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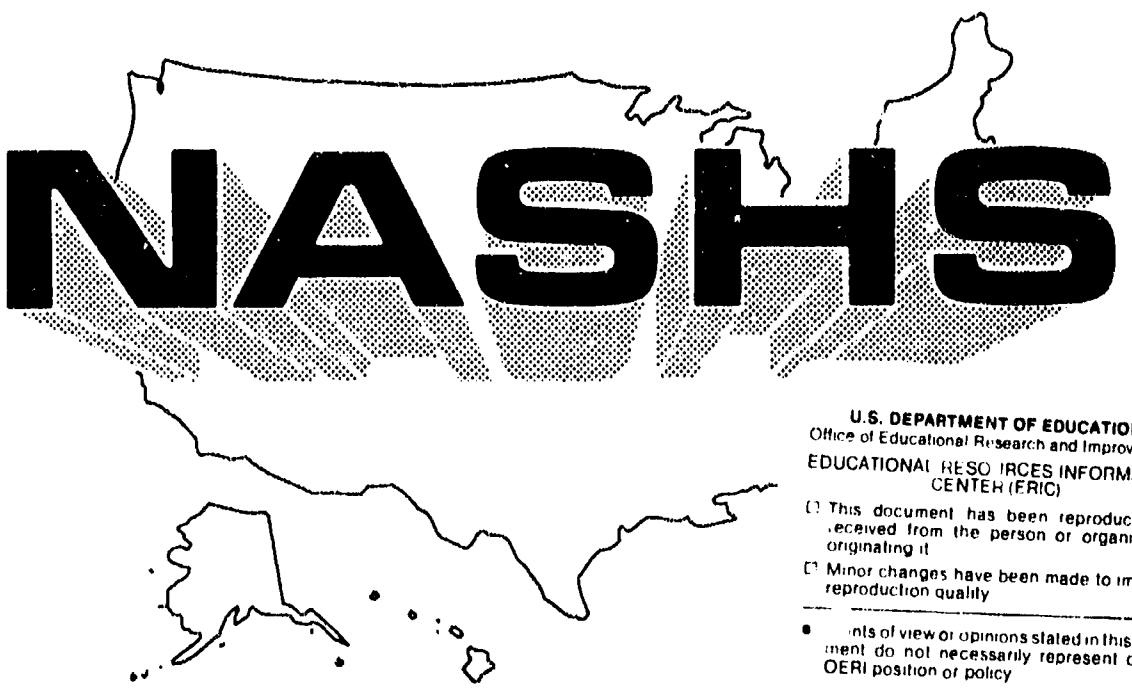
ABSTRACT

The National Adolescent Student Health Survey (NASHS) was designed to assess students' health-related knowledge, attitudes, and behaviors in eight areas of critical importance to the health of youth. Two grade levels, eighth and tenth, were chosen to be the focus of the study. The survey provides a national profile of students at these two grade levels in the following areas: (1) injury prevention; (2) suicide; (3) AIDS; (4) sexually transmitted disease; (5) violence; (6) tobacco, drug, and alcohol use; (7) nutrition; and (8) consumer skills. The survey was administered to more than 11,000 students in the fall of 1987. The results of the study are presented by content area. Each section begins with a brief description regarding the importance of the content area to adolescent health. A brief synopsis of the survey items and findings is also provided in the introductory paragraphs. Highlights of key results from the survey are provided with references to the survey booklets used in the study and to comprehensive tables which follow each section. These tables present the percentage of students who selected each response option for every item on the survey in a given content area. An analysis is presented of the implications of the results. Recommendations are made on curriculum development, health instruction, professional preparation, legislation, and community cooperation. The survey booklets are appended. (JD)

The National Adolescent Student Health Survey

A Report on the Health of America's Youth



American School Health Association
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"The direction in which
education starts a man
will determine his future life."

Plato, *Phaedo*

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Foreword

Frequently in the past few years we have received the results of studies measuring the knowledge levels of children and youth in such areas as math, science, geography, reading, and writing. The Public Health Service itself has added to the survey literature on the state of America's youth by reporting on the physical fitness of children and youth from 6 through 17 years of age. Each report deepens our concern that today's school-age children and teenagers are not learning enough to take their places in the challenging world of adulthood. These surveys have served important purposes in focusing policy and program attention on educational improvements. Now we have a report on health that complements the other studies.

The National Adolescent Student Health Survey (NASHS) is the first major national study of adolescents' knowledge, attitudes, and behaviors related to health in more than 20 years. Its findings confirm a lot of what we knew and suspected already about young people and health; they also suggest to us the importance of developing more effective health education and health promotion approaches directed at a number of risks to which this age group is particularly vulnerable. From AIDS to use of tobacco, from nutrition to safe driving, young people form what we in public health refer to as a high risk population. They need special preventive attention to survive the deadly risks which surround them.

The findings of this study should have the effect of galvanizing our resolve to improve the health profile of America's youth, just as those other studies provoked resolutions to improve math, science, and other parts of the educational curricula. It should be clear to all that the health issues facing our youth are matters of life and death. They form another one of the educational "basics." They should be required, not elective. The health profile of a school, as measured by survey instruments like the one used for the NASHS, is as important an indicator of that school's effectiveness and quality as are its academic or athletic standings.

If the NASHS contributes to a move toward universal comprehensive school health education and to effective supplemental health promotion programs aimed at children and youth, it will have served a very significant purpose. That has been the reason for our support of it from the outset. It provides guidance as we chart a preventive health strategy for the next decade through the Year 2000 National Health Objectives. It offers special impetus to the programs of our Federal collaborators in this project — the Center for Chronic Disease Prevention

and Health Promotion at the Centers for Disease Control and the National Institute on Drug Abuse of the Alcohol, Drug Abuse, and Mental Health Administration. It suggests important work to be done by the cooperative private organizations that supervised the development and implementation of this study — the Association for the Advancement of Health Education, the Society for Public Health Education, and the American School Health Association. And it justifies the fine, professional performance of this study by IOX Associates.

I salute all who had a part in the NASHS and call us all to redoubled efforts to accomplish improvements in the knowledge and behaviors of children and youth in the years to come.

J. Michael McGinnis, M.D.
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention
and Health Promotion

Preface

Almost a quarter of a century ago the last national report concerning the health of American youth was issued. This report, referred to as the "SHES" study (for *School Health Education Study*), has had a tremendous impact on curriculum development and health trends in general since its publication. It sought to answer the very basic questions of, "What is actually happening in the area of health with America's youth?, What do they do?, and What do they know?" Because it is considered to be one of the most crucial and influential works in the field of health education, many throughout the years have asked if it would ever be repeated.

Although times may change, fundamental questions never do. The concerns and objectives which prompted the SHES study are still relevant. That is why nearly five years ago B.E. "Buzz" Pruitt, Robert Gold, and Glen Gilbert pooled their talents and put together the basic concept of what was needed in order to once again provide objective answers to basic questions concerning adolescent health. They were instrumental in obtaining project funding and convening the first planning group for this study. Numerous small studies had been implemented, but there was nothing on a national scale to furnish the information desired. Objective data regarding the health behaviors, attitudes, and knowledge of youth was needed in order to base the future direction of educators, parents, communities, governmental agencies, and the students themselves in the area of health education.

Several years of planning and preparation went into this project before it was ever seen by a student. It was recognized from the inception of the project that it was beneficial for three major national organizations concerned with health education (the Association for the Advancement of Health Education, the American School Health Association, and the Society for Public Health Education) to join efforts for maximum impact in a project of this scale. Although the major funding for this project was provided by the Office of Disease Prevention and Health Promotion, it was felt that several other federal agencies which deal with school health issues needed to be involved throughout the project.

Many people contributed their time and effort in order to make this study a reality. The sponsoring agencies included the Office of Disease Prevention and Health Promotion, the National Institute on Drug Abuse, and the Centers for Disease Control. The capable and diligent staff of IOX Assessment Associates worked with the project throughout the entire process. W. James Popham, Janet L. Collins, and Eloise M. Appel of IOX conducted all aspects of the study and authored the material contained in chapters one and two of this publication.

Macro Systems, Inc. and National Computer Systems contributed in various ways to the data collection. The American Alliance for Health, Physical Education, Recreation, and Dance assisted in providing various staff members for a variety of tasks associated with the project, as did the cooperating organizations, the Association for the Advancement for Health Education, the American School Health Association, and the Society for Public Health Education. Individuals who have helped so much in this effort are too numerous to acknowledge individually, but we hope they know that their efforts are greatly appreciated. Finally, we would like to thank all the school administrators, teachers, and students who took the time and effort to help us with the survey, and without whom there would be no data available.

The results of NASHS indicate that many youth of today are at risk. Parents, schools, communities, and students themselves need to assess the results presented herein and take action to help resolve and overcome these health risks. Programs in health education need to be improved and/or implemented where none now exist. It also appears that health education must be improved at all levels. The study reveals the need for comprehensive health education programs which serve as the umbrella for a wide variety of health topics and efforts. More attention needs to be paid to the training of those who serve as instructors in the area of health education so that they are prepared to deal with the issues revealed by this study.

We hope the true end result of NASHS will be an awareness of the issues, a concern and commitment to work to better the health of America's youth, and the desire to undertake the work necessary to ensure that positive trends in adolescent health continue to improve and the alarming trends are overcome.

Becky J. Smith
NASHS Project Director

Introduction

The National Adolescent Student Health Survey (NASHS) was designed to assess students' health-related knowledge, attitudes, and behaviors in eight areas of critical importance to the health of youth. Two grade levels, eighth and tenth, were chosen to be the focus of the study. The eighth grade was selected at the junior high school level, and the tenth grade was selected at the high school level. The survey provides a national profile of students at these two grade levels in the following health areas:

- Injury Prevention
- Suicide
- AIDS
- Sexually Transmitted Disease (STD)
- Violence
- Tobacco, Drug, and Alcohol Use
- Nutrition
- Consumer Skills

During 1961-1963, the first comprehensive study of students' health knowledge, attitudes, and behaviors was undertaken in the United States as part of a large ten-year research and curriculum effort. The result was the School Health Education Study (Sliepcevich, 1964) which has had a tremendous impact on health curriculum and health instruction to the present day. Twenty-five years later, the architects of the NASHS study had a similar goal in mind, namely to focus attention on areas of grave concern to adolescent health, and to provide data necessary to significantly improve school and community health education programs and, ultimately, the health of America's youth.

The survey was initiated in 1985 by three national health education organizations: the American School Health Association (ASHA), the Association for the Advancement of Health Education (AAHE), and the Society for Public Health Education, Inc. (SOPHE). These organizations worked together under a cooperative agreement established with the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD). Funding for the project, as well as assistance in planning and development, was provided by the Office of Disease Prevention and Health Promotion of the Office of the Assistant Secretary for Health, the Center for Health Promotion and Education of the Centers for Disease Control, and the National Institute on Drug Abuse of the Alcohol, Drug Abuse, and Mental Health Administration.

A steering committee of individuals representing the three health education organizations, the three funding agencies, and other experts in the field, moved the survey through all of its phases and provided overall guidance and direction for the project. IOX Assessment Associates of Los Angeles, California, helped to develop, administer, and analyze the survey documents. Under the direction of IOX, Macro Systems, Inc., of Silver Spring, Maryland, designed the sampling plan, and National Computer Systems of Iowa City, Iowa, designed and scanned the response forms.

The survey sponsors and all those who have contributed to this study anticipate that the findings will spur improvements in health education at all levels, from teachers in classrooms to policy makers at the federal level. For example, it is envisioned that the results will provide data relevant to establishing new national health goals, such as the National Health Objectives for the Year 2000*, and will be used to evaluate the nation's progress in meeting the health education needs of adolescents throughout the coming decade.

As a result of the NASHS study, comprehensive data are available for the first time in 25 years on issues of critical importance to the health of youth. This data can serve as evidence of the need for health education programs where none currently exist and can assist in improving the quality of ongoing programs in schools and communities. Furthermore, the data can increase public awareness, including parental awareness, of the serious health issues being faced by adolescents, and lead to appropriate public policies to address these issues.

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*The Year 2000 National Health Objectives is an initiative led by the U.S. Public Health Service, in cooperation with a consortium of approximately 200 professional and voluntary organizations and state health departments, to focus attention on twenty-one health priority areas. These areas are targets for improving, increasing, or maintaining preventive services, environmental protection, and certain aspects of healthy lifestyles in order to reduce preventable disease and disability. The objectives will be published by the Surgeon General in a Report on Disease Prevention and Health Promotion scheduled for release in mid-1990.

Through the years, noted health educators have cited the need for the development and implementation of comprehensive school health education programs. This need is further substantiated by the results of this survey. Indeed, if these results assist in providing more adolescents with effective comprehensive health instruction, the ultimate purpose of the study will be served.

1 Methods and Procedures

As is true of those who undertake any study that encompasses a broad spectrum of concerns for an entire segment of the nation's population, those who participated in the development and implementation of the NASHS were aware of the enormous task before them. The ideas for what the survey should address came easily enough, but then came the task of taking those general ideas and making the survey and its results a reality. What is presented here are the major project activities and how they were developed and implemented. A timeline for these activities is presented in Table 1-1.

Instrument Development

The first step was to select a group of individuals, respected in their fields and representing their various organizations and agencies, to serve as a steering committee for the project. These individuals would serve throughout the process as a sounding board for ideas, would themselves be major sources for those ideas, and would guide the project through its various components and activities. The steering committee identified the eight high priority health areas that were included in the survey. These content areas were selected based on their significance to the health of youth, the fact that they did not duplicate any other national data set, and the need for data relevant to the National Health Objectives for the Year 2000.

Once the health areas were identified, individuals specializing in those areas, soon to be referred to as the expert panel members, were assembled (see Appendix A). Their task was to delineate the most critical behaviors, attitudes, and knowledge to be assessed in each area. IOX Assessment Associates staff conducted meetings with these specialists and summarized their recommendations concerning the survey content in each of the eight health areas. Once all of the panels had met, the steering committee convened to review the meeting summaries and to determine the specific content for survey item development. Based on the steering committee's deliberations, the IOX project staff developed the survey items in each content area. Each expert panel reviewed the items developed for their area and provided recommendations for item revision.

Table 1-1 NASHS Timeline

Project Activity	1985	1986											1987												1988												1989		
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J
Survey Areas Identified	X																																						
Survey Content Identified		X	X	X																																			
Item Development					X	X	X	X																																
Informal Field Test								X	X	X																														
Item Revision									X	X	X	X																												
Formal Field Test													X	X																										
Final Items Selected															X																									
Sample Drawn for National Study															X	X																								
State Department, School District, and School Recruitment																	X	X	X	X	X	X	X																	
School Participation Confirmed																								X	X															
Survey Administrators Trained																									X															
National Data Collected																									X	X	X													
Data Analyzed																												X	X	X	X	X	X	X					
Press Release																																			X				
Final Report																																				X			
Replication Package																																					X		

Upon finalizing the survey items in each area, field tests of those items were conducted in small focus groups composed of eighth- and tenth-grade students. Approximately 150 students responded to the items and discussed ideas for improving their readability. Teachers and school health education specialists were also asked to review the items and to provide recommendations for improvement. Items were revised throughout the field testing procedure. Data from these preliminary tests were summarized for each item and presented to the steering committee which suggested further revisions.

A formal field test was conducted during the fall of 1986 with eighth- and tenth-grade students from 14 public schools. A total of 463 students representing diverse socioeconomic and ethnic groups participated in the field test. Again the results were summarized and presented to the steering committee. On the basis of this data, the steering committee made the final selection of items to appear on the survey instruments.

The only exception to this development process occurred in the area of drug and alcohol use. The survey items in this area were selected by representatives of the National Institute on Drug Abuse (NIDA) from the "Monitoring the Future" survey developed by the University of Michigan's Institute for Social Research.

Thus all items included in the final survey instruments had been thoroughly reviewed by specialists in the fields, educators, and students themselves for content validity, readability, and relevance to the study and the health of the nation's youth. The items developed for each area were then used to construct three computer-scannable booklets. Rather than have all content areas represented in each booklet, it was decided to group the questions topically with a mixture of areas specific to each booklet. Two areas, that of demographics and core health items, were included in each of the three booklets. Booklet one (form 1) contained injury prevention, suicide, and consumer skill questions. Booklet two (form 2) contained questions on fighting and violence, and on tobacco, drug, and alcohol use. The third booklet (form 3) included questions concerning AIDS, sexually transmitted diseases, and nutrition.

When the survey was administered, the forms were sequentially ordered for distribution to the participants in each classroom. This procedure was designed to ensure that representative subsamples of students

completed each survey form. The number of students by sex and grade who completed each form is presented in Table 1-2.

Sampling Plan

Macro Systems, Inc., designed and conducted the sampling and weighting procedures for the study to obtain a nationally representative cross-section of eighth- and tenth-grade students. The 50 states and the District of Columbia formed the frame within which primary sampling units (PSUs) were defined. Each of the 60 largest Standard Metropolitan Statistical Areas (SMSAs) was designated as a PSU. All other counties were configured into non-SMSA PSUs (note: non-SMSA PSUs may have included SMSAs other than the 60 largest) based on a target population of 50,000 persons residing in each PSU, and contiguity of counties comprising a single PSU.

The SMSA and non-SMSA PSUs were grouped into 27 geographic strata that were regionally compact and approximately equal in population. Of the 27 strata, 13 represented urban regions and 14 were rural regions. One PSU was then randomly selected from each stratum based on a probability proportional to the estimated population for ages 13 and 15. In approximately half of the cases, the PSU was further subsampled in order to cluster the study schools.

Sampling among schools was done using the Market Data Retrieval database of all public and private schools for the selected counties. In each county the schools were selected based on a probability proportional to their estimated enrollments for the eighth and tenth grades. Schools which had estimated enrollments of fewer than 60 students were linked with

Table 1-2
Number of Students Completing Each Form by Sex and Grade

Form	8th Grade		10th Grade		Total
	Male	Female	Male	Female	
1	1,026	1,035	955	982	3,998
2	924	1,023	949	893	3,789
3	937	914	891	890	3,632
Total	2,887	2,972	2,795	2,765	11,419

another school. A total of 220 schools was selected to form the original sample. Replacement schools were selected for each PSU using the same procedures.

School Recruitment

At this point, school selection changed from the impersonal name on a database to the personal. Introductory letters and project materials were sent to the state departments of education, district or county superintendents, and school principals. Follow-up phone calls were also made to discuss the study and the possibility of the school's participation. Recruitment began in March 1987 with a mailing to health education administrators in state departments of education in 20 states. In a follow-up phone call, additional information about the study was provided to state health officials who were asked for advice regarding appropriate strategies for obtaining the cooperation of the identified schools. Direct state level assistance was also solicited and, in more than half of the states, support was provided in the form of a letter or telephone call encouraging district/school participation in the study.

In May 1987, an introductory letter along with literature describing the project was sent to the principals of the 220 public and private schools. Approximately one week after the materials were sent, project staff called each principal to answer questions about the study and to discuss school participation. Simultaneously, the same literature was sent to the district or county superintendents for the selected schools and they were notified that approval was being sought from the principals for school participation. In districts where three or more schools had been selected, superintendents were first contacted to secure district level approval for the participating schools in their districts. Typically, principals in those districts were then contacted by district personnel regarding the participation of their school in the survey.

Once the schools had agreed to participate, letters of confirmation were sent. If school officials declined their school's participation, another school from the list was selected. The same recruitment steps would then be taken to secure the participation of the replacement school in the survey. Health education officials of the state departments of education were notified of participating schools in their state once participation was confirmed.

The school participation rate for this study is based on school units. Each school unit equaled a selected grade level from each participating school. The original NASHS school sample consisted of 230 randomly selected

eighth- and tenth-grade school units representing 220 different junior and senior high schools. Ten of the 220 schools were combination junior/senior high schools, and each of these schools contributing both eighth- and tenth-grade classes to the sample.

Of the original 230 school units, 175 (76%) agreed to participate in the study. The 55 school units that did not agree to participate were replaced with 49 replacement school units. It was not necessary to replace all 55 school units because several of these school units were linked to other school units with sufficiently large enrollments. Thus, the final sample for the study consisted of 224 school units representing 217 different junior and senior high schools. The number of participating school units for public and private schools at each grade level is shown in Table 1-3.

Each participating school unit was asked to provide three classes of students to complete the survey. An average class size was estimated to be about 20 students; in schools with small class sizes (N< 15), two classes were combined to form a class. If a school, or a linked pair of schools, had fewer than 75 students at the selected grade level then all students at that grade were included in the sample.

Classes were selected within each school according to a standardized procedure. This procedure entailed the identification by school personnel of a subject area, for example English, that all eighth- or tenth-grade students were required to take during the fall semester. Efforts were made to ensure that all students who were physically able to complete the survey at the selected grade level were included in the population to be sampled. School personnel then identified all class periods during which the selected subject area was taught at the chosen grade level. Using a random number table, project staff indiscriminately selected three class periods.

Table 1-3
Number of Participating School Units

	Grade		
	8th	10th	Total
Number of Public School Units	96	94	190
Number of Private School Units	24	10	34
Total Number of School Units	120	104	224

Once the class periods were determined, school personnel supplied the names of all the instructors of the selected subject area who taught during those class periods. Project staff then randomly selected one teacher from each class period. These selection procedures were designed to ensure that all students, with the exception of non-English speaking and full-time special education students, had an equal opportunity of being included in the survey.

Survey Administration

The project staff recommended that participating schools inform parents about the survey and provide them the opportunity to exclude their children from participation. Standard consent forms which described the purpose of the study and the content areas to be surveyed were provided three weeks prior to the survey administration date. Teachers in the selected classes distributed the forms to students to take home. Parents who preferred that their children not participate in the study were directed to sign and return the form, and those students who returned signed forms to their teacher were excluded from participation in the study.

In order to implement the study, eight public school teachers and four health educators were recruited to serve as data collectors. At the same time, the project staff created an Administration Manual to serve as a prescriptive blueprint for the survey administration activities to be conducted at each school, including a script of oral administration directions. The staff conducted a half-day orientation/training workshop in October 1987 for the data collection staff, to review the data collection procedures described in the NASHS Administration Manual. Also, considerable attention was devoted during the training session to the importance of creating an environment that would ensure candid responses from students.

To ensure standard administration procedures, each data collector was observed by one of the project staff during their first survey administration. This allowed the data collectors to receive immediate feedback regarding deviations from established procedures.

Student Participation

During each class period, the data collector determined, with the assistance of the teacher, the total number of students enrolled, the number of students absent, and the number of students either refusing to participate

or excluded by their parents. On average, 9.4% of the enrolled students were absent on the day of administration, and 3.1% of the students, although present, did not participate.

Information regarding the sex, age, and ethnicity of the weighted student sample is presented in Tables 1-4, 1-5, and 1-6 by grade level.

Arrangements were made with each participating school for data collection to occur on a single day between October 12 and December 15, 1987

Teachers of the participating classes were asked to be passive observers while the trained data collectors handled all aspects of the survey admini-

Table 1-4
Percentage of Participating Students by Age and Grade

	Grade		
Age	8th	10th	Total
11 years or younger	.2	.06	.1
12 years	2.8	.03	1.4
13 years	62.9	.4	30.3
14 years	26.9	2.8	14.4
15 years	5.9	62.0	35.2
16 years	1.1	27.9	15.0
17 years	.2	6.8	3.6

Table 1-5
Percentage of Participating Students by Sex and Grade

	Grade		
Sex	8th	10th	Total
Male	51.0	51.4	51.2
Female	49.0	48.6	48.8

stration. The three survey forms were sequentially ordered within each classroom to ensure random assignment. Each student completed only one form during a single class period. Students were instructed to read the directions printed on the first page of the survey booklet, then the data collector provided a brief introduction to the study and further instructions on completing the survey instrument. Ensuring student privacy was a primary concern. Thus, students were informed that participation was voluntary, that all responses would be anonymous, and that neither the data collector nor the teacher would walk around the room while the students were working. Completed questionnaires were placed in sealed envelopes at the end of each class period. After the last survey was administered at a school, all completed questionnaires were placed in a sealed box and returned to IOX Assessment Associates.

Data Analysis

Data from 12,067 students were returned to IOX, inspected, and then shipped in bulk to National Computer Systems, Inc., where a tape of the scannable answer documents was prepared. The IOX staff established a set of validity checks for each form of the survey and identified cases that exceeded a specified number of errors. These errors were occurrences in which a student provided contradictory or unlikely information, such as indicating participation in all high-risk sports at maximum rates. These

Table 1-6
Percentage of Participating Students
by Ethnicity and Grade

	Grade		
Ethnicity	8th	10th	Total
White	67.7	69.2	68.5
Black	16.9	17.6	17.3
Hispanic	9.2	8.8	8.9
Asian or Pacific Islander	2.4	2.4	2.4
American Indian or Alaskan Native	1.1	.6	.8
Other	2.8	1.4	2.1

cases were flagged and visually inspected for signs of random responding or patterned responding (e.g., marking all "3s"). Approximately 2% of these cases were excluded from further analysis based on the visual inspection. Furthermore, students who provided data in the area of drug use that was directly contradictory (e.g., indicating no use of a particular drug and later indicating the first grade in which they used the same drug) were excluded from analysis on a drug-by-drug basis.

Prior to weighting the sample, Macro Systems, Inc. deleted all cases in which respondents had failed to indicate their sex, as well as any cases in which a student's grade could not be determined. These procedures resulted in an additional 3% of the cases being deleted. Cases with missing data were included in analyses only for those items for which data were available.

The remaining 11,419 cases were weighted to reflect national estimates by adjusting for the probability of selection; that is, the product of the probability of selecting a particular county, by the probability of selecting a particular school, by the probability of selecting a particular student. The final weight for each student is the inverse of the probability of selection for that student. For example, if half of all the eighth-grade female students in the United States were randomly selected to participate in the survey, the probability of selection would be one-half. The weighting for these students would be one divided by one-half, or two. Each student's responses would represent two students and, therefore, would represent the full population of eighth-grade girls. A more detailed description of the weighting procedure is provided in Appendix B.

The data were then analyzed using the SPSS-X statistical package, which involved producing frequency distributions for each response option on every item for the total sample and separately for males, females, eighth-grade students and tenth-grade students. Multivariate tables also were constructed for eighth-grade males, eighth-grade females, tenth-grade males, and tenth-grade females. Results from these analyses are presented in Chapter 2.

The precision level of the NASHS estimates depends on the prevalence of the behavior being examined. Relatively frequent events, such as riding a bicycle (87%), or infrequent events, such as attempting suicide (14%), are generally accurate to within 2 percentage points at each grade level. Specifically this means that had every eighth- or tenth-grade student in the United States participated in the survey, the results would be within 2 per-

centage points of the present findings (or other similar samples) at least 90 times out of 100. Events with frequencies in the middle range, such as wearing a seat belt (41%), are generally accurate for each grade level within 3.5 percentage points.

Sampling errors for 30 of the most critical behaviors measured by the survey are presented in Appendix B. Sampling variances were estimated using "complementary balanced half-sample pseudo-replication procedures" (Efron, 1982) which approximate the situation in which a survey is replicated independently several times, and sampling variances are estimated from the variability of the estimates of the replicated surveys. Procedures for calculating sample variances are also provided in Appendix B.

Limitations of the Study

The sample of students selected for this study was intended to represent all eighth- and tenth-grade students in the 50 states and the District of Columbia. However, several factors may limit the accuracy with which the sample represents students nationwide, including: (1) not all schools from the original sample agreed to participate, (2) not all students selected in the sample agreed to participate, (3) self-report data may not reflect perfectly students' actual behaviors and attitudes, and (4) the sample drawn may not be perfectly representative of the total population. The effect of this last factor can be estimated statistically and is presented in the form of sampling errors in Appendix B. The effects of the other three factors cannot be quantified precisely; however, the likely impact of each source of error is discussed below.

School Participation Rate: Of the original sample of schools, 76% agreed to participate. Those that decided not to participate were replaced with a school randomly selected from the same geographic region. In analyzing the effects of nonparticipation, the primary factor of interest is whether there is a systematic difference between those schools that declined to participate and those schools that served as replacements. Selecting replacement schools randomly from the same geographic area was helpful in limiting the differences between schools. However, the reasons for schools declining to participate is also of interest. Approximately half of the schools that declined to participate cited concerns about the content of the survey and its potential for causing a negative response from the parents and the community at large. The remaining schools that declined to participate provided explanations unrelated to the survey content. The

primary reasons for schools declining to participate in the NASHS study are shown in Table 1-7.

In sum, the refusal rate for this study required that approximately one-quarter of the schools from the original sample be replaced. This rate of refusal is comparable to other major school-based studies (Johnston, et al., 1984; Fetters, 1975). Furthermore, only 10.5% of the schools from the original sample refused to participate based on concerns regarding the survey content. Thus, it is unlikely that the school nonparticipation factor had a significant effect on the findings.

Student Participation Rate: Completed questionnaires were obtained from 89% of the students enrolled in the selected classes at the eighth-grade level and 86% at the tenth-grade level. Approximately 3 percent of the students at each grade were either excluded by their parents or declined to participate. The remaining students (8% at the eighth grade and 11% at the tenth grade) were absent on the day of the survey. Adolescents who had dropped out of school were also not included in the sample. It should be noted that tenth-grade students were selected by the steering committee due to lower drop-out rates at that grade level than at higher grade levels.

Table 1-7
Number and Percentage of Nonparticipating Schools by Reasons for Refusal

Reasons for Refusal	No. of Schools Refused n=49	% of Non-participating Schools	% Of Original Sample n=220
Concerns regarding survey content	23	46.9	10.5
Involved in other research	9	18.3	4.1
Administrative changes	6	12.2	2.7
Too many other activities scheduled	6	12.2	2.7
Policy prohibiting research	5	10.1	2.3

The percentage of participating students in this study compares very favorably to similar studies (Johnston, *et al.*, 1984) and to most national household surveys. However, it is likely that drop-outs and students with higher than average absentee rates would report higher rates of some behaviors, such as drug use. Thus, failing to include these students in the sample may slightly underestimate some of the health concerns identified in this survey. Nevertheless, the relatively small percentage of students missing from the sample is not likely to have a large impact on the overall findings.

Validity of Self-Report Data: Another limitation of the study arises from the potential for distortion inherent in the use of self-reports. Unfortunately, there is no objective, practical method for determining the veracity of self reports in areas of personal behaviors and attitudes. However, numerous steps were taken during the administration of the survey to establish a setting which would ensure student privacy and encourage honest answers, even to questions about illicit practices. These steps included: (1) students were promised anonymity and were instructed not to put their names on the survey instrument, (2) students were told to leave blank any question that they could not answer honestly, (3) the regular classroom teacher did not participate in the administration procedures and was asked not to walk around the room, (4) students were not permitted to walk around the room and the data collector moved about only to answer students' questions, and (5) students were told in advance that the data collector would personally collect all the surveys and place them in a sealed envelope so that no one on the school premises would have access to the forms.

Thus, great effort was devoted to ensure student privacy and to increase the likelihood of honest responses. The following observations are also relevant to evaluating the likely validity of these self reports: (1) large numbers of students reported the use of illicit drugs and other socially unacceptable behaviors such as attempting suicide, (2) the rate of missing data never exceeded 10% of the sample on any given item (note: missing data corresponded more to whether an item appeared near the end of the survey than to whether the item dealt with a sensitive topic), and (3) where comparisons can be made, the NASHS results appear to be consistent with other national findings.

Undoubtedly, some students misrepresented their actual behaviors and attitudes when responding to the survey. Distortions both over- and under-representing certain behaviors are likely to occur with an adolescent population. However, based on the procedures and observations de-

scribed, it is likely that distortions in the data represent exceptions rather than the rule.

Two additional limitations of the study should be addressed, particularly for those individuals who wish to conduct further analyses. First, although students of various ethnic groups are represented proportionately in the sample, the subsamples of students are not necessarily representative of their respective ethnic groups on a national basis. Thus, any analyses conducted separately by ethnic group cannot be interpreted as national estimates. Second, it is important to keep in mind that different students responded to each survey form, thus simple correlational studies across health areas are limited to examining relationships among those items included on any given form.

2 Results

The results of the NASHS study are presented by content area in the following sections. The findings from the core health items are presented in the appropriate content sections with the exception of exercise behavior, which is presented in Appendix C. Each section begins with a brief description regarding the importance of the content area to adolescent health. For example, data regarding the leading causes of adolescent death and disability are cited, as is the risk of disease for adolescents in areas such as STD and AIDS. A brief synopsis of the survey items and findings is also provided in the introductory paragraphs. After the introduction, highlights of key results from the survey are provided with references to the survey booklets (numbers in parentheses) and to the comprehensive tables which follow each section. These tables present the percentage of students who selected each response option for every item on the survey in a given content area.

Injury Prevention

Unintentional injuries are the leading cause of death for young persons ages 15 to 25, accounting for half of all deaths (U.S. Department of Health and Human Services, 1988). Adolescent males are two to three times more likely than females of the same age to die from unintentional injuries. Motor vehicle accidents, including pedestrian injuries, are the primary cause of adolescent deaths. The next most common causes of adolescent death due to unintentional injuries are drowning, poisoning, firearms, and fires (National Research Council and the Institute of Medicine, 1985; National Safety Council, 1985).

The survey's injury prevention items focused primarily on the behaviors of adolescents that placed them at risk of a disabling injury or death. A significant proportion of students reported placing themselves at risk of serious injury on bicycles and motorcycles, and as occupants of motor vehicles by failing to use available safety devices. In addition, the majority of the boys reported that they engage in high-risk activities, such as riding all-terrain vehicles and using guns.

In general, students do not perceive their friends to be taking basic safety precautions, nor do they perceive their friends as being supportive of

others taking such precautions. However, when considering whether to use safety precautions, adolescents appear to give more weight to their parents' wishes and legal requirements than to peer influence.

Total Sample and Findings (T = Tables in which data are found)

Motor Vehicle Safety:

T.2-1 Only four out of every ten students (41%) reported wearing a seat belt the last time they rode in a car, truck or van. (I-III.5)

T.2-8 Fewer than one-quarter of the students (22%) reported that most of their friends usually wear a seat belt. (I.21)

T.2-1 Six out of every ten students (60%) reported riding on a motorcycle or minibike, but 42% of those indicated they that they rarely or never wear a helmet. (I.25)

T.2-1 Nearly four out of every ten students (39%) reported that during the past month they rode with a driver who had used drugs or had been drinking before driving. (I.24)

Bicycle Safety:

T.2-2 Nearly nine out of every ten students (87%) reported riding a
T.2-8 bicycle. Of those students, 92% report never wearing a helmet, and 62% believe that their friends would think that wearing a bicycle helmet "was a silly thing to do." (I.16, I.19)

T.2-2 Of the students who ride bicycles after dark (24%), nearly three-quarters (72%)reported never using a light. (I.18)

Pedestrian Safety:

T.2-3 Only 35% of the students reported that they usually cross at the corner when they need to walk across a busy street. (I.15)

T.2-3 Only 37% of the students reported that they usually walk facing oncoming cars when no sidewalks are available. (I.14)

Poisoning Prevention:

T.2-5 More than one-quarter of the students (27%) reported taking medicine prescribed for someone else during the past year. (I.22a)

Sex Differences:

T.2-7 Boys are much more likely to participate in high risk sports. For example, nearly three-quarters of the boys (71%) compared to fewer than half of the girls (46%) reported driving or riding a go-cart, snowmobile, or all-terrain vehicle during the past year, with more than one-quarter of the boys (28%) driving or riding more than 20 times. (I.22h)

T.2-6 Boys are more likely to place themselves at risk for injury in water sports. For example, 32% of the boys compared to 20% of the girls reported swimming in restricted or unsupervised areas during the past year. (I.22e)

T.2-7 Nearly two-thirds of the boys (64%) compared to 19% of the girls reported using a gun in the past year, with one-quarter of the boys (25%) using it more than 20 times. (I.22i)

Grade Differences:

T.2-1 Approximately 45% of the tenth-grade students reported that during the past month they rode with a driver who had used drugs or had been drinking before driving, compared to approximately 32% of the eighth-grade students. This difference may relate to increasing numbers of tenth-grade students with friends who drive. (I.24)

T.2-6 More than twice as many tenth-grade students (17%) reported using alcohol or drugs while swimming or boating during the past year as eighth-grade students (8%). (I.22g)

Table 2-1
Motor Vehicle Safety

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Wore Seat Belt Last Time in Vehicle:									
Yes	41.2	42.3	40.1	40.6	41.7	40.9	43.7	40.3	39.9
No	56.4	54.7	57.9	56.6	56.1	55.5	53.8	57.6	58.3
Don't Remember	2.5	3.0	1.9	2.8	2.2	3.5	2.5	2.1	1.8
Rode with Driver Who Used Drugs or Alcohol During Past Month:									
0 times	61.4	67.7	55.6	63.2	59.5	70.0	65.4	57.0	54.0
1-3 times	24.0	20.6	27.0	21.3	26.8	18.8	22.5	23.4	30.8
4-6 times	6.2	5.0	7.4	6.1	6.4	4.4	5.6	7.6	7.1
7-10 times	3.7	2.9	4.5	3.2	4.2	1.8	4.0	4.5	4.5
11-20 times	1.8	1.0	2.5	2.1	1.4	1.1	0.9	3.1	1.8
>20 times	3.0	2.8	3.2	4.1	1.7	3.8	1.7	4.4	1.8
Prevalence of Riding a Motorcycle or Minibike	59.9	59.8	60.0	70.8	48.4	69.9	49.1	71.7	47.7
Frequency of Motorcycle Helmet Use[1]:									
Never	29.0	27.5	30.4	29.6	28.1	28.9	25.3	30.3	30.7
Rarely	13.4	13.9	13.0	12.6	14.7	12.5	16.1	12.6	13.4
Sometimes	10.2	9.5	10.7	11.0	8.8	11.5	6.6	10.6	10.9
Usually	14.7	13.2	16.1	15.1	14.2	12.4	14.5	17.5	13.9
Always	32.7	35.8	29.8	31.7	34.2	34.7	37.5	29.0	31.0

[1]Percentages for each response are based only on those students (59.9%) who ride a motorcycle or minibike.

Table 2-2
Bicycle Safety

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	10th Female	10th Male	10th Female
Prevalence of Riding a Bicycle	87.1	91.5	83.1	90.7	83.4	94.2	88.7	87.5	78.4
Frequency of Bicycle Helmet Use[1]:									
Never	91.9	92.2	91.6	89.7	94.4	90.1	94.6	89.2	94.3
Rarely	4.1	4.0	4.1	5.1	2.9	5.0	2.9	5.2	2.9
Sometimes	2.4	2.4	2.5	3.5	1.2	3.5	1.1	3.4	1.4
Usually	1.0	0.8	1.3	1.4	0.6	1.1	0.5	1.7	0.7
Always	0.6	0.6	0.6	0.4	0.8	0.3	0.9	0.4	0.7
Frequency of Bicycle Light Use at Night[2]:									
Never	72.2	69.5	74.8	77.1	63.8	74.6	61.6	79.2	66.3
Rarely	11.8	12.3	11.3	10.9	13.3	11.6	13.5	10.3	13.1
Sometimes	6.4	7.3	5.5	4.4	9.9	4.7	11.4	4.1	8.2
Usually	3.7	4.3	3.2	2.7	5.5	3.6	5.3	1.8	5.7
Always	5.9	6.6	5.3	5.0	7.5	5.5	8.2	4.5	6.7
Frequency of Reflective Clothing at Night[2]:									
Never	21.9	21.6	22.2	25.6	15.5	25.4	15.5	25.8	15.5
Rarely	25.0	24.8	25.3	27.7	20.4	26.8	21.5	28.6	19.3
Sometimes	31.1	30.7	31.6	28.7	35.4	28.7	33.9	28.7	37.0
Usually	13.9	14.5	13.4	11.5	18.1	12.5	17.5	10.5	18.6
Always	8.0	8.6	7.5	6.5	10.6	6.7	11.5	6.3	9.6

[1]Percentages for each response are based only on those students (87.1%) who ride a bicycle.
[2]Percentages for each response are based only on those students (24.0%) who ride a bicycle at night.

Table 2-3
Pedestrian Safety

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Cross Busy Streets at the Corner:									
Never	3.9	3.9	3.9	4.7	3.0	5.6	2.1	3.8	3.9
Rarely	19.7	19.1	20.3	23.6	15.6	22.2	15.8	24.9	15.4
Sometimes	41.0	40.4	41.5	41.1	40.9	37.9	43.1	43.9	39.0
Usually	27.5	27.0	27.9	24.9	30.2	26.8	27.2	23.2	32.9
Always	7.9	9.6	6.4	5.7	10.3	7.5	11.9	4.2	8.8
When Walking in Street With No Sidewalks[1]:									
Usually face oncoming cars	37.0	33.8	39.8	34.5	39.7	31.6	36.2	37.1	42.8
Usually face same direction as cars	15.6	17.5	13.9	17.1	14.0	18.3	16.7	16.1	11.5
No usual pattern	47.4	48.7	46.2	48.4	46.3	50.1	47.1	46.8	45.6

[1]Percentages for each response are based only on those students (95.2%) who walk places without sidewalks

Table 2-4
Fire Safety

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Smoke Detector in Home:									
Yes	76.2	76.6	75.8	77.2	75.2	77.4	75.8	76.9	74.6
No	21.0	20.0	22.0	21.2	20.9	20.3	19.6	22.0	22.0
Don't know	2.7	3.4	2.2	1.6	3.9	2.2	4.5	1.1	3.4

Table 2-5
Poisoning Prevention

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Combined Drugs & Alcohol During Past Month:									
0 times	84.5	87.5	81.8	83.2	85.9	87.9	87.1	78.9	84.8
1-2 times	8.4	7.5	9.2	8.5	8.3	7.5	7.6	9.5	8.9
3-5 times	3.1	2.0	4.1	3.3	2.9	1.8	2.2	4.6	3.6
6-9 times	1.7	1.4	1.9	2.0	1.3	1.1	1.7	2.7	1.0
10-19 times	0.7	0.3	1.1	1.0	0.4	0.3	0.4	1.7	0.5
20-39 times	0.9	0.6	1.2	0.9	0.9	0.5	0.7	1.4	1.1
>40 times	0.6	0.6	0.7	1.0	0.3	0.8	0.3	1.2	0.2
Took Medicine Prescribed for Someone Else During Past Year:									
0 times	72.9	73.7	72.2	75.5	70.2	75.1	72.1	75.8	68.4
1-3 times	19.7	19.1	20.3	16.5	23.1	17.4	20.8	15.7	25.2
4-6 times	3.7	4.0	3.5	3.8	3.6	3.6	4.3	4.0	3.0
7-10 times	1.7	1.5	1.9	1.9	1.5	1.9	1.1	1.9	1.9
11-20 times	0.8	0.6	1.1	0.9	0.8	0.6	0.5	1.2	1.0
>20 times	1.1	1.2	1.0	1.4	0.9	1.3	1.1	1.4	0.6
Poison Control or Physician Number Near Home Phone:									
Yes	46.6	46.4	46.9	45.0	48.4	44.4	48.4	45.5	48.3
No	42.4	40.9	43.8	43.9	40.8	43.5	38.1	44.3	43.4
Don't know	10.9	12.7	9.3	11.1	10.8	12.0	13.5	10.2	8.3

Table 2-6
Water Sport Safety

During the Past Year...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Surfed, Wind-surfed or Boogie Boarded in Unsupervised Area:									
0 times	86.7	87.1	86.4	80.8	93.0	81.7	92.6	79.9	93.4
1-3 times	5.7	5.2	6.2	7.1	4.3	6.4	3.8	7.6	4.7
4-6 times	2.7	3.4	2.0	3.7	1.7	4.1	2.7	3.4	0.6
7-10 times	1.2	1.0	1.3	2.1	0.3	1.7	0.4	2.4	0.2
11-20 times	1.0	0.7	1.2	1.7	0.3	1.2	0.2	2.0	0.3
>20 times	2.7	2.6	2.8	4.8	0.6	4.8	0.3	4.7	0.8
Swam Alone:									
0 times	63.3	64.7	62.0	60.7	66.0	62.6	66.8	59.0	65.2
1-3 times	17.7	17.6	17.8	16.7	18.7	17.0	18.3	16.5	19.1
4-6 times	5.9	5.8	6.1	6.7	5.1	6.1	5.4	7.2	4.8
7-10 times	4.1	3.7	4.4	4.2	3.9	4.1	3.3	4.3	4.5
11-20 times	2.7	2.4	3.0	3.6	1.7	3.4	1.3	3.8	2.1
>20 times	6.4	5.9	6.8	8.1	4.5	6.9	4.9	9.2	4.2
Swam in Restricted or Unsupervised Area:									
0 times	73.6	76.7	70.7	67.8	79.6	71.2	82.5	64.7	77.0
1-3 times	13.8	13.8	13.9	16.0	11.6	16.3	11.2	15.7	12.0
4-6 times	4.4	3.9	5.0	5.9	2.9	5.0	2.6	6.6	3.2
7-10 times	2.8	1.9	3.6	3.1	2.5	1.9	1.9	4.1	3.1
11-20 times	1.7	1.5	2.0	2.6	0.9	2.6	0.4	2.6	1.3
>20 times	3.6	2.2	4.8	4.7	2.4	3.0	1.4	6.2	3.4
Dove into Water of Unknown Depth:									
0 times	71.6	69.6	73.5	66.7	76.8	65.3	74.2	67.9	79.3
1-3 times	18.2	19.8	16.7	19.6	16.8	21.6	18.0	17.8	15.7
4-6 times	4.3	4.3	4.3	5.5	3.0	4.9	3.6	6.1	2.5
7-10 times	2.5	3.0	2.0	2.9	2.0	3.3	2.7	2.5	1.4
11-20 times	1.3	1.5	1.2	1.7	0.9	1.9	1.1	1.6	0.8
>20 times	2.1	1.8	2.3	3.6	0.4	3.1	0.5	4.1	0.4
Used Alcohol or Drugs While Swimming or Boating:									
0 times	87.2	91.7	83.1	85.4	89.1	90.7	92.7	80.5	85.9
1-3 times	7.2	5.2	9.1	7.1	7.3	5.1	5.2	8.9	9.3
4-6 times	2.4	1.3	3.4	3.0	1.7	1.8	0.7	4.1	2.7
7-10 times	1.0	0.5	1.4	1.3	0.7	0.4	0.6	2.0	0.8
11-20 times	1.1	0.5	1.6	1.4	0.7	0.6	0.3	2.2	1.0
>20 times	1.1	0.9	1.3	1.8	0.4	1.4	0.5	2.2	0.3
Ice Skated in Unsupervised Area:									
0 times	89.6	90.2	88.9	86.9	92.3	88.9	91.6	85.1	93.0
1-3 times	5.9	6.3	5.6	6.2	5.6	6.4	6.2	6.0	5.2
4-6 times	1.8	1.3	2.3	2.8	0.8	1.9	0.8	3.6	0.9
7-10 times	0.9	0.7	1.1	1.1	0.6	0.5	0.9	1.8	0.4
11-20 times	0.5	0.3	0.6	0.7	0.2	0.5	0.1	0.9	0.3
>20 times	1.3	1.2	1.5	2.3	0.4	1.8	0.5	2.7	0.3

Table 2-7
Exercise Safety and High-Risk Sports

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Warm-up Before Exercise Outside of School[1]:									
Never	12.5	12.4	12.5	14.3	10.5	13.5	11.3	14.9	9.8
Rarely	13.2	13.7	12.7	14.7	11.5	15.4	11.9	14.1	11.1
Sometimes	20.4	21.6	19.3	19.5	21.4	21.0	22.2	18.1	20.7
Usually	21.6	21.7	21.6	20.1	23.3	19.5	24.0	20.7	22.7
Always	32.3	30.6	33.8	31.4	33.2	30.5	30.6	32.1	35.7
During the Past Year...									
Drove or Rode a Go-cart, Snowmobile, or ATV:									
0 times	41.6	40.9	42.2	29.2	54.5	28.9	53.2	29.5	55.7
1-3 times	20.5	21.6	19.5	18.8	22.4	19.0	24.4	18.6	20.5
4-6 times	9.6	9.2	10.0	10.3	8.9	10.0	8.3	10.5	9.5
7-10 times	5.9	5.8	5.9	7.2	4.4	7.7	3.8	6.7	5.0
11-20 times	4.6	4.1	5.2	6.5	2.7	5.5	2.6	7.4	2.9
>20 times	17.8	18.4	17.1	28.0	7.1	28.8	7.7	27.2	6.5
Used Gun (Including Hunting or Target Shooting):									
0 times	58.1	57.9	58.3	36.3	81.1	36.5	80.1	36.0	82.0
1-3 times	13.7	14.4	13.1	15.7	11.6	16.3	12.5	15.2	10.9
4-6 times	5.7	5.7	5.6	9.1	2.1	9.3	2.0	8.9	2.1
7-10 times	4.7	4.6	4.8	7.0	2.3	6.1	3.0	7.8	1.6
11-20 times	4.0	4.1	3.8	6.6	1.2	7.1	1.1	6.1	1.4
>20 times	13.8	13.2	14.3	25.4	1.7	24.7	1.3	25.9	2.0

[1]Percentages for each response are based only on those students (95.9%) who play sports or exercise outside of school.

Table 2-8
Social Influences on Seat Belt and Bicycle Helmet Use

Factors in Deciding Whether to Wear a Seat Belt...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Parent Wishes:									
Very important	43.6	48.8	38.9	42.4	44.9	48.9	48.6	36.5	41.4
Somewhat important	43.0	40.5	45.3	42.6	43.5	39.8	41.2	45.1	45.5
Not important	13.4	10.7	15.8	15.0	11.7	11.3	10.2	18.4	13.1
Legal Requirements:									
Very important	49.7	52.8	46.8	43.5	56.2	46.6	59.4	40.7	53.2
Somewhat important	36.4	34.2	38.3	37.3	35.4	35.2	33.2	39.1	37.4
Not important	14.0	13.0	14.9	19.2	8.4	18.2	7.4	20.2	9.3
Friends' Use:									
Very important	12.1	13.3	11.1	12.4	11.9	12.3	14.3	12.4	9.6
Somewhat important	30.7	28.9	32.3	31.5	29.9	28.8	29.1	34.0	30.6
Not important	57.2	57.8	56.6	56.1	58.3	58.9	56.6	53.6	59.8
Distance to be Traveled:									
Very important	24.8	27.5	22.3	24.3	25.3	26.9	28.2	22.0	22.7
Somewhat important	34.6	32.7	36.3	31.0	38.3	28.9	36.6	32.8	39.9
Not important	40.6	39.8	41.4	44.7	36.4	44.2	35.2	45.1	37.5
Protection in Crash:									
Very important	81.2	82.4	80.1	77.3	85.2	77.8	87.1	76.9	83.5
Somewhat important	15.3	14.5	16.1	17.9	12.6	17.6	11.2	18.2	13.9
Not important	3.5	3.2	3.8	4.8	2.2	4.6	1.7	4.9	2.6
Driver's Uses:									
Very important	25.7	28.1	23.5	26.1	25.2	27.9	28.2	24.5	22.5
Somewhat important	31.9	31.4	32.4	33.0	30.8	32.9	29.7	33.1	31.8
Not important	42.4	40.6	44.1	40.9	44.0	39.1	42.1	42.5	45.7
Peer Influence...									
Number of Friends Who Usually Wear a Seat Belt:									
Most	21.8	21.4	22.2	19.8	23.9	18.9	24.0	20.6	23.9
Some	44.1	41.2	46.8	43.0	45.3	39.4	43.0	46.2	47.5
None	10.6	8.3	12.7	12.5	8.6	10.7	5.7	14.1	11.2
Don't Know	23.5	29.2	18.3	24.7	22.2	30.9	27.3	19.1	17.5
Friends' Opinion of Wearing a Bicycle Helmet[1]:									
Good thing to do	5.8	6.0	5.6	4.9	6.9	5.7	6.3	4.1	7.4
Silly thing to do	61.7	63.5	59.9	62.4	60.9	64.2	62.8	60.6	59.1
Wouldn't care	32.5	30.5	34.5	32.7	32.2	30.1	30.9	35.3	33.5

[1]Percentages for each response are based only on those students (87.1%) who ride a bicycle.

Suicide

Suicide is the second leading cause of death for American youth ages 15 to 24 (U.S. Department of Health and Human Services, 1988). The suicide rate for adolescent males is considerably higher than for females, and the differential has widened over the past ten years. Specifically, between 1970 and 1980, suicides by males ages 15 to 24 increased by 50 percent compared to a slight increase for females (Silverman, et al., 1988).

The survey items in the area of suicide focused on the prevalence of depression, suicidal thoughts, and suicide attempts. The study also assessed adolescents' knowledge of the common signs of possible suicide, and their perceived ability to get help for a suicidal friend.

In the survey, girls reported depression and suicide attempts at rates far greater than boys. More than half of the students reported having known someone who tried to commit suicide, and many adolescents revealed they have difficulty distinguishing behaviors that are likely signs of possible suicide from those that are not. In addition, many students reported that they would have difficulty getting help for a suicidal friend, and few were aware of community resources for suicide prevention.

Total Sample and Findings (T. = Tables in which data are found)

Prevalence of Suicide Thoughts and Attempts:

T.2-9 Approximately one-third of the students (34%) reported that they have "seriously thought" about committing suicide, and 14% reported having "actually tried" to commit suicide.(I.31; I.32)

T.2-9 More than half of the students (53%) reported that they have known someone who tried to commit suicide. (I.33)

Suicide Prevention:

T.2-11 More than half of the students (51%) did not know whether a suicide prevention hotline is available to them, and 17% believe that a hotline is not available to them. (I.34)

T.2-10 Approximately one-third of the students did not recognize common signs of possible suicide. (I.37)

T.2-12 More than one-third of the students (35%) reported that they would find it "very hard" to tell someone in their friend's family, the school counselor, or a teacher if they suspected that their friend might be suicidal. (I.38)

Sex Differences:

T.2-9 Forty-two percent of the girls as compared to 25% of the boys reported that they have "seriously thought" about committing suicide. (I.31)

T.2-9 Nearly one out of every five girls (18%) and one out of every ten boys (11%) reported having "actually tried" to commit suicide. (I.32)

T.2-9 Nearly twice as many girls (21%) as boys (11%) reported that it is "very hard" for them to deal with stressful situations at home and at school. (I.28)

T.2-9 More than twice as many girls (34%) as boys (15%) reported that they often felt sad and hopeless during the past month. (I.29)

T.2-9 During the past month, nearly twice as many girls (18%) as boys (9%) reported that they often felt that they had nothing to look forward to. (I.30)

T.2-10 In general, girls are more knowledgeable than boys about the signs of possible suicide. (I.37)

Grade Differences:

T.2-10 In general, tenth-grade students are more knowledgeable than eighth-grade students about the signs of possible suicide. (I.37)

T.2-11 More tenth-grade students (40%) than eighth-grade students (30%) believe they could locate a community agency dealing with suicide prevention. (I.35)

T.2-12 In general, more eighth-grade students than tenth-grade students reported that they would find it hard to get help for a friend considering suicide. (I.38)

Table 2-9

Depression and Suicide Attempts

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Coping with Stressful Situations at Home and School:									
Very Hard	15.6	15.9	15.3	10.8	20.7	11.0	21.1	10.6	20.3
Hard	29.8	27.7	31.8	24.2	35.7	22.8	32.7	25.5	38.4
Not sure	30.8	33.7	28.2	33.5	28.0	35.5	31.8	31.7	24.6
Easy	18.9	17.2	20.4	24.9	12.6	23.7	10.6	26.0	14.5
Very easy	4.9	5.5	4.3	6.6	3.1	7.1	3.9	6.1	2.4
Felt Sad and Hopeless in Past Month:									
Never	12.6	14.2	11.2	17.5	7.4	18.0	10.2	17.1	4.9
Rarely	26.5	24.9	28.0	32.7	20.0	30.3	19.3	34.8	20.7
Sometimes	36.9	37.1	36.7	35.3	38.6	36.2	38.1	34.5	39.1
Often	24.0	23.8	24.1	14.5	34.0	15.5	32.5	13.6	35.3
Felt Nothing to Look Forward to in Past Month:									
Never	40.7	41.9	39.6	49.8	31.1	51.7	31.6	48.0	30.6
Rarely	23.1	24.2	22.0	23.2	22.9	22.1	26.4	24.3	19.7
Sometimes	23.0	21.1	24.8	17.8	28.5	16.7	25.6	18.9	31.1
Often	13.2	12.8	13.6	9.1	17.5	9.4	16.3	8.8	18.6
Lifetime Prevalence of Serious Thoughts About Suicide:									
Yes	33.6	31.0	35.9	25.3	42.3	24.4	37.9	26.1	46.4
No	66.4	69.0	64.1	74.7	57.7	75.6	62.1	73.9	53.6
Lifetime Prevalence of Attempted Suicide:									
Yes	14.2	13.0	15.2	11.1	17.5	11.4	14.8	10.7	20.0
No	85.8	87.0	84.8	88.9	82.5	88.6	85.2	89.3	80.0
Knows Someone Who Tried to Commit Suicide:									
Yes	53.1	47.6	58.1	44.7	61.9	39.8	55.8	49.1	67.6
No	46.9	52.4	41.9	55.3	38.1	60.2	44.2	50.9	32.4

Table 2-10
Knowledge of Common Signs of Suicide

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Many Teenagers Who Are Considering Suicide...									
Have No Hope Their Life Will Improve:									
*True	77.5	73.9	80.8	68.9	86.5	65.8	82.5	71.8	90.2
False	6.5	7.9	5.3	8.3	4.7	9.8	5.8	6.9	3.8
Don't know	16.0	18.2	13.9	22.8	8.7	24.5	11.7	21.4	6.0
Change Their Appearance:									
True	21.2	21.8	20.7	21.2	21.2	23.1	20.5	19.5	21.9
*False	32.4	32.8	32.0	29.2	35.7	28.8	36.9	29.6	34.5
Don't know	46.4	45.4	47.3	49.6	43.1	48.1	42.6	50.9	43.5
Say Things Like "You Won't Have to Worry About Me Anymore":									
*True	65.9	61.9	69.5	59.0	73.1	55.0	69.1	62.6	76.7
False	8.6	10.0	7.4	10.0	7.2	12.5	7.3	7.6	7.1
Don't know	25.5	28.1	23.1	31.1	19.7	32.5	23.6	29.8	16.2
Give Away Favorite Possessions:									
*True	50.5	43.5	56.8	44.2	57.1	39.1	48.2	48.8	65.3
False	13.3	15.6	11.3	15.3	11.3	16.5	14.6	14.1	8.4
Don't Know	36.2	40.9	31.9	40.6	31.6	44.3	37.2	37.1	26.4
Act Different than Usual:									
*True	64.1	59.1	68.6	56.0	72.5	52.3	66.2	59.3	78.4
False	8.1	9.7	6.7	9.8	6.4	12.4	6.8	7.[illegible]	5.9
Don't know	27.8	31.2	24.7	34.2	21.1	35.2	27.0	33.[illegible]	15.7
Avoid Friends and Social Activities:									
*True	60.6	56.9	64.0	54.6	66.9	52.1	61.9	56.9	71.5
False	13.3	13.2	13.3	14.5	12.0	14.6	11.7	14.4	12.2
Don't know	26.1	29.9	22.7	30.9	21.2	33.3	26.4	28.7	16.3
Act Reckless:									
*True	50.0	50.1	49.9	47.8	52.3	50.8	49.4	45.1	55.0
False	20.0	18.2	21.7	20.4	19.6	18.1	18.2	22.5	20.9
Don;t know	30.0	31.7	28.4	31.8	28 1	31.1	32.4	32.4	24.1
Eat More:									
True	11.6	13.1	10.2	10.1	13.1	12.4	13.8	8.1	12.4
*False	38.7	38.0	39.4	37.3	40.2	39.1	36.8	35.6	43.4
Don't know	49.7	48.9	50.4	52.6	46.7	48.5	49.4	56.3	44.2
Show Less Interest in Enjoyable Activities									
*True	70.2	67.8	72.5	63.5	77.4	62.2	73.8	64.7	80.7
False	8.7	9.7	7.8	10.2	7.1	11.8	7.5	8.8	6.6
Don't know	21.1	22.5	19.8	26.3	15.6	26.0	18.7	26.5	12.7

Table 2-10 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Act Inappropriately Silly:									
True	13.7	14.4	13.0	12.6	14.8	14.1	14.7	11.2	14.9
*False	43.8	42.5	45.1	41.0	46.8	40.3	44.8	41.7	48.7
Don't know	42.5	43.1	41.9	46.4	38.4	45.6	40.5	47.1	36.4
People Who Talk About Committing Suicide Won't Actually Do It:									
True	9.9	11.1	8.7	11.2	8.4	12.6	9.5	9.9	7.4
*False	56.9	51.4	61.9	52.9	61.1	48.0	54.9	57.3	66.9
Don't know	33.2	37.5	29.3	35.9	30.4	39.4	35.6	32.7	25.7

* Indicates correct response

Table 2-11
Community Resources

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
A Suicide Prevention Hotline Available to Me:									
Yes	31.7	26.9	36.2	29.7	33.9	25.6	28.2	33.4	39.1
No	17.3	19.2	15.5	20.1	14.3	21.8	16.5	18.5	12.2
Don't know	51.0	53.9	48.4	50.2	51.9	52.5	55.3	48.0	48.7
I Could Locate a Community Agency for Suicide Prevention:									
Yes	35.2	29.9	40.0	34.1	36.2	29.4	30.5	38.4	41.6
No	19.6	21.4	18.0	20.5	18.7	22.9	19.8	18.3	17.7
Don't know	45.2	48.7	42.0	45.4	45.0	47.7	49.8	43.3	40.7

Table 2-12
Efficacy For Helping A Suicidal Friend

If a Friend Was Considering Suicide, How Hard Would It Be for You to...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Tell an Adult Even if You Promised Your Friend that You Wouldn't:									
Very hard	29.6	32.9	26.6	27.1	32.4	30.4	35.6	24.0	29.4
Hard	25.7	26.0	25.4	24.5	27.0	23.8	28.3	25.0	25.9
Not sure	23.2	22.3	24.1	24.0	22.5	23.5	21.0	24.4	23.8
Easy	13.1	10.8	15.2	14.6	11.6	13.2	8.4	15.9	14.5
Very easy	8.3	7.9	8.6	9.9	6.6	9.1	6.7	10.6	6.5
Talk With Your Friend About It:									
Very hard	8.0	9.4	6.7	8.1	7.9	10.0	8.9	6.3	7.0
Hard	17.5	18.6	16.6	17.7	17.3	17.7	19.4	17.7	15.4
Not sure	20.1	21.9	18.5	22.4	17.7	24.0	19.6	20.9	15.9
Easy	33.7	30.6	36.6	31.8	35.8	29.3	31.9	34.0	39.4
Very easy	20.7	19.6	21.7	20.1	21.3	19.0	20.2	21.1	22.3
Tell Your Friend to Get Help From an Adult:									
Very hard	11.7	14.3	9.4	11.8	11.6	13.8	14.8	10.1	8.7
Hard	19.0	20.6	17.6	17.6	20.6	18.5	22.9	16.7	18.5
Not sure	22.4	22.7	22.0	22.5	22.2	22.0	23.5	22.9	21.0
Easy	31.1	27.8	34.2	32.3	29.9	31.2	24.4	33.4	35.0
Very easy	15.7	14.5	16.8	15.8	15.7	14.6	14.5	16.8	16.8
Tell Your Friend to Call a Suicide Prevention Hotline:									
Very hard	15.3	18.3	12.5	16.5	14.1	19.7	16.9	13.6	11.4
Hard	17.7	17.9	17.6	16.5	19.0	16.5	19.4	16.5	18.7
Not sure	24.7	24.9	24.6	24.8	24.7	24.5	25.3	25.1	24.1
Easy	27.0	25.3	28.5	26.9	27.1	25.3	25.3	28.4	28.7
Very easy	15.2	13.6	16.7	15.3	15.2	14.1	13.0	16.4	17.1
Tell Your Friend That You and Others Care:									
Very hard	5.2	6.5	4.0	7.3	3.0	8.7	4.2	6.1	1.8
Hard	6.8	7.3	6.4	8.9	4.7	9.2	5.3	8.7	4.1
Not sure	10.1	11.7	8.6	14.4	5.6	16.0	7.3	12.9	4.0
Easy	36.9	36.4	37.4	37.9	35.9	36.9	35.8	38.9	35.9
Very easy	41.0	38.2	43.6	31.5	50.9	29.3	47.3	33.4	54.3
Get Help for Your Friend Even If Your Friend Doesn't Want It:									
Very hard	15.7	18.7	12.9	16.1	15.2	17.6	19.7	14.6	11.1
Hard	23.5	24.5	22.6	21.0	26.1	22.6	26.5	19.6	25.7
Not sure	25.7	24.4	27.0	25.8	25.7	25.7	23.0	25.9	28.2
Easy	21.3	19.2	23.2	23.3	19.2	21.5	16.9	25.1	21.3
Very easy	13.8	13.2	14.3	13.8	13.8	12.6	13.9	14.8	13.7

Table 2-12 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Tell a Member of Your Friend's Family:									
Very hard	35.3	37.3	33.6	32.5	38.3	34.2	40.5	30.9	36.3
Hard	28.0	27.7	28.2	25.6	30.5	24.8	30.8	26.2	30.2
Not sure	18.3	17.4	19.2	20.1	16.5	19.5	15.3	20.5	17.7
Easy	11.5	10.3	12.7	13.3	9.7	12.6	7.9	13.9	11.3
Very easy	6.8	7.3	6.4	8.6	5.0	8.9	5.6	8.3	4.5
Tell the School Counselor or a Teacher									
Very hard	34.9	37.6	32.5	33.5	36.4	34.1	41.2	33.0	31.9
Hard	21.3	21.0	21.6	20.4	22.3	21.4	20.6	19.4	23.9
Not sure	25.3	23.8	26.3	26.1	24.6	24.4	23.2	27.6	25.9
Easy	11.5	10.5	12.4	11.8	11.1	11.5	9.4	12.2	12.6
Very easy	6.9	7.2	6.7	8.2	5.7	8.6	5.7	7.8	5.6

AIDS

Thousands of adolescents are at risk of contracting the Human Immunodeficiency Virus that causes AIDS (Acquired Immune Deficiency Syndrome) because they engage in risky sexual behaviors, drug use, or both. Currently, one-fifth of the people with AIDS are in their 20s, many of whom may have been exposed to the virus in their teens. Furthermore, many adolescents, regardless of their personal risk, are likely to be affected by the disease by having friends or family members who become infected (Haffner, 1988).

Although highly relevant to AIDS, questions regarding students' sexual practices were not included in the survey because of concern that such questions would be too controversial and would reduce school participation. Therefore, items in this section focused exclusively on knowledge and attitudes related to AIDS. Although the survey offers no measure of sexual activity, more than half of the adolescents believe that it is acceptable for individuals their age to have sexual intercourse with someone they have dated for a long time.

The findings reveal that the majority of students know that AIDS is transmitted through sexual intercourse and by sharing drug needles. Most adolescents also know that AIDS is not transmitted through casual contacts, such as shaking hands and hugging. Despite their knowledge, however, many students reported that they would worry about getting AIDS if someone in their classroom had AIDS. While recognizing the major modes of transmission, many students include other behaviors, such as donating blood, as likely forms of transmission.

Most adolescents are aware of the value of condoms in avoiding AIDS and believe that sexually active adolescents should use condoms. However, many adolescents also believe that some ineffective methods, such as washing after sex, are useful for avoiding AIDS.

Total Sample and Findings (T. = Tables in which data are found)

Attitudes Toward Sex:

T.2-18 More than half of the students (53%) believe that it is acceptable for people their age to have sex with someone they have dated for a long time. (III.15d)

T.2-18 Approximately one out of every ten students (11%) believe that it is acceptable for people their age to have sex with several different people. (III.15e)

T.2-18 The vast majority of students (85%) believe that it is acceptable for people their age to "say no" to having sex. (III.15a)

Modes of Transmission:

T.2-13 Approximately nine out of every ten students (94%) know that there is an increased risk of AIDS from having sexual intercourse with someone who has the AIDS virus. (III.12d)

T.2-13 Approximately eight out of every ten students (82%) know that there is an increased risk of AIDS from having more than one sex partner. (III.12e)

T.2-13 Approximately nine out of every ten students (91%) know that there is an increased risk of AIDS from sharing drug needles. (III.12i)

T.2-13 Approximately eight out of every ten students (82%) know that there is no increased risk of AIDS from hugging someone with AIDS. (III.12c)

T.2-13 Nearly half of the students (47%) believe that there is an increased risk of AIDS when donating blood. (III.12j)

T.2-14 Nearly three-quarters (71%) of the students believe that blood transfusions are a common way to get AIDS today. (III.14e)

T.2-13 Although 81% of the students know that gay male sex partners have an increased risk of AIDS, 59% also believe that there is an increased risk of AIDS for lesbian sex partners. (III.12g,h)

Severity of AIDS:

T.2-16 Nearly nine out of every ten students (87%) know that there is no known cure for AIDS. (III.14b)

T.2-16 Approximately nine out of every ten students (94%) know that most people who are sick with AIDS eventually die as a result of it. (III.14c)

Prevention:

T.2-15 The vast majority of students (86%) know that condoms are an
T.2-18 effective way to reduce the risk of being infected with the AIDS virus, and 91% believe that people their age should use condoms if they have sex. (III.13d; III.15c)

T.2-15 Approximately half of the students (51%) are either unsure or believe that washing after sex reduces one's chances of being infected with the AIDS virus. (III.13e)

Peer Norms:

T.2-18 Friends are perceived as having attitudes that would put them more at risk of AIDS than the students themselves. For example, 21% of the students perceive that their friends approve of having sex with several different people, whereas only 11% of students themselves indicate approval. (III.16e; III.15e)

Anxiety About AIDS:

T.2-13 Although 85% of the students know that there is no increased risk
T.2-17 of AIDS from being in the same classroom as someone who has AIDS, more than one-quarter (27%) would worry about getting AIDS if someone in their classroom had AIDS. (III.12a; III.17d)

Sex Differences

T.2-18 Boys and girls differ in their attitudes toward sex. For example, 62% of the boys compared to 43% of the girls believe that it is acceptable to have sex with someone they have dated for a long time. Similarly, 18% of the boys compared to 4% of the girls believe that it is acceptable for people their age to have several different sex partners. (III.15d)

T.2-13 In general, more girls have accurate knowledge about AIDS than
T.2-14 boys. (III.12,13,14)
T.2-15
T.2-16

T.2-17 Twice as many tenth-grade boys reported that they would be concerned about getting AIDS if someone in their classroom had AIDS (33%) than if they had sex with someone they had dated for a long time (16%). (III.17d,a)

Grade Differences

T.2-13 In general, more tenth-grade students have accurate knowledge
T.2-14 about AIDS than eighth-grade students. (III.12,13,14)
T.2-15
T.2-16

T.2-18 Tenth-grade students have more lenient attitudes about sex. For example, nearly twice as many tenth-grade students (14%) as eighth-grade students (7%) believe that having several sex partners is acceptable for people their age. However, they support the use of condoms (94%) and the right to "say no" to sex (86%) at slightly higher rates than eighth-grade students (88% and 84% respectively). (III.15e,a)

Table 2-13
At-Risk Behaviors For AIDS

Does This Behavior Increase Chance of AIDS?	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Being in Classroom with Someone Who Has AIDS:									
Yes	4.6	4.8	4.3	6.3	2.8	5.9	3.6	6.6	2.0
*No	85.3	82.2	88.1	82.2	88.5	79.1	85.4	85.0	91.4
Don't know	10.2	13.0	7.6	11.5	8.7	15.0	10.9	8.4	6.7
Shaking Hands with Someone Who Has AIDS									
Yes	5.7	5.0	6.3	7.7	3.7	6.9	3.1	8.3	4.2
*No	84.9	85.2	84.6	82.4	87.6	82.7	87.8	82.1	87.4
Don't know	9.4	9.8	9.0	10.0	8.7	10.4	9.1	9.6	8.4
Hugging Someone Who Has AIDS									
Yes	6.6	6.0	7.2	9.3	3.9	8.6	3.3	9.9	4.3
*No	82.0	81.0	82.9	78.5	85.7	77.5	84.7	79.4	86.7
Don't know	11.3	12.9	9.9	12.2	10.4	13.9	12.0	10.7	9.0
Having Sexual Intercourse with Someone Who Has AIDS									
*Yes	94.4	92.2	96.5	93.1	95.9	89.7	94.8	96.1	96.8
No	4.6	6.3	3.1	5.8	3.3	8.2	4.3	3.6	2.4
Don't Know	0.9	1.5	0.5	1.1	0.8	2.1	0.9	0.2	0.7
Having More Than One Sex Partner									
*Yes	82.0	78.8	84.9	79.2	84.9	76.1	81.6	82.1	88.0
No	9.3	10.1	8.6	11.7	6.8	13.4	6.7	10.2	6.8
Don't Know	8.7	11.1	6.5	9.1	8.3	10.5	11.8	7.8	5.2
Having Sex with Someone Who Has Several Sex Partners:									
*Yes	83.2	79.2	86.7	80.3	86.2	76.1	82.5	84.0	98.7
No	7.1	8.2	6.1	8.9	5.2	10.7	5.6	7.2	4.9
Don't Know	9.7	12.6	7.2	10.8	8.6	13.2	11.9	8.8	5.5
A Male Having Sex with Another Male:									
*Yes	80.9	75.7	85.6	82.0	79.7	78.7	72.6	85.0	86.2
No	8.9	10.7	7.3	11.0	6.8	13.5	7.8	8.7	5.9
Don't Know	10.2	13.6	7.1	7.0	13.5	7.8	19.5	6.3	7.9
A Female Having Sex with Another Female:									
Yes	58.8	58.6	58.9	57.4	60.3	59.5	57.7	55.4	62.6
*No	18.2	17.5	18.9	21.8	14.5	21.0	13.9	22.6	14.9
Don't Know	23.0	23.8	22.2	20.8	25.2	19.5	28.3	22.0	22.4

Table 2-13 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Sharing Drug Needles									
*Yes	91.3	88.3	94.1	89.6	93.2	85.4	91.3	93.3	95.0
No	5.3	7.1	3.6	6.7	3.8	9.4	4.7	4.3	2.9
Don't Know	3.4	4.6	2.3	3.7	3.0	5.2	4.0	2.4	2.1
Donating Blood									
Yes	46.7	49.2	44.4	45.1	48.4	45.0	53.5	45.2	43.7
*No	39.1	35.1	42.7	41.9	36.1	40.0	29.9	43.6	41.8
Don't Know	14.2	15.8	12.8	13.0	15.5	15.0	16.6	11.3	14.5

*Indicates correct response

Table 2-14
AIDS Transmission

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
People with AIDS Virus Can't Spread It Unless Sick:									
True	21.7	26.3	17.5	21.8	21.7	26.8	25.9	17.3	17.7
*False	62.1	54.9	68.6	62.6	61.5	56.2	53.6	68.4	68.9
Don't Know	16.2	18.7	13.9	15.6	16.8	17.1	20.5	14.3	13.4
Blood Transfusions are Common Way to Get AIDS Today:									
True	71.1	73.7	68.7	69.1	73.1	72.1	75.3	66.5	71.1
*False	19.0	15.7	22.1	21.6	16.3	17.9	13.4	24.9	19.1
Don't Know	9.9	10.7	9.2	9.3	10.5	10.0	11.4	8.6	9.7
A Pregnant Woman with AIDS Virus Can Give AIDS to Her Baby:									
*True	81.5	78.0	84.7	80.0	83.1	76.8	79.3	82.9	86.7
False	1.7	1.9	1.6	1.9	1.5	2.3	1.5	1.6	1.5
Don't Know	16.8	20.1	13.7	18.1	15.4	20.9	19.3	15.5	11.8
A Vaccine for AIDS Virus is Available:									
True	10.6	13.1	8.4	11.3	10.0	13.4	12.7	9.3	7.4
*False	61.6	55.5	67.1	64.3	58.7	58.9	52.0	69.2	64.9
Don't Know	27.8	31.4	24.5	24.4	31.3	27.7	35.2	21.5	27.6

*Indicates correct response

Table 2-15
AIDS Prevention

Does this Behavior Decrease Chance of AIDS?	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Eating a Healthy Diet and Staying Physically Fit:									
Yes	37.7	45.2	30.9	39.8	35.5	48.7	41.5	31.7	29.9
*No	45.9	39.0	52.3	46.3	45.5	38.8	39.2	53.1	51.4
Don't Know	16.4	15.8	16.9	13.9	19.0	12.5	19.3	15.1	18.7
Not Having Sex:									
*Yes	75.3	73.4	77.2	72.2	78.6	70.7	76.1	73.7	80.9
No	18.4	19.1	17.8	22.2	14.6	23.3	14.8	21.1	14.4
Don't Know	6.2	7.5	5.0	5.6	6.9	6.0	9.1	5.3	4.8
Going to the Bathroom After Having Sex:									
Yes	8.9	10.5	7.4	10.4	7.2	13.5	7.3	7 7	7.1
*No	59.8	54.4	64.9	60.5	59.1	54.4	54.3	66.0	63.6
Don't Know	31.3	35.2	27.7	29.0	33.6	32.1	38.4	26.3	29.3
Using Condoms During Sex:									
*Yes	85.8	82.5	88.9	87.3	84.3	84.3	80.6	90.0	87.8
No	7.8	8.5	7.2	8.4	7.2	9.8	7.1	7.1	7.3
Don't Know	6.3	9.1	3.9	4.3	8.5	5.9	12.3	2.9	4.9
Washing After Having Sex:									
Yes	25.0	26.2	23.9	30.8	18.9	31.7	20.5	30.1	17.5
*No	48.8	44.5	52.7	46.9	50.8	43.8	45.1	49.7	55.9
Don't Know	26.2	29.3	23.3	22.3	30.3	24.5	34.3	20.2	26.6
Making Sure That a Sex Partner Looks Healthy:									
Yes	25.7	28.4	23.2	29.9	21.3	34.4	22.2	25.8	20.5
*No	60.4	54.7	65.7	57.7	63.3	52.2	57.3	62.7	68.8
Don't Know	13.9	16.9	11.1	12.4	15.4	13.4	20.5	11.5	10.7
Not Taking Illegal Drugs with a Needle:									
*Yes	79.9	76.0	83.4	76.1	83.6	71.3	80.8	80.4	86.6
No	13.5	15.8	11.4	17.4	9.4	21.1	10.4	14.0	8.6
Don't Know	6.6	8.2	5.2	6.5	6.7	7.7	8.8	5.5	4.8

*Indicates correct response

Table 2-16
AIDS Diagnosis And Prognosis

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
A Test for AIDS Virus is Available:									
*True	82.1	79.8	84.2	84.1	80.0	82.2	77.4	85.8	82.5
False	6.2	6.2	6.2	6.2	6.1	6.1	6.2	6.3	6.1
Don't Know	11.7	14.0	9.6	9.7	13.8	11.7	16.4	8.0	11.4
No Known Cure for AIDS:									
*True	87.0	83.4	90.2	87.3	86.7	82.8	84.2	91.3	89.1
False	5.2	6.7	3.9	5.3	5.2	7.4	6.0	3.3	4.5
Don't Know	7.8	9.8	5.9	7.4	8.1	9.8	9.8	5.3	6.4
Most People Sick with AIDS Eventually Die as a Result of It:									
*True	93.5	93.2	93.8	93.6	93.5	94.0	92.4	93.3	94.4
False	3.9	3.8	4.0	4.1	3.6	3.4	4.1	4.8	3.2
Don't Know	2.6	3.0	2.1	2.3	2.9	2.6	3.5	1.9	2.4
A National Toll Free AIDS Hotline is Available:									
*Yes	59.3	57.1	61.3	58.2	60.5	56.0	58.2	60.1	62.6
No	40.7	42.9	38.7	41.8	39.5	44.0	41.8	39.9	37.4

*Indicates correct response

Table 2-17
Anxiety About Aids

I Would Worry About Getting AIDS if...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
I Had Sex with a Steady Partner:									
Definitely yes	12.3	15.7	9.2	10.8	13.8	13.6	17.9	8.3	10.1
Probably yes	12.9	16.5	9.7	11.3	14.6	15.2	17.8	7.7	11.7
Not sure	15.1	18.2	12.3	12.7	17.7	15.4	21.1	10.2	14.5
Probably no	39.3	33.9	44.2	40.4	38.1	36.8	30.8	43.5	44.8
Definitely no	20.4	15.7	24.7	24.9	15.8	18.9	12.4	30.2	18.9
I Took Illegal Drugs With a Needle:									
Definitely yes	63.7	63.2	64.2	59.8	67.8	59.0	67.5	60.5	68.1
Probably yes	19.1	18.0	20.2	20.2	18.0	18.7	17.2	21.6	18.7
Not sure	4.9	5.0	4.8	5.9	3.9	6.1	3.8	5.6	3.9
Probably no	2.9	3.2	2.6	3.4	2.3	3.6	2.9	3.3	1.8
Definitely no	9.4	10.6	8.2	10.7	8.0	12.5	8.6	9.0	7.4
I Had Sex with Several Different People:									
Definitely yes	60.9	63.7	58.4	48.9	73.6	54.2	73.6	44.1	73.6
Probably yes	21.3	18.5	23.9	27.9	14.4	23.5	13.3	31.9	15.5
Not sure	5.3	4.4	6.1	7.9	2.5	6.5	2.1	9.1	2.9
Probably no	4.0	3.2	4.8	6.4	1.5	4.9	1.4	7.9	1.5
Definitely no	8.5	10.2	6.8	8.9	8.0	10.9	9.5	7.1	6.5
I Donated Blood:									
Definitely yes	10.7	11.2	10.4	10.2	11.4	10.4	12.0	10.0	10.8
Probably yes	12.8	12.2	13.4	12.7	12.9	11.1	13.4	14.2	12.5
Not sure	15.3	15.2	15.4	12.7	18.0	11.6	18.9	13.7	17.2
Probably no	24.5	23.4	25.4	24.6	24.3	24.1	22.8	25.1	25.7
Definitely no	36.7	38.0	35.5	39.8	33.4	42.9	33.0	37.0	33.8
I Received a Blood Transfusion:									
Definitely yes	44.9	45.8	44.0	41.3	48.5	42.7	49.0	40.1	48.1
Probably yes	27.7	26.2	29.0	29.0	26.3	27.9	24.4	30.0	28.0
Not sure	12.1	11.8	12.3	12.0	12.1	10.6	13.1	13.2	11.3
Probably no	5.2	4.9	5.5	5.9	4.4	5.1	4.7	6.7	4.1
Definitely no	10.2	11.3	9.3	11.7	8.6	13.7	8.8	10.0	8.5
Someone in my classroom had AIDS:									
Definitely yes	13.0	13.1	12.8	15.4	10.4	13.4	12.9	17.2	8.2
Probably yes	13.8	13.3	14.2	15.2	12.3	14.5	12.1	15.9	12.5
Not sure	18.8	18.2	19.4	19.6	18.1	19.5	16.9	19.6	19.2
Probably no	26.0	26.1	26.0	25.0	27.2	26.2	26.1	23.9	28.2
Definitely no	28.4	29.2	27.6	24.9	32.0	26.5	32.0	23.4	32.0

Table 2-18
Attitudes Towards Sex
A Comparison Of Personal Beliefs And Perceived Peer Norms

For People My Age...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
I Believe It's Not OK to Have Sex:									
Definitely yes	23.1	31.0	16.0	14.1	32.6	20.1	42.3	8.7	23.7
Probably yes	11.8	12.8	10.9	11.2	12.4	12.8	12.9	9.8	12.0
Not sure	23.7	21.8	25.5	23.4	24.0	23.2	20.3	23.6	27.5
Probably no	21.1	17.2	24.6	23.8	18.2	21.5	12.8	25.9	23.2
Definitely no	20.3	17.2	23.1	27.4	12.7	22.4	11.7	32.0	13.7
My Friends Believe It's Not OK to Have Sex:									
Definitely yes	13.5	18.6	8.8	8.4	18.8	11.6	25.9	5.6	12.1
Probably yes	12.2	14.3	10.1	9.5	14.9	12.1	16.6	7.2	13.3
Not sure	23.8	23.9	23.6	21.2	26.4	23.6	24.3	19.1	28.3
Probably no	25.6	21.7	29.2	27.2	23.9	23.9	19.4	30.2	28.1
Definitely no	25.0	21.4	28.4	33.6	16.1	28.8	13.8	37.9	18.2
I Believe It's OK to Say No to Sex:									
Definitely yes	67.6	66.3	68.8	52.6	83.4	52.1	81.1	53.0	85.6
Probably yes	17.3	17.4	17.2	23.4	10.9	23.7	10.8	23.1	10.9
Not sure	6.4	7.4	5.5	10.0	2.6	10.8	3.7	9.3	1.5
Probably no	4.2	4.1	4.2	7.0	1.3	6.4	1.7	7.4	0.8
Definitely no	4.5	4.8	4.3	7.1	1.8	6.9	2.6	7.2	1.2
My Friends Believe It's OK to Say No to Sex:									
Definitely yes	36.0	36.4	35.5	22.5	50.0	24.1	49.2	21.1	50.8
Probably yes	25.6	26.2	25.1	25.9	25.3	28.3	24.0	23.7	26.6
Not sure	16.5	17.4	15.7	19.9	13.0	19.2	15.6	20.5	10.5
Probably no	11.3	9.9	12.5	14.9	7.5	12.3	7.4	17.3	7.5
Definitely no	10.6	10.1	11.1	16.8	4.2	16.2	3.7	17.4	4.5
I Believe It's OK to Have Sex with Several Different People:									
Definitely yes	5.4	4.2	6.5	9.0	1.7	6.5	1.9	11.2	1.5
Probably yes	5.8	3.7	7.7	9.4	2.1	6.3	1.0	12.1	3.1
Not sure	9.2	8.4	9.9	12.7	5.5	12.3	4.4	13.1	6.6
Probably no	18.6	16.5	20.6	23.1	14.0	19.6	13.3	26.3	14.2
Definitely no	60.9	67.2	55.2	45.8	76.7	55.3	79.5	37.3	74.2
My Friends Believe It's OK to Have Sex with Several Different People:									
Definitely yes	9.1	8.1	10.1	14.1	3.9	12.2	3.8	15.9	3.9
Probably yes	11.8	8.9	14.5	16.5	6.9	11.5	6.2	21.0	7.5
Not sure	18.3	16.1	20.3	23.6	12.8	20.1	12.0	26.7	13.5
Probably no	20.3	20.2	20.4	19.7	21.0	21.3	19.0	18.2	22.8
Definitely no	40.5	46.7	34.7	26.1	55.5	34.9	59.0	18.2	52.3

Table 2-18 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
I Believe It's OK to Have Sex with a Steady Partner:									
Definitely yes	22.8	16.2	28.8	31.1	14.1	23.0	9.1	38.4	18.7
Probably yes	30.0	26.9	32.9	31.2	28.8	30.7	23.0	31.7	34.2
Not sure	19.5	21.4	17.7	17.5	21.6	19.5	23.4	15.6	20.0
Probably no	12.6	15.3	10.2	11.0	14.3	13.7	16.8	8.5	12.0
Definitely no	15.1	20.2	10.4	9.3	21.2	13.0	27.6	5.8	15.2
My Friends Believe It's OK to Have Sex with a Steady Partner:									
Definitely yes	32.3	26.0	38.1	39.5	24.8	31.9	19.9	46.4	29.3
Probably yes	31.8	28.1	35.1	32.0	31.5	30.0	26.2	33.7	36.5
Probably no	18.2	20.3	16.4	16.9	19.6	19.8	20.7	14.3	18.6
Not sure	9.5	13.3	6.1	6.7	12.5	10.7	16.0	3.1	9.2
Definitely no	8.1	12.3	4.3	4.8	11.6	7.4	17.3	2.4	6.3
I Believe Condoms Should Be Used if Sexually Active:									
Definitely yes	76.1	74.7	77.4	73.8	78.6	72.8	76.6	74.7	80.4
Probably yes	14.8	13.1	16.4	16.9	12.6	14.9	11.2	18.8	13.9
Not sure	5.6	8.1	3.2	5.0	6.2	7.0	9.2	3.1	3.3
Probably no	1.7	2.1	1.3	2.0	1.4	2.5	1.7	1.6	1.1
Definitely no	1.8	2.1	1.6	2.3	1.3	2.8	1.3	1.8	1.4
My Friends Believe Condoms Should Be Used if Sexually Active:									
Definitely yes	56.9	56.9	56.9	54.4	59.6	55.0	59.0	53.8	60.2
Probably yes	22.7	21.5	23.8	24.3	21.0	23.7	19.2	24.9	22.7
Not sure	13.5	13.4	13.7	13.7	13.3	12.5	14.3	14.8	12.5
Probably no	3.9	4.3	3.5	4.0	3.8	4.4	4.2	3.6	3.4
Definitely no	2.9	3.9	2.0	3.6	2.2	4.5	3.3	2.8	1.3

Table 2-19
Attitudes Towards Drug Use
A Comparison Of Personal Beliefs And Perceived Peer Norms

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
I Believe It's OK to Use Some Illegal Drugs:									
Definitely yes	4.6	2.8	6.3	5.9	3.2	3.7	1.9	7.9	4.5
Probably yes	5.6	3.1	7.9	6.4	4.7	2.8	3.3	9.7	6.0
Not sure	4.8	3.7	5.7	5.6	3.9	4.4	2.9	6.6	4.8
Probably no	11.2	9.7	12.5	10.7	11.8	9.8	9.7	11.4	13.7
Definitely no	73.8	80.7	67.6	71.5	76.3	79.3	82.1	64.4	71.0
My Friends Believe It's OK to Use Some Illegal Drugs:									
Definitely yes	7.6	5.7	9.4	7.8	7.4	5.1	6.3	10.2	8.5
Probably yes	15.6	10.8	20.0	16.2	15.0	10.2	11.4	21.6	18.4
Not sure	12.2	11.2	13.2	13.4	11.0	11.6	10.7	15.0	11.2
Probably no	18.4	19.0	17.8	18.0	18.8	18.8	19.2	17.3	18.5
Definitely no	46.2	53.4	39.6	44.7	47.8	54.3	52.4	35.9	43.5

Sexually Transmitted Disease

The exact prevalence of sexually transmitted diseases (STDs) is difficult to assess because many carriers have no symptoms. However, it is estimated that each year 2.5 million teenagers are infected with an STD. Furthermore, over the next several years, today's teens will be entering the highest risk group (ages 20 to 29) for all types of STDs. STDs have been shown to relate to a range of serious health problems including infertility, ectopic pregnancy, pelvic inflammatory disease, and neonatal infection (Washington, et al., 1986; Office of Disease Prevention and Health Promotion, 1985).

The survey items dealing with STD focused on students' knowledge and attitudes related to prevention, diagnosis, and treatment of STDs. This section of the survey follows the AIDS section and specifically refers to STD other than AIDS. Although the survey describes STDs as including such diseases as herpes, gonorrhea, and syphilis, the STD items are not disease-specific. Readers interested in the area of STD should also refer to Section III on AIDS. Information of particular relevance from the AIDS chapter would include adolescents' attitude toward sex and condom use.

The results reveal that many students are unsure about how to avoid STDs. Even more students are unable to identify common signs of STD. Students' misinformation about the need for parental permission for treatment of STDs, and their beliefs about the difficulties in obtaining treatment, are likely to serve as serious barriers to care.

Total Sample and Findings (T. = Tables in which data are found)

Prevention:

T.2-20 Three out of every ten students (30%) do not know that most people get STD by having sex. (III.20)

T.2-20 Approximately two out of every three students (67%) are not sure or believe that washing after sex is effective in avoiding STD. (III.21d)

T.2-20 More than half of the students (55%) do not know that taking birth control pills is ineffective in avoiding STD. (III.21c)

T.2-20 One-quarter of the students (25%) do not know that using condoms is effective in avoiding STD. (III.21f)

Common Signs:

T.2-21 One-third of the students (33%) do not know that a sore on the sex organs is a common early sign of STD. (III.22g)

T.2-21 More than four out of every ten students (44%) do not know a discharge of pus from the sex organ is a common early sign of STD or that experiencing pain when going to the bathroom is a common early sign of STD (41%). (III.22d,h)

Treatment:

T.2-22 Approximately four out of every ten students (43%) do not know that it is harmful to wait to see if the signs of STD go away on their own. (III.23b)

T.2-22 Approximately two-thirds of the students (68%) do not know that it is harmful to take medicine only until the signs go away. (III.23c)

Barriers to Care:

T.2-24 About three-quarters of the students (76%) are either unsure or mistakenly believe that the Public Health Department must inform parents about STD in patients under age 18. (III.24b)

T.2-24 Nearly eight out of every ten students (79%) are either unsure or mistakenly believe that most clinics must have parental permission to treat patients under age 18 for STD. (III.24c)

T.2-23 Nearly four out of every ten students (39%) reported that they would not know where to go for medical care if they thought they had STD. (III.25i)

T.2-23 More than four out of every ten students (44%) reported that if they thought they had STD they would be embarrassed to ask a doctor what is wrong with them. (III.25h)

T.2-23 Nearly half of the students (49%) reported that it would be hard for them to pay for treatment. (III.25d)

Sex Differences

T.2-20 In general, more girls than boys have accurate information about
T.2-21 STD. (III.21,22,23)
T.2-22

T.2-23 In general, more girls than boys reported barriers to care such as finding transportation and paying for treatment. (III.25b,d)

T.2-25 More girls (66%) than boys (43%) reported having a friend they could talk to about having STD. (III.25f)

Grade Differences

T.2-20 In general, more tenth-grade than eighth-grade students have
T.2-21 accurate information about STD. However, some exceptions
T2-22 should be noted. For example, more tenth-grade boys (48%) than eighth-grade boys (37%) erroneously believe that washing after sex is effective in avoiding STD. (III.21,22,23)

T.2-23 More tenth-grade students reported that they would want to
T.2-25 keep their parents from finding out if they had STD (56%) and would not know an adult they could talk to about having STD (44%) as compared to eighth-grade students (40% and 33% respectively). (III.25e,j)

Table 2-20
Transmission And Prevention Of STD

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
How Do Most People Get STD?									
Objects	4.5	5.5	3.5	4.5	4.5	5.9	5.2	3.3	3.8
Kissing	3.5	4.0	3.1	4.2	2.8	5.0	2.9	3.5	2.6
*Sex	69.6	58.9	79.2	68.6	70.6	55.9	62.0	79.9	78.5
Don't know	22.4	31.6	14.1	22.7	22.2	33.2	29.9	13.3	15.0
Rate Effectiveness in Avoiding STD									
Not Having Sex:									
*Very effective	57.5	48.6	65.8	56.8	58.4	46.7	50.5	65.8	65.7
Somewhat Effective	14.1	14.7	13.4	14.3	13.8	14.5	15.0	14.1	12.7
Slightly effective	6.6	7.5	5.8	7.9	5.2	9.1	5.8	6.8	4.7
Not effective	11.1	14.1	8.3	10.8	11.3	15.7	12.3	6.4	10.4
Don't Know	10.7	15.2	6.6	10.2	11.2	14.0	16.4	6.8	6.4
Going to Bathroom After Sex:									
Very effective	3.3	3.9	2.7	4.0	2.5	5.3	2.6	2.9	2.4
Somewhat effective	8.6	9.6	7.6	9.7	7.4	11.6	7.5	7.9	7.4
*Slightly effective	12.5	12.0	12.9	13.4	11.6	12.5	11.6	14.2	11.6
*Not effective	41.3	33.2	48.8	39.3	43.4	32.7	33.7	45.3	52.4
Don't Know	34.3	41.2	28.0	33.6	35.1	37.9	44.7	29.6	26.3
Taking Birth Control Pills:									
Very effective	7.0	8.9	5.3	7.4	6.5	9.7	7.9	5.3	5.2
Somewhat effective	11.8	13.3	10.4	11.6	12.0	12.7	14.0	10.6	10.1
Slightly effective	10.2	11.4	9.0	10.0	10.3	10.7	12.1	9.4	8.6
*Not effective	45.5	34.1	55.8	44.0	47.1	32.6	35.7	54.1	57.6
Don't know	25.6	32.3	19.5	27.0	24.1	34.3	30.3	20.5	18.5
Washing After Sex:									
Very effective	6.6	7.0	6.3	7.1	6.2	7.3	6.8	6.9	5.5
Somewhat effective	13.0	12.3	13.7	16.5	9.5	15.1	9.4	17.7	9.5
Slightly effective	18.7	14.6	22.4	19.4	18.0	14.4	14.7	23.7	21.0
*Not effective	32.7	29.5	35.6	30.5	35.0	30.4	28.7	30.6	40.8
Don't know	29.0	36.6	22.0	26.6	31.4	32.9	40.4	21.0	23.1
Having Sex with Steady Partner:									
*Very effective	23.6	19.2	27.6	26.8	20.2	20.9	17.5	32.2	22.7
*Somewhat effective	28.9	23.7	33.6	29.9	27.8	26.5	20.8	33.0	34.3
Slightly effective	14.7	16.5	13.1	12.4	17.1	14.4	18.6	10.6	15.7
Not effective	14.7	16.3	13.2	14.0	15.5	16.0	16.7	12.1	14.4
Don't know	18.1	24.3	12.5	16.9	19.3	22.2	26.4	12.2	12.8
Using Condoms:									
*Very effective	43.7	38.2	48.8	47.8	39.5	42.8	33.4	52.3	45.1
*Somewhat effective	24.5	21.8	27.0	23.4	25.7	19.8	24.0	26.7	27.4
Slightly effective	6.9	8.1	5.8	5.6	8.3	6.4	9.9	4.8	6.9
Not effective	11.1	12.2	10.1	11.2	11.0	14.0	10.3	8.6	11.8
Don't know	13.7	19.7	8.2	12.1	15.4	17.0	22.4	7.6	8.9

*indicates correct response

Table 2-21
Common Early Signs of STD

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Which of the Following Are Common Early Signs of STD?									
Fainting and Dizziness:									
Is a sign	13.9	13.2	14.4	13.1	14.7	12.1	14.4	14.0	14.8
*Is not a sign	19.1	16.0	21.9	21.2	16.9	16.7	15.1	25.2	18.5
Don't know	67.1	70.8	63.6	65.7	68.4	71.2	70.4	60.8	66.6
Lower Abdominal Pain In Females:									
*Is a sign	44.9	39.3	49.9	40.5	49.4	35.1	43.7	45.4	54.7
Is not a sign	7.1	7.7	6.6	6.7	7.7	7.2	8.3	6.2	7.1
Don't know	48.0	52.9	43.5	52.8	42.9	57.7	48.0	48.4	38.2
Nausea and Vomiting:									
Is a sign	27.8	25.0	30.3	26.3	29.4	22.5	27.7	29.7	31.1
*Is not a sign	14.6	13.1	15.9	15.0	14.1	13.6	12.6	16.3	15.5
Don't know	57.6	61.8	53.7	58.7	56.4	63.9	59.7	54.0	53.4
Discharge of Pus from Sex Organs:									
*Is a sign	56.4	44.8	67.1	53.4	59.7	43.1	46.6	62.5	72.0
Is not a sign	3.7	4.6	2.9	4.0	3.4	4.9	4.3	3.2	2.5
Don't know	39.8	50.6	30.0	42.6	36.9	52.0	49.1	34.3	25.5
Bad Cough:									
Is a sign	5.8	5.3	6.2	6.7	4.9	6.4	4.2	6.9	5.5
*Is not a sign	47.7	44.2	50.9	44.5	51.0	40.6	47.8	48.0	54.0
Don't know	46.5	50.5	42.9	48.8	44.1	53.0	48.0	45.1	40.5
Headache:									
Is a sign	6.8	7.6	6.2	6.4	7.4	6.8	8.4	6.0	6.4
*Is not a sign	44.8	41.1	48.2	44.7	45.0	40.7	41.5	48.2	48.2
Don't know	48.3	51.3	45.6	49.0	47.6	52.5	50.1	45.8	45.4
Sore on Sex Organs:									
Is a sign	67.0	56.4	76.6	64.1	70.1	54.5	58.4	72.7	80.8
*Is not a sign	2.2	3.1	1.3	2.8	1.5	3.6	2.7	2.1	0.4
Don't know	30.8	40.4	22.1	33.1	28.5	41.9	38.9	25.2	18.8
Pain When Going to Bathroom:									
*Is a sign	59.3	49.2	68.5	56.6	62.2	46.5	52.1	65.7	71.6
Is not a sign	4.5	5.3	3.7	4.8	4.1	4.9	5.8	4.7	2.5
Don't know	36.2	45.4	27.8	38.6	33.7	48.6	42.1	29.6	25.9

* Indicates correct response

Table 2-22
Appropriate Responses to Possible STD

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Rate Appropriateness of the Following Actions if One Has Signs of STD...									
Eat Special Foods:									
Helpful	16.0	19.9	12.4	17.4	14.5	22.2	17.6	13.1	11.7
Harmful	0.6	0.6	0.6	0.6	0.7	0.3	0.9	0.8	0.4
*No effect	52.3	43.6	60.0	49.7	54.9	39.9	47.6	58.5	61.7
Don't Know	31.1	35.8	26.9	32.3	29.9	37.6	33.9	27.6	25.1
Wait to See if Signs Go Away:									
Helpful	8.3	11.5	5.5	9.1	7.5	12.8	10.0	5.7	5.2
*Harmful	56.6	47.8	64.6	51.1	62.4	45.5	52.2	57.8	71.9
No effect	12.9	13.6	12.3	15.4	10.3	13.9	13.3	16.7	7.6
Don't Know	22.1	27.1	17.6	24.4	19.7	29.7	24.4	19.8	15.4
Take Leftover Medicine for Similar Problem:									
Helpful	8.6	9.8	7.4	10.1	7.0	11.5	8.1	8.8	5.9
*Harmful	59.9	56.2	63.3	54.5	65.6	50.8	61.6	57.7	69.2
No effect	8.6	8.1	9.0	8.5	8.8	8.0	8.2	8.9	9.2
Don't know	22.9	25.9	20.3	27.0	18.7	29.7	22.0	24.6	15.7
Get Tested for STD									
*Helpful	88.2	84.6	91.5	84.8	91.8	80.1	89.1	89.0	94.3
Harmful	0.6	0.7	0.5	0.8	0.4	1.0	0.4	0.6	0.4
No effect	1.6	2.2	1.0	2.2	1.0	3.2	1.3	1.3	0.7
Don't know	9.6	12.5	6.9	12.2	6.8	15.7	9.2	9.2	4.6
Not Have Sex:									
*Helpful	67.2	63.4	70.6	64.7	69.8	62.0	64.7	67.0	74.5
Harmful	3.0	3.2	2.8	3.4	2.6	2.9	3.5	3.8	1.8
No effect	13.7	13.4	13.9	13.9	13.4	13.0	13.8	14.8	13.0
Don't know	16.1	20.0	12.6	18.0	14.2	22.1	18.0	14.4	10.6
Tell Sex Partner:									
*Helpful	76.5	68.7	83.6	74.1	79.0	67.1	70.2	80.2	87.1
Harmful	2.3	3.5	1.3	3.1	1.5	4.7	2.2	1.8	0.9
No effect	7.3	9.2	5.5	7.5	7.0	8.7	9.7	6.5	4.5
Don't know	13.9	18.7	9.6	15.3	12.5	19.5	17.9	11.6	7.4
Take Medicine only Until Signs Go Away:									
Helpful	24.4	24.3	24.6	28.1	20.6	28.2	20.3	28.0	21.0
*Harmful	31.8	26.5	36.7	27.3	36.6	20.6	32.5	33.2	40.4
No effect	9.8	10.2	9.4	10.9	8.7	11.7	8.8	10.2	8.6
Don't know	33.9	39.0	29.3	33.8	34.1	39.5	38.5	28.7	30.0

*Indicates correct response

Table 2-23
Perceived Barriers To Care For STD

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Wouldn't Know Where to Go for Medical Care:									
Agree	38.5	39.7	37.3	36.5	40.5	35.5	43.9	37.4	37.3
Disagree	47.2	43.4	50.6	47.5	46.9	44.7	42.1	50.0	51.3
Not sure	14.3	16.9	12.0	16.0	12.6	19.8	14.0	12.7	11.3
It Would be Hard for Me to Get Transportation to Doctor:									
Agree	30.4	33.3	27.7	25.3	35.6	27.8	38.9	23.2	32.5
Disagree	55.4	49.2	61.1	59.7	50.9	54.1	44.1	64.7	57.2
Not sure	14.2	17.5	11.2	14.9	13.5	18.1	16.9	12.1	10.3
It Would Hard for Me to Pay for Treatment:									
Agree	48.9	49.4	48.5	46.1	51.9	45.4	53.5	46.6	50.4
Disagree	35.4	31.6	38.9	37.0	33.8	33.6	29.7	40.0	37.6
Not sure	15.6	18.9	12.7	16.9	14.3	21.0	16.8	13.3	12.0
I Would be Embarrassed to Ask a Doctor What Is Wrong:									
Agree	44.1	44.9	43.3	39.5	48.8	39.0	51.0	40.0	46.8
Disagree	44.5	41.1	47.6	48.2	40.6	44.7	37.5	51.3	43.5
Not sure	11.4	14.0	9.2	12.3	10.6	16.3	11.6	8.7	9.6
I Would Want to Keep My Friends from Finding Out:									
Agree	73.7	71.8	75.5	78.2	69.1	74.9	68.5	81.0	69.6
Disagree	11.7	10.6	12.6	8.9	14.5	7.9	13.4	9.9	15.5
Not sure	14.6	17.6	11.9	12.9	16.4	17.2	18.0	9.1	14.9
I Would Want to Keep My Parents From Finding Out:									
Agree	48.7	40.2	56.4	47.0	50.5	35.7	44.7	56.9	55.8
Disagree	36.7	43.6	30.5	37.7	35.7	47.3	39.9	29.3	31.9
Not sure	14.5	16.2	13.0	15.3	13.7	17.0	15.4	13.8	12.2

Table 2-24
STD Information And Treatment

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
The Public Health Department Informs Parents of STD in Minors:									
True	40.1	47.1	33.7	39.7	40.4	46.2	47.9	33.9	33.5
*False	24.3	16.4	31.4	25.6	22.9	17.0	15.8	33.2	29.4
Don't know	35.7	36.5	34.9	34.7	36.7	36.8	36.3	32.8	37.1
Most Clinics Require Parental Permission for Treatment of Minors:									
True	43	50.7	37.6	45.1	42.4	52.5	48.8	38.5	36.5
*False	21.1	15.0	26.7	21.9	20.4	15.4	14.6	27.6	25.7
Don't know	35.1	34.3	35.8	33.0	37.2	32.1	36.6	33.9	37.8
Calls to VD National Hotline Appear on the Telephone Bill:									
True	9.2	10.4	8.1	11.5	6.8	13.9	6.9	9.4	6.6
*False	44.0	42.4	45.4	45.3	42.6	45.0	39.8	45.6	45.1
Don't know	46.8	47.1	46.6	43.2	50.7	41.2	53.2	44.9	48.3
Most Public Libraries Have STD Information:									
*True	66.5	58.4	73.8	66.9	66.1	58.5	58.3	74.2	73.3
False	6.0	7.8	4.3	6.1	5.8	7.9	7.7	4.6	4.0
Don't know	27.5	33.8	21.9	27.0	28.1	33.6	34.0	21.1	22.7

*Indicates correct response

Table 2-25
Perceived Social Support For STD

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
If I Thought I Had STD...									
I Have a Friend I Could Talk to:									
Agree	54.2	50.6	57.4	42.8	66.2	40.4	61.0	44.8	71.0
Disagree	29.1	29.6	28.6	37.3	20.5	36.4	22.8	38.0	18.5
Not sure	16.7	19.7	14.0	20.0	13.3	23.2	16.3	17.2	10.6
I Know an Adult I Could Talk to:									
Agree	41.3	43.7	39.2	40.5	42.2	45.2	42.2	36.4	42.2
Disagree	38.8	33.0	44.0	38.1	39.S	30.6	35.5	44.7	43.3
Don't know	19.9	23.3	16.8	21.3	18.3	24.1	22.4	18.9	14.6
It Would Be Hard to Tell My Sex Partner:									
Agree	56.0	53.7	58.0	54.4	57.5	53.8	53.6	55.0	61.2
Disagree	28.8	26.4	31.0	31.1	26.4	28.4	24.3	33.5	28.4
Not sure	15.2	19.9	11.0	14.4	16.0	17.8	22.1	11.4	10.4
I Would Talk to a Clergy Member:									
Agree	17.2	20.0	14.7	19.2	15.2	23.2	16.7	15.6	13.8
Disagree	60.4	54.2	65.9	58.2	62.6	51.8	56.7	53.8	68.1
Don't sure	22.4	25.8	19.4	22.6	22.2	25.0	26.5	20.5	18.1

Violence

"Teens are victimized by violent crime (rape, robbery, and assault) at twice the rate of the general population" (McMahon, et al., 1988). Adolescents, aged 12 to 19, have the highest victimization rates for crimes of violence and theft. Approximately one-third of these violent crimes involve the use of a weapon, and approximately one-third of all robbery and assault victims sustain some sort of physical injury (U.S. Department of Justice, 1986). Homicide rates are also highest among young adults, and is the leading cause of death for both black males and females ages 15 to 34 (Centers for Disease Control, 1986).

The survey items in the area of violence focused on fighting, carrying weapons, victimization, high-risk behaviors, and knowledge about homicide. The results indicate that nearly half of the boys reported having been in a physical fight in the last year, a fight being defined as two people hitting or attacking each other with weapons. Approximately one-quarter of the boys reported having carried a knife to school at least once during the past year. Although most adolescents know ways to avoid fighting, most believe that there are situations in which it would be appropriate to fight.

In the area of victimization, threats against adolescents were reported to be the most common, followed by equal numbers of robberies and assaults. These types of crimes reportedly occurred at nearly equal rates inside school as outside school. However, rapes were far more common outside school.

Total Sample and Findings (T. = Tables in which data are found)

Fighting:

T.2-26 Nearly four out of every ten students (39%) reported having been involved in at least one physical fight during the past year.(II.12)

T.2-33 Three out of every ten students (30%) are either unsure or mistakenly believe that threatening to use a weapon is an effective way to avoid fighting. (II.17c)

T.2-32 Seven out of ten students believe they should fight if someone hit them (78%) or hurt someone they cared about (72%). (II.18c,j)

Victimization:

T.2-26 While at school or on a school bus during the past year, more than one-third of the students (34%) reported that someone threatened to hurt them, 14% reported being robbed, and 13% reported being attacked. (II.19)

T.2-27 While outside of school during the past year, one-third of the students (33%) reported that someone threatened to hurt them, 15% reported being robbed, and 16% reported being attacked. (II.20)

T.2-28 More than six out of every ten students (63%) reported going to places during the past year that are known to be dangerous. (II.22a)

T.2-34 Fewer than half of the students (46%) are aware that most murder victims know their assailants. (II.21a)

Sex Differences

T.2-26 More boys (49%), particularly eighth-grade boys (57%), than girls (28%) reported having been in a physical fight during the past year. (II.12)

T.2-29 Four times as many boys (23%) as girls (5%) reported having carried a knife at school during the past year. (II.13a)

T.2-32 Regardless of the specific situation described, more boys than girls thought that an appropriate action would be to fight. (II.18)

T.2-27 Nearly one in five girls (18%) reported that during the past year, while outside of school, someone tried to force them to have sex. (II.20d)

Grade Differences

T.2-26 While at school, or on a school bus, eighth-grade boys reported
T.2-27 being robbed (22%) or attacked (23%) more often than tenth grade boys (11% for both). These differences are far less pro-nounced for frequency of victimization outside school. (II.19c)

T.2-29 Tenth-grade boys are more likely to believe that they could get a handgun if they wanted one (48%) than eighth-grade boys (34%) or girls (27% for grade ten, 21% for grade eight).(II.14)

Table 2-26
Prevalence and Frequency Of Fighting and At-School Victimization

During the Past Year...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Involved in Physical Fights:									
0 times	61.2	55.8	66.2	51.1	71.8	43.5	68.6	58.0	74.7
1 time	15.6	16.5	14.9	18.2	13.0	19.6	13.2	16.9	12.7
2 times	9.0	10.0	8.1	12.3	5.6	13.4	6.4	11.3	4.8
3-5 times	8.5	9.4	7.6	10.6	6.2	12.2	6.4	9.1	6.0
6-9 times	1.7	2.2	1.3	2.5	0.9	2.7	1.6	2.2	0.3
10+ times	4.0	6.2	2.0	5.4	2.6	8.5	3.8	2.5	1.4
Robbed at School:									
0 times	85.9	82.4	89.2	84.1	87.9	78.5	86.5	89.2	89.1
1 time	7.4	8.8	6.2	8.1	6.8	10.8	6.8	5.6	6.8
2 times	3.1	3.6	2.6	3.3	2.8	4.0	3.1	2.7	2.5
3+ times	3.6	5.2	2.1	4.5	2.6	6.7	3.6	2.5	1.7
Threatened but Not Hurt at School:									
0 times	65.7	62.3	68.8	61.4	70.1	55.4	69.4	66.9	70.8
1 time	17.8	19.0	16.8	19.1	16.5	21.5	16.3	16.9	16.7
2 times	5.6	5.5	5.6	6.1	5.1	6.4	4.7	5.8	5.4
3+ times	10.9	13.2	8.8	13.4	8.3	16.7	9.6	10.4	7.1
Attacked at School:									
0 times	87.0	83.6	90.2	83.3	91.0	77.5	90.0	88.6	91.9
1 time	8.0	9.5	6.6	9.6	6.2	12.3	6.6	7.2	5.9
2 times	2.5	3.9	1.2	3.7	1.2	5.7	2.0	1.9	0.4
3+ times	2.5	3.0	2.1	3.4	1.6	4.5	1.4	2.3	1.8
Raped or an Attempted Rape at School:									
0 times	95.3	94.6	96.0	96.2	94.4	95.0	94.1	97.2	94.6
1 time	2.0	2.4	1.7	1.3	2.7	1.8	2.9	0.8	2.6
2 times	0.6	0.5	0.6	0.5	0.6	0.6	0.5	0.5	0.8
3+ times	2.1	2.5	1.8	2.0	2.2	2.6	2.5	1.5	2.0

Table 2-27
Prevalence and Frequency of Victimization Outside of School

During the Past Year...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Robbed Outside of School:									
0 times	84.8	83.9	85.5	84.9	84.6	83.1	84.3	86.6	84.4
1 time	8.3	8.3	8.4	8.3	8.4	8.4	8.0	8.1	8.8
2 times	2.8	3.2	2.5	2.9	2.8	3.3	3.0	2.6	2.5
3+ times	4.1	4.7	3.5	3.9	4.2	5.2	4.1	2.8	4.3
Threatened Outside Of School:									
0 times	67.4	68.0	66.9	64.6	70.4	63.4	72.8	65.7	68.2
1 time	15.4	16.2	14.7	16.2	14.5	17.7	14.6	14.9	14.4
2 times	6.0	5.1	6.8	5.8	6.2	5.6	4.6	5.9	7.8
3+ times	11.2	10.7	11.6	13.3	8.9	13.2	8.0	13.4	9.6
Attacked Outside of School:									
0 times	83.7	82.8	84.5	79.5	88.0	77.3	88.5	81.5	87.6
1 time	9.0	8.9	9.0	12.5	5.3	13.1	4.4	11.9	6.0
2 times	2.8	3.2	2.4	2.8	2.8	3.4	3.0	2.2	2.5
3+ times	4.6	5.1	4.1	5.2	3.9	6.1	4.1	4.4	3.8
Raped or an Attempted Rape Outside of School:									
0 times	87.8	88.2	87.4	93.8	81.5	92.8	83.4	94.7	79.8
1 time	5.9	5.7	6.1	2.2	9.8	2.5	9.1	2.0	10.5
2 times	2.2	2.0	2.4	0.8	3.7	0.9	3.1	0.7	4.3
3+ times	4.1	4.1	4.0	3.2	4.9	3.9	4.4	2.7	5.4

Table 2-28
Behaviors Related to Risk of Victimization

During the Past Year....	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Went Places Known to Be Dangerous:									
0 times	36.7	40.6	33.1	29.9	43.8	35.0	46.5	25.3	41.1
1-2 times	33.6	32.4	34.7	33.2	34.0	31.1	33.7	35.2	34.1
3-5 times	14.3	11.8	16.5	15.7	12.8	12.5	11.1	18.6	14.3
6-9 times	4.8	4.4	5.1	5.6	3.9	4.8	3.9	6.3	3.9
10+ times	10.7	10.8	10.6	15.6	5.6	16.6	4.8	14.7	6.3
Talked to Strangers Who Tried to Detain You:									
0 times	77.7	81.5	74.2	80.1	75.2	82.9	80.0	77.5	70.8
1-2 times	16.4	13.3	19.3	14.7	18.3	12.3	14.3	16.8	22.0
3-5 times	4.0	3.6	4.4	3.7	4.4	3.5	3.7	3.9	5.0
6-9 times	0.8	0.6	0.9	0.5	1.0	0.4	0.8	0.7	1.2
10+ times	1.1	1.0	1.1	1.1	1.1	0.9	1.2	1.2	1.1
Showed Money You were Carrying:									
0 times	62.2	64.1	60.5	61.5	62.9	64.2	63.9	58.9	62.1
1-2 times	23.8	25.0	22.6	23.2	24.4	24.3	25.8	22.3	23.1
3-5 times	7.2	5.5	8.7	7.5	6.8	5.9	5.2	9.0	8.3
6-9 times	2.5	1.9	3.0	2.5	2.5	1.7	2.1	3.2	2.8
10+ times	4.4	3.5	5.2	5.4	3.4	3.9	3.1	6.7	3.7
Went on a Blind Date:									
0 times	80.5	84.0	77.4	77.5	83.7	81.2	87.0	74.2	80.7
1-2 times	14.1	11.8	16.3	15.7	12.5	13.5	10.0	17.8	14.8
3-5 times	3.3	2.3	4.2	3.8	2.8	2.6	2.1	4.9	3.5
6-9 times	0.7	0.6	0.7	0.8	0.5	0.8	0.5	0.9	0.5
10+ times	1.3	1.3	1.4	2.1	0.5	2.0	0.5	2.2	0.6
Sold Items Door to Door:									
0 times	72.0	65.6	77.8	69.0	75.1	61.1	70.3	76.2	79.5
1-2 times	18.6	22.3	15.1	19.1	18.0	24.0	20.5	14.7	15.7
3-5 times	5.4	6.7	4.3	6.1	4.7	7.7	5.7	4.7	3.8
6-9 times	1.0	1.5	0.5	1.2	0.9	1.7	1.4	0.7	0.4
10+ times	3.0	3.9	2.3	4.6	1.4	5.5	2.2	3.8	0.6
Hitchhiked:									
0 times	90.5	92.6	88.5	88.9	92.1	91.1	94.2	86.9	90.1
1-2 times	6.5	4.9	8.0	7.2	5.8	6.1	3.7	8.1	7.8
3-5 times	1.4	1.2	1.6	1.8	0.9	1.4	0.9	2.1	1.0
6-9 times	0.6	0.4	0.7	0.7	0.4	0.4	0.4	1.0	0.4
10+ times	1.1	0.9	1.3	1.4	0.8	1.0	0.8	1.8	0.7
Walked Alone Through Unsafe Neighborhoods:									
0 times	63.5	65.1	62.1	57.2	70.2	59.2	71.2	55.3	69.2
1-2 times	19.9	20.0	19.8	21.3	18.1	21.8	18.1	21.3	18.2
3-5 times	7.9	6.9	8.9	9.5	6.3	8.0	5.7	10.8	6.8
6-9 times	3.0	3.0	3.1	4.0	2.0	4.0	1.9	4.1	2.0
10+ times	5.6	5.1	6.1	7.8	3.4	7.0	3.1	8.4	3.7

Table 2-28 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Rode Empty Buses or Trains:									
0 times	88.0	87.9	88.0	85.8	90.2	85.2	90.8	86.4	89.9
1-2 times	7.8	8.0	7.7	8.4	7.2	9.6	6.3	7.3	8.1
3-5 times	1.8	1.7	1.9	2.7	0.9	2.6	0.8	2.8	1.0
6-9 times	0.7	0.7	0.6	0.8	0.5	0.6	0.8	1.0	0.2
10+ times	1.7	1.7	1.8	2.3	1.2	2.1	1.3	2.5	1.1
Walked Alone Late at Night:									
0 times	26.6	29.8	23.7	21.2	32.3	25.3	34.4	17.4	30.3
1-2 times	25.5	27.5	23.7	24.0	27.2	28.6	26.4	19.7	27.8
3-5 times	1[illegible]	11.7	15.8	12.3	15.5	8.7	14.9	15.7	16.0
6-9 times	8.7	8.0	9.3	10.0	7.3	8.9	7.0	11.0	7.5
10+ times	25.3	23.0	27.4	32.5	17.8	28.5	17.3	36.2	18.3

Table 2-29
Access To Weapons

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Carried a Knife at School During Past Year:									
Never	85.8	86.4	85.2	76.9	95.0	77.7	95.5	76.2	94.5
Less than once a month	5.2	5.6	4.9	8.5	1.8	9.0	2.0	8.1	1.6
A few times a month	2.8	2.2	3.4	4.5	1.0	3.6	0.8	5.4	1.2
A few times a week	1.9	2.1	1.6	3.3	0.3	3.8	0.3	2.9	0.3
Nearly every day	4.4	3.7	4.9	6.7	2.0	5.9	1.5	7.4	2.4
Carried a Handgun at School During Past Year:									
Never	98.3	98.3	98.4	97.4	99.3	97.7	98.9	97.1	99.6
Less than once a month	0.5	0.5	0.6	0.9	0.1	0.8	0.2	1.0	0.1
A few times a month	0.4	0.4	0.4	0.6	0.2	0.6	0.2	0.6	0.1
A few times a week	0.2	0.2	0.1	0.3	0.0	0.4	0.0	0.3	0.0
Nearly every day	0.6	0.7	0.5	0.8	0.4	0.6	0.8	0.9	0.1
Carried Another Weapon at School During the Past Year:									
Never	91.8	91.7	91.9	88.1	95.6	87.6	95.9	88.5	95.4
Less than once a month	3.8	4.1	3.6	6.0	1.6	6.9	1.3	5.2	1.9
A few times a month	1.8	1.6	1.9	2.6	0.9	2.0	1.3	3.2	0.6
A few times a week	0.9	1.1	0.7	1.3	0.5	1.7	0.5	0.9	0.5
Nearly every day	1.7	1.4	1.9	2.0	1.4	1.8	1.1	2.1	1.6
Could You Get a Handgun?									
Yes	32.7	27.3	37.7	41.1	23.8	33.6	20.6	48.1	26.7
No	35.5	42.2	29.4	29.0	42.5	36.3	48.5	22.2	36.9
Don't know	31.8	30.5	32.9	29.9	33.7	30.2	30.9	29.7	36.4

Table 2-30
Factors That Influence Fighting

Factors in Deciding Whether to Fight if Provoked...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
What Friends Would Think:									
Very important	21.6	23.4	19.9	21.5	21.7	24.0	22.8	19.2	20.0
Somewhat important	43.3	43.1	43.4	43.1	43.4	41.5	44.8	44.6	42.2
Not important	35.1	33.5	36.6	35.4	34.8	34.5	32.4	36.2	37.1
Potential for Injury									
Very important	49.3	50.8	48.0	41.4	57.6	42.6	59.2	40.3	56.?
Somewhat important	33.7	31.0	36.2	36.6	30.7	33.9	28.1	39.1	33.1
Not important	16.9	18.2	15.8	22.0	11.7	23.5	12.7	20.7	10.7
School Rules:									
Very important	49.9	52.3	47.6	42.7	57.3	46.4	58.4	39.3	56.4
Somewhat important	32.5	31.4	33.5	34.7	30.2	32.1	30.7	37.1	29.7
Not important	17.6	16.3	18.9	22.6	12.4	21.5	10.9	23.6	13.9
What Parents Would Think:									
Very important	52.1	59.1	45.6	46.1	58.3	54.6	63.8	38.2	53.3
Somewhat important	31.0	27.5	34.2	33.6	28.3	29.5	25.3	37.3	31.0
Not important	17.0	13.4	20.2	20.4	13.4	15.8	10.9	24.5	15.7

Table 2-31
Perceived Seriousness of Fighting

If You Were in a Fight, Could You...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Be Injured Badly Enough to Need Medical Help:									
Definitely yes	11.8	11.1	12.5	10.8	12.9	8.3	14.0	13.0	11.8
Probably yes	19.9	18.6	21.1	19.2	20.7	18.9	18.3	19.5	22.8
Not sure	37.2	37.5	36.8	36.7	37.6	37.8	37.3	35.8	37.9
Probably no	23.4	24.1	22.7	24.5	22.1	25.3	22.8	23.8	21.6
Definitely no	7.7	8.7	6.9	8.7	6.7	9.7	7.6	7.9	5.8
Get Suspended from School:									
Definitely yes	39.9	38.2	41.4	38.9	40.9	37.8	38.6	39.9	43.1
Probably yes	38.8	37.6	39.9	39.0	38.6	38.0	37.1	39.9	39.9
Not sure	12.5	14.0	11.2	13.1	11.9	14.3	13.6	12.0	10.3
Probably no	5.9	6.8	5.2	6.3	5.6	6.6	6.9	5.9	4.4
Definitely no	2.9	3.5	2.3	2.7	3.0	3.2	3.8	2.3	2.3
Be Sent to Juvenile Court:									
Definitely yes	5.5	4.8	6.1	5.1	5.9	4.1	5.5	6.0	6.3
Probably yes	9.6	9.4	9.9	9.1	10.2	9.1	9.7	9.1	10.7
Not sure	28.9	27.3	30.4	26.3	31.6	23.9	30.8	28.6	32.4
Probably no	29.6	27.9	31.2	32.9	26.2	31.3	24.3	34.4	27.9
Definitely no	26.3	30.7	22.3	26.6	26.0	31.6	29.7	22.0	22.7
Get Killed:									
Definitely yes	6.4	5.7	7.1	6.5	6.4	5.8	5.7	7.1	7.0
Probably yes	7.9	7.0	8.7	7.8	8.1	6.7	7.3	8.7	8.8
Not sure	17.1	16.8	17.3	15.4	18.8	14.7	19.0	16.0	18.6
Probably no	25.4	22.5	28.0	26.2	24.6	23.8	21.2	28.4	27.7
Definitely no	43.2	47.9	38.9	44.2	42.1	49.0	46.9	39.9	37.8
Lose a Friendship:									
Definitely yes	13.7	15.7	11.9	10.6	16.9	12.6	18.8	8.8	15.1
Probably yes	33.3	34.8	32.5	30.2	37.2	31.0	38.9	29.5	35.6
Not sure	32.5	31.1	33.7	35.1	29.7	35.6	26.5	34.6	32.7
Probably no	13.4	12.2	14.4	16.3	10.3	13.7	10.7	18.6	10.0
Definitely no	6.9	6.1	7.6	7.8	5.9	7.1	5.1	8.5	6.6
Miss School or Work Because of Injuries:									
Definitely yes	8.3	8.9	7.9	8.2	8.5	8.3	9.4	8.0	7.7
Probably yes	20.9	22.8	19.1	18.9	23.0	22.3	23.3	15.8	22.7
Not sure	28.0	27.5	28.4	25.4	30.7	24.6	30.7	26.1	30.8
Probably no	26.8	24.2	29.1	28.4	25.0	26.1	22.2	30.5	27.6
Definitely no	16.0	16.5	15.5	19.1	12.8	18.6	14.4	19.5	11.3

Table 2-32
Perceived Appropriateness of Fighting

Do You Think You Should Fight If Someone...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Wants to Fight You:									
Yes	15.1	15.4	14.8	19.2	10.8	18.1	12.6	20.3	9.1
No	61.7	61.9	61.5	56.0	67.7	57.8	66.2	54.3	69.0
Not sure	23.2	22.6	23.7	24.8	21.5	24.1	21.1	25.4	21.9
Insults You in Front of Friends:									
Yes	25.3	28.6	22.3	34.5	15.7	37.2	19.5	32.0	12.2
No	53.2	52.6	53.7	43.7	63.1	44.7	60.8	42.8	65.2
Not sure	21.5	18.8	23.9	21.8	21.2	18.0	19.6	28.2	22.7
Hits You:									
Yes	78.0	73.8	81.8	83.5	72.2	80.2	67.1	86.6	76.8
No	10.9	13.6	8.5	7.4	14.6	10.7	16.5	4.3	12.8
Not sure	11.1	12.7	9.7	9.1	13.2	9.1	16.4	9.0	10.4
Insults Someone in Your Family:									
Yes	49.5	53.8	45.5	57.9	40.7	60.6	46.6	55.4	35.2
No	28.8	26.4	31.0	22.9	35.0	21.4	31.6	24.2	38.0
Not sure	21.7	19.8	23.5	19.2	24.4	18.0	21.7	20.3	26.8
Calls you a Name:									
Yes	11.8	13.1	10.7	13.4	10.2	13.8	12.4	13.1	8.1
No	72.5	73.4	71.6	69.1	76.0	71.5	75.3	66.9	76.5
Not sure	15.7	13.5	17.7	17.5	13.9	14.7	12.2	20.0	15.4
Cuts in Front of You in Line									
Yes	4.8	5.6	4.0	7.4	2.0	8.8	2.3	6.2	1.8
No	87.0	85.6	88.2	80.8	93.4	80.0	91.5	81.5	95.2
Not sure	8.2	8.8	7.8	11.8	4.5	11.2	6.2	12.3	3.0
Steals from You:									
Yes	44.9	47.1	42.8	58.7	30.3	59.5	34.1	58.0	26.9
No	28.4	26.5	30.2	16.6	40.9	16.6	36.8	16.5	44.6
Not sure	26.7	26.5	26.9	24.7	28.8	23.9	29.1	25.5	28.5
Flirts With Someone You Like:									
Yes	21.4	23.7	19.2	29.1	13.3	32.0	15.0	26.5	11.6
No	60.6	58.9	62.3	49.6	72.2	47.6	70.7	51.5	73.6
Not sure	18.0	17.4	18.5	21.2	14.6	20.4	14.3	22.0	14.8
Breaks Something of Yours on Purpose:									
Yes	52.8	53.7	52.0	66.7	38.3	65.4	41.5	67.9	35.3
No	22.9	22.9	23.0	12.9	33.4	15.4	30.7	10.7	35.9
Not sure	24.2	23.4	25.0	20.4	28.3	19.2	27.8	21.5	28.8
Hurts Someone You Care About:									
Yes	72.2	71.9	72.5	80.6	63.3	79.0	64.4	82.1	62.3
No	8.3	8.9	7.7	4.7	12.0	5.6	12.4	4.0	11.7
Not sure	19.5	19.2	19.8	14.7	24.6	15.5	23.2	13.9	26.0

Table 2-33
Knowledge of Effective Ways to Avoid Fighting

Are the Following Effective Ways to Avoid Fighting?	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Not Passing on Inf ɹrmation That Could Caus(Fight:									
*Yes	80.1	77.9	82.0	75.3	85.1	73.4	82.6	77.0	87.3
No	10.5	11.7	9.3	13.0	7.8	14.1	9.2	12.1	6 5
Don't know	9.5	10.3	8.7	11.7	7.1	12.5	8.1	11.0	6.3
Threatening to Use a Weapon:									
Yes	22.3	22.1	22.5	21.4	23.3	22.3	22.0	20.6	24.4
*No	70.3	68.8	71.8	69.6	71.1	66.6	71.0	72.4	71.1
Don't know	7.4	9.1	5.8	9.0	5.7	11.1	7.0	7.0	4.5
Avoiding Someone Who Wants to Fight You:									
Yes	69.2	68.6	69.8	65.6	73.0	65.3	72.2	66.0	73.7
No	23.6	24.3	23.0	27.2	19.9	28.0	20.3	26.5	19.4
Don't know	7.1	7.1	7.2	7.1	7.2	6.7	7.5	7.5	6.9
Ignoring an Insult:									
*Yes	72.6	73.2	72.1	67.7	77.7	69.0	77.7	66.6	77.8
No	20.8	20.0	21.4	25.1	16.3	23.5	16.4	26.5	16.1
Don't know	6.6	6.7	6.5	7.2	6.0	7.5	5.9	6.9	6.1
Talking About the Problem:									
*Yes	57.9	56.9	58.9	49.4	66.9	48.2	66.0	50.4	67.8
No	27.3	28.0	26.8	35.2	19.1	36.0	19.5	34.4	18.8
Don't know	14.7	15.2	14.3	15.5	14.0	15.8	14.5	15.2	13.4
Acting Tough:									
Yes	15.5	16.7	14.4	19.3	11.4	21.1	12.1	17.7	10.9
*No	74.1	71.1	76.8	70.8	77.5	67 5	74.8	73.9	80.0
Don't know	10.4	12.2	8.8	9.8	11.1	11.4	13.1	8.4	9.2
Pretending to Agree With Someone:									
*Yes	36.4	36.1	36.7	40.5	32.1	39.6	32.4	41.3	31.8
No	47.5	46.8	48.2	43.3	51.9	42.9	50.9	43.8	52.9
Don't know	16.1	17.1	15.1	16.2	16.0	17.6	16.7	14.9	15.4
Carrying a Weapon:									
Yes	11.1	11.1	11.2	15.8	6.1	15.4	6.5	16.2	5.8
*No	82.4	81.8	83.0	76.4	88.8	75.5	88.3	77.2	89.2
Don't know	6.4	7.1	5.8	7.7	5.1	9.0	5.1	6.5	5.0
Apologizing:									
*Yes	57.2	57.3	57.1	52.4	62.2	52.7	62.0	52.2	62.4
No	26.4	26.9	25.9	31.7	20.9	31.3	22.3	32.0	19.6
Don't know	16.4	15.9	16.9	15.9	16.9	16.0	15.7	15.9	18.1
Joining a Gang:									
Yes	9.9	11.9	8.0	12.7	6.9	15.5	8.1	10.1	5.8
*No	81.7	78.8	84.3	78.7	84.8	75.5	82.3	81.5	87.2
Don't know	8.5	9.2	7.7	8.7	8.2	9.0	9.6	8.4	7.0

Table 2-33 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Threatening to Call Police:									
*Yes	21.2	22.2	20.3	22.5	19.9	25.1	19.2	20.0	20.6
No	58.8	56.0	61.3	59.3	58.2	54.6	57.6	63.7	58.8
Don't know	20.0	21.7	18.4	18.2	21.9	20.3	23.2	16.3	20.6

*Indicates correct response

Table 2-34
Knowledge of Homicide Statistics

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Most Murders are Committed by Strangers:									
True	24.6	26.9	22.6	26.3	22.9	28.9	24.7	23.9	21.2
*False	45.5	41.5	49.3	44.1	47.1	40.7	42.3	47.1	51.5
Don't know	29.8	31.6	28.1	29.7	30.0	30.4	33.0	29.0	27.2
Illegal Drugs are Involved in Nearly Half of All Murders:									
*True	54.7	55.5	54.0	56.8	52.5	59.5	51.3	54.4	53.5
False	11.2	11.4	10.9	11.8	10.4	11.8	11.0	11.9	9.9
Don't know	34.2	33.1	35.1	31.4	37.1	28.8	37.7	33.7	36.5
Most Murders Occur Between People of the Same Race:									
*True	14.4	11.7	16.8	15.5	13.2	11.6	11.8	19.1	14.5
False	52.6	54.8	50.5	51.8	53.4	56.4	53.2	47.6	53.5
Don't Know	33.1	33.5	32.7	32.7	33.5	32.0	35.0	33.3	32.0
About Half of All Murders Involve Alcohol:									
*True	33.1	34.3	32.0	34.3	31.9	37.2	31.3	31.6	32.4
False	21.9	22.2	21.7	22.3	21.6	22.8	21.7	21.8	21.5
Don't Know	45.0	43.4	46.3	43.4	46.6	40.0	47.1	46.6	46.1
Handguns are the Most Common Murder Weapon:									
*True	58.9	61.3	56.7	61.4	56.2	62.7	59.7	60.1	53.0
False	12.6	12.7	12.5	12.5	12.7	13.3	12.0	11.8	13.3
Don't know	28.5	26.1	30.8	26.1	31.1	23.9	28.3	28.1	33.7

*Indicates correct response

Tobacco, Drugs, and Alcohol

According to the U.S. Surgeon General (U.S. Department of Health and Human Services, 1984) cigarette smoking is the primary avoidable cause of death in our society and the most important health issue of our time. Cancer is the second leading cause of death in this country and smoking accounts for nearly one-third of all cancer deaths (U.S. Department of Health and Human Services, 1984; American Cancer Society, 1986). Prevention of smoking in young people is a critical goal, particularly in view of the limited success that many smokers have in quitting.

In addition to the serious effects of tobacco use, the use of alcohol and other drugs often results in significant negative consequences for the user, family members, and society. Alcohol and drug use are associated with dramatically increased risks for serious injury, suicide, violence, and long-term health problems.

The majority of items in the area of tobacco, drug, and alcohol use were selected from the Monitoring the Future survey conducted by the University of Michigan's Institute for Social Research (Johnston, et al., 1984). The prevalence and frequency of use was assessed for 12 different drugs including tobacco, alcohol, marijuana, cocaine, and nonprescription stimulants. The grade at which students first tried each drug was also examined. In addition, students indicated their perceptions regarding the availability of drugs, prevalence of use by friends, friends' disapproval of drug use, and the perceived harmfulness of use.

The survey findings indicate that students' use of all drugs increases from the eighth to the tenth grade, with the exception of amyl/butyl nitrates and other inhalants. Because more than half of the students reported having tried tobacco and alcohol by the eighth grade, increases in the prevalence of use from the eighth to the tenth grade are less dramatic for these drugs. More tenth-grade students than eighth-grade students believe that drugs are more available, that drug use is less harmful, and that their friends are less disapproving of drug use.

Total Sample and Findings (T. = Tables in which data are found)

Tobacco, Alcohol, Marijuana, and Cocaine Use:

T.2-48 About six out of every ten students (57%) reported having tried cigarettes. (II.39a)

T.2-35 More than eight out of every ten students (83%) reported at least one occasion in which they had an alcoholic beverage, 42% reported drinking alcohol in the past month, and 32% reported consuming five or more drinks on one occasion in the past two weeks. (I-III.11)

T.2-42 One-quarter of the students reported having used marijuana in their lifetime (25%), and 10% reported using it during the past month. (II.25)

T.2-43 More than one out of every 20 students (6%) reported having used cocaine in their lifetime, and 3% reported using cocaine during the past month. (II.34)

Availability of Drugs:

T.2-50 More than eight out of every ten students believe that it would be easy for them to get cigarettes (86%) or alcohol (84%). (II.40f,g)

T.2-50 More than half of the students (57%) believe that it would be easy for them to get marijuana. (II.40a)

T.2-50 About one-quarter of the students (27%) believe that it would be easy for them to get cocaine or crack. (II.40d,e)

Perceived Harmfulness of Drug Use:

T.2-51 About half of the students believe there is a great risk associated with smoking one or more packs of cigarettes a day (51%) or smoking marijuana occasionally (49%). (II.43a,c)

T.2-51 Less than half of the students (43%) perceive a great risk from having five or more drinks once or twice each weekend. (II.43n)

T.2-51 About seven out of every ten students perceive a great risk from using cocaine powder (69%) or crack cocaine (74%) occasionally. (II.43f,i)

Perceived Friends' Disapproval of Drug Use:

T.2-52 Approximately three-quarters (76%) of the students believe that their close friends would disapprove of them smoking one or more packs of cigarettes a day. (II.42a)

T.2-52 About four out of every ten students (43%) believe that their close friends would disapprove of them drinking alcohol occasionally. (II.42k)

T.2-52 Most students believe that their close friends would disapprove if they smoked marijuana occasionally (81%) or used cocaine occasionally (93%). (II.42c,h)

Sex Differences

T.2-36 More boys (12%) than girls (1%) reported having used chewing tobacco or snuff during the past month. (I-III.9)

T.2-37 More girls (20%) than boys (7%) reported having tried non-prescription diet pills. (II.29)

Grade Differences

T.2-35 With the exception of inhalants, more tenth-grade students than
T.2-47 eighth-grade students reported the use of drugs and alcohol. For example, 6% of the eighth-grade students as compared to 17% of the tenth-grade students reported using illegal drugs during the past month. (II.24-38)

T.2-50 Tenth-grade students perceive that drugs are more available to them than eighth-grade students. For example, 71% of the tenth-grade students believe that marijuana is fairly or very easy to obtain compared to 43% of the eighth-grade students. (II.40)

Table 2-35
Alcohol: Prevalence and Frequency of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Alcohol in Lifetime:									
0 times	16.6	22.6	11.2	16.7	16.5	22.9	22.2	11.0	11.4
1-2 times	19.0	23.7	14.8	17.1	21.1	21.2	26.2	13.3	16.3
3-5 times	15.5	15.9	15.2	14.0	17.2	14.2	17.7	13.7	16.7
6-9 times	11.5	11.2	11.8	11.3	11.7	11.3	11.0	11.3	12.3
10-19 times	13.3	12.3	14.3	14.0	12.6	13.8	10.8	14.2	14.3
20-39 times	9.6	6.4	12.5	9.6	9.6	6.8	6.0	12.0	12.9
40+ times	14.4	7.9	20.3	17.4	11.3	9.7	6.0	24.3	16.2
Number of Occasions Used Alcohol in Past Year:									
0 times	30.3	40.2	21.4	30.2	30.4	40.9	39.6	20.7	22.1
1-2 times	25.2	27.7	22.9	23.4	27.1	24.9	30.7	22.0	23.9
3-5 times	15.3	14.5	16.0	15.2	15.4	14.5	14.5	15.8	16.2
6-9 times	10.5	8.3	12.5	11.0	10.0	9.4	7.2	12.4	12.6
10-19 times	9.5	5.5	13.0	9.4	9.5	5.7	5.3	12.7	13.3
20-39 times	5.4	2.4	8.1	6.1	4.7	3.1	1.7	8.7	7.5
40+ times	3.8	1.3	6.1	4.8	2.9	1.6	1.1	7.6	4.5
Number of Occasions Used Alcohol in Past Month:									
0 times	57.8	68.5	48.2	56.9	58.8	68.4	68.5	46.5	50.0
1-2 times	22.6	20.4	24.6	21.6	23.7	19.5	21.4	23.5	25.8
3-5 times	10.2	6.4	13.7	10.6	9.9	6.6	6.2	14.2	13.3
6-9 times	5.1	2.4	7.6	5.8	4.4	2.5	2.3	8.7	6.4
10-19 times	2.9	1.7	4.0	3.4	2.4	2.1	1.2	4.6	3.4
20-39 times	0.8	0.5	1.2	1.1	0.6	0.6	0.3	1.6	0.8
40+ times	0.5	0.1	0.8	0.7	0.3	0.0	0.2	1.1	0.5
Number of Times had 5 or More Drinks on One Occasion in Past Two Weeks:									
0 times	67.6	73.8	61.8	66.6	69.1	74.7	72.9	58.2	65.6
1 times	14.3	12.5	15.8	13.4	15.1	11.7	13.5	15.0	16.7
2 times	7.2	6.4	7.8	7.4	6.9	5.5	7.3	9.0	6.6
3-5 times	6.4	4.1	8.5	7.0	5.9	4.3	4.0	9.5	7.5
6-9 times	2.2	1.4	3.0	2.9	1.6	1.2	1.6	4.4	1.6
10+ times	2.2	1.7	3.0	3.3	1.4	2.6	0.7	3.9	2.0

Table 2-36
Tobacco: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Cigarettes Smoked in Past Month:									
Not even one puff	78.6	83.9	73.6	80.2	76.9	84.9	83.0	75.9	71.3
1-4 cigarettes	8.4	7.7	9.1	7.5	9.4	7.1	8.2	7.8	10.4
5-19 cigarettes	4.0	3.1	4.9	3.8	4.3	2.7	3.4	4.8	5.1
1-5 packs	4.8	2.9	6.5	4.1	5.5	2.4	3.5	5.6	7.4
More than 5 packs	4.2	2.4	5.9	4.5	3.9	2.9	1.9	6.0	5.3
Number of Times Chewed Tobacco or Used Snuff in Past Month:									
0 times	93.2	94.4	92.1	87.8	98.9	90.2	98.8	85.6	98.9
1-5 times	3.7	3.5	3.9	6.4	0.8	5.8	1.1	7.1	0.6
6-9 times	0.6	0.4	0.8	1.1	0.1	0.8	0.0	1.3	0.2
10-19 times	0.6	0.4	0.8	1.2	0.0	0.8	0.0	1.6	0.1
20+ times	1.8	1.3	2.4	3.5	0.1	2.5	0.1	4.4	0.2

Table 2-37
Nonprescription Diet Pills: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Nonprescription Diet Pills in Lifetime:									
0 times	86.9	89.0	85.0	93.1	80.4	92.8	84.9	93.3	76.2
1-2 times	6.2	5.3	6.9	3.5	9.0	3.4	7.3	3.5	10.5
3-5 times	2.5	1.9	3.1	1.1	4.1	1.2	2.7	0.9	5.3
6-9 times	2.0	1.6	2.4	1.1	2.9	1.4	1.7	0.8	4.0
10-19 times	0.9	0.8	1.1	0.4	1.5	0.4	1.1	0.4	1.8
20-39 times	0.6	0.5	0.7	0.2	1.0	0.3	0.7	0.2	1.3
40+ times	0.9	0.9	0.9	0.6	1.2	0.5	1.4	0.8	1.0
Number of Occasions Used Nonprescription Diet Pills in Past Year:									
0 times	91.5	93.0	90.2	95.6	87.2	95.7	90.1	95.6	84.6
1-2 times	4.4	3.5	5.3	2.7	6.3	2.7	4.3	2.6	8.0
3-5 times	1.7	1.7	1.8	0.7	2.8	0.6	2.8	0.7	2.8
6-9 times	1.0	0.7	1.3	0.3	1.8	0.2	1.3	0.4	2.2
10-19 times	0.6	0.4	0.8	0.3	0.9	0.4	0.4	0.3	1.4
20-39 times	0.4	0.4	0.3	0.2	0.6	0.3	0.6	0.0	0.6
40+ times	0.4	0.4	0.4	0.3	0.5	0.2	0.6	0.4	0.4
Number of Occasions Used Nonprescription Diet Pills in Past Month:									
0 times	96.3	96.7	96.0	97.9	94.6	98.4	95.0	97.5	94.4
1-2 times	2.2	1.8	2.5	1.1	3.2	1.0	2.7	1.3	3.8
3-5 times	0.7	0.5	0.9	0.3	1.1	0.0	0.9	0.6	1.2
6-9 times	0.4	0.5	0.2	0.2	0.5	0.3	0.7	0.1	0.3
10-19 times	0.2	0.2	0.2	0.1	0.3	0.1	0.4	0.1	0.2
20-39 times	0.1	0.1	0.2	0.1	0.2	0.0	0.2	0.2	0.2
40+ times	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.2	0.0

Table 2-38
Nonprescription Stay Awake Pills: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Nonprescription Stay Awake Pills in Lifetime:									
0 times	80.3	88.0	73.3	81.1	79.5	88.5	87.4	74.3	72.3
1-2 times	8.6	5.9	11.2	8.2	9.1	6.1	5.6	10.1	12.3
3-5 times	4.3	2.5	6.0	3.7	5.0	2.1	2.9	5.2	6.8
6-9 times	2.4	1.7	3.1	2.5	2.3	1.6	1.8	3.4	2.8
10-19 times	1.7	0.6	2.6	1.8	1.5	0.3	0.9	3.1	2.2
20-39 times	0.8	0.3	1.3	0.7	0.9	0.2	0.4	1.2	1.3
40+ times	1.8	1.1	2.5	1.9	1.7	1.1	1.0	2.7	2.3
Number of Occasions Used Nonprescription Stay Awake Pills in Past Year:									
0 times	85.8	91.6	80.6	86.8	84.8	92.3	90.8	81.8	79.3
1-2 times	7.1	4.5	9.6	6.7	7.6	4.2	4.7	9.0	10.3
3-5 times	3.1	1.9	4.2	2.7	3.6	1.5	2.4	3.7	4.8
6-9 times	1.6	0.8	2.4	1.7	1.5	1.2	0.3	2.2	2.5
10-19 times	1.0	0.4	1.6	0.9	1.1	0.2	0.6	1.5	1.6
20-39 times	0.5	0.3	0.6	0.3	0.6	0.0	0.5	0.5	0.8
40+ times	0.8	0.7	1.0	1.0	0.7	0.7	0.7	1.3	0.7
Number of Occasions Used Nonprescription Stay Awake Pills in Past Month:									
0 times	94.3	96.7	92.2	94.8	93.8	97.2	96.2	92.6	91.7
1-2 times	2.9	1.3	4.3	2.7	3.0	1.0	1.5	4.3	4.4
3-5 times	1.7	1.0	2.4	1.8	1.7	1.3	0.8	2.2	2.6
6-9 times	0.3	0.4	0.3	0.1	0.6	0.2	0.6	0.0	0.5
10-19 times	0.3	0.2	0.3	0.1	0.4	0.0	0.3	0.1	0.6
20-39 times	0.3	0.3	0.4	0.3	0.3	0.1	0.5	0.5	0.2
40+ times	0.1	0.1	0.2	0.2	0.1	0.2	0.1	0.2	0.1

Table 2-39
Nonprescription Look Alike Stimulants: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Nonprescription Look Alike Stimulants in Lifetime:									
0 times	92.1	94.2	90.1	92.0	92.1	94.6	93.8	89.7	90.6
1-2 times	4.2	3.6	4.7	4.2	4.2	3.8	3.4	4.5	4.9
3-5 times	1.3	0.8	1.8	1.2	1.4	0.4	1.2	1.9	1.6
6-9 times	0.5	0.2	0.7	0.5	0.4	0.2	0.2	0.8	0.6
10-19 times	0.5	0.2	0.8	0.6	0.5	0.1	0.4	1.1	0.6
20-39 times	0.4	0.2	0.6	0.5	0.3	0.1	0.2	0.8	0.3
40+ times	1.0	0.8	1.3	1.0	1.0	0.8	0.7	1.3	1.3
Number of Occasions Used Nonprescription Look Alike Stimulants in Past Year:									
0 times	95.3	96.4	94.2	95.3	95.3	97.3	95.6	93.5	95.0
1-2 times	2.3	2.1	2.6	2.2	2.5	1.5	2.8	2.9	2.2
3-5 times	1.1	0.4	1.8	1.1	1.1	0.3	0.4	1.9	1.7
6-9 times	0.2	0.0	0.3	0.3	0.1	0.0	0.1	0.5	0.1
10-19 times	0.4	0.3	0.4	0.4	0.3	0.3	0.4	0.5	0.3
20-39 times	0.1	0.2	0.1	0.2	0.0	0.2	0.1	0.2	0.0
40+ times	0.6	0.6	0.6	0.5	0.7	0.4	0.7	0.5	0.7
Number of Occasions Used Nonprescription Look Alike Stimulants in Past Month:									
0 times	97.8	98.2	97.4	97.7	97.9	98.6	97.8	96.9	97.9
1-2 times	1.1	0.9	1.3	1.2	1.1	0.7	1.2	1.6	1.0
3-5 times	0.4	0.2	0.6	0.4	0.4	0.2	0.3	0.6	0.6
6-9 times	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.3	0.0
10-19 times	0.1	0.0	0.2	0.1	0.1	0.0	0.1	0.2	0.1
20-39 times	0.2	0.3	0.1	0.2	0.3	0.3	0.4	0.1	0.2
40+ times	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2

Table 2-40
Inhalants: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Inhalants in Lifetime:									
0 times	79.4	79.4	79.4	79.7	79.1	79.9	78.9	79.6	79.3
1-2 times	11.7	12.0	11.5	11.2	12.3	11.8	12.3	10.7	12.3
3-5 times	3.7	3.3	4.0	3.7	3.7	2.8	3.9	4.4	3.5
6-9 times	1.4	1.4	1.3	1.3	1.4	1.7	1.2	1.0	1.7
10-19 times	1.3	1.1	1.4	1.5	1.1	0.9	1.4	2.0	0.7
20-39 times	0.6	1.0	0.3	0.8	0.5	1.4	0.7	0.3	0.3
40+ times	1.9	1.6	2.1	1.8	2.0	1.6	1.7	2.0	2.2
Number of Occasions Used Inhalants in Past Year:									
0 times	90.3	90.1	90.5	90.3	90.3	89.9	90.2	90.6	90.4
1-2 times	5.3	5.1	5.5	5.1	5.5	4.6	5.6	5.6	5.4
3-5 times	1.9	1.8	2.0	2.0	1.8	2.2	1.4	1.9	2.2
6-9 times	0.8	1.1	0.5	0.9	0.6	1.0	1.1	0.8	0.2
10-19 times	0.6	0.7	0.5	0.4	0.8	0.7	0.7	0.1	0.9
20-39 times	0.5	0.6	0.3	0.6	0.3	1.0	0.3	0.2	0.3
40+ times	0.6	0.7	0.6	0.7	0.6	0.5	0.8	0.8	0.5
Number of Occasions Used Inhalants in Past Month:									
0 times	94.7	93.8	95.5	94.2	95.2	93.0	94.6	95.3	95.8
1-2 times	3.2	3.6	2.8	3.5	2.8	3.8	3.3	3.2	2.3
3-5 times	0.7	0.9	0.5	0.8	0.7	1.1	0.7	0.4	0.6
6-9 times	0.4	0.5	0.2	0.5	0.3	0.8	0.3	0.1	0.3
10-19 times	0.5	0.6	0.4	0.5	0.5	0.7	0.5	0.2	0.5
20-39 times	0.3	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.2
40+ times	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.2

Table 2-41
Amyl Or Butyl Nitrates: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Amyl or Butyl Nitrates in Lifetime:									
0 times	92.5	93.4	91.7	91.9	93.3	92.7	94.3	91.1	92.4
1-2 times	3.5	3.2	3.7	3.3	3.6	3.4	3.0	3.2	4.2
3-5 times	1.7	1.3	2.1	1.7	1.6	1.2	1.4	2.2	1.9
6-9 times	0.5	0.4	0.6	0.6	0.4	0.3	0.5	0.9	0.4
10-19 times	0.6	0.4	0.9	0.6	0.6	0.5	0.3	0.8	0.9
20-39 times	0.4	0.3	0.5	0.7	0.1	0.4	0.2	0.9	0.1
40+ times	0.8	1.0	0.5	1.2	0.3	1.6	0.4	0.9	0.1
Number of Occasions Used Amyl or Butyl Nitrates in Past Year:									
0 times	95.3	96.1	94.6	95.5	95.2	96.0	96.1	95.0	94.3
1-2 times	2.4	1.8	2.9	2.0	2.8	1.6	2.0	2.4	3.4
3-5 times	1.0	0.7	1.2	0.9	1.1	0.7	0.6	1.0	1.5
6-9 times	0.5	0.5	0.5	0.5	0.5	0.4	0.6	0.6	0.5
10-19 times	0.3	0.2	0.3	0.4	0.2	0.2	0.2	0.5	0.2
20-39 times	0.2	0.3	0.1	0.3	0.1	0.4	0.2	0.1	0.0
40+ times	0.4	0.5	0.3	0.6	0.2	0.7	0.2	0.4	0.1
Number of Occasions Used Amyl or Butyl Nitrates in Past Month:									
0 times	97.8	97.7	97.9	97.6	97.9	97.5	97.9	97.8	98.0
1-2 times	1.3	1.2	1.4	1.1	1.5	1.0	1.4	1.3	1.5
3-5 times	0.2	0.2	0.1	0.2	0.1	0.3	0.1	0.1	0.2
6-9 times	0.2	0.1	0.2	0.2	0.1	0.2	0.0	0.2	0.2
10-19 times	0.2	0.3	0.1	0.2	0.2	0.3	0.3	0.1	0.0
20-39 times	0.3	0.3	0.3	0.4	0.1	0.3	0.3	0.5	0.0
40+ times	0.2	0.3	0.1	0.3	0.1	0.6	0.0	0.0	0.1

Table 2-42
Marijuana: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Marijuana in Lifetime:									
0 times	74.8	85.5	64.9	71.8	77.9	84.7	86.0	59.8	70.2
1-2 times	9.6	6.2	12.7	10.3	8.8	5.7	6.7	14.7	10.7
3-5 times	4.0	2.6	5.3	4.6	3.4	3.1	2.1	6.0	4.5
6-9 times	3.1	1.8	4.3	3.4	2.7	2.1	1.4	4.6	4.0
10-19 times	2.1	0.9	3.2	1.9	2.3	0.8	1.1	2.9	3.5
20-39 times	1.9	0.8	3.0	1.9	2.0	0.6	1.1	3.1	2.8
40+ times	4.5	2.2	6.7	6.1	3.0	3.0	1.4	8.8	4.4
Number of Occasions Used Marijuana in Past Year:									
0 times	81.8	90.5	73.9	80.2	83.5	90.2	90.7	71.1	76.9
1-2 times	7.7	4.1	10.9	7.7	7.6	3.7	4.5	11.4	10.5
3-5 times	3.0	2.2	3.7	3.4	2.6	2.8	1.6	4.0	3.5
6-9 times	1.9	0.9	2.8	1.9	1.8	0.8	1.0	2.9	2.6
10-19 times	2.2	1.1	3.2	2.3	2.1	0.9	1.4	3.7	2.7
20-39 times	1.7	0.5	2.7	2.1	1.2	0.8	0.1	3.2	2.2
40+ times	1.8	0.8	2.7	2.3	1.2	0.8	0.7	3.7	1.7
Number of Occasions Used Marijuana in Past Month:									
0 times	89.7	94.6	85.1	88.5	90.9	94.7	94.6	82.9	87.4
1-2 times	4.8	2.4	7.0	4.8	4.8	2.3	2.5	7.1	6.9
3-5 times	2.1	1.1	3.1	2.3	2.0	0.9	1.2	3.4	2.8
6-9 times	1.2	1.1	1.3	1.5	0.9	1.1	1.2	1.9	0.6
10-19 times	0.9	0.3	1.4	1.2	0.6	0.4	0.2	1.9	1.0
20-39 times	0.8	0.2	1.3	1.1	0.4	0.3	0.2	1.9	0.6
40+ times	0.5	0.2	0.8	0.6	0.4	0.3	0.1	0.9	0.7

Table 2-43
Cocaine: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Cocaine in Lifetime:									
0 times	94.3	96.4	92.3	94.0	94.5	96.7	96.1	91.6	93.0
1-2 times	2.9	1.7	4.0	2.8	3.1	1.7	1.8	3.8	4.3
3-5 times	0.8	0.5	1.2	1.0	0.6	0.6	0.3	1.5	0.9
6-9 times	0.5	0.3	0.6	0.6	0.3	0.3	0.4	0.9	0.2
10-19 times	0.4	0.3	0.6	0.3	0.6	0.1	0.5	0.5	0.6
20-39 times	0.2	0.1	0.3	0.3	0.1	0.1	0.2	0.5	0.1
40+ times	0.9	0.7	1.1	1.0	0.8	0.6	0.8	1.4	0.8
Number of Occasions Used Cocaine in Past Year:									
0 times	95.9	97.4	94.4	95.6	96.1	97.8	97.0	93.6	95.2
1-2 times	2.4	1.2	3.5	2.5	2.4	1.0	1.5	3.9	3.2
3-5 times	0.3	0.4	0.3	0.3	0.4	0.2	0.5	0.4	0.3
6-9 times	0.3	0.3	0.3	0.4	0.2	0.4	0.3	0.4	0.1
10-19 times	0.3	0.2	0.5	0.3	0.4	0.1	0.3	0.5	0.4
20-39 times	0.2	0.2	0.2	0.3	0.1	0.2	0.1	0.4	0.0
40+ times	0.5	0.3	0.7	0.6	0.5	0.4	0.2	0.7	0.7
Number of Occasions Used Cocaine in Past Month:									
0 times	97.8	98.4	97.3	97.7	97.9	98.5	98.3	96.0	97.6
1-2 times	1.0	0.6	1.5	1.1	1.0	0.7	0.5	1.4	1.5
3-5 times	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.2	0.1
6-9 times	0.3	0.4	0.3	0.2	0.5	0.2	0.6	0.2	0.3
10-19 times	0.3	0.1	0.4	0.5	0.1	0.0	0.3	0.9	0.0
20-39 times	0.2	0.2	0.2	0.1	0.3	0.2	0.1	0.0	0.5
40+ times	0.1	0.1	0.2	0.2	0.0	0.2	0.0	0.3	0.0
What Methods Have You Used for Taking Cocaine[1] (Mark all that apply)									
Sniffing	4.8	2.9	6.5	5.4	4.0	2.6	3.1	8.0	4.8
Smoking	2.7	1.6	3.7	3.0	2.4	1.9	1.4	4.1	3.4
Injection	0.7	0.9	0.5	1.0	0.3	1.2	0.5	0.8	0.2
Inhaling fumes	1.0	1.0	1.0	0.9	1.0	1.1	0.8	0.8	1.2
By mouth	1.9	1.0	2.7	2.2	1.7	0.8	1.3	3.5	2.0
Other	0.7	0.7	0.7	1.0	0.4	0.9	0.5	1.1	0.3

[1] Percentages for each response are based only on students (5.7%) who report using cocaine one or more times during their lifetime.

Table 2-44
Crack Cocaine: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Crack in Lifetime:									
0 times	97.8	98.4	97.3	97.5	98.1	98.4	98.4	96.7	97.9
1-2 times	1.1	0.7	1.5	1.3	0.9	0.7	0.6	1.9	1.2
3-5 times	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.3	0.2
6-9 times	0.2	0.3	0.1	0.3	0.2	0.3	0.3	0.2	0.1
10-19 times	0.2	0.1	0.2	0.1	0.2	0.0	0.2	0.3	0.2
20-39 times	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.3	0.0
40+ times	0.4	0.4	0.4	0.4	0.4	0.5	0.3	0.4	0.5
Number of Occasions Used Crack in Past Year:									
0 times	98.5	98.5	98.5	98.5	98.5	98.7	98.5	98.3	98.5
1-2 times	0.5	0.5	0.5	0.5	0.6	0.6	0.5	0.4	0.7
3-5 times	0.3	0.4	0.2	0.4	0.2	0.4	0.4	0.4	0.1
6-9 times	0.1	0.2	0.0	0.0	0.2	0.0	0.3	0.0	0.0
10-19 times	0.2	0.0	0.3	0.2	0.1	0.1	0.0	0.4	0.2
20-39 times	0.2	0.1	0.2	0.3	0.0	0.2	0.1	0.4	0.0
40+ times	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.1	0.5
Number of Occasions Used Crack in Past Month:									
0 times	99.1	99.0	99.1	99.1	99.0	99	99.0	98.9	99.2
1-2 times	0.3	0.5	0.1	0.2	0.4		0.7	0.1	0.1
3-5 times	0.1	0.1	0.2	0.2	0.1		0.2	0.4	0.0
6-9 times	0.1	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.2
10-19 times	0.1	0.1	0.2	0.2	0.0	0.1	0.0	0.3	0.0
20-39 times	0.2	0.1	0.2	0.0	0.3	0.1	0.1	0.0	0.5
40+ times	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.0

Table 2-45
Amphetamines: Prevalence and Frequency of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Amphetamines in Lifetime:									
0 times	90.4	92.9	88.2	91.1	89.7	93.2	92.5	89.1	87.2
1-2 times	4.8	4.1	5.4	3.7	6.0	3.3	4.9	4.0	7.0
3-5 times	1.8	1.5	2.1	2.0	1.6	2.4	0.5	1.7	2.5
6-9 times	0.9	0.4	1.3	0.9	0.8	0.3	0.5	1.5	1.0
10-19 times	0.6	0.2	1.0	0.7	0.6	0.2	0.3	1.2	0.8
20-39 times	0.6	0.5	0.7	0.7	0.5	0.2	0.7	1.1	0.4
40+ times	0.9	0.5	1.2	0.9	0.9	0.4	0.6	1.4	1.1
Number of Occasions Used Amphetamines in Past Year:									
0 times	94.1	95.8	92.5	94.7	93.4	96.1	95.4	93.5	91.5
1-2 times	3.4	2.8	4.0	2.5	4.4	2.6	3.1	2.5	5.5
3-5 times	1.1	0.6	1.6	1.0	1.2	0.6	0.5	1.4	1.8
6-9 times	0.5	0.2	0.8	0.4	0.5	0.0	0.3	0.8	0.7
10-19 times	0.2	0.2	0.3	0.4	0.1	0.3	0.1	0.6	0.1
20-39 times	0.1	0.0	0.2	0.2	0.1	0.1	0.0	0.3	0.1
40+ times	0.5	0.4	0.6	0.6	0.4	0.3	0.5	0.9	0.3
Number of Occasions Used Amphetamines in Past Month:									
0 times	97.3	98.3	96.4	97.6	97.0	98.9	97.7	96.5	96.3
1-2 times	1.7	1.1	2.2	1.2	2.1	0.7	1.5	1.7	2.7
3-5 times	0.3	0.0	0.6	0.2	0.4	0.0	0.0	0.4	0.8
6-9 times	0.2	0.1	0.3	0.4	0.0	0.2	0.0	0.6	0.1
10-19 times	0.1	0.2	0.1	0.0	0.2	0.1	0.3	0.0	0.2
20-39 times	0.2	0.2	0.3	0.3	0.2	0.0	0.4	0.5	0.0
40+ times	0.1	0.1	0.1	0.2	0.0	0.2	0.1	0.3	0.0

Table 2-46
Psychedelics: Prevalence and Frequency Of Use

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Psychedelics in Lifetime:									
0 times	95.3	97.4	93.3	94.6	95.9	97.5	97.3	92.0	94.7
1-2 times	2.1	1.0	3.2	2.3	1.9	0.8	1.2	3.8	2.6
3-5 times	0.8	0.6	1.1	1.1	0.5	0.7	0.4	1.5	0.7
6-9 times	0.7	0.3	1.0	0.5	0.8	0.2	0.4	0.9	1.2
10-19 times	0.3	0.1	0.4	0.4	0.2	0.1	0.1	0.7	0.2
20-39 times	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.3
40+ times	0.7	0.6	0.7	0.9	0.4	0.7	0.5	1.1	0.3
Number of Occasions Used Psychedelics in Past Year:									
0 times	96.7	98.1	95.5	96.2	97.3	98.1	98.1	94.5	96.4
1-2 times	1.7	0.8	2.5	2.1	1.2	1.0	0.6	3.2	1.7
3-5 times	0.8	0.4	1.1	0.6	0.9	0.2	0.6	0.9	1.3
6-9 times	0.1	0.0	0.2	0.1	0.1	0.0	0.1	0.3	0.1
10-19 times	0.3	0.1	0.4	0.3	0.2	0.1	0.1	0.5	0.2
20-39 times	0.1	0.1	0.2	0.1	0.2	0.0	0.2	0.3	0.1
40+ times	0.3	0.4	0.2	0.4	0.2	0.6	0.3	0.3	0.1
Number of Occasions Used Psychedelics in Past Month:									
0 times	98.3	98.9	97.7	98.0	98.5	98.9	99.0	97.3	98.1
1-2 times	1.0	0.3	1.6	1.0	1.1	0.4	0.3	1.5	1.7
3-5 times	0.1	0.1	0.2	0.2	0.1	0.0	0.1	0.3	0.0
6-9 times	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.2	0.0
10-19 times	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.3	0.1
20-39 times	0.2	0.3	0.1	0.3	0.1	0.4	0.2	0.2	0.0
40+ times	0.2	0.1	0.2	0.2	0.1	0.2	0.1	0.3	0.1

Table 2-47
Past Month Use of Any Illegal Drug

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Occasions Used Illegal Drugs in Past Month:									
0 times	87.8	93.6	82.5	86.6	89.1	92.7	94.5	81.0	84.1
1-2 times	6.0	3.7	8.1	6.1	5.9	4.5	2.9	7.6	8.6
3-5 times	2.6	1.3	3.9	2.6	2.7	1.3	1.3	3.8	3.9
6-10 times	1.1	0.5	1.6	1.2	0.9	0.5	0.4	1.8	1.5
10+ times	2.5	0.9	3.9	3.5	1.4	1.0	0.8	5.8	2.0

Table 2-48
Grade In Which First Tried Drugs

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Smoked First Cigarette:									
Grade 4 or below	11.2	12.8	9.7	12.3	10.1	13.8	11.8	11.0	8.5
Grade 5 or 6	19.9	24.1	16.0	20.8	18.9	23.9	24.3	17.9	14.0
Grade 7 or 8	19.7	13.9	25.1	19.0	20.4	13.6	14.2	24.1	26.1
Grade 9	4.6	0.0	8.8	3.6	5.7	0.0	0.0	6.9	10.9
Grade 10	1.7	0.0	3.3	1.1	2.4	0.0	0.0	2.1	4.6
Never used	42.9	49.2	37.0	43.2	42.5	48.8	49.7	38.1	35.9
Smoked Cigarettes on a Daily Basis:									
Grade 4 or below	0.7	0.8	0.7	0.6	0.9	0.6	0.9	0.5	0.9
Grade 5 or 6	4.6	7.1	2.4	5.0	4.3	7.8	6.4	2.4	2.3
Grade 7 or 8	9.1	8.2	9.9	7.1	11.2	5.6	10.8	8.3	11.6
Grade 9	3.9	0.0	7.5	3.2	4.6	0.0	0.0	6.2	8.8
Grade 10	1.7	0.0	3.3	1.8	1.6	0.0	0.0	3.5	3.0
Never used	80.0	84.0	76.3	82.3	77.5	85.9	82.0	79.1	73.4
Tried Alcohol (More than Just a Few Sips):									
Grade 4 or below	10.8	14.0	8.2	13.3	8.2	17.5	10.7	10.1	6.2
Grade 5 or 6	19.9	26.8	14.4	21.4	18.5	27.0	26.6	17.0	11.8
Grade 7 or 8	36.1	32.5	39.0	32.9	39.3	27.9	37.0	36.9	41.3
Grade 9	12.2	0.0	22.0	12.1	12.2	0.0	0.0	21.5	22.4
Grade 10	2.5	0.0	4.5	2.0	2.9	0.0	0.0	3.6	5.4
Never used	18.5	26.7	11.9	18.2	18.8	27.6	25.7	10.9	12.9
Tried Other Inhalants:									
Grade 4 or below	3.3	3.6	3.1	3.6	3.1	3.3	4.0	3.9	2.2
Grade 5 or 6	5.2	6.6	3.9	5.3	5.0	7.4	5.7	3.4	4.4
Grade 7 or 8	6.3	6.2	6.5	5.7	7.0	5.0	7.3	6.2	6.7
Grade 9	1.4	0.0	2.7	1.3	1.6	0.0	0.0	2.4	3.1
Grade 10	0.6	0.0	1.1	0.7	0.4	0.0	0.0	1.4	0.8
Never used	83.2	83.6	82.7	83.4	82.9	84.3	82.9	82.7	82.8
Tried Diet Pills:									
Grade 4 or below	0.3	0.5	0.2	0.4	0.2	0.7	0.3	0.2	0.2
Grade 5 or 6	1.3	2.0	0.7	0.5	2.2	0.9	3.2	0.2	1.3
Grade 7 or 8	4.3	4.3	4.3	1.2	7.5	0.8	7.9	1.7	7.1
Grade 9	3.0	0.0	5.8	0.5	5.7	0.0	0.0	1.0	10.9
Grade 10	0.8	0.0	1.5	0.3	1.3	0.0	0.0	0.5	2.5
Never used	90.2	93.2	87.5	97.0	83.1	97.6	88.6	96.5	78.0
Tried Nonprescription Stay Awake Pills:									
Grade 4 or below	0.7	1.1	0.3	1.1	0.3	1.9	0.3	0.4	0.3
Grade 5 or 6	1.6	2.3	1.0	1.8	1.4	2.2	2.4	1.4	0.6
Grade 7 or 8	6.3	4.9	7.6	5.8	6.8	3.6	6.3	7.9	7.3
Grade 9	5.7	0.0	10.9	5.0	6.3	0.0	0.0	9.6	12.2
Grade 10	1.9	0.0	3.7	1.3	2.6	0.0	0.0	2.5	4.9
Never used	83.8	91.7	76.5	85.0	82.5	92.4	91.0	78.2	74.8

Table 2-48 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Tried Nonprescription Look Alike Stimulants:									
Grade 4 or below	0.2	0.3	0.1	0.3	0.1	0.5	0.2	0.2	0.0
Grade 5 or 6	0.5	0.5	0.4	0.3	0.6	0.2	0.8	0.4	0.5
Grade 7 or 8	1.7	1.4	2.0	1.6	1.8	1.2	1.6	1.9	2.1
Grade 9	0.8	0.0	1.6	0.8	0.9	0.0	0.0	1.6	1.6
Grade 10	0.4	0.0	0.8	0.3	0.5	0.0	0.0	0.6	0.9
Never used	96.4	97.7	95.1	96.7	96.1	98.1	97.4	95.3	94.8
Tried Marijuana:									
Grade 4 or below	1.5	1.7	1.2	2.0	1.0	2.1	1.4	1.9	0.6
Grade 5 or 6	4.2	4.3	4.1	4.9	3.4	4.9	3.6	5.0	3.3
Grade 7 or 8	11.4	7.6	14.9	12.5	10.2	6.7	8.5	17.8	11.8
Grade 9	5.5	0.0	10.6	5.7	5.2	0.0	0.0	11.0	10.1
Grade 10	2.3	0.0	4.4	2.4	2.2	0.0	0.0	4.5	4.3
Never used	75.1	86.4	64.8	72.5	77.9	86.3	86 5	59.8	70.0
Tried Psychedelics:									
Grade 4 or below	0.2	0.2	0.2	0.3	0.0	0.3	0.1	0.3	0.0
Grade 5 or 6	0.5	0.7	0.3	0.6	0.4	0.8	0.7	0.4	0.1
Grade 7 ar 8	1.5	1.0	1.9	1.5	1.5	1.1	0.8	1.8	2.0
Grade 9	1.2	0.0	2.3	1.5	0.9	0.0	0.0	2.9	1.8
Grade 10	0.6	0.0	1.1	0.6	0.5	0.0	0.0	1.2	0.9
Never used	96.1	98.1	94.2	95.5	96.7	97.9	98.4	93.4	95.1
Tried Amphetamines:									
Grade 4 or below	0.2	0.2	0.2	0.3	0.1	0.2	0.2	0.3	0.1
Grade 5 or 6	0.8	1.1	0.5	0.8	0.8	1.0	1.2	0.6	0.5
Grade 7 or 8	3.5	2.9	4.2	3.3	3.8	2.5	3.2	4.0	4.4
Grade 9	1.4	0.0	2.7	1.4	1.4	0.0	0.0	2.6	2.7
Grade 10	0.5	0.0	1.0	0.1	0.9	0.0	0.0	0.2	1.8
Never used	93.6	95.8	91.4	94.2	92.9	96.3	95.3	92.3	90.5
Tried Crack Cocaine:									
Grade 4 or below	0.1	0.1	0.1	0.3	0.0	0.3	0.0	0.3	0.0
Grade 5 or 6	0.5	0.9	0.1	0.4	0.6	0.7	1.2	0.2	0.0
Grade 7 or 8	1.2	1.7	0.7	1.3	1.2	1.8	1.7	0.8	0.7
Grade 9	0.8	0.0	1.5	0.6	0.9	0.0	0.0	1.2	1.8
Grade 10	0.7	0.0	1.4	0.9	0.5	0.0	0.0	1.7	1.0
Never used	96.7	97.2	96.2	96.6	96.8	97.3	97.1	95.9	96.5
Tried any Other Form of Cocaine:									
Grade 4 or below	0.4	0.5	0.3	0.6	0.1	0.8	0.1	0.4	0.2
Grade 5 or 6	0.4	0.5	0.3	0.4	0.5	0.4	0.7	0.4	0.2
Grade 7 or 8	1.3	1.9	0.9	1.2	1.5	1.6	2.1	0.8	0.9
Grade 9	1.4	0.0	2.8	1.7	1.2	0.0	0.0	3.2	2.3
Grade 10	1.1	0.0	2.1	1.3	0.9	0.0	0.0	2.5	1.8
Never used	95.3	97.1	93.7	94.9	95.8	97.2	97.0	92.8	94.6
Tried Nitrates:									
Grade 4 or below	0.1	0.2	0.1	0.2	0.1	0.3	0.2	0.2	0.0
Grade 5 or 6	0.3	0.4	0.3	0.3	0.4	0.2	0.6	0.4	0.1
Grade 7 or 8	1.5	1.5	1.5	1.4	1.6	1.3	1.8	1.5	1.4
Grade 9	0.8	0.0	1.5	0.9	0.7	0.0	0.0	1.7	1.3
Grade 10	0.5	0.0	0.9	0.3	0.7	0.0	0.0	0.5	1.4
Never used	96.8	97.8	95.8	97.0	96.6	08.3	97.4	95.8	95.8

Table 2-49
Perceived Peer Norms For Drug Use

How Many of Your Friends Would You Estimate...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Smoke Cigarettes:									
None	20.6	27.2	14.5	22.7	18.4	31.4	22.9	14.8	14.3
A few	35.5	37.8	33.4	35.7	35.3	37.0	38.6	34.5	32.2
Some	25.6	20.8	30.1	26.5	24.7	20.5	21.1	32.0	28.0
Most	16.8	13.0	20.3	13.8	19.9	10.2	15.9	17.0	23.7
All	1.4	1.2	1.7	1.3	1.6	0.9	1.4	1.7	1.8
Drink Alcohol:									
None	14.3	21.5	7.5	15.9	12.6	24.8	18.2	7.8	7.3
A few	19.6	26.7	13.1	19.5	19.8	27.2	26.3	12.5	13.7
Some	20.3	21.9	18.8	20.4	20.2	20.2	23.7	20.5	16.9
Most	29.8	20.4	38.5	28.4	31.3	18.4	22.5	37.5	39.6
All	16.0	9.4	22.1	15.8	16.2	9.4	9.4	21.7	22.5
Get Drunk at Least Once a Week:									
None	39.7	57.1	23.7	42.9	36.4	62.0	52.0	25.4	21.9
A few	26.0	24.2	27.7	25.1	27.0	21.7	26.8	28.3	27.2
Some	16.9	9.7	23.4	16.1	17.7	7.6	11.8	23.8	23.1
Most	13.2	6.3	19.6	11.9	14.6	6.1	6.5	17.2	22.2
All	4.2	2.8	5.5	4.0	4.4	2.6	2.9	5.4	5.7
Smoke Marijuana:									
None	46.2	62.7	31.0	48.6	43.7	66.6	58.7	32.3	29.8
A few	30.6	25.3	35.6	29.5	31.8	22.6	28.1	35.8	35.3
Some	14.9	8.6	20.7	13.6	16.3	7.5	9.7	19.2	22.3
Most	7.0	3.1	10.6	6.7	7.2	2.9	3.3	10.3	10.9
All	1.2	0.3	2.1	1.5	1.0	0.4	0.2	2.4	1.7
Use Crack Cocaine:									
None	81.1	84.6	77.9	84.7	77.4	87.9	81.3	81.8	73.7
A few	14.1	11.1	16.8	11.1	17.2	8.8	13.5	13.2	20.6
Some	3.4	2.8	4.1	2.7	4.2	1.6	4.0	3.7	4.5
Most	0.9	1.0	0.7	0.9	0.8	1.1	1.0	0.7	0.7
All	0.5	0.5	0.5	0.6	0.4	0.6	0.3	0.6	0.5
Use Any Other Form of Cocaine:									
None	80.1	85.2	75.5	82.8	77.4	88.9	81.4	77.2	73.6
A few	14.9	10.8	18.6	12.4	17.5	8.0	13.7	16.3	21.1
Some	3.7	2.8	4.6	3.7	3.7	2.1	3.6	5.2	3.9
Most	0.9	0.9	0.9	0.7	1.0	0.7	1.0	0.8	1.0
All	0.4	0.3	0.5	0.4	0.4	0.3	0.3	0.5	0.5
Take Nitrates:									
None	85.9	89.0	83.1	87.1	84.7	90.2	87.7	84.2	82.0
A few	10.4	7.7	12.9	9.8	11.1	7.2	8.3	12.2	13.7
Some	2.5	1.8	3.0	1.9	3.0	1.2	2.5	2.6	3.5
Most	0.8	1.1	0.4	0.6	0.9	0.9	1.3	0.4	0.5
All	0.4	0.4	0.5	0.5	0.3	0.5	0.3	0.6	0.4

Table 2-49 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Use Other Inhalants:									
None	72.9	72.8	73.0	76.3	69.3	77.2	68.2	75.5	70.3
A few	17.9	16.5	19.2	16.6	19.3	14.7	18.3	18.3	20.2
Some	5.9	6.2	5.6	4.4	7.5	4.9	7.5	3.9	7.5
Most	2.4	3.2	1.7	2.0	2.9	2.3	4.1	1.7	1.7
All	0.9	1.4	0.5	0.8	1.1	1.0	1.8	0.6	0.4
Take Psychedelics:									
None	81.5	87.0	76.5	83.1	79.9	88.1	85.9	78.5	74.4
A few	13.6	10.0	16.9	12.2	15.0	9.4	10.7	14.8	19.0
Some	3.5	1.6	5.3	3.3	3.8	1.3	1.9	5.1	5.5
Most	0.9	1.0	0.9	0.8	1.1	0.7	1.2	0.8	0.9
All	0.4	0.4	0.5	0.6	0.2	0.5	0.3	0.8	0.1
Take Amphetamines:									
None	74.1	80.1	68.6	77.5	70.5	83.7	76.3	71.8	65.1
A few	19.4	14.9	19.4	16.9	22.0	12.5	17.3	21.0	26.4
Some	4.6	3.3	4.6	3.8	5.3	2.5	4.1	5.1	6.4
Most	1.4	1.1	1.4	1.3	1.5	0.7	1.5	1.7	1.6
All	0.5	0.6	0.5	0.5	0.6	0.6	0.7	0.4	0.4

Table 2-50
Perceived Availability of Drugs

How Difficult Would It Be for You to Get...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Cigarettes:									
Probably impossible	6.3	9.1	3.6	6.3	6.2	8.9	9.4	3.9	3.3
Very difficult	2.8	3.6	2.0	2.3	3.3	2.4	4.9	2.2	1.8
Fairly difficult	4.9	8.2	2.0	5.7	4.2	9.6	6.8	2.1	1.8
Fairly easy	12.9	16.6	9.5	13.3	12.5	17.4	15.8	9.4	9.5
Very easy	73.1	..4	82.9	72.4	73.8	61.7	63.1	82.3	83.6
Alcohol:									
Probably impossible	6.5	10.1	3.2	6.9	6.1	11.0	9.1	3.1	3.3
Very difficult	3.2	4.3	2.2	3.9	2.5	4.8	3.8	3.1	1.2
Fairly difficult	6.7	8.8	4.6	6.6	6.7	8.8	8.9	4.6	4.6
Fairly easy	19.8	22.0	17.9	20.1	19.6	22.1	21.9	18.3	17.4
Very easy	63.8	54.8	72.1	62.5	65.1	53.4	56.2	70.8	73.4
Marijuana:									
Probably impossible	20.6	30.7	11.3	19.8	21.5	31.1	30.2	9.4	13.3
Very difficult	9.8	12.8	7.1	10.1	9.5	13.2	12.3	7.3	6.8
Fairly difficult	12.3	14.1	10.6	12.4	12.1	14.6	13.6	10.5	10.6
Fairly easy	25.4	21.8	28.8	23.8	27.2	18.2	25.5	28.9	28.7
Very easy	31.9	20.7	42.3	33.9	29.8	23.0	18.3	43.9	40.5
Psychedelics:									
Probably impossible	34.7	43.4	26.6	34.2	35.1	43.1	43.8	26.1	27.2
Very difficult	19.4	19.0	19.8	20.5	18.3	21.0	16.9	20.0	19.7
Fairly difficult	21.5	16.5	26.0	20.5	22.5	14.6	18.5	26.0	26.1
Fairly easy	15.9	13.3	18.2	14.6	17.2	11.8	14.9	17.2	19.2
Very easy	8.5	7.7	9.3	10.1	6.9	9.5	5.9	10.7	7.8
Amphetamines:									
Probably impossible	29.1	38.0	21.0	29.8	28.5	39.8	36.2	20.7	21.3
Very difficult	16.7	17.3	16.2	17.2	16.2	17.2	17.3	17.2	15.1
Fairly difficult	19.9	17.0	22.6	20.2	19.6	17.9	16.0	22.3	23.0
Fairly easy	20.4	16.0	24.4	19.2	21.6	13.6	18.6	24.3	24.4
Very easy	13.9	11.7	15.9	13.6	14.2	11.6	11.9	15.5	16.3
Crack Cocaine:									
Probably impossible	35.6	44.9	27.1	36.7	34.5	46.5	43.3	27.7	26.4
Very difficult	19.3	17.0	21.3	19.0	19.5	17.2	16.9	20.7	21.9
Fairly difficult	18.0	16.6	19.2	17.4	18.6	15.5	17.8	19.1	19.3
Fairly easy	14.5	10.4	18.2	13.2	15.8	8.6	12.2	17.4	19.1
Very easy	12.7	11.0	14.2	13.7	11.7	12.2	9.8	15.0	13.4
Other Forms of Cocaine:									
Probably impossible	35.3	44.1	27.1	36.5	33.9	46.2	42.0	27.7	26.5
Very difficult	18.9	17.7	20.0	18.9	18.9	17.8	17.6	19.9	20.1
Fairly difficult	19.3	17.5	20.9	17.9	20.6	15.7	19.4	20.0	21.8
Fairly easy	14.6	10.6	18.3	13.8	15.5	9.4	11.8	17.7	18.9
Very easy	12.0	10.1	13.7	12.9	11.0	10.9	9.2	14.6	12.7

Table 2-51
Perceived Harmfulness of Drug Use

How Much Do People Risk Harming Themselves if They...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Smoke One or More Packs of Cigarettes Every Day:									
Great risk	50.6	47.9	53.1	47.6	53.8	44.6	51.4	50.3	56.1
Moderate risk	35.1	34.5	35.6	36.5	33.7	35.8	33.3	37.1	34.2
Slight risk	8.9	10.1	7.7	9.3	8.5	9.9	10.4	8.7	6.7
No risk	4.2	5.8	2.8	5.5	2.9	8.0	3.6	3.2	2.3
Drug Unfamiliar	1.1	1.5	0.8	1.2	1.1	1.7	1.3	0.8	0.8
Drink Alcohol Once or Twice:									
Great risk	11.5	14.6	8.7	13.1	9.9	17.1	12.0	9.5	8.0
Moderate risk	13.1	13.8	12.4	11.5	14.8	12.8	14.8	10.3	14.7
Slight risk	38.5	39.8	37.3	37.2	39.8	39.4	40.2	35.2	39.4
No risk	35.6	29.8	40.7	36.8	34.2	29.0	30.7	43.8	37.4
Drug Unfamiliar	1.4	1.9	0.9	1.4	1.3	1.7	2.2	1.2	0.5
Drink Alcohol Occasionally:									
Great risk	17.6	21.4	14.2	18.3	16.8	23.9	18.7	13.4	15.1
Moderate risk	29.6	31.6	27.8	28.3	31.0	31.0	32.2	25.9	29.9
Slight risk	35.4	32.0	38.6	34.5	36.4	29.6	34.3	38.8	38.3
No risk	15.7	12.6	18.5	17.1	14.2	13.2	11.9	20.6	16.3
Drug Unfamiliar	1.6	2.5	0.8	1.7	1.5	2.2	2.8	1.3	0.4
Drink Alcohol Regularly:									
Great risk	49.4	52.9	46.3	47.0	51.9	53.6	52.2	41.2	51.6
Moderate risk	30.6	29.2	31.8	31.3	29.8	28.1	30.3	34.1	29.4
Slight risk	12.8	9.3	15.9	13.1	12.4	8.2	10.3	17.4	14.4
No risk	4.9	5.3	4.5	6.0	3.7	6.6	4.0	5.4	3.5
Drug Unfamiliar	2.4	3.3	1.5	2.6	2.1	3.5	3.2	1.9	1.2
Have Five or More Drinks Once or Twice Each Weekend.									
Great risk	42.5	47.0	38.6	40.5	44.6	47.6	46.4	34.2	43.1
Moderate risk	31.3	29.0	33.4	30.4	32.3	27.8	30.2	32.7	34.3
Slight risk	15.9	13.1	18.5	17.6	14.1	12.6	13.5	22.1	14.7
No risk	7.7	7.5	7.8	9.0	6.3	8.9	6.2	9.2	6.4
Drug Unfamiliar	2.5	3.4	1.7	2.5	2.6	3.1	3.7	1.9	1.5
Try Marijauna Once or Twice:									
Great risk	37.9	45.4	31.2	38.6	37.2	46.8	44.0	31.4	31.0
Moderate risk	23.4	22.9	23.8	21.3	25.5	19.8	26.2	22.6	24.3
Slight risk	25.6	22.2	28.8	25.1	26.1	22.4	21.9	27.6	30.0
No risk	9.8	5.9	13.4	11.9	7.7	7.3	4.5	16.1	10.6
Drug Unfamiliar	3.2	3.6	2.9	3.0	3.5	3.8	3.4	2.3	3.5

Table 2-51 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Smoke Marijuana Occasionally:									
Great risk	49.1	55.5	43.3	49.5	48.7	56.1	54.9	43.6	42.9
Moderate risk	31.6	28.1	34.7	30.3	32.8	27.0	29.2	33.3	36.2
Slight risk	11.7	8.5	14.5	11.9	11.4	7.8	9 2	15.5	13.5
No risk	4.0	3.3	4.6	4.6	3.3	4.1	2.4	5.0	4.2
Drug Unfamiliar	3.7	4.6	3.0	3.7	3.7	4.9	4.2	2.7	3.2
Smoke Marijuana Regularly:									
Great risk	75.5	76.0	75.1	73.9	77.2	75.7	76.2	72.2	78.2
Moderate risk	12.6	11.2	13.8	13.8	11.3	10.6	11.9	16.8	10.8
Slight risk	3.8	3.0	4.5	3.9	3.7	2.8	3.2	4.8	4.1
No risk	2.6	3.0	2.2	3.1	2.1	4.0	2.0	2.3	2.2
Drug Unfamiliar	5.5	6.7	4.4	5.3	5.7	6.9	6.6	4.0	4.8

Table 2-52
Perceived Friends' Attitudes Towards Drug Use

How Would Your Close Friends Feel About You...	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Smoking One or More Packs of Cigarettes Every Day:									
Strongly disapprove	40.0	42.9	37.4	35.5	44.7	39.4	46.5	31.9	43.1
Disapprove	35.5	34.3	36.5	37.3	33.6	36.8	31.8	37.8	35.2
Not disapprove	24.5	22.8	26.1	27.2	21.7	23.8	21.8	30.3	21.7
Trying Alcohol Once or Twice:									
Strongly disapprove	15.0	19.6	10.8	15.6	14.4	21.2	18.0	10.6	11.1
Disapprove	18.4	22.8	14.3	17.2	19.5	22.2	23.5	12.7	15.9
Not disapprove	66.6	57.5	74.9	67.2	66.1	56.6	58.5	76.7	73.1
Drinking Alcohol Occasionally:									
Strongly disapprove	21.6	28.4	15.5	20.1	23.3	28.2	28.6	12.7	18.4
Disapprove	21.7	26.2	17.6	21.8	21.6	26.8	25.7	17.3	17.9
Not disapprove	56.6	45.4	66.9	58.1	55.1	45.0	45.7	69.9	63.7
Drinking Alcohol Regularly:									
Strongly disapprove	42.2	50.1	35.0	38.1	46.6	47.8	52.6	29.2	41.0
Disapprove	32.2	29.5	34.8	32.0	32.5	27.9	31.1	35.7	33.8
Not disapprove	25.5	20.4	30.3	30.0	20.9	24.3	16.4	35.1	25.2
Trying Marijauna Once or Twice:									
Strongly disapprove	49.3	58.0	41.3	45.8	52.9	56.0	60.1	36.6	46.4
Disapprove	26.2	26.3	26.1	28.0	24.3	27.9	24.6	28.1	24.1
Not disapprove	24.5	15.7	32.5	26.2	22.7	16.1	15.4	35.4	29.5
Smoking Marijauna Occasionally:									
Strongly disapprove	56.4	64.2	49.2	52.4	60.6	61.2	67.3	44.4	54.3
Disapprove	24.4	22.8	25.9	26.7	22.0	24.9	20.6	28.3	23.3
Not disapprove	19.2	13.0	24.9	20.9	17.4	13.9	12.1	27.3	22.4
Smoking Marijauna Regularly:									
Strongly disapprove	68.2	71.0	65.6	62.8	73.7	66.7	75.3	59.2	72.3
Disapprove	20.9	19.5	22.2	24.0	17.6	23.1	15.8	24.9	19.3
Not disapprove	10.9	9.6	12.2	13.2	8.6	10.2	8.9	15.9	8.4
Trying Psychedelics Once or Twice:									
Strongly disapprove	72.4	71.2	73.4	69.2	75.6	68.7	73.8	69.7	77.4
Disapprove	18.6	19.8	17.4	20.2	16.8	21.5	18.0	19.0	15.7
Not disapprove	9.1	9.0	9.2	10.6	7.5	9.8	8.2	11.3	6.9
Trying Amphetamines Once or Twice:									
Strongly disapprove	66.4	66.4	66.4	63.8	69.1	62.8	70.0	64.7	68.3
Disapprove	22.1	23.0	21.2	24.0	20.0	26.3	19.6	22.0	20.5
Not disapprove	11.6	10.7	12.4	12.2	10.9	11.0	10.4	13.4	11.3

Table 2-52 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Trying Cocaine Once or Twice:									
Strongly disapprove	69.8	68.7	70.9	66.4	73.5	66.8	70.7	66.0	76.0
Disapprove	20.1	21.3	19.0	22.2	18.0	22.4	20.3	22.1	15.9
Not disapprove	10.0	9.9	10.1	11.4	8.6	10.9	9.0	11.9	8.2
Using Cocaine Occasionally:									
Strongly disapprove	76.6	75.0	78.0	73.1	80.3	72.4	77.7	73.7	82.6
Disapprove	16.2	17.0	15.4	18.1	14.2	18.4	15.5	17.7	13.0
Not disapprove	7.2	8.0	6.5	8.9	5.5	9.2	6.7	8.6	4.4
Using Cocaine Regularly:									
Strongly disapprove	80.4	77.7	82.9	76.2	84.8	73.7	81.9	78.5	87.4
Disapprove	13.6	15.1	12.2	16.3	10.7	17.3	12.7	15.4	8.9
Not disapprove	6.0	7.2	4.9	7.5	4.5	9.0	5.4	6.1	3.7

Nutrition

Adequate nutrition during adolescence is essential r normal development and may help to avert many chronic diseases. Dietary patterns have been shown to relate to six of the ten leading causes of death in the United States. Diet also plays a significant role in infant mortality, dental caries, and obesity.

Th: ırvey items dealing with nutrition focused on behaviors and knowledge related to the Dietary Guidelines (U.S. Department of Agriculture and U.S. Department of Health and Human Services, 1985); specifically, those guidelines that call for Americans to reduce fat, sugar, and salt consumption and to increase fiber intake. Frequency of dieting and the methods students use to control their weight were also explored.

Although most students know that excessive consumption of fat, sugar, and salt increase one's risk for specific health problems, such as heart disease and high blood pressure, most students cannot choose between common foods on the basis of their fat, sugar, salt, or fiber content. Furthermore, the eating habits of many students appear to include frequent consumption of fried foods as well as snacks that are high in sugar and salt.

Many adolescents, particularly girls, reported having dieted during the past year. Safe dieting methods, such as exercising more frequently, are employed by many students; yet, some reported using unsafe methods to control their weight, such as fasting, diet pills, and vomiting after eating. Irrespective of dieting, many adolescents reported skipping breakfast on a regular basis.

Total Sample and Findings (T. = Tables in which data are found)

High-Fat Foods:

T.2-53 Approximately three-fourths of the students (73%) know that eating foods high in saturated fat may cause heart problems. (III.39)

T.2-53 Nearly half of the students (45%) do not know that there is more fat in a ham sandwich than in a turkey sandwich. (III.45)

T.2-56 Nearly four out of every ten students (39%) eat fried foods four or more times per week. (III.36)

Dieting:

T.2-54 Of the students who diet (44%), about half (51%) reported that they hardly eat or fast to control their weight. (III.30m)

T.2-54 Of the students who diet, about one in six (16%) reported using diet pills or diet candies to control their weight. (III.30b)

T.2-54 Of the students who diet, 12% reported that they vomit after eating, and 8% reported that they use laxatives to control their weight. (III.30 e,k)

Snacking:

T.2-57 About half of the students (45%) reported eating three or more snacks a day. More than half of these snacks (61%) are "junk food"snacks such as sodas, candy, doughnuts and other sweets, and ice cream. (III.27)

Meal Patterns:

T.2-58 Four out of every ten students (40%) reported eating breakfast on two or fewer days during the past week. (III.49)

T.2-58 Almost three-quarters (72%) of the students who eat lunch on school days get their lunch from the school cafeteria. (III.51,52)

Sex Differences

T.2-54 More than twice as many girls (61%) as boys (28%) reported having changed their eating habits to control their weight or dieted during the past year. (III.29)

T.2-58 Boys are more likely to eat breakfast everyday (45%) than girls (29%). (III.49)

Grade Differences

T.2-53 Students in the tenth grade are more likely to know the relationship between eating patterns and the risk of disease. (III.39-42)

T.2-58 Tenth-grade students (33%) are less likely to eat breakfast everyday than eighth-grade students (42%). (III.49)

Table 2-53
Nutrition Knowledge

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Cooking Practice that Increases Fat in Foods:									
Baking	4.1	4.7	3.5	5.4	2.8	6.1	3.4	4.8	2.2
Broiling	6.6	7.3	6.0	6.1	7.1	6.8	7.8	5.6	6.5
*Frying	73.3	67.5	78.5	70.7	76.0	67.0	68.1	74.0	83.2
Don't know	16.0	20.4	12.0	17.7	14.2	20.1	20.7	15.6	8.2
Boiling Vegetables Reduces Vitamins:									
*Yes	40.1	36.2	43.5	40.5	39.6	39.7	32.8	41.3	45.8
No	20.4	19.2	21.6	19.8	21.1	17.7	20.6	21.5	21.6
Don't know	39.5	44.6	35.0	39.7	39.3	42.6	46.6	37.1	32.7
Salt in Peanut Butter and Jelly Sandwich Compared to Hot Dog:									
*Less salt	33.8	34.8	32.8	34.8	32.6	38.1	31.3	31.9	33.8
More	18.2	17.9	18.5	19.8	16.6	17.8	17.9	21.6	15.3
Some amount	9.8	10.9	8.9	8.1	11.7	8.7	13.1	7.5	10.4
Don't know	38.2	36.5	39.7	37.3	39.1	35.4	37.6	39.0	40.4
Salt in Canned Vegetables Compared to Frozen:									
Less salt	14.3	14.9	13.8	14.4	14.3	15.3	14.5	13.6	14.0
*More salt	39.6	35.8	43.0	38.0	41.2	36.3	35.2	39.5	46.6
Same amount	10.1	11.2	9.1	11.2	8.9	11.7	10.5	10.6	7.5
Don't know	36.0	38.1	34.1	36.4	35.6	36.6	39.7	36.2	31.9
Fat in Ham Sandwich Compared to Turkey:									
Less fat	11.1	12.6	9.9	11.9	10.3	13.4	11.7	10.6	9.1
*More fat	55.0	50.5	58.9	53.9	56.1	49.9	51.1	57.4	60.6
Same amount	11.9	14.0	10.0	12.3	11.4	15.2	12.8	9.8	10.2
Don't know	22.0	22.9	21.2	21.9	22.2	21.5	24.5	22.2	20.1
Fat in Frozen Yogurt Compared to Ice cream:									
*Less fat	63.3	59.8	66.5	59.8	67.0	55.7	63.9	63.3	69.8
More fat	9.4	9.7	9.1	11.0	7.7	11.2	8.2	10.8	7.2
Same amount	8.5	9.7	7.4	9.1	7.8	11.0	8.3	7.4	7.4
Don't know	18.8	20.6	17.1	20.2	17.5	22.1	19.6	18.5	15.6
Fiber in Corn Flakes Compared to Bran Cereal:									
*Less fiber	53.1	48.4	57.3	51.1	55.2	46.1	50.7	55.5	59.2
More fiber	17.8	20.2	15.6	19.7	15.8	22.2	18.1	17.4	13.8
Same amount	7.2	7.5	7.0	5.9	8.6	6.4	8.7	5.5	8.6
Don't know	21.9	23.9	20.1	23.4	20.4	25.3	22.5	21.6	18.4

Table 2-53 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Fiber in Baked Beans Compared to Baked Potato:									
Less fiber	23.1	23.6	22.6	24.0	22.2	25.2	22.0	22.9	22.3
*More fiber	15.7	16.2	15.3	17.5	13.9	19.6	12.8	15.6	15.0
Same amount	10.9	11.4	10.5	9.7	12.2	10.2	12.6	9.3	11.7
Don't know	50.3	48.7	51.6	48.8	51.8	44.9	52.6	52.2	51.0
Eating Fatty Foods May Cause:									
Cavities	1.2	1.5	1.0	1.6	0.8	2.0	0.9	1.3	0.8
Stomach cancer	3.3	4.2	2.5	4.2	2.4	5.4	3.0	3.2	1.9
*Heart problems	72.9	67.0	78.1	71.7	74.1	65.2	68.8	77.4	78.9
Don't know	22.6	27.4	18.3	22.5	22.7	27.4	27.3	18.1	18.5
Eating Too Little Fiber May Cause:									
*Colon cancer	16.3	12.0	20.2	17.3	15.3	13.6	10.4	20.5	19.8
High blood pressure	17.9	18.3	17.6	19.8	16.0	20.8	15.7	18.9	16.2
Heart problems	6.4	7.4	5.5	6.7	6.1	6.7	8.1	6.7	4.3
Don't know	59.4	62.3	56.7	56.2	62.6	58.9	65.8	53.9	59.7
Eating Sugar May Cause:									
Heart problems	4.9	4.6	5.2	5.6	4.3	5.5	3.8	5.7	4.7
Low blood pressure	14.3	15.8	13.0	14.3	14.3	16.3	15.2	12.4	13.6
*Cavities	69.4	65.6	72.8	68.5	70.3	62.7	68.5	73.6	71.9
Don't know	11.4	14.0	9.1	11.7	11.1	15.5	12.5	8.3	9.8
Eating Too Much Salt May Cause:									
Liver cancer	5.7	5.8	5.6	5.4	6.0	5.7	6.0	5.1	6.0
*High blood pressure	79.4	76.8	81.7	78.5	80.4	76.0	77.6	80.6	82.9
Gum disease	1.0	1.3	0.7	1.3	0.6	1.4	1.1	1.2	0.2
Don't know	14.0	16.1	12.0	14.9	13.0	16.9	15.4	13.1	10.9

*Indicates correct response

Table 2-54
Dieting Practices

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Times Dieted During Past Year:									
0 times	55.8	57.5	54.3	71.6	39.4	71.9	43.0	71.3	36.1
1 times	12.6	13.8	11.5	11.8	13.5	11.6	16.1	12.0	11.0
2 times	11.9	11.3	12.5	7.6	16.3	6.8	15.7	8.3	16.9
3 times	7.4	6.2	8.5	4.1	10.9	3.7	8.8	4.4	12.9
4+ times	12.3	11.2	13.2	4.9	19.9	6.0	16.4	4.0	23.1
When Dieting, How Often Do You...									
Eat Low Calorie Foods/Sodas:									
Prevalence[1]	33.8	31.7	35.7	18.0	50.4	19.4	44.5	16.8	55.7
None of the time[2]	22.0	23.6	20.7	34.9	15.7	30.3	20.1	39.1	12.2
Some of the time	43.9	41.7	45.7	40.9	45.4	42.7	41.2	39.2	48.7
Most of the time	34.1	34.7	33.6	24.2	38.9	27.0	38.7	21.7	39.1
Use Diet Pills or Diet Candies:									
Prevalence[1]	7.1	5.6	8.4	3.1	11.3	3.3	8.0	2.9	14.3
None of the time[2]	83.6	86.5	81.1	88.8	81.0	88.2	85.6	89.2	77.4
Some of the time	12.8	10.4	14.8	9.5	14.4	10.3	10.5	8.8	17.5
Most of the time	3.6	3.1	4.1	1.7	4.5	1.5	3.9	1.9	5.0
Exercise More than Usual:									
Prevalence[1]	41.0	39.1	42.7	25.9	56.8	25.4	53.2	26.2	60.1
None of the time[2]	5.8	6.4	5.4	7.0	5.3	9.2	5.0	5.0	5.5
Some of the time	34.0	32.1	35.5	27.3	37.2	26.9	34.8	27.6	39.1
Most of the time	60.2	61.5	59.1	65.8	57.5	63.9	60.2	67.4	55.3
Eat Only High Protein Foods:									
Prevalence[1]	23.0	23.1	23.0	16.0	30.4	14.6	31.9	17.2	29.1
None of the time[2]	46.7	44.1	48.8	42.1	48.9	47.5	42.3	37.2	54.1
Some of the time	44.1	46.8	41.9	45.7	43.3	39.7	50.4	51.1	37.7
Most of the time	9.2	9.2	9.3	12.2	7.8	12.8	7.3	11.7	8.1
Eat Only Salads:									
Prevalence[1]	27.8	25.9	29.5	15.6	40.6	15.7	36.5	15.4	44.4
None of the time[2]	35.9	37.7	34.4	43.7	32.2	43.5	34.7	43.8	30.1
Some of the time	49.6	47.6	51.2	45.1	51.8	41.8	50.6	48.1	52.7
Most of the time	14.5	14.7	14.4	11.3	16.1	14.7	14.6	8.2	17.2
Drink Only Liquids:									
Prevalence[1]	19.7	17.4	21.7	13.1	26.7	11.8	23.3	14.2	29.8
None of the time[2]	54.3	57.7	51.5	52.5	55.2	57.5	57.9	48.1	53.1
Some of the time	35.3	32.8	37.3	37.4	34.2	30.1	34.2	43.9	34.3
Most of the time	10.4	9.5	11.2	10.1	10.6	12.4	7.9	8.0	12.7

Table 2-54 Continued

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Avoid Sweets:									
Prevalence[1]	37.2	34.6	39.4	22.3	52.7	21.1	48.6	23.3	56.5
None of the time[2]	14.2	16.4	12.4	19.2	11.8	23.4	12.9	15.5	11.0
Some of the time	40.2	39.0	41.2	42.3	39.1	35.5	40.7	48.2	37.9
Most of the time	45.6	44.6	46.4	38.5	49.0	41.0	46.5	36.3	51.1
Vomit After Eating:									
Prevalence[1]	5.0	4.1	5.9	2.5	7.6	2.7	5.6	2.5	9.5
None of the time[2]	88.3	90.1	86.9	90.6	87.2	90.4	89.9	90.9	85.1
Some of the time	8.3	7.1	9.3	7.8	8.6	8.9	6.2	6.7	10.5
Most of the time	3.3	2.8	3.8	1.6	4.2	0.7	3.9	2.4	4.4
Eat Less Food:									
Prevalence[1]	39.4	36.8	41.6	22.5	57.1	22.0	52.0	22.9	61.5
None of the time[2]	9.4	11.6	7.6	19.2	4.6	21.3	6.5	17.4	3.1
Some of the time	33.6	37.1	30.6	35.2	32.8	37.9	36.7	32.8	29.6
Most of the time	57.0	51.4	61.8	45.6	62.6	40.9	56.8	49.8	67.2
Fast:									
Prevalence[1]	22.0	19.0	24.7	12.0	32.5	11.3	26.9	12.4	37.7
None of the time[2]	49.2	54.4	44.9	56.8	45.5	59.4	51.8	54.5	40.5
Some of the time	31.8	30.3	33.0	29.2	33.0	29.9	30.5	28.6	35.0
Most of the time	19.0	15.3	22.1	14.0	21.5	10.8	17.7	16.9	24.5
Skip a Meal:									
Prevalence[1]	31.5	26.8	35.6	18.5	45.2	15.7	38.3	20.9	51.4
None of the time[2]	27.5	35.6	20.9	33.6	24.6	44.0	31.3	24.3	19.2
Some of the time	42.9	43.3	42.5	45.5	41.6	41.3	44.4	49.3	39.3
Most of the time	29.6	21.0	36.7	20.9	33.9	14.8	24.3	26.4	41.5
Take Laxatives:									
Prevalence[1]	3.4	3.2	3.4	2.5	4.2	3.1	3.3	2.2	4.9
None of the time[2]	92.2	92.2	92.3	90.7	93.0	88.9	93.9	92.3	92.2
Some of the time	6.0	5.7	6.3	6.3	5.9	7.1	4.9	5.6	6.6
Most of the time	1.7	2.2	1.4	3.0	1.1	4.1	1.2	2.0	1.1
Eat Only Fruits:									
Prevalence[1]	28.3	28.7	27.9	18.2	39.0	17.9	40.1	18.5	38.0
None of the time[2]	34.7	31.0	37.8	34.5	34.8	36.3	28.2	32.8	40.0
Some of the time	53.6	56.7	51.0	52.3	54.2	50.2	60.0	54.2	49.5
Most of the time	11.7	12.4	11.2	13.2	11.0	13.5	11.8	13.0	10.4

[1] These data are based on the total sample. Percentages represent those students who dieted using this method some or most of the time.

[2] Percentages for each response are based only on students (44.2%) who dieted during the past year.

Table 2-55
Weight Loss Knowledge

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Maximum Safe Weight Loss Per Week:									
*1-2 pounds	42.8	42.0	43.4	35.6	50.3	34.7	49.5	36.3	51.0
3-5 pounds	35.9	35.5	36.2	37.2	34.4	36.5	34.5	37.9	34.3
6-8 pounds	4.9	6.4	3.6	6.4	3.4	8.5	4.3	4.5	2.6
Don't know	16.5	16.0	16.9	20.8	11.9	20.3	11.8	21.3	12.1

*Indicates correct response

Table 2-56
Eating Practices

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Salt Consumption...									
When Do You Salt Your Food?									
Before tasting it	18.2	17.0	19.4	18.1	18.4	17.0	16.9	19.0	19.7
After tasting it	43.8	46.6	41.4	43.1	44.5	45.1	47.9	41.3	41.4
Almost never	37.9	36.5	39.3	38.8	37.1	37.9	35.2	39.6	38.9
How Much Salt do You Add?									
A lot of salt	16.1	14.7	17.4	16.2	16.0	16.2	13.2	16.2	18.6
A little salt	60.0	63.2	57.2	58.8	61.2	59.5	66.9	58.2	56.0
No salt	23.9	22.1	25.5	25.0	22.7	24.2	19.8	25.6	25.4
Fat Consumption...									
How Many Times a Week Do You Eat Fried Foods?									
0 times	2.3	2.1	2.4	2.1	2.5	2.0	2.3	2.2	2.7
1-3 times	58.8	62.7	55.1	58.6	59.0	62.5	63.0	55.0	55.3
4-6 times	20.3	17.4	22.9	21.2	19.3	18.8	16.0	23.3	22.3
Once a day	11.1	9.7	12.3	11.0	11.2	9.1	10.4	12.7	11.9
More than once a day	7.6	8.0	7.3	7.1	8.1	7.5	8.4	6.7	7.8
How Do You Eat Bread?[1]									
Without margarine or butter	13.9	14.4	13.5	14.9	12.9	16.3	12.5	13.6	13.3
With margarine	39.2	35.2	42.7	35.2	43.2	31.5	38.9	38.5	47.2
With butter	46.9	50.4	43.8	49.9	43.9	52.2	48.6	47.8	39.5
How Do You Eat Meat?[2]									
Cut off most fat	73.6	75.3	72.1	69.1	78.4	71.8	78.8	66.8	78.1
Cut off some fat	14.1	13.0	15.1	15.5	12.5	13.9	12.2	17.0	12.9
Eat fat	12.3	11.7	12.8	15.3	9.0	14.3	9.0	16.2	9.0
How Do You Eat Chicken?[3]									
Remove all skin	23.0	23.0	23.0	20.8	25.3	21.0	25.1	20.7	25.6
Eat some skin	27.3	28.0	26.6	22.5	32.2	22.8	33.2	22.3	31.3
Eat all skin	49.7	49.0	50.4	56.7	42.4	56.2	41.8	57.0	43.0
How Many Times Last Week Did You Eat Fast Food?									
0 times	29.1	30.8	27.6	29.8	28.5	31.2	30.5	28.6	26.6
1 time	30.6	32.5	28.8	29.2	32.0	29.9	35.1	28.5	29.2
2 times	21.4	20.6	22.2	23.1	19.6	24.3	16.7	22.1	22.3
3 times	11.0	9.5	12.3	10.2	11.7	8.4	10.6	11.8	12.8
4 times	3.4	2.5	4.1	2.8	3.9	2.1	3.0	3.5	4.8
5+ times	4.5	4.0	4.9	4.8	4.2	4.1	4.0	5.4	4.4

[1]Percentages for each response are based only on those students (96.3%) who eat bread.
[2]Percentages for each response are based only on those students (96.8%) who eat meat.
[3]Percentages for each response are based only on those students (95.1%) who eat chicken.

Table 2-57
Snacking Behavior

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Snack Categories Eaten Yesterday: [1,2]									
0 snack categories	12.2	13.1	11.5	12.1	12.3	13.4	12.8	11.1	11.9
1 snack categories	22.3	22.5	22.2	21.8	22.9	22.6	22.4	21.1	23.4
2 snack categories	20.0	20.1	19.9	19.1	21.0	18.5	21.7	19.6	20.3
3 snack categories	18.6	18.4	18.9	17.1	20.2	18.1	18.6	16.2	21.7
4 snack categories	11.9	10.7	13.0	12.7	11.2	9.6	11.8	15.4	10.6
5+ snack categories	14.9	15.3	14.4	17.3	12.4	17.9	12.8	16.7	12.1
Percent of Nutritious Snacks [2,3] (Fruits, Vegetables, Nuts, Juice, Milk Yogurt Cheese)	38.9	39.4	38.4	39.6	38.1	39.2	39.7	40.0	36.6
Percent "Junk Food" Snacks [2,3] (Chips, Soda, Candy, Ice Cream, Cake)	61.1	60.6	61.6	60.4	61.9	60.8	60.3	60.0	63.4

[1] Snack categories include chips, pretzels, nuts, fruits, vegetables, juice, milk, soda, diet soda, candy, ice cream, doughnuts, cookies, cake, yogurt, and cheese.

[2] Percentages are based on snack categories excluding "Other"

[3] These data represent the percentage of nutritious snacks or junk food snacks eaten, not the percentage of students eating snacks.

Table 2-58
Meal Patterns

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
During Past Week...									
Number Days Ate Breakfast:									
0 days	15.5	13.3	17.5	12.7	18.4	10.8	15.9	14.4	20.7
1-2 days	24.3	21.2	27.1	19.5	29.3	15.5	27.1	23.1	31.3
3-4 days	14.4	14.4	14.4	13.4	15.4	14.4	14.4	12.6	16.4
5-6 days	8.9	9.4	8.6	9.6	8.2	9.3	9.4	9.8	7.2
Everyday	36.8	41.8	32.5	44.8	28.6	50.0	33.3	40.2	24.4
Where Did You Eat Breakfast On School Days?[1]									
Home	89.2	89.1	89.3	88.7	89.8	88.4	89.9	89.0	89.7
School	7.7	7.7	7.6	8.1	7.2	7.6	7.8	8.5	6.5
Other	3.2	3.2	3.1	3.2	3.1	4.0	2.3	2.5	3.8
Number Days Ate Lunch:									
0 days	5.8	3.8	7.5	4.8	6.7	4.1	3.6	5.5	9.6
1-2 days	9.8	9.2	10.4	7.6	12.1	7.8	10.6	7.4	13.6
3-4 days	14.3	13.1	15.4	11.8	16.9	12.0	14.1	11.5	19.4
5-6 days	19.4	19.3	19.6	18.9	20.0	19.8	18.7	18.1	21.2
Everyday	50.7	54.7	47.1	56.9	44.2	56.2	53.1	57.4	36.2
Where Did You Get Lunch on School Days?[2]									
From home	18.8	24.8	13.2	17.9	19.7	22.7	27.0	13.6	12.8
School cafeteria	72.4	71.0	73.7	73.5	71.3	73.5	68.4	73.5	74.0
Other	8.8	4.1	13.1	8.5	9.0	3.8	4.5	12.9	13.2
Number Days Ate Dinner:									
0 days	1.1	1.0	1.3	1.2	1.1	0.6	1.1	1.6	1.0
1-2 days	4.4	4.1	4.7	2.8	6.1	2.9	5.3	2.7	6.9
3-4 days	11.2	9.3	13.0	8.1	14.5	6.2	12.4	9.8	16.3
5-6 days	14.8	13.1	16.3	12.9	16.8	12.1	14.1	13.6	19.1
Everyday	68.4	72.6	64.7	75.0	61.5	78.0	67.0	72.4	56.7

[1]Percentages for each response are based only on those students (92.8%) who eat breakfast on school days.
[2]Percentages for each response are based only on those students (97.1%) who eat lunch on school days.

Consumer Skills

Consumer skills are the basis for making decisions which can be either health-enhancing or health-eroding. A central theme in consumer skills is that individuals must take responsibility for their own health. However, this responsibility can be a burden due to the complexity of the marketplace and the tremendous range of skills required to be a good consumer.

Survey questions in this section focused on knowledge rather than behavior since the consumer behavior of most adolescents is significantly influenced or controlled by their parents. In many of the questions, students were expected to apply their reading and mathematics skills to solve practical consumer problems. Several questions also focused on specialized consumer knowledge, such as labeling conventions. In general, students were able to apply basic skills in solving consumer problems but lacked certain specialized consumer information.

Total Sample and Findings (T. = Tables in which data are found)

Product Labeling:

T.2-60 Given a cereal box label, more than half of the students (57%) were unable to determine the cereal ingredient present in the largest amount. (I.42)

T.2-60 Given two cereal box labels, nearly half of the students (47%) were unable to select the cereal containing less sugar. (I.43)

T.2-59 Approximately six out of every ten students (58%) do not know the meaning of the date stamped on a carton of cottage cheese. (I.48)

T.2-61 Most students (79%) could identify unsafe uses of an over-the-counter medicine. However, a safe but maximum dosage was identified by about one-third of the students (34%) as unsafe. (I.40e)

Product Advertising:

T.2-59 Nearly one-fourth of the students (24%) selected a "money-back guarantee" as a sales technique to be more careful of than a "bait and switch" procedure (note: this refers to the technique of advertising one product at a very low price, then trying to get customers to buy a higher-priced product). (I.49)

Medical Specialists:

T.2-59 About two-thirds of the students (66%) know that skin problems are treated by a dermatologist, a common medical specialist used by adolescents. (I.47)

Sex Differences

T.2-59 In general, more girls than boys were able to correctly answer
T.2-60 consumer skills questions. (I.40-49)
T.2-61
T.2-62

Grade Differences

T.2-59 More tenth- than eighth-grade students were able to correctly
T.2-60 answer consumer skills questions. (I.40-49)
T.2-61
T.2-62

Table 2-59
Consumer Knowledge

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Physician who Treats Skin Problems:									
Neurologist	5.1	5.5	4.7	4.6	5.5	5.3	5.6	4.0	5.5
*Dermatologist	66.3	55.6	76.0	62.2	70.5	51.7	59.7	71.6	80.5
Periodontist	3.0	3.6	2.4	4.4	1.4	5.3	1.8	3.6	1.1
Don't know	25.7	35.3	16.9	28.8	22.5	37.7	32.9	20.7	13.0
Meaning of Date on Cottage Cheese:									
Packing date	2.8	3.3	2.3	3.6	1.9	4.4	2.2	2.9	1.7
Last date to eat	51.9	53.6	50.4	52.8	51.0	53.9	53.3	51.7	49.0
*Last date to sell	42.1	38.8	45.1	40.0	44.2	36.7	40.9	42.9	47.3
Don't know	3.2	4.3	2.3	3.6	2.8	4.9	3.6	2.4	2.1
Most Deceptive Advertising Technique:									
*"Bait and Switch"	22.9	19.9	25.7	22.6	23.3	21.8	17.9	23.2	28.4
Discount coupons	5.2	5.7	4.7	5.6	4.8	6.4	5.1	4.9	4.5
Free gift with purchase	18.5	16.4	20.4	19.2	17.7	16.8	15.9	21.4	19.3
Money-back guarantee	24.3	24.9	23.8	24.0	24.7	22.5	27.4	25.3	22.2
Don't Know	29.1	33.1	25.4	28.6	29.5	32.5	33.7	25.2	25.6

*Indicates correct response

Table 2-60
Interpreting Food Labels

Breakfast Crisps

Serving size 1 cup (1 ounce)
Servings per box: 20
Nutrient Information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	155	225
Protein (grams)	4	9
Carbohydrate (grams)	26	33
Fat (grams)	4	6
Sodium (milligrams)	250	320

Ingredients: corn, honey, almonds, malt flavoring, corn syrup, salt.

Toasty Squares

Serving size 1 cup (1 ounce)
Servings per box: 18
Nutrient Information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	175	245
Protein (grams)	7	12
Carbohydrate (grams)	40	47
Fat (grams)	5	7
Sodium (milligrams)	2	72

Ingredients: whole wheat, almonds

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Calories in Breakfast Crisps With 1/2 Cup Low Fat Milk:									
155 calories	2.4	2.6	2.2	2.6	2.1	3.1	2.0	2.1	2.3
*225 calories	77.9	73.3	82.1	74.2	81.8	69.9	76.8	78.1	86.3
245 calories	3.2	3.0	3.4	4.2	2.1	4.0	1.9	4.4	2.3
Can't tell from label	7.4	8.4	6.4	8.7	6.0	10.1	6.7	7.4	5.4
Don't know	9.2	12.8	6.0	10.4	8.0	12.9	12.6	8.1	3.7
Largest Ingredient in Breakfast Crisps:									
Honey	3.0	3.7	2.4	3.2	2.8	3.8	3.6	2.7	2.2
Almonds	2.6	3.4	1.9	3.1	2.1	3.4	3.5	2.8	0.9
*Corn	43.3	37.0	49.3	43.3	43.6	39.3	34.6	46.8	51.9
Can't tell from label	36.6	37.9	35.4	34.7	38.6	34.3	41.6	35.1	35.7
Don't know	14.3	18.0	11.0	15.7	12.9	19.3	16.7	12.5	9.3
To Reduce Sugar Choose:									
Breakfast Crisps	25.9	25.5	26.2	25.3	26.5	24.4	26.7	26.1	26.3
*Toasty Squares	52.6	50.7	54.3	51.1	54.2	49.9	51.5	52.1	56.6
Can't tell from label	12.3	11.7	12.8	13.1	11.4	12.4	10.9	13.8	11.8
Don't know	9.3	12.1	6.7	10.6	8.0	13.3	10.9	8.0	5.3
To Reduce Sodium Choose:									
Breakfast Crisps	5.8	5.8	5.8	5.8	5.8	5.5	6.0	6.1	5.5
*Toasty Squares	85.1	81.7	88.2	82.9	87.4	79.5	84.0	85.9	90.6
Can't tell from label	2.2	3.0	1.4	2.5	1.8	3.4	2.6	1.7	1.1
Don't know	6.9	9.5	4.5	8.8	5.0	11.6	7.4	6.3	2.7

*Indicates correct response

Table 2-61
Interpreting Over-the-Counter Medicine Labels

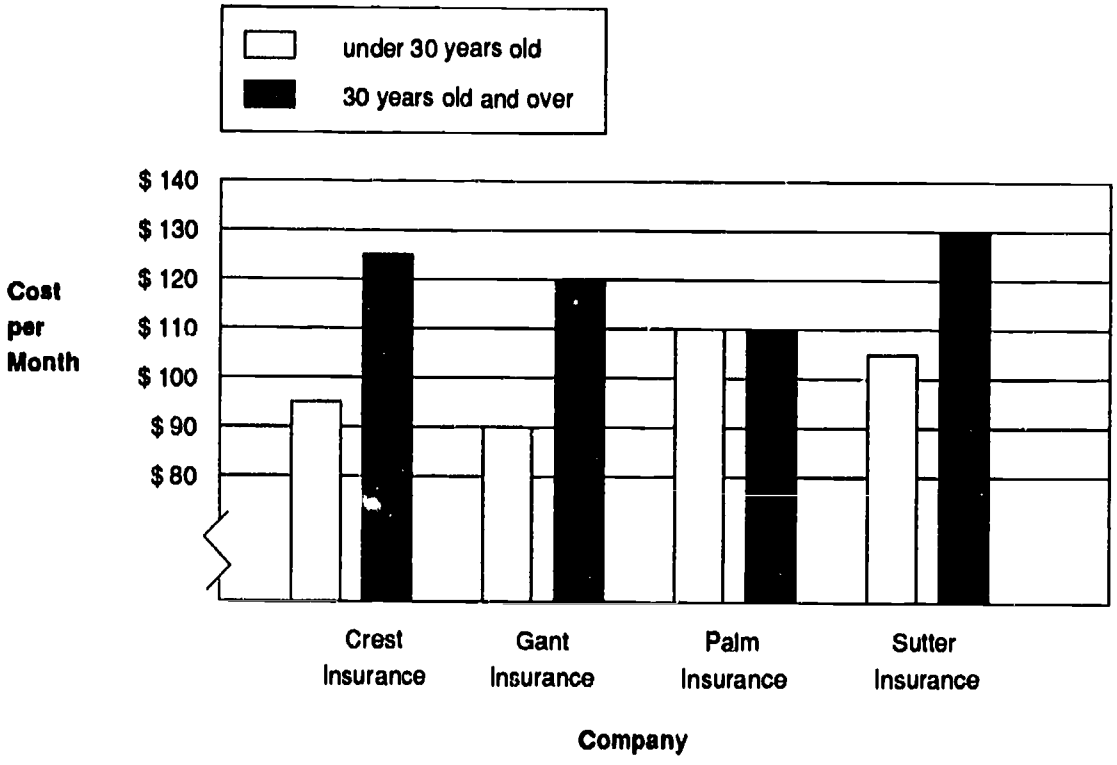
Breathe-Free Tablets

Dosage: Adults - 2 tablets every 4 hours. Not to exceed 8 tablets in a day. Children (6-12 years) - 1 tablet every 4 hours. Not to exceed 4 tablets in a day. Not to be used by children under 6.Indications: Relieves nasal congestion; runny nose; sneezing; itchy, watery eyes; aches and pains caused by a cold, sinus, or allergy problem.Warnings: May cause excitability, especially in children. May cause drowsiness. Avoid drinking alcoholic beverages, driving a motor vehicle, or operating heavy machinery while taking this medication. Persons with asthma, high blood pressure, diabetes, heart disease, or high fever should not use this product except under a physician's supervision. Do not use for more than 10 days unless directed by a physician.

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Taking Medicine 1 Week Without Seeing a Physician:									
*Safe	48.9	41.8	55.5	48.5	49.4	41.9	41.8	54.6	56.4
Unsafe	36.3	41.3	31.7	37.0	35.5	41.9	40.7	32.6	30.7
Don't know	14.8	16.9	12.9	14.5	15.1	16.2	17.5	12.9	12.8
Taking Medicine With a High Fever Without Seeing a Physician:									
Safe	8.8	8.6	9.1	11.3	6.3	10.4	6.7	12.1	5.9
*Unsafe	79.0	77.0	80.8	74.4	83.7	74.8	79.3	74.1	87.8
Don't know	12.2	14.4	10.2	14.3	10.0	14.8	14.0	13.8	6.3
Taking Medicine if You Have a Cold:									
*Safe	81.9	77.4	86.0	79.0	84.9	74.9	80.0	82.8	89.4
Unsafe	8.0	9.9	6.2	9.3	6.6	11.4	8.2	7.3	5.0
Don't know	10.1	12.7	7.8	11.7	8.6	13.6	11.8	9.9	5.6
10 Year Old Taking 2 Tablets Every 4 Hours:									
Safe	4.9	5.9	4.1	5.9	3.9	6.6	5.1	5.3	2.8
*Unsafe	89.1	86.9	91.1	86.7	91.5	85.2	88.6	88.2	94.2
Don't know	6.0	7.2	4.8	7.3	4.5	8.2	6.2	6.6	2.9
10 Year-Old Taking 4 Tablets in One Day:									
*Safe	56.7	46.2	66.3	59.2	54.0	50.5	41.7	67.1	65.3
Unsafe	34.3	41.9	27.4	30.6	38.1	36.9	47.0	24.9	29.9
Don't Know	9.0	12.0	6.4	10.2	7.9	12.7	11.2	8.0	4.7
5 Year-Old Taking 1 Tablet Every 4 Hours:									
Safe	12.7	12.8	12.5	12.6	12.7	13.8	11.8	11.5	13.6
*Unsafe	79.4	77.4	81.3	77.8	81.1	75.1	79.8	80.4	82.3
Don't know	7.9	9.8	6.2	9.6	6.2	11.2	8.4	8.1	4.1

Table 2-62
Interpreting A Graph

Monthly Rates for Medical Insurance



	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Best Insurance Price For 19 Year-Old:									
Crest insurance	2.1	2.6	1.7	2.4	1.8	3.1	2.2	1.9	1.4
*Gant insurance	68.1	63.2	72.6	67.5	68.8	62.3	64.2	72.1	73.0
Palm insurance	18.3	20.6	16.2	18.5	* 18.1	21.0	20.2	16.3	16.2
Sutter insurance	5.9	7.4	4.5	6.5	5.2	8.2	6.6	5.0	3.9
Don't know	5.6	6.1	5.1	5.0	6.1	5.5	6.8	4.7	5.5
Monthly Increase in Sutter Insurance:									
*$25	63.2	57.0	68.8	66.1	60.1	61.4	52.5	70.3	67.1
$30	11.3	11.3	11.4	9.3	13.5	8.8	13.8	9.7	13.2
$100	2.8	3.9	1.8	3.3	2.4	4.4	3.5	2.3	1.3
$130	10.5	13.0	8.3	9.8	11.2	11.8	14.1	8.0	8.6
Don't know	12.1	14.8	9.7	11.5	12.9	13.5	16.2	9.6	9.8

*Indicates correct response

Health Education

To estimate the amount of health instruction provided by schools around the nation, students were asked how many health education courses they have had since the beginning of the seventh grade. In order to distinguish between a course and a brief instructional sequence, the question was further clarified by stipulating that the course had to have met at least 20 times.

Students were also asked to indicate whether they had received instruction in each of the content areas measured by this survey since the beginning of the seventh grade. Because the quantity and quality of this instruction was not assessed, instruction might refer to a semester course, a special lecture, or information integrated as part of another curriculum area.

Approximately 72 percent of the eighth-grade students and 87 percent of the tenth-grade students reported having had at least one course in health education. The content of those courses was most likely to contain information about drug and alcohol abuse, nutrition, and injury prevention. Fewer than half of the students reported having received instruction on AIDS, STD, and violence; fewer than one-third of the students reported having had instruction on consumer skills and suicide prevention.

Total Sample and Findings (T. = Tables in which data are found)

Health Education Courses:

T.2-63 Eight out of every ten students (80%) reported having had at least one course in health education since the beginning of the seventh grade.

Content Area Instruction:

T.2-63 Approximately one-fourth of the students reported having received instruction since the beginning of the seventh grade on consumer skills (27%) and suicide prevention (28%). (I.39,50)

T.2-63 Approximately one-third of the students reported having received instruction since the beginning of the seventh grade on STD (32%) and AIDS (35%). (III.19,26)

T.2-63 About four out of every ten students reported having received instruction since the beginning of the seventh grade on avoiding fighting and violence (43%). (II.23)

T.2-63 About seven out of every ten students reported having received instruction since the beginning of the seventh grade on injury prevention (65%) and nutrition (74%). (I.27;III.54)

T.2-63 More than eight out of every ten students reported having received instruction since the beginning of the seventh grade on drug and alcohol abuse (84%). (II.44)

Sex Differences

T.2-63 Approximately equal numbers of boys and girls reported having received health education since the beginning of the seventh grade. (I-III.4)

Grade Differences

T.2-63 More tenth-grade students (87%) than eighth-grade students (72%) reported having had a health education course since the beginning of the seventh grade. (I-III.4)

T.2-63 More tenth- than eighth-grade students have received instruction on STD, nutrition, drug and alcohol use, suicide prevention, and consumer skills.

Table 2-63
Health Education Instruction

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Number of Health Courses:									
0	20.0	27.8	12.9	20.1	19.9	27.9	27.8	13.1	12.7
1	37.2	40.1	34.5	37.0	37.4	40.6	39.7	33.7	35.3
2	26.8	21.6	31.5	26.7	26.8	21.6	21.5	31.3	31.6
3 or more	16.1	10.4	21.2	16.2	16.0	9.9	11.0	21.9	20.5
Instruction on AIDS:									
Yes	35.2	36.7	33.8	36.8	33.4	38.7	34.6	35.2	32.3
No	45.6	40.2	50.5	42.3	48.9	36.4	44.1	47.7	53.4
Don't know	19.3	23.2	15.7	20.8	17.7	24.9	21.4	17.1	14.3
Instruction on STD:									
Yes	31.7	18.0	44.1	31.9	31.4	17.5	18.4	44.6	43.5
No	51.1	62.4	40.8	50.7	51.4	61.4	63.4	41.3	40.3
Don't know	17.3	19.7	15.1	17.4	17.1	21.2	18.2	14.1	16.2
Instruction on Injury Prevention:									
Yes	65.3	60.7	69.6	65.1	65.6	60.1	61.2	69.6	69.6
No	12.9	15.5	10.6	13.8	12.0	16.2	14.8	11.6	9.5
Don't know	21.7	23.8	19.8	21.1	22.3	23.7	24.0	18.8	20.8
Instruction on Fighting and Violence:									
Yes	42.7	43.8	41.7	41.6	43.9	42.4	45.2	40.9	42.6
No	33.0	32.4	33.6	35.0	31.0	34.8	29.8	35.1	32.0
Don't know	24.3	23.8	24.7	23.5	25.2	22.8	24.9	24.1	25.4
Instruction on Nutrition:									
Yes	73.7	67.0	79.6	71.2	76.3	65.6	68.5	76.1	83.2
No	13.5	17.1	10.2	14.2	12.7	17.5	16.8	11.3	9.1
Don't know	12.8	15.8	10.2	14.6	11.0	16.9	14.8	12.6	7.7
Instruction on Drugs and Alcohol:									
Yes	83.6	78.5	88.4	82.4	85.0	76.4	80.6	87.8	88.9
No	9.0	11.5	6.7	10.4	7.6	13.7	9.3	7.3	6.0
Don't know	7.4	10.0	5.0	7.3	7.5	9.9	10.1	4.9	5.1
Instruction on Consumer Skills:									
Yes	27.4	23.3	31.1	29.8	24.8	25.8	20.8	33.5	28.5
No	46.8	47.0	46.6	46.4	47.2	46.9	47.2	46.0	47.2
Don't know	25.8	29.7	22.4	23.8	28.0	27.3	32.1	20.6	24.2
Instruction on Suicide:									
Yes	27.8	18.5	36.3	25.5	30.2	18.3	18.8	32.0	40.8
No	46.5	53.5	40.1	48.0	45.0	54.5	52.5	42.1	38.0
Don't know	25.7	28.0	23.6	26.5	24.9	27.3	28.7	25.9	21.2

3 Implications of Results

The NASHS provides information which will be useful to teachers, school administrators, community health educators, state education agencies, public health departments, legislators, parents, and community groups. It reveals discrepancies among health knowledge, attitudes, and behavior of adolescents in the eight content areas. In this chapter, some of the results having implications for school and community health programs are highlighted. First a general overview of relevant findings is provided, then each content area surveyed is discussed, followed by general implications of the results.

Overview

The survey results provide a profile of eighth- and tenth-grade students in the content areas. In many areas, students have correct information. However, there are common misconceptions, such as believing that:

- There is an increased risk of AIDS when donating blood;
- Blood transfusions are a common way to get AIDS today;
- Washing after sex is effective in avoiding sexually transmitted diseases (STDs);
- Taking birth control pills is effective in avoiding STDs;
- One should take medicine for an STD only until the signs go away;
- Most murders are committed by strangers;
- Most murders occur between people of different races;
- The date on a food product is the last date you can safely eat it.

The survey also disclosed some of the current attitudes of adolescents in this country. Some examples of these are:

- More than half of the students (53%) believe that it is acceptable for people their age to have sex with someone they have dated for a long time.
- The vast majority of students (85%) believe that it is acceptable to "say no" to having sex.
- A large majority of students (76%) perceived that their close friends would disapprove of them smoking one or more packs of cigarettes a day.

The health practices of adolescents indicate that many are engaging in behaviors that place them at risk. These practices include:

- About 87 percent of adolescents ride a bike; and of those, 92% never wear a helmet.
- Boys are much more likely than girls to participate in high-risk sports.
- During the past month, 44 percent of tenth-grade students reported riding with a driver who had used drugs or had been drinking before driving.
- During the past year, 63 percent of adolescents went at least once to places known to be dangerous.
- During the past year, 73 percent of adolescents walked alone late at night at least once.
- During the past year, 70 percent of adolescents used alcohol on one or more occasions.
- During the past year, 61 percent of females dieted at least once.

Injury Prevention

The data show that adolescents are engaging in behaviors that place them at risk of a disabling injury or death. Behaviors related to motor vehicles and bicycle safety are illustrated in Table 3-1. While students may know what they should do, it is apparent that they are not taking precautions to prevent injury. Educational interventions are needed which help students assess the risks they are taking and the potential consequences. Table 3-2 and Figure 3-1 provide some insights about the reasons for adolescents' behavior. Table 3-2 lists the factors considered very important in deciding

Table 3-1
Motor Vehicle and Bicycle Safety

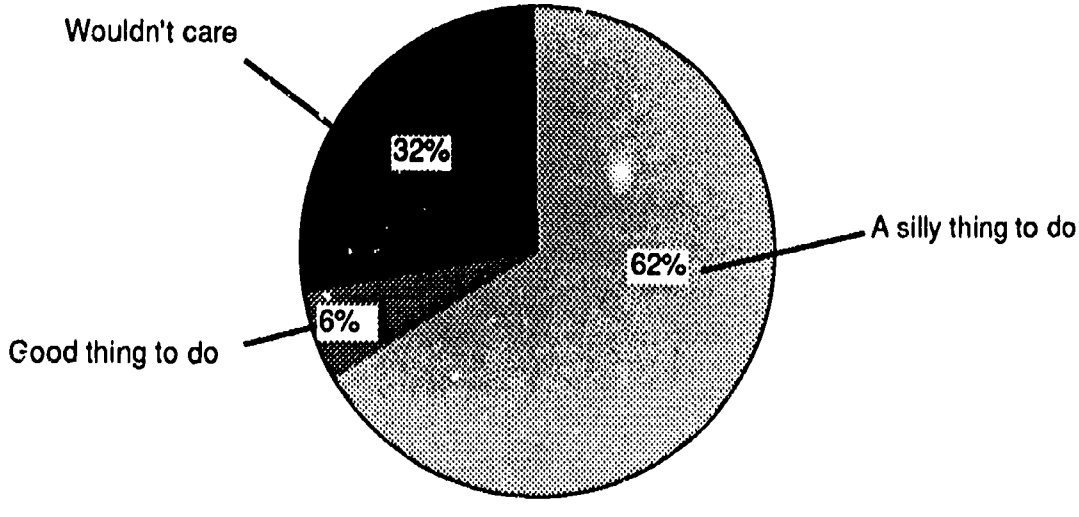
Wore seat belt last time in vehicle	41%
Friends who wear seat belt	22%
Ride motorcycle or minibike	60%
(always wear helmet)	33%
Rode with driver who used drugs	39%
Ride bicycle	87%
(always wear helmet)	1%

whether to wear a seatbelt. The factor with the largest percentage response was "Protection in a Crash," which suggests that personal safety is a motivating factor for these adolescents. However, this does not appear to be true in bicycle safety. Figure 3-1 illustrates that in this case an important motivating factor is that friends think it is silly to wear a bicycle helmet. Thus, peer influence on health behavior is an important topic for health instruction. Awareness of these values by teachers and community health educators can be useful in planning appropriate educational strategies.

Table 3-2
Factors Considered Very Important in Deciding Whether to Wear a Seat Belt (in priority order)

	% of total
Protection in crash	81%
Legal requirements	50%
Parent wishes	44%
Driver's use	26%
Distance to be traveled	25%
Friend's use	12%

Figure 3-1
Friends' Opinion of Wearing A Bicycle Helmet



Suicide

The percentages of students who reported that they have "seriously thought" about committing suicide and have "actually tried" to commit suicide underscores the importance of suicide prevention efforts. The data also reveal that more than half of the students have known someone who tried to commit suicide. Suicide prevention, therefore, must target not only those who might contemplate suicide but also students who might have to deal with suicides by others. Also, since many adolescents (45%) find it "very hard" or "hard" to cope with stressful situations at home and school, stress management and coping skills should be incorporated into the curriculum.

Table 3-3 shows the extent to which adolescents reported they could make use of community suicide prevention services. Tenth-grade females have the highest percentage in lifetime prevalence of serious thoughts about suicide and attempted suicide. Yet more than half of all students could not locate a community agency for suicide prevention. This suggests a need to make students aware of existing resources and also to motivate them to use community services. Other aspects of the curriculum should include teaching students how to identify and evaluate community resources, increasing resource utilization, and effectively helping others. Role play or small group discussion are appropriate instructional methods.

TABLE 3-3
Use of Community Suicide Prevention Services

Suicide Prevention Hotline Available to Me:

	Yes	No	Don't Know
Eighth-grade boys:	26%	22%	52%
girls:	28%	17%	55%
Tenth-grade boys :	33%	19%	48%
girls:	39%	12%	49%

Could Locate a Community Agency for Suicide Prevention:

	Yes	No	Don't Know
Eighth-grade boys:	29%	23%	48%
girls:	30%	20%	50%
Tenth-grade boys :	38%	18%	43%
girls:	42%	18%	41%

AIDS

In general, students had correct information about AIDS (see Table 3-4), which might be attributed to the intensive informational campaigns at the national, state, and local levels to combat the spread of the disease. Although students appear knowledgeable about the disease, findings reveal some common misconceptions about AIDS transmission (see Table 3-5) and student attitudes related to AIDS. Instruction, therefore, must focus on correcting misconceptions which increase the risk for AIDS. Differences in boys' and girls' attitudes toward sex, as illustrated in Table 3-6, could result in potential difficulties in interpersonal relationships. Communication skills must also be a focus for health instruction. Although the survey did not measure students' sexual behavior, health instruction must address ways of reducing risk, such as improving decision-making and interpersonal skills. Further, AIDS education as part of a comprehensive sex education program helps students integrate specific learning into a broader framework. Concepts and skills learned about human sexuality may be applied in many situations in which adolescents may find themselves, including dealing with AIDS.

TABLE 3-4
Examples of Correct Knowledge About AIDS

Students who know that there is:	
Increased risk of AIDS from having intercourse with someone who has the AIDS virus	94%
Increased risk of AIDS by having more than one sex partner	82%
Increased risk of AIDS by sharing drug needles	91%
No increased risk of AIDS by hugging someone with AIDS	82%
No known cure for AIDS	87%
Most people who are sick with AIDS eventually die as a result of it	94%

The relationship between knowledge and attitudes is illustrated in the examples presented in Table 3-7 and Figure 3-2. In Table 3-7 there appears to be congruence between students' knowledge and attitudes about condom use. Although it might be inferred that students would use condoms,

TABLE 3-5
Examples of Misconceptions About AIDS

Students who mistakenly believe that:
Donating blood increases risk for AIDS 47%

Blood transfusions are a common way to get AIDS today 71%

TABLE 3-6
Attitudes Toward Sex

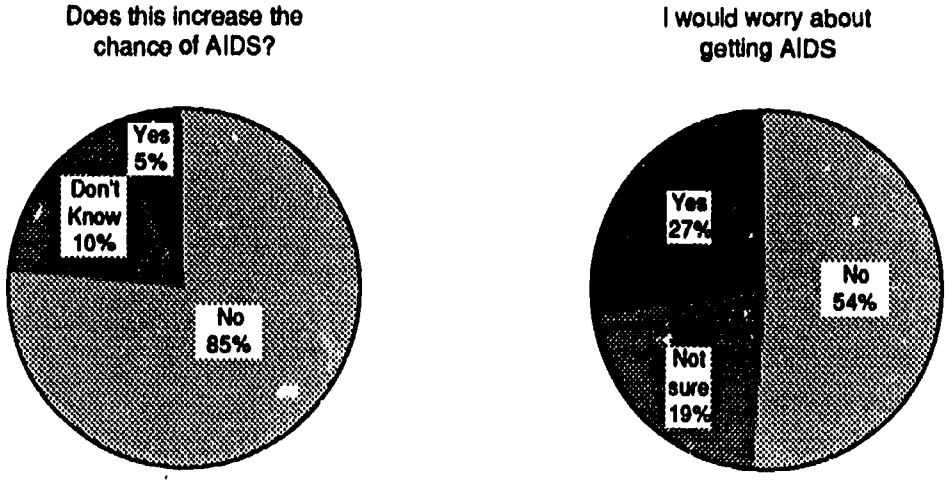
	Boys	Girls	Total
OK to "say no" to having sex	76%	94%	85%
OK for people their age to have sex with someone they have dated for a long time	62%	43%	53%
OK for people their age to have sex with several different people	18%	4%	11%

TABLE 3-7
Use of Condoms

Know that condoms are an effective way to reduce the risk of being infected with the AIDS virus 86%

Believe that people their age should use condoms if they have sex 91%

Figure 3-2
Being in A Classroom With Someone With AIDS



this survey did not ask them about their own behavior. In contrast, Figure 3-2 shows a discrepancy between knowledge and attitudes about being in a classroom with someone who has AIDS. In this situation, while most students (85%) know there is not an increased risk of AIDS while being in a classroom with someone who has AIDS, a considerable number (27%) would worry about getting AIDS if a classmate had AIDS. This suggests that the educational approach would be to reduce the dissonance between students' attitudes and their knowledge about AIDS. These results have implications for both school and community-based programs.

Sexually Transmitted Diseases (STDs)

In general, students appear to be less well informed about STDs than AIDS. Some examples of the differences in knowledge are illustrated in Table 3-8. This may be due to the current emphasis on AIDS education and the lack of instruction about STD in many school districts. Also, students do not seem to understand basic concepts about communicable diseases, which apply to AIDS as well as other STDs.

Of particular concern are the data about what students perceive are barriers to obtaining care (see Table 3-9). Many have misconceptions or lack information which may prevent them from seeking care. As illustrated in Table 3-10, more adolescents would talk to a friend if they thought

TABLE 3-8
Comparison of Knowledge about AIDS and Other STDs

Modes of transmission:
Know there is increased risk of AIDS from having intercourse with someone who has the AIDS virus 94%

Know that most people get STD by having sex 70%

Prevention:
Know that condoms are an effective way to reduce the risk of being infected with the AIDS virus 86%

Know that using condoms is effective in avoiding STD 68%

TABLE 3-9
Barriers to Care

Students who know the following are FALSE:
The Public Health Department must inform parents about STD in patients under age 18 ..... 24%

Most clinics must have parental permission to treat patients under age 18 for STD 21%

What action students would take:
Would not know where to go for medical care if they thought they had STD 39%

Would be embarrassed to ask a doctor what is wrong with them if they thought they had STD 44%

Would be hard for them to pay for treatment 49%

Would want to keep their parents from finding out 49%

TABLE 3-10
Who Adolescents Would Talk To If They Thought They Had an STD

	% of Total
Friend	54%
Adult	41%
Clergy	17%

they had an STD, rather than an adult or the clergy. Peers, however, may not have the knowledge or experience to be of assistance. Because students appear to lack confidence in dealing with this sexually-related topic, health instruction to overcome these barriers is necessary in the school, community, and at home. The goal would be to improve students' abilities to deal with difficult situations and to seek appropriate assistance when needed.

Violence

Adolescents reported engaging in behaviors which put them at risk of victimization during the past year. Some of these behaviors are shown in Table 3-11. In contrast to these risk-taking behaviors, slightly more than 90 percent had not hitchhiked during the past year. The message about the

TABLE 3-11
Behaviors Related to Risk of Victimization

	Times During the Last Year				
	0	1-2	3-5	6-9	10+
Went places known to be dangerous	37%	34%	14%	5%	11%
Showed money you were carrying	62%	24%	7%	3%	4%
Walked alone through unsafe neighborhoods	63%	20%	8%	3%	6%
Walked alone late at night	27%	25%	14%	9%	25%

TABLE 3-12
Factors Considered Very Important in Deciding Whether to Fight if Provoked

What parents would think	52%
School rules	50%
Potential for injury	49%
What friends would think	22%

dangers of hitchhiking has been emphasized through the media and some school programs. This suggests that adolescents are aware of the risks of some behaviors but not of others. Health instruction should address ways of avoiding other dangerous situations. The subject of violence is not commonly included in school health programs, but the findings of this survey suggest a need for program development in that area.

Factors which are very important to students in deciding whether to fight if provoked are listed in Table 3-12. It appears that respect for authority is a significant factor, while peer influence seems less important. In general, the adolescents surveyed knew effective ways to avoid fighting. Again, this information could be useful in designing appropriate instructional strategies, particularly in cooperation with community agencies.

Tobacco, Drugs, and Alcohol

The prevalence and frequency of use varied for the 12 different drugs assessed in the survey. Alcohol was more commonly used by a large number of adolescents, with 70 percent having used alcohol at least once in the last year. The percentage of adolescents using other drugs in the past year ranged from 2 percent to 18 percent. These data support the need for alcohol education to prevent alcohol abuse. Attention to the use of other drugs is also warranted; however, the prevalence and frequency of use of various drugs by students should be considered in determining the emphasis placed on them in education programs.

A considerable percentage of students have never had even one puff of a cigarette (79%), or chewed tobacco, or used snuff (93%) in the past month. In addition, 76 percent indicated their close friends would disapprove of their smoking one or more packs of cigarettes a day and 74 percent would

disapprove of them drinking alcohol regularly. Similarly, the majority felt their close friends would disapprove of their occasional or regular use of marijuana, psychedelics, amphetamines, or cocaine. These positive health attitudes and behaviors should be reinforced in school health programs. In teaching about drugs, the data suggests that peer education would be an effective method.

Fifty-one percent of the students reported smoking their first cigarette in the eighth grade or below. Those who tried alcohol (more than just a few sips) for the first time in the eighth grade or below was 67 percent. These data support the importance of beginning instruction about alcohol and tobacco use in the elementary grades, before students first try these drugs.

Nutrition

More females than males dieted during the past year. The dieting practices most often used are illustrated in Table 3-13. Adolescents need to be encouraged to use safe dieting practices, such as appropriately increasing exercise and reducing caloric intake. In addition, many adolescents (57%)

TABLE 3-13
Dieting Practices Used by Adolescent Males and Females (% of total)

	Males	Females
Eat low calorie foods/sodas	18%	50%
Use diet pills or diet candies	3%	11%
Exercise more (than usual)	26%	57%
Eat only high protein foods	16%	30%
Eat only salads	16%	41%
Drink only liquids	13%	27%
Avoid sweets	22%	53%
Vomit after eating	3%	8%
Eat less food	23%	57%
Hardly eat or fast	12%	33%
Skip a meal	19%	45%
Take laxatives	3%	4%
Eat only fruits	18%	39%

did not know that the maximum safe weight loss per week is one to two pounds.

The survey reveals that the eating habits of students are often not congruent with their knowledge about nutrition. For example, although 73 percent of the students knew that eating fatty foods may cause heart problems, they reported diets high in fat consumption. Decision-making skills and accessibility of healthy food choices are two aspects to be addressed in nutrition education programs with this age group. Teachers working with school food service, community nutrition organizations (e.g. American Dietetic Association, dairy council), and parents can ensure that the foods available to students support the objectives of nutrition education in the classroom.

Consumer Skills

In this area the survey asked questions about product labeling, advertising, and medical specialists. From the results it is clear that some students cannot accurately respond to questions in these areas. This could be a reflection of the fact that fewer than one-third of the students reported having had instruction in consumer health. Consumer health education can provide opportunities for students to practice their skills in making decisions about the appropriate use of health products and services, such as buying appropriate over-the-counter drugs and critically analyzing advertisements.

Health Education

Although the survey did not attempt to assess the quality or quantity of health instruction in schools, an attempt was made to collect some information about whether students had received instruction in each of the eight survey content areas. It was reported that the areas receiving the least instruction were suicide prevention, consumer health, STD, AIDS, and avoiding fighting and violence. The areas more commonly covered appear to be drugs and alcohol, nutrition, and injury prevention. Thus, the results of the survey suggest content areas needing more attention in school health programs.

Summary

In conclusion, there are some specific implications of the results:

- It is clear that knowledge alone is not sufficient for adolescents to make healthy choices.

- The survey demonstrates what adolescents are interested in and what they value.

- There are inconsistencies between what adolescents know and what they do in many instances. Similarly, there are inconsistencies between what adolescents know and how they feel about certain health issues.

- There are differences between boys and girls in their knowledge, attitudes,or the likelihood of some health behaviors. For example, boys are more likely to participate in high-risk sports, while girls are more likely to have "seriously thought" about committing suicide at some time in their lives. In planning health instruction, individual differences among students must be recognized (e.g., gender, religion, ethnicity, socioeconomic level).

- Certain health content not adequately addressed in health instruction must be emphasized in order to correct misinformation and thereby reduce potential ri to students' health.

- Students are less well-informed about STDs than AIDS. This might be attributed to the massive educational efforts about AIDS. However, this lack of knowledge also illustrates that basic concepts about communicable diseases are not being learned and applied.

- By far, alcohol was the most widely used drug by those surveyed. This information underscores the need for greater emphasis on alcohol abuse prevention. The amount of education about other drugs should consider the frequency and prevalence of their use by students.

- While eight distinct health topics were studied, it is evident from the findings that these topics are interrelated. For example, drug use is related to such topics as fighting, suicide, and injury prevention. Consequently, health instruction should not be viewed as a series of

separate units on health topics. The scope and sequence is most important in building sound health concepts.

- Obtaining information about students' health knowledge, attitudes, and practices is important to serve as a basis for planning instruction which meets the needs of students.

- The relationship among knowledge, attitudes, and behavior has important implications for education. In one instance, adolescents made assumptions about peers' attitudes which were incorrect when compared to peers' reported attitudes. For example, friends are consistently perceived to have attitudes that would put more of them at risk of AIDS. Also, about 21 percent of the students believe their friends approve of multiple sex partners as compared to 11 percent of the students who indicate approval. In another example, there is a lack of congruity between what students know and how they feel. Although 85 percent of the students know that there is no increased risk of AIDS from being in the same classroom as someone who has AIDS, about 27 percent would worry about getting AIDS if a classmate had AIDS. These examples illustrate that instruction must be concerned not only with knowledge but attitudes and health practices as well. Methods are needed to reduce dissonance among what students know, how they feel, and what they do.

- The survey demonstrates that health educators must teach students how to assess health risks, consider potential consequences of behavior, examine factors which influence their behaviors, gain skills for promoting their health, and learn about community health resources in their geographical area.

- The findings of this survey present new needs for health instruction. Teachers and community health educators could require additional training in methods such as peer education, values awareness, and decision-making skills. Consequently, this could require changes in pre-service education so that student teachers are more adequately prepared for the realities of the classroom. Similarly, community health educators need to be better prepared for working with adolescents both in the school and outside of it.

- The problems identified in schools, such as violence and drugs, are not confined to the school setting. They create problems for the community as well. Therefore, the school and community could

benefit from collaborative efforts to address adolescent health problems.

- Although there were some questions about the amount of health instruction that students received, this survey did not attempt to assess the scope or quality of health education in schools. The focus was on determining the knowledge, attitudes, and practices of adolescents in the eighth and tenth grades on selected health topics and whether they had received instruction on these topics.

4 Recommendations

The results of this survey provide much needed information about the knowledge, attitudes, and practices of eighth- and tenth- grade students. These data will be useful in the formulation of the Year 2000 Health Objectives for the Nation; additionally, the survey results should contribute to the improvement of the quality of comprehensive school health programs in the United States. This report is a call for action to teachers, school administrators, school board members, legislators, parents, community groups, and others to take responsibility for protecting and promoting the health of school-age youth by improving school health and community programs. Recommendations can be found throughout this report. This chapter highlights those recommendations that are of particular relevance for curriculum development, health instruction, professional preparation, legislation, and community cooperation.

Based on the results of this survey, the following recommendations are made:

Curriculum Development

- Health must have a higher priority in the total school curriculum.
- Educational programs and interventions must go beyond simply providing information to students.
- Suicide prevention, consumer health, sexually transmitted diseases, AIDS, and avoiding fighting and violence are subjects that may need to be added to the health curriculum.
- Planned, sequential health instruction (K-12), supported by other school health promotion components, such as food service, counseling, and physical education, is essential. The need for comprehensive school health programs is supported by this survey.
- Health concepts and skills must be developed in a planned, sequential curriculum. A comprehensive program is not a series of isolated units on health topics. As an example, AIDS education as part of a

comprehensive sex education program would be a preferred approach. Concepts and skills learned about human sexuality and interpersonal relationships can be applied in many situations in which adolescents may find themselves, including dealing with AIDS.

- The data from this survey could be used in conjunction with other national and/or local data available about teens as a basis for designing health education curricula. Replication of this survey in local areas is highly recommended.

- This research should be extended to other grade levels and replicated in additional schools. The results would provide a needed profile of the health knowledge, attitudes, and behaviors of children from kindergarten through twelfth grade. It could serve as a basis for improving school health programs over time.

- More attention to health instruction in the elementary grades is needed because that is the time when many health behaviors are developing. In particular, the survey results support beginning alcohol and drug education at the elementary school level.

- Curriculum development and successful school health programs result from collaborative efforts by school personnel, parents, and community groups.

Health Instruction

- Instructional approaches in health education strive to reinforce positive health behaviors and attitudes, and to change negative ones. This can be accomplished by providing opportunities for students to practice skills and consider consequences of their actions in a school environment where mistakes will not threaten their health.

- Health instruction must include opportunities for students to assess risk-taking behaviors, explore options for dealing with health threatening situations, and learn ways to reduce risk.

- Instruction is best targeted at specific health behaviors, even though this survey shows a clustering of risk-taking behaviors. The need to teach decision-making skills is underscored.

- To be able to help themselves and others prevent suicide, students need instruction in specific skills, such as coping and stress management. Many had difficulty dealing with stress and did not know where to get help in the community.

- There are health education programs and specific methods that have been shown to be effective. These should be examined and used, as appropriate. For example, several research and demonstration projects on smoking prevention have identified effective teaching strategies which have not been widely used.

- Health instruction must consider individual student differences such as gender, ethnicity, religion, etc.

- Research is needed to examine not only the quantity but also the quality of health instruction that students receive.

- On-going assessment of health instruction cannot be overlooked. There is a need to know how well schools are doing in health education as well as in other subjects.

Professional Preparation

- Specific preparation is needed to teach health. Professional preparation programs should review their curricula in light of the survey findings to determine if changes in pre-service education are needed. Colleges and universities preparing both school and community health educators can use the new information from this survey about adolescents' health knowledge, attitudes, and practices to improve professional preparation programs.

- Elementary school classroom teachers in particular need special preparation to teach health education. The survey results support the fact that some health behaviors are formed at younger ages. Health instruction in the elementary grades can provide a solid foundation for the development of a healthier lifestyle. Early childhood curricula in colleges and universities need to include preparation for teaching health education at the elementary school level.

- In-service education of teachers is needed to provide better preparation for teaching health at the elementary and secondary levels.

On-going needs assessment of students, such as this survey, may highlight new areas to be addressed in the classroom. In-service education will enable teachers to keep their health education competencies up-to-date.

Legislation

- Health must have a higher priority in public policy.
- National and state policies regarding school health should be examined to ensure better scope and sequence in teaching about health topics by qualified teachers.
- Increased funding of school health is required at all levels (local, state, and federal).

Community Cooperation

- Local education agencies and public health departments can contribute more to the school health program through increased cooperative efforts. For example, health departments could provide services and other resources to supplement school programs.
- A more comprehensive approach involving parents, business, state agencies, and voluntary health agencies will enhance the school health program.
- All groups must advocate the school health program.
- Schools alone cannot be held accountable for the health of students. It is a joint responsibility of the school, home, and community.

Appendices

Appendix A
Expert Advisory Panel Members

AIDS

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Appendix B
Sampling and Weighting Procedures for the National Adolescent Student Health Survey (NASHS)

The objective of the sampling design was to support estimation of the characteristics of eighth- and tenth-grade students at the national level with respect to the measures taken in the questionnaires of the National Adolescent Student Health Survey.

All eighth- and tenth-grade students in the 50 states and the District of Columbia, in both public and private schools, comprised the universe of the study. A sampling plan was designed to yield a sample of at least 4,400 students per question within 80 to 90 schools.

A sample design with self-weighting properties was employed with the sample being a two-stage cluster stratified by geographic region and degree of urbanization. Altogether, 27 primary sampling units (PSUs, consisting of counties) were chosen from which a probablistic selection of schools, grades, and students were made.

The sample was designed so that estimates of infrequent events, such as the percentage of students who have attempted suicide, could be estimated within two percentage points with 90 percent confidence. This precision level was targeted for each grade/gender combination at the national level.

To arrive at sample sizes meeting these precision levels, results of previous studies were analyzed. They suggested an average self-reported attempted suicide rate of about 10 percent of the students surveyed. The sample size required to estimate a population proportion of .1 within 2 percentage points with 90 percent confidence is given by the following formula:

$$[(.9)(.1)/n]\,(1.65)^{.5} = .02$$

Solving for n, the sample size, yields the following:

$$n = (.9)(.1)(1.65)^2 / (.02)^2$$

$$n = 613$$

The estimated sample size was then adjusted for the effects of grouping sampled students into a relatively small number of schools and classes rather than drawing them randomly from all over the country. A prior

study showed that the design effect for the type of clustering proposed was approximately 1.7, resulting in an increase in the required sample by the same factor, i.e., from 613 to 1,041.

Taking into account the likely levels of attrition in the sample for a survey of this type (6 percent), an initial sample of 1,100 was needed for each grade/gender combination or approximately 40 boys and 40 girls per grade, per PSU. Since between three and four schools were sampled per PSU, the goal was to sample an average of 12 boys and 12 girls per school, per grade, for a total initial sample size of 2,200 children per grade, and a total sample size of 4,400 for any one question. Three separate questionnaires were administered to three different groups of 4,400 students from the same schools because the number of questions was so large.

A sampling frame that stratified the United States by urbanized area and region, so that each stratum had approximately equal populations, was used. Each stratum consisted of geographically defined units, called PSUs, which were usually a county or counties. Within a PSU, a current (January 1986) list of public and private schools was used. Exhibit A-1 depicts the frame structure.

In order to form the frame for the NASHS study, the first step was to define the primary sampling units (PSUs). The 50 states and the District of Columbia formed the frame within which the primary sampling units were defined. The PSUs were delineated by considering that each PSU should be large enough to contain the requisite numbers of schools and students by grade, and that each PSU should be sufficiently compact geographically that field staff could go from school to school easily.

The PSUs were defined as geographical areas delimited by political boundaries, such as a single county, a group of counties, or a SMSA made up of an independent city and the surrounding counties or simply a group of counties as appropriate. This definition of a PSU maximized the size of the PSU while retaining the operational advantages and cost savings associated with surveying within a compact geographical area.

The next consideration was how to construct the PSUs. In general, this was done with the geographical constraint already mentioned as well as with keeping a target population of 50,000 (based on the 1980 Census) in mind. To accomplish this, a somewhat different procedure for SMSAs than for non-SMSA areas was required.

To construct the SMSA PSUs, the Summary Tape File 1C of the 1980 Census of Population and Housing was utilized to develop a listing of

SMSAs ordered by total population. This listing included the SMSA identification number, the total population count, the urban population count, the rural population count (total minus urban), the SMSA name, and the component counties of each SMSA. Using this, the 60 largest SMSAs became PSUs, and their component counties were excluded from the development of non-SMSA PSUs.

To construct the non-SMSA PSUs required a slightly different procedure. The same summary data file was utilized to generate an alphabetical list of all counties within each state, excluding counties that were contained in the 60 largest SMSAs already noted. Thus, this listing contained the county name, its identification number, the state identification number, and its total population count.

Utilizing this list of counties in concert with individual maps contained in the Standard Highway Mileage Guide (Rand McNally), a strategy was developed by which 1,172 non-SMSA primary sampling units was produced. These PSUs were referred to as non-SMSA PSUs although they contained counties within SMSAs other than the largest 60.

All PSUs were assigned identification numbers beginning with number one and increasing by increments of one for each PSU formed until all counties in all 50 states and the District of Columbia were numbered. Two criteria which were adhered to as closely as possible in the construction of the PSUs were a target population of 50,000 persons residing in each PSU and contiguity of counties comprising an individual PSU. When possible, each PSU was constructed within a single state. The actual process involved beginning at a geographically defined boundary or corner of an individual state map and systematically proceeding upward, downward, or across the state until contiguous counties totaled as close to the target population of 50,000 as functionally possible. Each of these groups comprised one PSU. There were instances when the target figure of 50,000 was greatly exceeded, as when one county alone contained many more than 50,000 population. PSU construction was performed on a state-by-state basis in alphabetical order.

The next step was to stratify the now constructed PSUs. The target was to group the PSUs into approximately 27 strata that were regionally compact and approximately equal in size. It was felt that regional stratification would ensure that the variety of activity patterns related to differences in climate and other factors would be reflected in the sample, while urbanization variables would reflect differences in activity and in wealth.

To perform this task, data on the total student populations of the SMSA PSUs and the non-SMSA PSUs were extracted from the summary tape file. A total of 31,189,732 students in grades five through twelve is represented in the file, with the SMSA PSUs accounting for 14,731,618 students and the non-SMSA PSUs for 16,458,114 students.

Given this roughly equal split of students between the 60 largest and most urbanized SMSAs and the more rural collection of counties and smaller SMSAs, 13 strata were assigned to the SMSA PSUs and the remaining 14 were assigned to the non-SMSA PSUs. This necessitated combining the 60 SMSA PSUs into 13 regionalized groups, and the 1,172 non-SMSA PSUs into 14 regions covering the United States.

The 60 SMSA PSUs were first plotted onto an outline map of the United States, then segregated into regionalized groups based on a working target student population of 1.228 million per group. The working target number was derived by taking the total student population of all 60 SMSA PSUs (14,731,618) and dividing by 13. The SMSA PSUs were then aggregated into the 13 regionalized groups, each of which approximated the working target number. The variation among the student population of these regionalized groups was large given the relatively large student population of each PSU and the small number of PSUs available with which to work.

The working target student population for the non-SMSA PSUs was calculated at 1.266 million per region, upon which was applied the criterion of regional compactness or contiguity. The variation among the student population of these 14 regions was quite small, amounting to not more than 5 percent from the working target population.

In order to draw the sample, one PSU was drawn in each stratum based on the probability proportional to a size measure closely correlated with the population ages 13 and 15, representing eighth and tenth graders respectively. To further cluster the study schools, 9 of the 13 SMSAs and 6 of the 14 non-SMSA PSUs were subsampled. In each case, the PSU measure of size was partitioned among counties and an area selected with probability proportional to size.

Once to the smaller level, the sampling was done using the list of schools on the Market Data Retrieval (MDR) database in the selected counties. The MDR database categorizes each school into standardized grade ranges but does not share actual grade range data (which it retains). Schools in the K-

8, K-12, 6-8, 7-9, 7-12, 9-12, and 10-12 categories were extracted from the database to ensure that no school with either eighth or tenth grades was excluded.

In order to select the schools for each grade independently, two data sets were created. One data set contained only schools with grade ranges that included the eighth grade and the other contained only schools with grade ranges that included the tenth grade. If both grades were included in a school's grade range, the school appeared in both data sets.

Three or four schools were selected per grade, per county, based on the probability proportional to their estimated enrollments in the eighth and tenth grades. The determination of the exact number of schools to be selected was computed to equalize the probabilities of selection. The estimate of enrollment was developed by dividing the recorded total school enrollment by the number of grades in the grade range category. When this estimate fell below 60, the school was combined with another school prior to selection.

This method of estimating enrollments per grade resulted in underestimation when the actual number of grades was less than the number suggested by the grade code. For example, a school with actual grades of 8-12 would be coded as 7-12, so it might actually have five grades rather than six. Thus, the estimate would be 5/6 of the actual average enrollment per grade.

This problem could not be overcome without accurate grade range data for all schools, which was not available in a cost-effective manner from MDR. The method used, while less efficient than the ideal, produced a useful measure of size and a nonzero probability of selection for every eligible school that was approximately proportional to the size of the school population in the grades of interest.

After selection, each sampled school was manually checked with MDR to verify the actual grades and enrollments at that school. If a school was found not to contain the target grade, it was replaced. The apparent probability of selection, however, understated the true probability of selection by an unknown amount, The underestimate was associated with the unknown numbers of schools in the lists which might fail to have adequate numbers of children in one or more of grades eight and ten.

The method of selecting classes varied from school to school, depending on the organization of that school. However, in general, three whole classes were selected randomly so that every student in the grade level had an equal chance of being selected. Although the sample was designed to be self-weighting under certain ideal circumstances, it was necessary to compute weights to reflect the actual probabilities of selection, which did vary. These final weights were the inverse of the probability of selection adjusted to tie survey estimates into known control totals. The probability of selection was the product of the probability of selection of a county, by that of the school given the county selection, by that of a student given the school selection.

The probability of a school being selected was proportional to the size of the school, so that if S(i) is the size of school i and S(T) is the sum of the sizes of all schools in the county, then the probability of selection of school i C S(i)/S(T). Eighth and tenth grades were done separately.

The probability of selection of a student in a school was the product of the probability that his or her class (P) was selected, the probability that the student was selected given that the class was selected (since all students were taken this probability is 1), and the probability that the student is assigned a particular form is assumed to be 1/3. Therefore, if Nclass is the number of classes in the school, and Sclass is the number of classes chosen, then the probability of being selected and receiving a particular form (adjusted) is Sclass/Nclass*3. The initial weight W, is the inverse of this probability and is a constant for all selected students in a school.

Several other factors had to be taken into consideration and adjustments made for them, such as a class may have over- or underrepresented a particular gender, there might have been a high rate of absence or refusal in a classroom, and an exactly equal number of each type of form might have failed to be distributed. To account for these factors, adjustments to the weights were made so that the weighted total of respondents by gender matched the actual school enrollment by gender. These adjustments were also done so that the weighted number of forms of each type were equal.

The following calculations were used for these adjustments. If N_i is the number of students of gender i in the school at the relevant grade level, and N is the total number of students in the school, then $N_i/3$ is the estimated number of gender i students at that grade level who should have completed each form.

Assuming that the sum of the unadjusted weights for gender i, for j students is M_{ij} , then the following relations hold:

$M_{ij} + M_{2j} = N/3$ (that is, the weighted number of males and females returning form j is equal to one-third of the school population)

$M_{i1} + M_{i1} + M_{i3} = N_i$ (that is, the weighted number of students of gender i should be equal to the school population)

This holds when the weighted total number of forms for gender i, form j is equal to N/3. The adjustment factor then becomes $(N_i/3)/M_{ij}$.

The weight for gender i, form j in the given school (W_{ij}), is just $W^*(N_i/3)/M_{ij}$. This was multiplied by the inverse of the probability of selection of the school and county to achieve the final weight.

The sampling method employed to select schools, grades, classes, and students was mathematically rigorous, giving every student a chance of selection, clustering the sample to reduce costs, and ensuring at least six classes from at least two different schools were in the sample at each grade level.

Sampling variances were estimated using "complementary balanced half-sample pseudoreplication procedures" (Efron, 1982). This general approach is applicable to simple estimates such as means and totals, as well as to more complex estimates (e.g., centiles). The method approximates the situation in which the survey is replicated independently several times and sampling variances are estimated from the variability of the estimates of the replicated surveys.

To apply this method, the 27 strata were grouped into 14 pairs. SMSA strata were paired with geographically proximate SMSA strata, and similarly, non-SMSA strata were paired with geographically proximate non-SMSA strata. The odd stratum was treated as if it were two strata by splitting the schools in the PSU into two sets. Weights were adjusted so that the estimates from either stratum in a pair would provide estimates for both strata together. Separate adjustment factors were used for each age/gender group.

Sixteen pairs of estimates were generated for each statistic of interest. Thus, for a measure such as the percentage who use seat belts, the procedure will generate 32 estimates grouped into 16 pairs. One estimate in a pair was called the "A" estimate and the other the "B" estimate. The A estimate was generated by using one stratum from each of the 14 pairs of strata. The B estimate was generated by using the remaining stratum from each of the 14 pairs.

The selection of strata from a pair for the A or B samples was carefully controlled. The selection required that each stratum appear an equal number of times in each of the A and B samples. Furthermore, for any two pairs of strata, the members of the pair appeared with each other an equal number of times. Thus, if stratum one in pair one appeared eight times with stratum one in pair two, it also appeared eight times with stratum two in pair two, and stratum two in pair one appeared eight times with stratum one in pair two, and eight times with stratum two in pair two. The pattern of creating estimates ensured that the estimates were independent of each other.

$$\frac{16}{16}\left(\frac{1}{16}\right)\sum_{j=1}^{16}\left[(A(j)-B(j))^2/2\right]^{.5}$$

It should be noted that the sample selection method used in the survey introduces a small bias in the estimation of the sampling error. Because only one PSU was selected in each stratum, two strata had to be combined to estimate variances. Variance estimates produced from the collapsed strata will tend to be biased upward, but the bias is slight and should not affect practical uses of the data. Tables B-1, B-2, B-3, and B-4 contain the variances.

Figure B-1
Sample Frame Structure

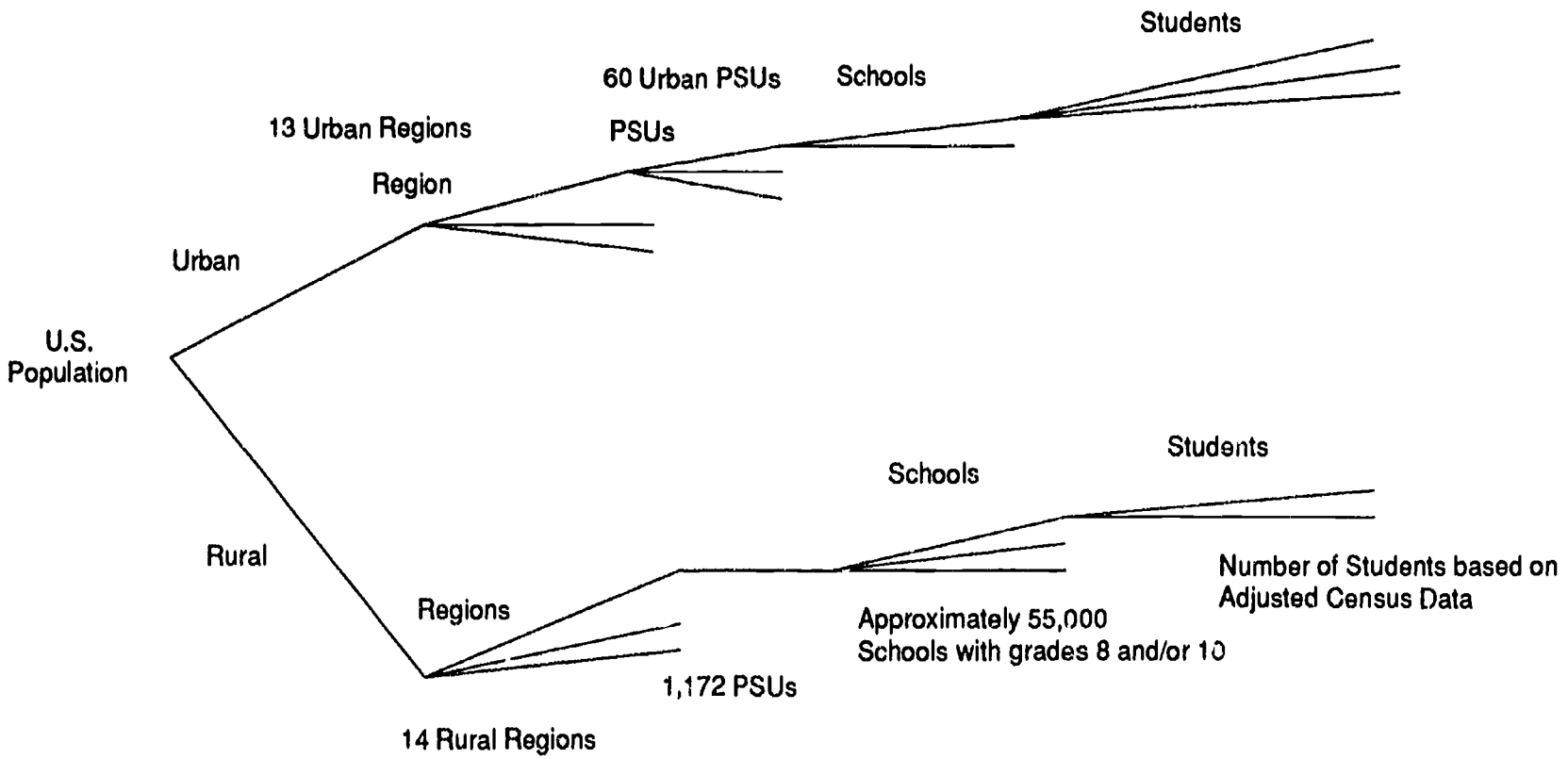

Table B-1
Standard Errors of Estimates - All Respondents

Variable	Grade	Standard Error	Mean
5. Seat belt use	8	0.028	0.423
% Yes	10	0.033	0.397
6. Exercise per week	8	0.010	0.749
% 3 or more times	10	0.014	0.683
7. Fried foods per week	8	0.005	0.077
% once a day or more	10	0.005	0.072
8. Cigarettes past month	8	0.011	0.159
% not equal 0	10	0.012	0.263
9. Chewing tobacco past month	8	0.008	0.056
% not equal 0	10	0.007	0.080
10. Illegal drugs past month	8	0.005	0.063
% not equal 0	10	0.014	0.172
11a. Alcohol Lifetime	8	0.016	0.736
% not equal 0	10	0.014	0.853
11b. Alcohol past year	8	0.019	0.557
% not equal 0	10	0.021	0.741
11c. Alcohol past month	8	0.015	0.297
% not equal 0	10	0.024	0.492

Table B-2
Standard Errors of Estimates - Form 1 Respondents

Variable	Grade	Standard Error	Mean
18. Bicycle light	8	0.012	0.444
Of those who ride after dark	10	0.016	0.448
% never			
20. Bicycle helmet	8	0.015	0.804
% never	10	0.017	0.740
24. Riding with a drinking driver	8	0.005	0.984
% not equal 0	10	0.001	0.997
25. Motorcycle helmet	8	0.016	0.241
of those who ride a motorcycle	10	0.014	0.252
% never and rarely			
31. Seriously thought about suicide	8	0.012	0.307
% yes	10	0.013	0.353
32. Tried suicide	8	0.008	0.129
% yes	10	0.010	0.149

Table B-3
Standard Errors of Estimates - Form 2 Respondents

Variable	Grade	Standard Error	Mean
12. Fight past year	8	0.013	0.436
% not equal 0	10	0.013	0.342
13a.Carry a knife	8	0.015	0.135
% not equal 0	10	0.008	0.146
13b.Carry a handgun	8	0.006	0.016
% not equal 0	10	0.003	0.016
13c.Carry other weapon	8	0.006	0.078
% not equal 0	10	0.007	0.078
19a.Take something from you	8	0.013	0.175
at school % not equal 0	10	0.009	0.109
19b.Threaten to hurt you	8	0.014	0.367
at school % not equal 0	10	0.013	0.312
19c.Attack you at school	8	0.010	0.164
% not equal 0	10	0.008	0.094
19d.Rape at school	8	0.008	0.052
% not equal 0	10	0.006	0.042
20a.Take somthing from you	8	0.012	0.161
outside school % not equal 0	10	0.008	0.144
20b.Threaten to hurt you outside	8	0.015	0.314
school % not equal 0	10	0.015	0.330
20c.Attack you outside school	8	0.010	0.169
% not equal 0	10	0.012	0.150
20d.Rape you outside school	8	0.010	0.114
% not equal 0	10	0.011	0.125
24. Five or more drinks last	8	0.007	0.029
two weeks % not equal 0	10	0.005	0.056
25a.Marijuana lifetime	8	0.009	0.144
% not equal 0	10	0.018	0.344

Table B-3 Continued

Variable	Grade	Standard Error	Mean
25c.Marijuana past month	8	0.009	0.056
% not equal 0	10	0.013	0.145
26a.Nitrites lifetime	8	0.008	0.066
% not equal 0	10	0.008	0.083
27a.Inhalants lifetime	8	0.018	0.206
% not equal 0	10	0.009	0.211
28a.Psychedelics lifetime	8	0.005	0.027
% not equal 0	10	0.008	0.065
29a.Diet pills lifetime	8	0.009	0.112
% not equal 0	10	0.011	0.153
30a.Stay awake pills lifetime	8	0.010	0.124
% not equal 0	10	0.022	0.270
31a.Look alike lifetime	8	0.005	0.058
% not equal 0	10	0.012	0.103
32a.Amphetamines lifetime	8	0.009	0.069
% not equal 0	10	0.011	0.119
33 Cocaine lifetime	8	0.008	0.050
% yes	10	0.009	0.081
36. Crack lifetime	8	0.005	0.022
% not equal 0	10	0.006	0.035
38. Alcohol and drugs combined	8	0.013	0.114
past month % not equal 0	10	0.016	0.170

Table B-4
Standard Errors of Estimates - Form 3 Respondents

Variable	Grade	Standard Error	Mean
29. Dieting past year	8	0.018	0.402
% not equal 0	10	0.011	0.449
31. Salt use % I almost never	8	0.018	0.329
add salt to my food	10	0.012	0.355
33. Bread or toast	8	0.022	0.466
% of kids who eat bread or toast	10	0.016	0.412
% eat butter or margarine			
34. Fat on meat	8	0.011	0.234
Of kids who eat meat	10	0.011	0.260
% eat fat			
35. Skin on chicken	8	0.015	0.709
Of kids who eat chicken	10	0.015	0.719
% eat skin			
36. Fast food	8	0.013	0.324
% not equal 0	10	0.018	0.267
49. Eat breakfast	8	0.013	0.324
% 2 days and less combined	10	0.017	0.432
51. Eat lunch	8	0.022	0.683
% 5 - 6 days & everyday	10	0.020	0.626
53. Eat dinner	8	0.016	0.801
% 5 - 6 days & everyday	10	0.017	0.781

Appendix C
Exercise Behavior

Appropriate physical activity is typically defined as regular, vigorous exercise for 20 minutes or longer, 3 or more times per week (Office of Disease Prevention and Health Promotion, 1984). Controlled studies have shown a relationship between appropriate physical activity and improved cardiorespiratory fitness as well as reduced risks of coronary heart disease, hypertension, and obesity. Physical fitness has also been related to the ability to perform work and recreational activities safely and effectively (U.S. Department of Health and Human Services, 1988).

Adolescents who exercise are not only contributing to their overall well-being, but are building a pattern of regular exercise which may be continued into adulthood. Due to the importance of physical activity to health, one survey item asked about the frequency with which students exercise or play sports hard enough to make their heart beat fast for 20 continuous minutes. (I-III.6)

Table C-1
Exercise Behavior

	Total Sample	8th Grade	10th Grade	Male	Female	8th Male	8th Female	10th Male	10th Female
Times a Week Excercise 20 Minutes or More:									
0 times	7.1	5.6	8.4	4.7	9.6	4.3	6.9	4.9	12.1
1 time	8.7	7.2	10.1	5.3	12.2	4.4	10.1	6.2	14.2
2 times	12.9	12.4	13.4	9.7	16.2	9.3	15.5	10.1	16.8
3 times	18.2	18.1	18.2	15.9	20.6	15.1	21.3	16.6	19.9
4 times	12.1	13.2	11.1	12.6	11.6	13.0	13.4	12.2	9.9
5+ times	41.1	43.5	38.8	51.8	29.8	53.8	32.7	50.0	27.1

Appendix D
NASHS Survey Booklets

Dear Student:

Your class has been selected to participate in a national survey about health. Your participation is voluntary. Thousands of students across the country are taking part in this survey. The survey results will be used to improve programs that focus on the health concerns of teenagers.

To protect your privacy, please do NOT write your name on the survey booklet. Your answers cannot be linked with your name. No one will know how you answered the questions. If this survey is to be helpful, it is important that you answer each question honestly.

This is NOT a test. Most of the questions have no right or wrong answers. Read each question carefully before marking your answer. Mark one answer for each question unless the instructions tell you otherwise. If there is a question that you do not feel comfortable answering, leave it blank.

Please work alone and do not talk to other students while filling out the survey. If you have any questions during the survey, please raise your hand.

Thank you for your help.

1987 - 1988

American Alliance for Health, Physical Education, Recreation, and Dance

American School Health Association

Association for the Advancement of Health Education

Society for Public Health Education, Inc.

Core Battery Questions

Forms 1, 2, and 3

Table 1-4
1. How old are you?
   __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

Table 1-5
2. What is your sex?
   __Female
   __Male

Table 1-6
3. How do you describe yourself?
   __White
   __Black
   __Hispanic
   __Asian or Pacific Islander
   __American Indian or Alaskan Native
   __Other

Table 2-63
4. Since the beginning of the 7th grade, how many health education courses that met at least 20 times have you had in school (including this semester)?
   __1 course
   __2 courses
   __3 or more courses
   __I have not had a health education course that met at least 20 times

Table 2-1
5. Did you wear a seat belt the LAST TIME you rode in a car, truck, or van?
   __Yes
   __No
   __Don't remember

Table C-1
6. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat fast for 20 continuous minutes?
   __0 times
   __1 time a week
   __2 times a week
   __3 times a week
   __4 times a week
   __5 or more times a week

Table 2-56

7. About how many times a WEEK do you eat fried foods (such as french fries, fried chicken, onion rings, doughnuts)?
   __0 times
   __1-3 times
   __4-6 times
   __Once a day
   __More than once a day

Table 2-36

8. During the past MONTH, how many cigarettes did you smoke?
   __Not even one puff
   __1-4 cigarettes
   __5-19 cigarettes
   __1-5 packs
   __More than 5 packs

Table 2-36

9. During the past MONTH, how many times did you use chewing tobacco or snuff?
   __0 times
   __1-5 times
   __6-9 times
   __10-19 times
   __20 or more times

Table 2-47

10. During the past MONTH, how many times did you use illegal drugs (such as marijuana, cocaine, or pills)?
    __0 times
    __1-2 times
    __3-5 times
    __6-10 times
    __10 or more times

11. On how many OCCASIONS (if any) have you had alcoholic beverages to drink (such as wine, wine coolers, beer, mixed drinks, or hard liquor)...

	Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Injury Prevention (Form 1)

Table 2-4

12. Is there a smoke detector in your home?
    __Yes
    __No
    __Don't know

Table 2-5

13. Is the telephone number for a poison control center or a physician near the telephone in your home?
    __Yes
    __No
    __Don't know

Table 2-3
14. When you walk somewhere without sidewalks, in which direction do you usually walk?
__I walk facing oncoming cars.
__I walk in the same direction as cars.
__I don't have a usual pattern.
__I never walk places without sidewalks.

Table 2-3
15. When you need to walk across a busy street, about how often do you cross at the corner?
__Never
__Rarely
__Sometimes
__Usually
__Always

Table 2-2
16. Do you ever ride a bicycle?
__Yes
__No If you marked here, do not answer #17 through #20. Go to #21.

Table 2-2
17. When you ride a bicycle after dark, about how often do you wear light-colored or reflective clothing so that you can be easily seen?
__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't ride a bicycle after dark.

Table 2-2
18 When you ride a bicycle after dark, about how often do you use a light?
__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't ride a bicycle after dark.

Table 2-8
19. What would your friends think if you wore a bicycle helmet when you rode?
__They would think it was a good thing to do.
__They would think it was a silly thing to do.
__They wouldn't care one way or the other.

Table 2-2
20. When you ride a bicycle, about how often do you wear a bicycle helmet?
__Never
__Rarely
__Sometimes
__Usually
__Always

Table 2-8
21. How many of your friends usually wear a seat belt when they ride in a car, truck, or van?
__None of my friends
__Some of my friends
__Most of my friends
__Don't know

22. During the past YEAR, about how many times did you:

	0 Times	1-3 Times	4-6 Times	7-10 Times	11-20 Times	20+ Times
Table 2-5. a. take medicine that was prescribed for someone else?	—	—	—	—	—	—
Table 2-6. b.ice-skate in an unsupervised area?	—	—	—	—	—	—
Table 2-6. c. surf, wind-surf, or boogie board in an unsupervised area?	—	—	—	—	—	—
Table 2-6. d. swim alone with no one else around?	—	—	—	—	—	—
Table 2-6. e. swim in a restricted or unsupervised area?	—	—	—	—	—	—
Table 2-6. f. dive into water without knowing how deep it was?	—	—	—	—	—	—
Table 2-6. g. use alcohol or drugs while swimming or boating?	—	—	—	—	—	—
Table 2-7. h. drive or ride on a go-cart, snow-mobile, or all-terrain vehicle (ATV)?	—	—	—	—	—	—
Table 2-7. i. use a handgun, rifle, or shotgun for any reason (including hunting or target shooting)?	—	—	—	—	—	—

Table 2-8

23. Suppose you were trying to decide whether to wear a seat belt. How important are each of the following in deciding whether to wear a seat belt?

	Very Importnat	Somewhat Important	Not Important
a. What your parents want you to do	—	—	—
b. Whether it's a law that you must	—	—	—
c. Whether your friends wear one	—	—	—
d. How far you are going to travel	—	—	—
e. That it helps protect you in a crash	—	—	—
f. Whether the driver is wearing one	—	—	—

Table 2-1

24. During the past MONTH, about how many times did you ride with a driver who had used drugs or had been drinking before driving?
__0 times
__1-3 times
__4-6 times
__7-10 times
__11-20 times
__More than 20 times

Table 2-1

25. When you ride on a motorcycle or minibike, about how often do you wear a motorcycle helmet?
__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't ride on a motorcycle or minibike.

Table 2-7

26. About how often do you do warm-ups (such as stretching) before playing sports or exercising outside of school?
__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't play sports or exercise outside of school

Table 2-63
27. Since the beginning of the 7th grade, have you received instruction in school on how to prevent accidents and injuries?
__Yes
__No
__Don't remember

Suicide (Form 1)

Table 2-9
28. How hard is it for you to deal with stressful situations at home and at school?
__Very hard
__Hard
__Not sure
__Easy
__Very easy

Table 2-9
29. During the past MONTH, how often have you felt sad and hopeless?
__Never
__Rarely
__Sometimes
__Often

Table 2-9
30 During the past MONTH, how often have you felt that you have nothing to look forward to?
__Never
__Rarely
__Sometimes
__Often

Table 2-9
31. Have you ever seriously thought about trying to hurt yourself in a way that might result in your death?
__Yes
__No

Table 2-9
32. Have you ever actually tried to hurt yourself in a way that might have resulted in your death?
__Yes
__No

Table 2-9
33. Has anyone you know ever tried to commit suicide?
__Yes
__No

Table 2-11
34. Is a suicide prevention hotline available to you?
__Yes
__
__Don't know

Table 2-11
35. Could you locate a community agency that helps people who are thinking about committing suicide?
__Yes
__No
__Don't know

Table 2-10
36. People who talk about committing suicide won't actually do it.
__True
__False
__Don't know

Table 2-10

37. Many teenagers who are thinking about committing suicide:

	True	False	Don't know
a. avoid family, friends, and normal social activities	—	—	—
b. act in ways that are violent, reckless, or rebellious	—	—	—
c. eat more than usual	—	—	—
d. show less interest in enjoyable activities	—	—	—
e. act silly and giggle at the wrong moment	—	—	—
f. seem to have no hope that their life will get better	—	—	—
g. change the way they look (for example, wear different clothing or a new hairstyle)	—	—	—
h. say things such as "You won't have to worry about me much longer"	—	—	—
i. give away things they care about (such as favorite record albums	—	—	—
j. act differently than usual (for example, becoming unusually quiet or outgoing)	—	—	—

Table 2-12

38. Suppose a friend were feeling sad and hopeless and had talked about committing suicide. How hard would it be for you to:

	Very Hard	Hard	Not Sure	Easy	Very Easy
a. tell an adult even if you promised your friend that you wouldn't?	—	—	—	—	—
b. talk with your friend about it?	—	—	—	—	—
c. tell your friend to get help from an adult?	—	—	—	—	—
d. tell your friend to call a suicide prevention hotline?	—	—	—	—	—
e. tell your friend that you and other people care?	—	—	—	—	—
f. get help for your friend even if your friend doesn't want it?	—	—	—	—	—
g. tell a member of your friend's family?	—	—	—	—	—
h. tell the school counselor or a teacher?	—	—	—	—	—

Table 2-63

39. Since the beginning of the 7th grade, have you received instruction in school on suicide prevention?

__Yes
__No
__Don't remember

Consumer Skills (Form 1)

Table 2-61

40. Read the following label for an over-the-counter medicine. Then rate each action listed below as safe or unsafe.

> **BREATHE-FREE TABLETS**
>
> Dosage Adults — 2 tablets every 4 hours. Not to exceed 8 tablets in a day. Children (6-12 years) - 1 tablet every 4 hours. Not to exceed 4 tablets in a day. Not to be used by children under 6.
>
> Indications: Relieves nasal congestion; runny nose; sneezing; itchy, watery eyes; aches and pains caused by a cold, sinus, or allergy problem.
>
> Warnings: May cause excitability, especially in children. May cause drowsiness. Avoid drinking alcoholic beverages, driving a motor vehicle, or operating heavy machinery while taking this medication. Persons with asthma, high blood pressure, diabetes, heart disease, or high fever should not use this product except under a physician's supervision. Do not use for more than 10 days unless directed by a physician.

	Safe	Unsafe	Don't Know
a. Taking this medicine for 1 week without going to a physician.	—	—	—
b. Taking this medicine if you have a high fever without going to a physician.	—	—	—
c. Taking this medicine if you have a cold.	—	—	—
d. A 10-year-old child taking 2 tablets every 4 hours.	—	—	—
e. A 10-year-old child taking 4 tablets in one day.	—	—	—
f. A 5-year-old child taking 1 tablet every 4 hours.	—	—	—

Breakfast Crisps

Serving size 1 cup (1 ounce)
Servings per box: 20
Nutrient Information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	155	225
Protein (grams)	4	9
Carbohydrate (grams)	26	33
Fat (grams)	4	6
Sodium (milligrams)	250	320

Ingredients: corn, honey, almonds, malt flavoring, corn syrup, salt.

Toasty Squares

Serving size 1 cup (1 ounce)
Servings per box: 18
Nutrient Information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	175	245
Protein (grams)	7	12
Carbohydrate (grams)	40	47
Fat (grams)	5	7
Sodium (milligrams)	2	72

Ingredients: whole wheat, almonds

Table 2-60

41. If you ate 1 cup of Breakfast Crisps with 1/2 cup of low-fat milk, how many calories would you have eaten?
- ___ 155 calories
- ___ 225 calories
- ___ 245 calories
- ___ Can't tell from label
- ___ Don't know

Table 2-60

42. Which of the following ingredients in Breakfast Crisps is present in the largest amount?
__ Honey
__ Almonds
__ Corn
__ Can't tell from label
__ Don't know

Table 2-60

43. Which cereal should you choose if you were trying to cut down on the amount of sugar you eat?
__ Breakfast Crisps
__ Toasty Squares
__ Can't tell from label
__ Don't know

Table 2-60

44. Which cereal should you choose if you were trying to cut down on the amount of sodium you eat?
__ Breakfast Crisps
__ Toasty Squares
__ Can't tell from label
__ Don't know

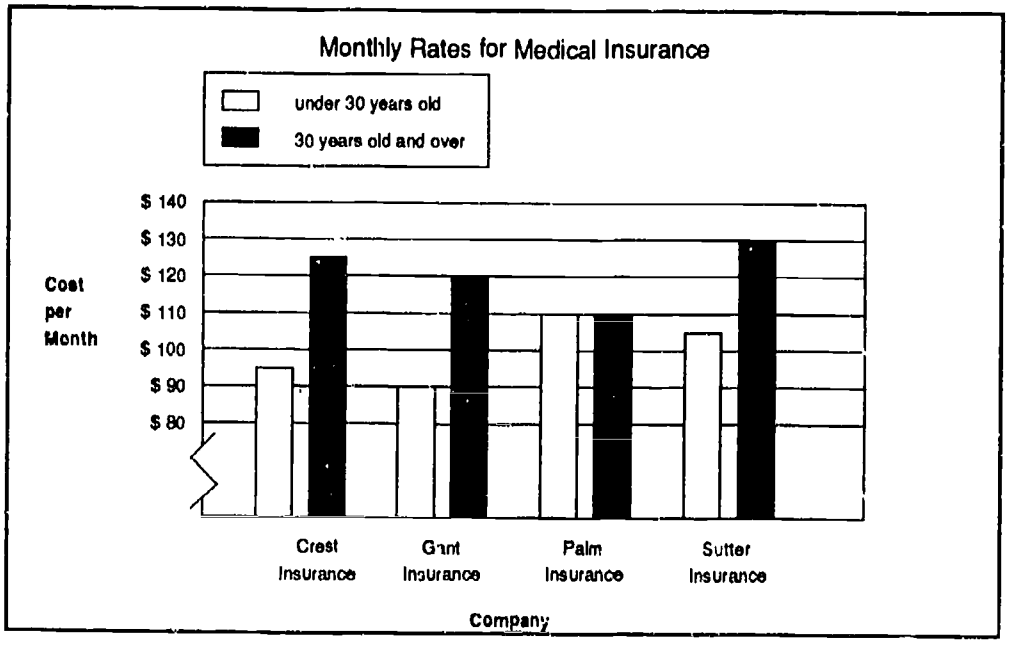

Table 2-62

45. Gail, age 19, has decided on the type of medical insurance she needs. Each of the companies shown above meet her needs. Gail wants to get the best price she can on her insurance. Which company should she choose?
__ Crest Insurance
__ Gant Insurance
__ Palm Insurance
__ Sutter Insurance
__ Don't know

Table 2-62

46. Len is insured by Sutter Insurance Company. He just turned 30 years old. How much more each month will he have to pay for the same insurance?
__ $25 more each month
__ $30 more each month
__ $100 more each month
__ $130 more each month
__ Don't know

Table 2-59
47. What kind of physician is specially trained to take care of skin problems?
__ Neurologist
__ Dermatologist
__ Periodontist
__ Don't know

Table 2-59
48. September 7 is stamped on a carton of cottage cheese. What does this date mean?
__ The cottage cheese was packed on that date.
__ The cottage cheese should not be eaten after that date.
__ The cottage cheese should not be sold after that date.
__ Don't know

Table 2-59
49. Which one of the following sales techniques should you be most careful of when selecting a health product?
__ Advertising one product at a very low price, then trying to get customers to buy a higher-priced product
__ Advertising discount coupons than can be used toward the purchase of a product
__ Advertising a free gift with the purchase of a product
__ Advertising a money-back guarantee if customers are not completely satisfied with a product
__ Don't know

Table 2-63
50. Since the beginning of the 7th grade, have you received instruction in school on selecting health products and services?
__ Yes
__ No
__ Don't remember

Violence (Form 2)

Table 2-26
12. During the past YEAR, how many times were you in a physical fight? (A physical fight is when two people hit each other or attack each other with weapons, not when they yell or shout.)
__ 0 times
__ 1 time
__ 2 times
__ 3-5 times
__ 6-9 times
__ 10 or more times

Table 2-29
13. Think back over the last 12 MONTHS. While at school, how often did you carry:

	Never	Less Than Once a Month	A Few Times a Month	A Few Times a Week	Nearly Every Day
a. a knife?	__	__	__	__	__
b. a handgun?	__	__	__	__	__
c. another weapon?	__	__	__	__	__

Table 2-29
14. Could you get a handgun if you wanted to?
__ Yes
__ No
__ Don/t know

Table 2-30

15. Suppose someone were trying to start a fight with you. How important would each of the following be in deciding whether you would fight?

	Very Important	Somewhat Important	Not Important
a. What your friends would think	—	—	—
b. Whether you would get hurt	—	—	—
c. Whether you would get into trouble at school	—	—	—
d. What your parents would think	—	—	—

Table 2-31

16. If you were in a fight, could you

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. be injured badly enough to need care from a doctor, nurse, or paramedic?	—	—	—	—	—
b. get suspended from school?	—	—	—	—	—
c. be sent to juvenile court?	—	—	—	—	—
d. get killed?	—	—	—	—	—
e. lose a friendship?	—	—	—	—	—
f. miss school or work because of injuries?	—	—	—	—	—

Table 2-33

17. Are the following effective ways to avoid fighting?

	Yes	No	Don't Know
a. Not passing on information that could cause a fight	—	—	—
b. Threatening to use a weapon	—	—	—
c. Avoiding or walking away from someone who wants to fight you	—	—	—
d. Ignoring or pretending not to hear an insult	—	—	—
e. Dealing with the problem by talking	—	—	—
f. Acting "tough" so people won't want to fight you	—	—	—
g. Pretending to agree with someone when you really don't	—	—	—
h. Carrying a weapon	—	—	—
i. Apologizing (saying you're sorry)	—	—	—
j. Joining a gang for protection	—	—	—
k. Threatening to call the police	—	—	—

Table 2-32

18. Do you think you should fight if someone:

	Yes	No	Not Sure
a. wants to fight you?	—	—	—
b. insults you in front of your friends?	—	—	—
c. hits you?	—	—	—
d. insults someone in your family?	—	—	—
e. calls you a name?	—	—	—
f. cuts in front of you in line?	—	—	—
g. steals something from you?	—	—	—
h. flirts with someone you like?	—	—	—
i. breaks something of yours on purpose?	—	—	—
j. hurts someone you care about?	—	—	—

Table 2-26

19. Think back over the last 12 MONTHS. While at school or on a school bus, how many times did someone:

	0 Times	1 Time	2 Times	3 or More Times
a. take something from you by using force or by threatening to hurt you?	—	—	—	—
b. threaten to hurt you but not actually hurt you?	—	—	—	—
c. attack you?	—	—	—	—
d. try to force you to have sex when you did not want to?	—	—	—	—

Table 2-27

20. Think back over the last 12 MONTHS. While outside of school, how many times did someone:

	0 Times	1 Time	2 Times	3 or More Times
a. take something from you by using force or by threatening to hurt you?	—	—	—	—
b. threaten to hurt you but not actually hurt you?	—	—	—	—
c. attack you?	—	—	—	—
d. try to force you to have sex when you did not want to?	—	—	—	—

Table 2-34

21. The following sentences are about murder (the killing of one person by another on purpose). Mark whether each is true or false.

	True	False	Don't Know
a. Most murders are committed by strangers	—	—	—
b. Illegal drugs are involved in nearly half of all murders	—	—	—
c. Most murders occur between people of the same race	—	—	—
d. About half of all murders involve the use of alcohol	—	—	—
e. Handguns are the most commonly used weapon in murder	—	—	—

Table 2-28

22. During the past YEAR, how many times did you:

	0 Times	1-2 Times	3-5 Times	6-9 Times	10 or More Times
a. go places that are known to be dangerous?	—	—	—	—	—
b. talk to strangers who tried to keep you from going on your way?	—	—	—	—	—
c. let people see how much money you were carrying?	—	—	—	—	—
d. go on a blind date with someone you hardly knew?	—	—	—	—	—
e. go out alone to sell items door-to-door?	—	—	—	—	—
f. hitchhike (take a car ride from a stranger)?	—	—	—	—	—
g. walk alone through unsafe neighborhoods?	—	—	—	—	—
h. ride on empty buses or train cars?	—	—	—	—	—
i. walk outside alone late at night?	—	—	—	—	—

Table 2-63

23. Since the beginning of the 7th grade, have you received instruction in school on ways to avoid fighting and violence?

__ Yes
__ No
__ Don't remember

Drugs (Form 2)

Table 2-35

24. Think back over the LAST TWO WEEKS. How many times (if any) have you had five or more drinks on one occasion? (A "drink" is a glass of wine, a wine cooler, a bottle of beer, a shot glass of liquor, or a mixed drink.)
    - __ None
    - __ Once
    - __ Twice
    - __ Three to five times
    - Six to nine times
    - Ten or more times

Table 2-42

25. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)...

	Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-41

26. On how many occasions (if any) have you used amyl or butyl nitrites (poppers, snappers, Locker Room, Vaporole, Rush, Kick,Bullet)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-40

27. On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-46

28. On how many occasions (if any) have you used LSD ("acid"), PCP (angel dust), or other psychedelics (like mescaline, peyote, and psilocybin)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-37

29. Some types of diet pills (also called appetite suppressants) can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These "over-the-counter" drugs include Dexatrim®, Dietac®, Prolamine®, and others. On how many occasions (if any) have you taken such non-prescription diet pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-38

30. Some stay-awake pills can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These non-prescription or "over-the-counter" drugs include No-Doz®, Vivarin®, Wake®, Caffedrine®, and others. On how many occasions (if any) have you taken such non-prescription stay-awake pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-39

31. In addition to non-prescription diet and stay-awake pills, there are other stimulants and pep pills which can be sold legally in most states without a prescription — usually by mail. These are sometimes called "fake pep pills," "imitation speed," or "look-alikes," because they look like prescription amphetamines and sometimes have similar names. Other than the diet pills and stay-awake pills you have already told us about, on how many occasions (if any) have you taken other non-prescription stimulants or pep pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-45

32. Amphetamines can be prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own — that is, without a doctor telling you to take them..

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-44

33. Have you ever used cocaine (coke) in any form, such as "crack," powder, freebase, or coca paste?
__ Yes
__ No →If you marked here, do not answer #34 through #37. Go to #38.

Table 2-43

34. On how many occasions (if any) have you used cocaine in any form...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-44

35. What methods have you used for taking cocaine?
__ Sniffing or "snorting"
__ Smoking
__ Injection
__ Inhaling fumes
__ By mouth
__ Other

Table 2-44

36. Have you ever taken cocaine in "crack" form or in any other freebase form — that is, where you inhaled the fumes from smoking, heating, or burning it?
__ Yes
__ No →If you marked here, do not answer #37. Go to #38.

Table 2-44

37. On how many occasions (if any) have you taken "crack" (cocaine in chunk or rock form)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-39

38. If you used alcohol or drugs during the past MONTH, on how many occasions (if any) did you use a combination of alcohol and drugs?

__ 0 occasions
__ 1-2 occasions
__ 3-5 occasions
__ 6-9 occasions
__10-19 occasions
__20-39 occasions
__40 or more occasions

Table 2-48

39. When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.

	Never	Grade 4 or Earlier	Grade 5 or 6	Grade 7 or 8	Grade 9 Freshman	Grade 10 (Soph)
a. Smoke your first cigarette	—	—	—	—	—	—
b. Smoke cigarettes on a daily basis	—	—	—	—	—	—
c. Try marijuana (grass, pot) or hashish	—	—	—	—	—	—
d. Try LSD, PCP, or other psychedelics (mescaline, peyote)	—	—	—	—	—	—
e. Try amphetamines (uppers, pep pills, bennies, speed)	—	—	—	—	—	—
f. Try "crack" cocaine	—	—	—	—	—	—
g Try any other form of cocaine	—	—	—	—	—	—
h. Try amyl or butyl nitrites (poppers, snappers)	—	—	—	—	—	—
i. Try other inhalants (glue, gases, sprays)	—	—	—	—	—	—
j. Try an alcoholic beverage — more than just a few sips)	—	—	—	—	—	—
k. Try diet pills (non-prescription)	—	—	—	—	—	—
l. Try stay-awake pills (non-prescription)	—	—	—	—	—	—
m. Try "look-alike" pep pills (non-prescription)	—	—	—	—	—	—

Table 2-50

40 How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

	Probably Impossible	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
a. Marijuana (grass, pot)					
b. LSD, PCP, or other psychedelics (mescaline, peyote)					
c. Amphetamines (uppers, pep pills, bennies, speed)					
d. Crack cocaine					
e. Any other form of cocaine					
f. Alcohol (beer, wine, liquor)					
g. Cigarettes					

Table 2-49

41. How many of your friends would you estimate...

	None	A Few	Some	Most	All
a. Smoke cigarettes?					
b. Smoke marijuana (grass, pot) or hashish?					
c. Take LSD, PCP, or other psychedelics (mescaline, peyote)					
d. Take amphetamines (uppers, pep pills, bennies, speed)?					
e. Take "crack" cocaine?					
f. Take any other form of cocaine?					
g. Take amyl or butyl nitrites (poppers, snappers)?					
h. Use other inhalants (glue, gases, sprays)?					
i. Drink alcoholic beverages (beer, wine, liquor)?					
j. Get drunk at least once a week?					
k. Take diet pills (non-prescription)?					
l. Take stay-awake pills (non-prescription)?					
m. Take "look-alike" pep pills (non-prescription)?					

Table 2-52

42. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

	Not Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes every day			
b. Trying marijuana (grass, pot) once or twice			
c. Smoking marijuana occasionally			
d. Smoking marijuana regularly			
e. Trying LSD, PCP, or other psychedelics (mescaline, peyote) once or twice			
f. Trying amphetamines (uppers, pep pills, bennies, speed) once or twice			
g. Trying cocaine once or twice			
h. Using cocaine occasionally			
i. Using cocaine regularly			
j. Trying alcoholic beverages once or twice			
k. Drinking alcoholic beverages occasionally			
l. Drinking alcoholic beverages regularly			

Table 2-51

43. How much do you think people risk harming themselves (physically or in other ways), if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say Drug Unfamiliar
a. Smoke one or more packs of cigarettes every day?	—	—	—	—	—
b. Try marijuana (pot, grass) once or twice?	—	—	—	—	—
c. Smoke marijuana occasionally?	—	—	—	—	—
d. Smoke marijuana regularly?	—	—	—	—	—
e. Try cocaine in powdered form once or twice	—	—	—	—	—
f. Use cocaine powder occasionally?	—	—	—	—	—
g. Use cocaine powder regularly?	—	—	—	—	—
h. Try "crack" cocaine once or twice?	—	—	—	—	—
i. Try "crack" cocaine occasionally?	—	—	—	—	—
j. Try "crack" cocaine regularly?	—	—	—	—	—
k. Try alcoholic beverages once or twice	—	—	—	—	—
l. Drink alcoholic beverages occasionally?	—	—	—	—	—
m. Have five or more drinks once or twice each weekend?	—	—	—	—	—
n. Try inhalants (glue, gases, sprays) once or twice?	—	—	—	—	—
o. Use inhalants occasionally?	—	—	—	—	—
p. Use inhalants regularly	—	—	—	—	—

Table 2-60

44. Since the beginning of the 7th grade, have you received instruction in school on the effects of drugs and alcohol?

__ Yes
__ No
__ Don't remember

AIDS (Form 3)

Table 2-13

12. Will the following behaviors make it MORE likely for a person to become infected with the AIDS virus?

	Yes	No	Don't Know
a. Being in the same classroom with someone who has the AIDS virus	—	—	—
b. Shaking hands with someone who has the AIDS virus	—	—	—
c. Hugging someone who has the AIDS virus	—	—	—
d. Having sexual intercourse (sex) with someone who has the AIDS virus	—	—	—
e. Having more than one sex partner	—	—	—
f. Having sex with someone who has had several sex partners	—	—	—
g. A male having sex with another male	—	—	—
h. A female having sex with another female	—	—	—
i. Sharing drug needles	—	—	—
j. Donating blood	—	—	—

Table 2-15

13. Will the following behaviors make it LESS likely for a person to become infected with the AIDS virus?

	Yes	No	Don't Know
a. Eating a healthy diet and staying physical fit	—	—	—
b. Not having sex	—	—	—
c. Going to the bathroom after having sex	—	—	—
d. Using condoms (rubbers) during sex	—	—	—
e. Washing after having sex	—	—	—
f. Making sure that a sex partner looks healthy	—	—	—
g. Not taking illegal drugs with a needle	—	—	—

14. Mark whether you think each sentence is true or false.

	True	False	Don't Know
Table 2-14 - a. People who have the AIDS virus cannot spread AIDS unless they are sick with AIDS themselves	—	—	—
Table 2-16 - b. There is no known cure for AIDS	—	—	—
Table 2-16 - c. Most people who are sick with AIDS eventually die as a result of it	—	—	—
Table 2-16 - d. A test to determine whether a person has the AIDS virus is now available	—	—	—
Table 2-14 - e. Blood transfusions are a common way for people to get AIDS today	—	—	—
Table 2-14 - f. A vaccine that protects people from getting the AIDS virus is now available	—	—	—
Table 2-14 - g. A pregnant woman who has the AIDS virus can give AIDS to her baby	—	—	—

15. I believe that:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
Table 2-18 - a. it is OK for people my age to say "no" to having sex	—	—	—	—	—
Table 2-19 - b. it is OK for people my age to use some illegal drugs	—	—	—	—	—
Table 2-18 - c. people my age should use condoms (rubbers) if they have sex	—	—	—	—	—
Table 2-18 - d. it is OK for people my age to have sex with someone they have dated for a long time	—	—	—	—	—
Table 2-18 - e. it is OK for people my age to have sex with several different people	—	—	—	—	—
Table 2-18 - f. people my age should not have sex	—	—	—	—	—

16. My friends believe that:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
Table 2-18 - a. it is OK for people my age to say "no" to having sex	—	—	—	—	—
Table 2-19 - b. it is OK for people my age to use some illegal drugs	—	—	—	—	—
Table 2-18 - c. people my age should use condoms (rubbers) if they have sex	—	—	—	—	—
Table 2-18 - d. it is OK for people my age to have sex with someone they have dated for a long time	—	—	—	—	—
Table 2-18 - e. it is OK for people my age to have sex with several different people	—	—	—	—	—
Table 2-18 - f. people my age should not have sex	—	—	—	—	—

Table 2-17

17. I would worry about getting AIDS if:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. I had sex with someone I had dated for a long time	—	—	—	—	—
b. I took illegal drugs with a needle	—	—	—	—	—
c. I had sex with several different people	—	—	—	—	—
d. someone in my classroon had AIDS	—	—	—	—	—
e. I donated blood	—	—	—	—	—
f. I received a blood transfusion	—	—	—	—	—

Table 2-16

18. Do you know that a national toll free hotline is available to answer questions about AIDS?
__ Yes
__ No

Table 2-63

19. Since the beginning of the 7th grade, have you received instruction in school on AIDS?
__ Yes
__ No
__ Don't remember

STD (Form 3)

Table 2-20

20. How do most people get STD? (mark one)
__ From objects like toilet seats
__ By kissing on the mouth
__ By having sex
__ Don't know

Table 2-20

21. Some methods of avoiding STD are more effective than others. For each method listed below, mark how effective you think it is.

	Very Effective	Somewhat Effective	Slightly Effective	Not Effective	Don't Know
a. Not having sex	—	—	—	—	—
b. Going to the bathroom after having sex	—	—	—	—	—
c. Taking birth control pills	—	—	—	—	—
d. Washing after having sex	—	—	—	—	—
e. Having sex with only one partner in a long-term relationship	—	—	—	—	—
f. Using condoms (rubbers)	—	—	—	—	—

Table 2-21

22. Which of the following are common early signs of STD?

	Is a Sign	Is Not a Sign	Don't Know
a. Fainting and dizziness	—	—	—
b. Lower abdominal (below the stomach) pain in females	—	—	—
c. Nausea and throwing-up	—	—	—
d. Discharge of pus from the sex organs	—	—	—
e. A bad cough	—	—	—
f. A headache	—	—	—
g. A sore on the sex organs	—	—	—
h. Pain when going to the bathroom	—	—	—

Table 2-22

23. If someone had signs of STD, would the following actions be helpful or have no effect?

	Helpful	Harmful	No Effect	Don't Know
a. Eat special foods	—	—	—	—
b. Wait to see if the signs go away on their own	—	—	—	—
c. Take medicine left over from a similar problem	—	—	—	—
d. Get tested for STD at a doctor's office or clinic	—	—	—	—
e. Not have sex	—	—	—	—
f. Tell the sex partner about a possible STD infection	—	—	—	—
g. Take medicine only until the signs go away	—	—	—	—

Table 2-24

24. Mark whether you think each sentence is true or false.

	True	False	Don't Know
a. Most public libraries have information on STD.	—	—	—
b. If a person under 18 years of age has STD, the Public Health Department must tell the person's parents about it.	—	—	—
c. Most clinics must have the permission of parents to treat people under 18 years of age for STD.	—	—	—
d. A telephone call to the VD National Hotline from a home phone shows up on the telephone bill.	—	—	—

25. Suppose you thought you might have STD. Would you agree or disagree with each of the following?

	Agree	Disagree	Not Sure
Table 2-25 - a. I would talk to a priest, minister, rabbi, or other clergy member	—	—	—
Table 2-23 - b. It would be hard for me to find transportation to a clinic or doctor for treatment	—	—	—
Table 2-23 - c. I would want to keep my friends from finding out	—	—	—
Table 2-23 - d. It would be hard for me to pay for treatment	—	—	—
Table 2-23 - e. I would want to keep my parents from finding out	—	—	—
Table 2-25 - f. I have a friend I could talk to about my having STD	—	—	—
Table 2-25 - g. It would be hard for me to tell my sex partner	—	—	—
Table 2-23 - h. I would be embarrassed to ask a doctor what is wrong with me	—	—	—
Table 2-23 - i. I wouldn't know where to go for medical care	—	—	—
Table 2-25 - j. I know an adult I could talk to about my having STD	—	—	—

Table 2-63

26. Since the beginning of the 7th grade, have you received instruction in school on STD?
__ Yes
__ No
__ Don't remember

Nutrition (Form 3)

Table 2-57

27. YESTERDAY, which of the following did you have <u>for a snack</u> between meals? (mark all that apply)
__ I did not have a snack yesterday.
__ chips/pretzels __candy
__ nuts __ice cream
__ fruits or vegetables __doughnuts/cookies/cake
__ juice __yogurt
__ milk __cheese
__ soda (not diet) __other
__ soda (diet)

Table 2-55

28. If a person is trying to lose weight, how many pounds should that person try to lose in one WEEK?
__ 1-2 pounds
__ 3-5 pounds
__ 6-8 pounds
__ Don't know

Table 2-54

29. During the past YEAR, how many times have you changed your eating habits or gone on a diet for more than one week to control your weight?
__ 0 times →If you marked here, do not answer #30. Go to #31.
__ 1 time
__ 2 times
__ 3 times
__ 4 or more times

Table 2-54

30. When you try to control your weight, how often do you use each method listed below? Mark one answer for each method.

	None of the time	Some of the time	Most of the time
a. Eating low calorie or diet foods/sodas	—	—	—
b. Using diet pills or diet candies	—	—	—
c. Exercising more	—	—	—
d. Skipping a meal	—	—	—
e. Taking laxatives	—	—	—
f. Eating only fruits	—	—	—
g. Eating only high protein foods, such as eggs or cheese	—	—	—
h. Eating only salads	—	—	—
i. Avoiding sweets	—	—	—
j. Drinking only liquids	—	—	—
k. Throwing up after eating	—	—	—
l. Eating a little less food	—	—	—
m. Hardly eating at all or fasting	—	—	—

Table 2-56

31. Which one of the following best describes how you salt your food?
__ I salt my food before tasting it.
__ I taste my food to decide if it needs salt.
__ I almost never add salt to my food.

Table 2-56

32. How much salt do you usually add to your food?
__ A lot of salt
__ A little salt
__ No salt.

Table 2-56

33. When you have bread or toast, how do you usually eat it?
__ With margarine
__ With butter
__ Without margarine or butter
__ I don't eat bread or toast.

Table 2-56

34. When you eat meat (such as steak), what do you usually do?
__ Cut off most of the fat
__ Cut off some of the fat
__ Eat the fat with the meat
__ I don't eat meat.

Table 2-56

35. When you eat chicken, what do you usually do?
__ Remove all of the skin before eating the chicken
__ Eat some of the skin with the chicken
__ Eat all of the skin with the chicken
__ I don't eat chicken.

Table 2-56

36. During the past WEEK, how many times did you eat food from a fast food restaurant?
__ 0 times
__ 1 time
__ 2 times
__ 3 times
__ 4 times
__ 5 or more times

Table 2-53
37. Which one of the following cooking practices increases the amount of fat in foods?
__ Baking foods
__ Broiling foods
__ Frying foods
__ Don't know

Table 2-53
38. Does boiling vegetables reduce the amount of vitamins in them?
__ Yes
__ No
__ Don't know

Table 2-53
39. Eating foods that are high in saturated fat may cause which one of the following health problems?
__ Cavities
__ Stomach cancer
__ Heart problems
__ Don't know

Table 2-53
40. Eating too little fiber may cause which one of the following health problems?
__ Colon cancer
__ High blood pressure
__ Heart Problems
__ Don't know

Table 2-53
41. Eating sugar may cause which one of the following health problems?
__ Heart problems
__ Low blood pressure
__ Gum disease
__ Don't know

Table 2-53
42. Eating too much salt may cause which one of the following health problems?

__ Liver cancer
__ High blood pressure
__ Gum disease
__ Don't know

Table 2-53
43. Compared to a hot dog, a peanut butter and jelly sandwich has
__ less salt
__ more salt
__ About the same amount of salt
__ Don't know

Table 2-53
44. Compared to frozen vegetables, canned vegetables have
__ less salt
__ more salt
__ About the same amount of salt
__ Don't know

Table 2-53
45. Compared to a turkey sandwich, a ham sandwich has
__ Less fat
__ More fat
__ About the same amount of fat
__ Don't know

Table 2-53
46. Compared to ice cream, frozen yogurt has
__ Less fat
__ More fat
__ About the same amount of fat
__ Don't know

Table 2-53
47. Compared to bran cereal, corn flakes have
__ Less fiber
__ More fiber
__ About the same amount of fiber
__ Don't know

Table 2-53
48. Compared to a baked potato, baked beans have
__ Less fiber
__ More fiber
__ About the same amount of fiber
__ Don't know

Table 2-58
49. During the past WEEK, how many days did you eat breakfast?
__ 0 days →If you marked here, do not answer #50. Go to #51.
__ 1-2 days
__ 3-4 days
__ 5-6 days
__ Every day

Table 2-58
50. During the past WEEK, where did you usually eat breakfast on school days? (mark one)
__ At home
__ At school
__ Other
__ I didn't eat breakfast on school days.

Table 2-58
51. During the past WEEK, how many days did you eat lunch?
__ 0 days →If you marked here, do not answer #52. Go to #53.
__ 1-2 days
__ 3-4 days
__ 5-6 days
__ every day

Table 2-58
52. During the past WEEK, where did you usually get your lunch on school days? (mark one)
__ Brought lunch from home
__ School cafeteria
__ Other
__ I didn't eat lunch on school days.

Table 2-58
53. During the past WEEK, how many days did you eat dinner?
__ 0 days
__ 1-2 days
__ 3-4 days
__ 5-6 days
__ every day

Table 2-63
54. Since the beginning of the 7th grade, have you received instruction in school on nutrition and choosing healthy foods?
__ Yes __ No __ Don't remember

Bibliography

American Cancer Society, (1986). *1986 Cancer Facts and Figures.* New York: author.

Centers for Disease Control, (1986). *Homicide Surveillance: High Risk Racial and Ethnic Groups — Blacks and Hispanics, 1970-1983.* Atlanta: author.

Efron, B., (1982). *The Jackknife, the Bootstrap, and Other Resampling Plans.* Philadelphia: Society for Industrial and Applied Mathematics.

Fetters, W.B., (1975). *National Longitudinal Study of the High School Class of 1972: Student Questionnaire and Test Results* (National Center for Education Statistics Publication NCES 75-208). Washington, D.C.: U.S. Government Printing Office.

Haffner, D.W., (1988). "AIDS and Adolescents: School Health Education Must Begin Here." *Journal of School Health* 50 (4), 154-155.

Johnston, L.D., O'Malley, P.M., and Bachman, J.G., (1984). *Drugs and American High School Students, 1975-1983.* Washington, D.C.: National Institute on Drug Abuse, U.S. Department of Health and Human Services.

McMahon, E.T., Zimmer, J.A., Modglin, T.W., and O'Neil, J.F., (1988). *Teens, Crime, and the Community.* St. Paul, MN: West Publishing Co.

National Research Council and the Institute of Medicine, (1985).*Injury in America.* Washington, D.C.: National Academy of Sciences.

National Safety Council, (1985). *Accident Facts.* Chicago: author.

Office of Disease Prevention and Health Promotion, (1984). *National Children and Youth Fitness Study: Summary of Findings.* Washington, D.C.: author.

Office of Disease Prevention and Health Promotion, (1985). *Prevention '84/'85.* Washington, D.C.: U.S. Government Printing Office.

Silverman, M.M., Lalley, T.L., Rosenberg, M.L., Smith, J.C., Parron, D., and Jacobs, J., (1988). *Control of Stress and Violent Behavior: Mid-Course Review of the 1990 Health Objectives. Public Health Reports* 103(1).

Sliepcevich, E.M., (1964). *School Health Education Study: Summary Report*. Washington, D.C.: School Health Education Study.

U.S. Department of Agriculture, U.S. Department of Health and Human Services, (1985). *Nutrition and Your Health: Dietary Guidelines for Americans* (rev. ed.). Hyattsville, MD: author.

U.S. Department of Health and Human Services, (1984). *The Health Consequences of Smoking, Chronic Obstructive Lung Disease: A Report of the Surgeon General* (DHHS Publication No. PHS 84-50205). Washington, D.C.: U.S. Government Printing Office.

U.S. Department of Health and Human Services, (1988). *The Facts*. Palo Alto, CA: Bull Publishing Co.

U.S. Department of Justice, (1986). *Criminal Victimization in the United States, 1984: A National Crime Survey Report*. Washington, D.C.: Bureau of Justice Statistics.

Washington, A.E., Arno, P.S., and Brooks, M.A., (1986). "Economic Cost of Pelvic Inflammatory Disease." *Journal of the American Medical Association* 255(13), 1735-1738.

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