prevent pregnancy or sexually transmitted diseases (STDs) or VD the **last time** you had sexual intercourse?

Check all boxes that apply

- ☐ Nothing
- ☐ Birth control pill, Norplant, or Depo Provera
- ☐ Foam, cream, jelly, or suppository
- ☐ Diaphragm or sponge
- ☐ Rubber or condom
- ☐ Withdrawal or pulling out
- ☐ Something else

E. Have you ever been pregnant (***GIRLS***) or gotten someone pregnant (***BOYS***)?

☐ No ☐ Yes ☐ Don't know

	No	Yes	Don't know
38. Is there a working smoke detector or smoke alarm in your home?	☐	☐	☐
39. Does anyone in your household smoke cigarettes? *Don't count yourself if you smoke*	☐	☐	☐
40. Is there a working fire extinguisher in your home?	☐	☐	☐
41. Are there any guns in your home?	☐	☐	☐

42. In general, is there a certain time of night when you have to be home on **SCHOOL NIGHTS**?

If you are not in school now, think about the last month you were in school

- ☐ Not usually permitted to go out on school nights
- ☐ Have to be in by 8:00 pm
- ☐ Have to be in by 9:00 pm
- ☐ Have to be in by 10:00 pm
- ☐ No particular time

Section E

The next questions are about how you would deal with a common problem

IMAGINE: *You have had a big fight with a close friend and you think that he or she did not understand you and would not listen to what you were saying.*

For each statement below, decide how likely you would be to act that way . . .	**Very unlikely**	**Somewhat unlikely**	**Somewhat likely**	**Very likely**
43. I would talk to others to get advice	☐	☐	☐	☐
44. I would try to see the good that could come out of the situation	☐	☐	☐	☐
45. I would figure out who was to blame for the situation, and blame them (or myself)	☐	☐	☐	☐
46. I would try to solve the problem directly	☐	☐	☐	☐
47. I would talk about how I was feeling to a friend	☐	☐	☐	☐
48. I would try to calm myself down	☐	☐	☐	☐
49. I would keep thinking and wishing this thing had never happened	☐	☐	☐	☐
50. I would turn to my family or other adult to help me feel better	☐	☐	☐	☐
51. I would do something else	☐	☐	☐	☐

In the PAST 4 WEEKS, how often did you eat the following types of foods. . .	**Rarely or never**	**A few days a month**	**Several days a month**	**About every day**	**More than once a day**
52. Fruits or vegetables?	☐	☐	☐	☐	☐
53. Meat, chicken or fish that was not fried	☐	☐	☐	☐	☐
54. 2 % or skim milk, or yogurt?	☐	☐	☐	☐	☐
55. Grains and cereals like whole-wheat bread, bran cereals, or beans?	☐	☐	☐	☐	☐
56. Fast foods, such as fried chicken, french fries, onion rings, and hamburgers?	☐	☐	☐	☐	☐
57. Salty foods, such as salted pretzels, chips, or pickles?	☐	☐	☐	☐	☐
58. Sweets such as regular soda, doughnuts, candy bars?	☐	☐	☐	☐	☐

SECTION F

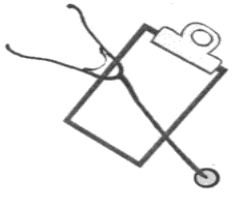
This section is about health problems that you had in the **PAST 12 MONTHS**

In the PAST 12 MONTHS, how many times did you have . . .

	None	Once	2 times	3 times	4 or more times
1. A cold or flu?	☐	☐	☐	☐	☐
2. Sinus trouble or sinusitis?	☐	☐	☐	☐	☐
3. A sore throat or tonsillitis?	☐	☐	☐	☐	☐
4. An ear infection?	☐	☐	☐	☐	☐
5. Upset stomach with vomiting or diarrhea or fever?	☐	☐	☐	☐	☐
6. Bronchitis?	☐	☐	☐	☐	☐
7. A skin infection?	☐	☐	☐	☐	☐
8. Pneumonia?	☐	☐	☐	☐	☐
9. A bladder infection or urinary tract infection?	☐	☐	☐	☐	☐
10. Any fungal diseases like athlete's foot or ringworm?	☐	☐	☐	☐	☐
11. Infectious mononucleosis (mono)?	☐	☐	☐	☐	☐

Do you NOW have . . .	**No**	**Yes**
12. A speech problem such as a lisp, stammering, or stuttering?	☐	☐
13. A part of your body that is disabled or deformed?	☐	☐
14. A vision problem?	☐	☐
15. A hearing problem?	☐	☐

Has a doctor ever said you had . . .	**No Never**	**Yes, but NO PROBLEMS with it in last 12 months**	**Yes, and HAD PROBLEMS with it in last 12 months**
16. Serious acne, eczema or other allergic rashes?	☐	☐	☐
17. Gum disease (not tooth cavities)?	☐	☐	☐
18. Asthma?	☐	☐	☐
19. Sugar diabetes (sugar in the blood)?	☐	☐	☐
20. Hepatitis?	☐	☐	☐
21. Sickle cell anemia?	☐	☐	☐
22. Anemia, tired or thin blood?	☐	☐	☐
23. Rheumatic fever?	☐	☐	☐
24. Heart disease or a heart condition?	☐	☐	☐
25. Migraine headaches?	☐	☐	☐
26. Epilepsy (seizures)?	☐	☐	☐
27. Arthritis or any joint disease or joint problem?	☐	☐	☐
28. Curvature of the spine or scoliosis?	☐	☐	☐
29. Any other condition affecting the bone, cartilage, muscle, or tendon?	☐	☐	☐
30. An emotional/mental problem or behavior problem?	☐	☐	☐
31. A learning disability or attention disorder?	☐	☐	☐



Has a doctor ever said you had . . .

	No Never	Yes, but NO PROBLEMS with it in last 12 months	Yes, and HAD PROBLEMS with it in last 12 months
32. An eating disorder like anorexia or bulimia?	☐	☐	☐
33. Lead poisoning?	☐	☐	☐
34. Hay fever or allergies?	☐	☐	☐
35. A sexually transmitted disease (STD) or venereal disease (VD) like gonorrhea (clap), syphilis, chlamydia, genital warts, or genital herpes?	☐	☐	☐
36. Any other serious disease?	☐	☐	☐
☞ ***If yes, please describe:*** _____			
37. ***FOR GIRLS ONLY:*** Pelvic inflammatory disease (PID)?	☐	☐	☐

38. About how many tooth cavities have you ever had?

- ☐ None
- ☐ 1 or 2 cavities
- ☐ 3 or 4 cavities
- ☐ 5 or more cavities
- ☐ Don't know

In the PAST 12 MONTHS, did you have any of the following injuries . . .	**No**	**Yes, but I DID NOT see a doctor or a nurse**	**Yes, and I DID see a doctor or a nurse**
39. A bad cut or scrape?	☐	☐	☐
40. A bad sprain or torn ligament?	☐	☐	☐
41. A broken bone, dislocated joint, or broken nose?	☐	☐	☐
42. A bad head injury or concussion?	☐	☐	☐
43. A gun shot wound or stab wound?	☐	☐	☐
44. A bite from another person or animal?	☐	☐	☐
45. A bad burn?	☐	☐	☐

46. During the **PAST 12 MONTHS**, how many times did anyone physically hurt you on purpose?

☐ None *Go to section G*

☐ 1 time

☐ 2 times

☐ 3 times

☐ 4 or more times

A. Did being hurt by someone . . .	**No**	**Yes**
(1) Cause a change in your feelings (like fear or depression)?	☐	☐
(2) Cause a change in what you do (like where you go and how you act)?	☐	☐
(3) Cause a physical injury?	☐	☐
(4) Cause you to get medical treatment?	☐	☐

B. Did you know any of the people who hurt you?

☐ No ☐ Yes

SECTION G

Thinking about your family, about how many days in the PAST 4 WEEKS did your parents or other adults in your family . . .

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
1. Spend time with you doing something fun?	☐	☐	☐	☐	☐
2. Talk with you or listen to your opinions and ideas?	☐	☐	☐	☐	☐
3. Eat meals with you?	☐	☐	☐	☐	☐

In the PAST 4 WEEKS, on how many days . . .

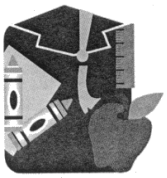
	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
4. Have you liked being a member of your family?	☐	☐	☐	☐	☐
5. Did you and your family get along?	☐	☐	☐	☐	☐
6. Did you lie or cheat?	☐	☐	☐	☐	☐
7. Did you argue a lot?	☐	☐	☐	☐	☐
8. Did you hang around with others who get into trouble?	☐	☐	☐	☐	☐

In the LAST 4 WEEKS that you were in school, on how many days did you . . .

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
9. Disobey at school?	☐	☐	☐	☐	☐
10. Have trouble getting along with your teachers?	☐	☐	☐	☐	☐
11. Have trouble concentrating or paying attention in school?	☐	☐	☐	☐	☐
12. Have trouble getting your school work done?	☐	☐	☐	☐	☐

Section G

13. Which of the following statements best describes how you did in school in the **PAST 4 WEEKS?**



If you are not in school now, think about the last month you were in school

☐ Excellent student ☐ Average student

☐ Good student ☐ Below average student

14. Which of the following statements best describes how you did your homework in the **PAST 4 WEEKS?**

If you are not in school now, think about the last month you were in school

☐ Did very well, could not do better

☐ Did about as well as I could

☐ Could have done a little better

☐ Could have done much better

Have you done any of the following things in the PAST 2 SCHOOL YEARS?
(including this school year)

If you are not in school now, think about the last 2 years you were in school

	No	**Yes**
15. I dropped out of school.	☐	☐
16. I was on the honor roll.	☐	☐
17. I received a school award or prize.	☐	☐
18. I failed a subject.	☐	☐
19. I failed a grade (had to repeat a year).	☐	☐
20. I was suspended or expelled.	☐	☐
21. I was an officer in a school club or organization.	☐	☐

The following questions are about work, things like a part-time job, babysitting, a paper route, or mowing lawns.

22. In the **PAST 4 WEEKS**, did you earn any money **other than** from work you do at home?

☐ No *Go to Question 27*

☐ Yes

A. About how many days do you work for pay **each week**?

☐ 1 day ☐ 4 days

☐ 2 days ☐ 5 or more days

☐ 3 days

B. About how many hours do you usually work for pay **each week**?

☐ 1 to 5 hours ☐ 16 to 20 hours

☐ 6 to 10 hours ☐ 21 or more hours

☐ 11 to 15 hours

In the PAST 4 WEEKS, how often did you do the following . . .

	Never	Once or twice	Several times
23. I was late for work.	☐	☐	☐
24. I was absent from work.	☐	☐	☐
25. I failed to do the things I was supposed to do.	☐	☐	☐
26. I had trouble getting my work done.	☐	☐	☐

Do you feel that . . .	No	Yes
27. There is an adult you could turn to for help if you have a real problem?	☐	☐
28. There are any adults who are really interested in what you do and encourage you to do your best?	☐	☐
29. You are safe in school?	☐	☐
30. You are safe in your neighborhood?	☐	☐
31. Overall, you are challenged to do your best?	☐	☐

Please turn the page

Thank you for filling out the Teen Health Survey!

In appreciation of your efforts we will make a contribution on your behalf to a charitable organization of your choice. Please choose an organization from the list below, or write in another organization to which you would like us to make a contribution.

☐ Make-A-Wish Foundation

Grants the wishes of children with life-threatening illnesses.

☐ Camp Ronald McDonald for Good Times

Offers regular camp activities adapted to the needs of campers. For anyone under 18 who has had cancer or a similar illness. Also offers a camp for siblings.

☐ Paul Newman Hole in the Wall Gang Camp

Residential summer camp in Connecticut where children with cancer or other serious blood diseases can find camaraderie and "be a kid."

☐ Barretstown Gang Camp

An international summer program for seriously ill children set in Ireland's Wicklow Mountains.

☐ Lance Armstrong Foundation

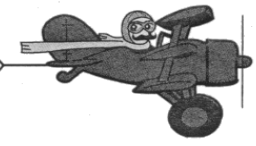
Helps people manage and survive cancer by providing information, services, and support.

☐ Other ☞ Please describe:

After completing this questionnaire, please return by using the enclosed envelope, and mail to:

Long-Term Follow-Up Study
Department of Pediatrics
University of Minnesota
420 Delaware St. SE, Mayo Mail Code 715
Minneapolis, MN 55455

THANK YOU!!



We hope you have enjoyed filling out the survey.