

Healthy Allegheny Teen Survey

Hello, my name is _____ and I'm calling from the University of Pittsburgh on behalf of the Allegheny County Health Department. Participants receive a \$20 gift card for completing a survey about teen health and health behaviors.

The information we collect will help local organizations better serve youth in our communities. Your number was chosen randomly. Before we begin could you please verify that this is [phone number]?

Thanks. First, let's determine if you are eligible to participate.

1. What county do you live in?
 1. Allegheny
 2. Other

2. Ok...How many of your household members are between the ages of 14 and 19 years old?

3. [IF 1] "Are you this person?"
 1. Yes
 2. No

"Great, then you are the person I need to speak with."

4. [IF MORE THAN 1] "Ok, of the household members age 14-19, I need to speak with the person whose birthday comes next. Are you this person?"
 1. YES.
 2. NO.

IF PARENT REQUESTS MORE INFORMATION, GO TO PARENT/ADULT INFORMATION SCRIPT INFO SCREEN.

5. "Is he or she available?"
 1. Yes
 2. No . [IF NO] "When would be a good time to reach him or her?" [GO TO END.]IF PARENT REQUESTS MORE INFORMATION] GO TO PARENT/ADULT INFORMATION SCRIPT.

6. [IF YES] "Hello, my name is _____ and I'm calling from the University of Pittsburgh on behalf of the Allegheny County Health Department. Participants receive a \$20 gift card for completing a survey about teen health and health behaviors. Are you age 14-19?"
 1. Yes
 2. No [IF NO] "When would be a good time to reach him or her?" [GO TO END.]IF PARENT REQUESTS MORE INFORMATION] GO TO PARENT/ADULT INFORMATION SCRIPT.

Thank you very much for your interest in the Healthy Allegheny Teen Survey (HATS for short), conducted by the Allegheny County Health Department together with the University of Pittsburgh. We want to learn more about young people's health in our county to build better programs and supports for people like you. You should know that:

- 1) The survey is voluntary. No one can make you do it.

- 2) The survey is anonymous, meaning no names are attached to responses.

Healthy Allegheny Teen Survey

- 3) I will ask some questions about your school, activities, and eating habits, and then I will transfer you to a computer, which will ask you about some sensitive topics including violence, substance use, and sex. You will reply with numbers only. No one will know your responses. Some questions may be uncomfortable, but you can skip any question you don't want to answer.
- 4) Please know that you can always call 2-1-1 to get information about where to get help in Allegheny County. You can also call the Resolve crisis hot line. That number is easy to remember. It is 888-7-YOU-CAN (or 888-796-8226).
- 5) The survey should take about 30 minutes to complete. After you finish, you will get connected to a different phone line where you will leave information about where to send your \$20 gift card to. Contact information is NEVER connected to your survey responses.

You can find more info about this study at the ACHD website [WEB SITE ADDRESS].

Do you have any questions?

[OPTION FOR INFORMING PARENT IF RESPONDENT WOULD LIKE PARENT TO KNOW ABOUT THEM DOING SURVEY:]

7. While it is your decision about whether to do the survey, some young people would prefer that we explain the survey to their parent. Would you like me to do that?
 1. Yes
 2. NO [SKIP to VERBAL CONSENT]

[PARENT/ADULT INFORMATION SCRIPT INFO SCREEN

8. Hello, my name is _____ and I'm calling from the University of Pittsburgh on behalf of the Allegheny County Health Department about the Healthy Allegheny Teen Survey. Your number was chosen randomly. We just spoke with your child about the survey and they are interested in participating, but asked that we let you know about the survey too. The survey is totally voluntary and absolutely no names are attached. Youth receive a \$20 gift card for completing the survey which asks about teen health and health behaviors. They can skip any questions they don't want to answer. This information will help local organizations better serve youth in your community. What questions do you have?

[IF Q ARE ANSWERED]

1. May I speak with the child between 14-19 years old whose birthday comes next?
 2. [NO] "Would you like us to call back at another time?" [Schedule callback.]
9. Hello. Am I speaking with the person I spoke with earlier?
 1. Yes
 2. No

INFORMED CONSENT

10. VERBAL CONSENT:

Are you willing to participate in the survey?

1. YES
2. NO.

Healthy Allegheny Teen Survey

11. Thank you so much for your consideration. Would you be willing to tell us why you do not want to participate?

ENTER RESPONSE _____. [GO TO END.]

12. Thank you so much. First, have I contacted you today on a cell phone line or a landline?

1. Cell phone
2. Landline

13. How many total cell phone lines (meaning different cell phone numbers) does your household have?

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

14. How many total land lines (meaning different landline phone numbers) does your household have?

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

15. How old are you?

Enter age []

16. What is your sex (meaning your biological sex)?

1. Male
2. Female
3. Intersex
4. Other
8. Don't know
9. Refused

17. Would you say in general that your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

18. Do you have health insurance?

1. Yes
2. No
8. Don't know
9. Refused

Health Care Utilization

19. In the past 12 months, have you seen a doctor or a nurse?

1. Yes
2. No
8. Don't know
9. Refused

Healthy Allegheny Teen Survey

20. In the past 12 months, have you ever thought you needed to go see a doctor, nurse, or go to the emergency room BUT did NOT go?
1. Yes
 2. No
 8. Don't know
 9. Refused
21. Do you have a doctor or nurse you usually see if you need a checkup or you are feeling sick?
1. Yes
 2. No
 8. Don't know
 9. Refused

Diet

Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

22. During the past 7 days, how many times did you eat fruit? [Do not include fruit juices.]
ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
23. During the past 7 days, how many times did you eat vegetables?
ENTER 0 - 30
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
24. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)
ENTER 0 - 30
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
25. During the past 7 days, on how many days did you eat breakfast?
ENTER 0 - 30
ENTER 8 FOR DON'T KNOW
ENTER 9 FOR REFUSED

School

26. Are you in school? [IF CURRENTLY NOT IN SCHOOL BECAUSE ON SCHOOL BREAK, THEN MARK AS YES.]
1. Yes
 2. No
 8. Don't know
 9. Refused
27. What grade are you in? [IF CALLING DURING SUMMER, ENTER THE HIGHEST COMPLETED GRADE.]
1. 8th
 2. 9th

Healthy Allegheny Teen Survey

3. 10th
4. 11th
5. 12th
6. Finished high school or received GED
7. Doing GED
8. College
8. Don't know
9. Refused

28. What is the name of your school?

Fill in _____

8. Don't know
9. Refused

29. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school, OR on your way to or from school?

ENTER 0 - 30

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

30. Have you ever been suspended from school?

1. Yes
2. No
8. Don't know
9. Refused

The next questions ask about how much you agree or disagree with the statements.

31. I feel close to people at school

Do you:

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

32. My teachers care about me

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

33. I feel part of my school

1. Strongly agree

Healthy Allegheny Teen Survey

2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

34. I feel happy at school

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. strongly disagree
8. Don't know
9. Refused

35. I feel teachers treat students fairly

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

36. I feel safe in my school

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

37. I feel supported to continue to college or additional schooling after high school

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

38. I feel most of my close friends will continue to college or additional schooling after high school

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
8. Don't know

Healthy Allegheny Teen Survey

9. Refused

39. [if NO to being in school] What is the highest grade or year of school you completed?

1. Elementary or middle school (through 8th grade)
2. Some high school (grades 9-11)
3. GED/High school diploma

4. Some college or technical school
8. Don't know
9. Refused

40. [if NO to being in school] When you were still in school, were you ever suspended from school?

1. Yes
2. No
8. Don't know
9. Refused

Physical Activity

Please read: We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

41. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1. Yes
2. No
8. Don't know / Not sure
9. Refused

42. How many days per week do you do these moderate activities for at least 10 minutes at a time?

ENTER 0 - 7
ENTER 8 FOR DON'T KNOW
ENTER 9 FOR REFUSED

43. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

44. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

3. Yes

Healthy Allegheny Teen Survey

- 4. No
- 8. Don't know / Not sure
- 9. Refused

45. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

ENTER 0 - 7
ENTER 8 FOR DON'T KNOW
ENTER 9 FOR REFUSED

46. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

47. On an average day, do you watch TV?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

48. [IF YES] How many hours do you watch TV (on an average day)?

ENTER 0 - 20
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

49. On an average day, how many hours do you use a computer for something that is not related to work or school OR play video or computer games? (This includes using the internet for YouTube, Facebook or other social networking sites, or using a smartphone, an iPod, or an iPad, or other tablet.)

ENTER 0 - 20
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

Disability/Health Conditions

The next questions have to do with general health.

50. Has a doctor or nurse ever told you that you have asthma?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

51. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1. Yes

Healthy Allegheny Teen Survey

- 2. No
- 8. Don't know
- 9. Refused

52. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

Sleep

53. On an average night, how many hours of sleep do you get?

ENTER 0 – 20

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

Health-related topics

54. Have you ever been taught about sexually transmitted infections, including AIDS or HIV, in school?

- 5. Yes
- 2. No
- 8. Don't know
- 9. Refused

Now I'm going to read 2 statements. Please answer with yes or no.

55. At least once, I have talked to my parent (or adult caregiver) about sex.

- 6. Yes
- 2. No
- 8. Don't know
- 9. Refused

56. I am comfortable talking to my parent (or adult caregiver) about sex.

- 7. Yes
- 2. No
- 8. Don't know
- 9. Refused

Safety

The next questions are about safety.

57. Did you ride a bicycle during the past 12 months?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

Healthy Allegheny Teen Survey

58. How often did you wear a helmet (when you rode a bicycle during the past 12 months)?

[READ:]

1. Never wore a helmet
2. Rarely wore a helmet
3. Sometimes wore a helmet
4. Most of the time wore a helmet
5. Always wore a helmet
8. Don't know
9. Refused

Hunger

59. In the past 30 days, has there been a time when you worried about not having enough food to eat?

1. Yes
2. No
8. Don't know
9. Refused

Homelessness

60. In the past 12 months, did you have to stay **two or more nights** in a place that is not your home because you could not stay in your home, you were told to leave your home, or you did not want to stay in your home. This may include staying on the streets, in an abandoned car or on public transportation, or at a friend or family's house.

[READ IF NECESSARY: Or in an abandoned building/squat; Girlfriend, boyfriend, or lover's house or apartment; A stranger's house or apartment; Shelter or mission; Motel or hotel.]

1. Yes
2. No
8. Don't know
9. Refused

Social Cohesion

Next, I will read several statements about your neighborhood. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement:

61. People around here are willing to help their neighbors.

Do you:

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

62. This is a close-knit neighborhood.

1. Strongly agree
2. Agree
3. Neither agree or disagree

Healthy Allegheny Teen Survey

4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

63. People in this neighborhood can be trusted.

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

64. People in this neighborhood generally don't get along with each other.

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

65. People in this neighborhood do not share the same values.

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
8. Don't know
9. Refused

Social Supports

The following questions ask about people who provide you with help or support. How often is each of the following supports available to you when you need it?

66. Someone you really count on to be dependable when you need help?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
8. Don't know
9. Refused

67. Someone you really count on to care about you, regardless of what is happening to you?

1. None of the time
2. A little of the time

Healthy Allegheny Teen Survey

3. Some of the time
4. Most of the time
5. All of the time
8. Don't know
9. Refused

68. Someone you really count on to help you feel better when you are feeling generally down-in-the-dumps?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
8. Don't know
9. Refused

Demographics

Now we're going to ask you a bit more about your background. Remember none of these answers are connected to your name or responses in any way.

69. Are you Hispanic or Latino?

1. Yes
2. No
8. Don't know
9. Refused

70. What is your race? (Select one)

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other or multi-racial: Explain: _____
8. Don't know
9. Refused

71. Who is your legal guardian?

[Check all that apply]

1. Mother
2. Father
3. Other, LIST: _____
4. Other, LIST: _____
5. Other, LIST: _____
8. Don't know
9. Refused

72. What is the highest grade or year of school any of these guardians completed?

[CHOOSE THE HIGHEST EDUCATION LEVEL.]

1. Never attended school or only attended kindergarten

Healthy Allegheny Teen Survey

2. Elementary school
3. Some high school
4. Graduated High school
5. Some college or technical school
6. Finished college

8. Don't know
9. Refused

73. Is your household within the city of Pittsburgh?

1. Yes
2. No
8. Don't know
9. Refused

74. In what neighborhood within Pittsburgh do you live?

ENTER 0 - 90
ENTER 888 FOR DON'T KNOW
ENTER 999 FOR REFUSED

75. In what Municipality do you live?

ENTER 0 - 150
ENTER 888 FOR DON'T KNOW
ENTER 999 FOR REFUSED

76. What is the zipcode where you live?

ENTER 0 - 15000
ENTER 8 FOR DON'T KNOW
ENTER 9 FOR REFUSED

77. What streets make up the nearest corner to your house?

ENTER 8 FOR DON'T KNOW
ENTER 9 FOR REFUSED

78. How tall are you without your shoes on?

ENTER IN FEET AND INCHES EX. 502 = 5'-2"
FOR DECIMALS ROUND DOWN
ENTER 888 FOR DON'T KNOW
ENTER 999 FOR REFUSED

79. How much do you weigh without your shoes on?

ENTER IN POUNDS – NO DECIMALS
FOR DECIMALS ROUND UP
ENTER 888 FOR DON'T KNOW
ENTER 999 FOR REFUSED

80. Thank you very much for taking this survey. Your responses are very helpful. You will now be connected to a computer that will automatically ask you questions and you will reply with numbers only. No one will know your responses.

Healthy Allegheny Teen Survey

Do not hang up if you want to receive the gift card.

Please realize that the remaining computer part of the survey takes 15-20 minutes and must be completed all at one time.

If you do not have the 15-20 minutes to complete the rest of the survey right now, you can later call into the computer survey directly when you have the time.

Do you have any questions?

Do you have 15-20 minutes and want to be transferred now to complete the rest of the survey?

1. Yes
2. No [SKIP TO Q.84]
8. Not sure [SKIP to Q.85]

81. [IF YES]

Please remember that the rest of the survey must be completed all at one time. If you have to hang up but you want to complete the study, you will have to call us at the HATS information line at 412-624-3109 to get a new number to complete the survey. You may want to get a pen or pencil and some paper to write down this phone number and for taking notes. The HATS information line again, is 412-624-3109.

I will transfer you now.

[INTERVIEWER: TRANSFER THE CALL TO IVR AND ENTER:]

82. [IF NO]

When you have 15-20 minutes to complete the rest of the survey, call [IVR PHONE NUMBER] and enter this number: [number].

If you have to hang up but you want to complete the study, you will have to call us at the HATS information line at 412-624-3109 to get a new number to complete the survey. You may want to get a pen or pencil and some paper to write down this phone number and for taking notes. The HATS information line again, is 412-624-3109.

83. [IF UNDECIDED TO TRANSFERRING NOW:]

Please remember that the rest of the survey takes 15-20 minutes and must be completed all at one time. You can get started now, but if you have to hang up and you want to complete the study later, you will

have to call us at the HATS information line at 412-624-3109 to get a new number to complete the survey. You may want to get a pen or pencil and some paper to write down this phone number and for taking notes. The HATS information line again, is 412-624-3109.

Do you want me to transfer you now?

1. Yes [SKIP to Q.83]
2. No [SKIP to Q.84]

Healthy Allegheny Teen Survey

IVR

[Instructions:

Some questions that follow may be uncomfortable but please remember the information collected is confidential and anonymous, meaning no one will know how you, specifically, responded to the questions. Also, if you need to leave for any reason during the interview, please hang up, and an interviewer will call you back at a future time to restart the automated portion of the survey.

During the interview, if you would like to hear the question again, do not respond and the question will be repeated if you wait a few seconds. If you have a problem or answer a question incorrectly, please tell the recording at the end of the survey.]

Body Weight

84. Which of the following are you trying to do about your weight?

[READ:]

1. Lose weight
2. Gain weight
3. Stay the same weight
4. I am not trying to do anything about my weight
8. Don't know
9. Refused

For the following question, if the answer is yes, press 1. If No, press 2. If you don't know, press 8. If you prefer not to respond, press 9.

85. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

1. yes
2. no
8. Don't know
9. Refused

86. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast.)

1. yes
2. no
8. Don't know
9. Refused

87. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

1. yes
2. no
8. Don't know
9. Refused

Tobacco use

88. Have you ever smoked cigarettes (or other tobacco products)?

Healthy Allegheny Teen Survey

1. Yes
2. No
8. Don't know
9. Refused

89. Have you ever smoked cigarettes (or other tobacco products) daily, that is, at least one cigarette every day for 30 days?

1. yes
2. no
8. Don't know
9. Refused

90. In the past 30 days, how frequently have you smoked cigarettes (or other tobacco products)?
[READ:]

1. Never
2. Once or twice
3. Once or twice per week
4. About once a day
5. More than once a day

For the following question, if the answer is yes, press 1. If No, press 2. If you don't know, press 8. If you prefer not to respond, press 9.

91. Have you ever used electronic or vapor cigarettes?

1. yes
2. no
8. Don't know
9. Refused

92. Have you ever used electronic or vapor cigarettes daily, that is, at least once every day for 30 days?

1. yes
2. no
8. Don't know
9. Refused

93. How frequently have you used electronic or vapor cigarettes in the past 30 days?

1. Never
2. Once or twice
3. Once or twice per week
4. About once a day
5. More than once a day

Car Safety

The next section is about car safety.

94. How often do you wear a seat belt when riding in a car driven by someone else?

[READ:]

1. Never

Healthy Allegheny Teen Survey

2. Rarely
3. Sometimes
4. Most of the time
5. Always
8. Don't know
9. Refused

95. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

ENTER 0 – 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

96. During the past 30 days, have you driven a car or other vehicle?

1. Yes
2. No
8. Don't know
9. Refused

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

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

98. During the past 30 days, how many days did you text or e-mail while driving a car or other vehicle?

ENTER 0 – 30

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

Alcohol

The next section is about alcohol use. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes. For the next few sections, enter the number of your response.

99. During your life, on how many days have you had at least one drink of alcohol (other than a few sips)?

ENTER 0 – 80 [IF ANS IS MORE THAN 80, ENTER 80]

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

[IF ANS = 0, SKIP TO Q.105]

100. How old were you when you had your first drink of alcohol other than a few sips?

ENTER 0 - 19

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

101. During the past 30 days, on how many days did you have at least one drink of alcohol?

ENTER 0 - 30

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

Healthy Allegheny Teen Survey

[IF ANS = 0, SKIP TO Q.105]

102. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
ENTER 0 - 30
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

Marijuana

103. During your life, how many times have you used marijuana (also called weed, pot, or grass)?
ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
104. How old were you when you tried marijuana for the first time?
ENTER 0 - 19
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
105. During the past 30 days, how many times did you use marijuana?
ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

Other drugs

During your life, have you ever used any of the following...? [NON-INTERUPTABLE]

106. Any form of cocaine, including powder, crack, or freebase.
1. Yes
2. No
8. Don't know
9. Refused
107. [IF YES] During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
108. (Have you ever used) Methamphetamines (also called meth, speed, crystal, crank, or ice)?
1. Yes
2. No
8. Don't know
9. Refused
109. [IF YES] During your life, how many times have you used Methamphetamines (also called meth, speed, crystal, crank, or ice)?
ENTER 0 - 80

Healthy Allegheny Teen Survey

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

110. (Have you ever used) Heroin?

1. Yes
2. no
8. Don't know
9. Refused

111. [IF YES] During your life, how many times have you used Heroin?

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

112. (Have you ever used) ecstasy (also called MDMA)?

1. Yes
2. no
8. Don't know
9. Refused

113. [IF YES] During your life, how many times have you used ecstasy (also called MDMA)?

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

114. (Have you ever used) hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

1. Yes
2. no
8. Don't know
9. Refused

115. [IF YES] During your life, how many times have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

116. (Have you ever taken) steroid pills or shots without a doctor's prescription?

1. Yes
2. no
8. Don't know
9. Refused

117. [IF YES] During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

ENTER 0 - 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

Healthy Allegheny Teen Survey

118. (Have you ever taken) a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
3. Yes
 4. no
 10. Don't know
 11. Refused
119. [IF YES] During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

Violence-related behavior

Now you will be asked about violence.

120. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
- ENTER 0 - 30
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

The next questions ask about your safety in the past TWELVE months (meaning the past year).

121. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club?
- ENTER 0 – 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
122. During the past 12 months, how many times were you in a physical fight?
- ENTER 0 – 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
123. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- ENTER 0 – 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
124. During the past 12 months, did you date or go out with anyone?
1. yes
 2. no
 8. Don't know
 9. Refused

Healthy Allegheny Teen Survey

125. [IF YES] During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

ENTER 0 – 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

126. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

ENTER 0 – 80

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

Bullying

Bullying is when 1 or more people tease, threaten, spread rumors about, hit, shove, or hurt another person over and over again. For the next few sections, enter 1 for yes, 2 for no.

127. During the past 12 months, have you ever been bullied?

1. yes
2. no
8. Don't know
9. Refused

128. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

1. yes
2. no
8. Don't know
9. Refused

ACES

The next questions are about things that may have happened to you at any time in your life.

129. Have you ever been physically forced to have sexual intercourse when you did not want to?

1. yes
2. no
8. Don't know
9. Refused

130. Not including spanking on your bottom, at any time in your life did a grown-up in your life hit, beat, kick or physically hurt you in any way?

1. Yes
2. No
8. Don't know
9. Refused

131. At any time in your life, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn't want you?

Healthy Allegheny Teen Survey

1. Yes
 2. No
 8. Don't know
 9. Refused
132. When someone is neglected, it means that the grown-ups in that person's life didn't take care of him or her the way they should have. They might not get that person enough food, take him or her to the doctor when sick, or make sure that he or she has a safe place to stay. At any time in your life, were you neglected?
1. Yes
 2. No
 8. Don't know
 9. Refused
133. At any time in your life, did a grown-up touch your private parts when he or she shouldn't have, or make you touch his or her private parts, or force you to have sex?
1. Yes
 2. No
 8. Don't know
 9. Refused
134. At any time in your life did you see a parent get pushed, slapped, hit, punched or beat up by another parent, or by his or her boyfriend or girlfriend?
1. Yes
 2. No
 8. Don't know
 9. Refused
135. At any time in your life, was anyone close to you murdered, like a friend, neighbor, or someone in your family?
1. Yes
 2. No
 8. Don't know
 9. Refused
136. At any time in your life, did one of your parents threaten to hurt another of your parents and it seemed he or she might really get hurt?
1. Yes
 2. No
 8. Don't know
 9. Refused
137. At any time in your life, did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?
1. Yes
 2. No
 8. Don't know
 9. Refused

Depression and suicide

Healthy Allegheny Teen Survey

Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

138. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
1. yes
 2. no
 8. Don't know
 9. Refused
139. During the past 12 months, did you ever seriously consider attempting suicide?
1. yes
 2. no
 8. Don't know
 9. Refused
140. During the past 12 months, how many times did you actually attempt suicide?
- ENTER 0 - 30
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
141. Did any attempt during the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
1. yes
 2. no
 8. Don't know
 9. Refused
142. During the past 12 months, how many times have you ever hurt yourself on purpose (including cutting, pinching, scratching, burning, or not allowing wounds to heal)?
- ENTER 0 – 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED

Sexual Behavior

143. Which one of the following best describes your feelings? Are you:
1. Completely heterosexual (attracted to persons of the opposite sex)
 2. Mostly heterosexual
 3. Bisexual (equally attracted to men and women)
 4. Mostly homosexual
 5. Completely homosexual (gay/lesbian, attracted to persons of the same sex)
 8. Don't know
 9. Refused
144. Which one of the following best describes how you identify your gender?
1. Masculine

Healthy Allegheny Teen Survey

2. Feminine
3. Androgynous
4. Genderqueer
5. Other
8. Don't know
9. Refused

For the following question, if the answer is yes, press 1. If No, press 2. If you don't know, press 8. If you prefer not to respond, press 9.

145. Have you ever had sexual contact with someone? (meaning any kind of intimate contact)

1. Yes
2. No
8. Don't know
9. Refused

146. During your life, the persons with whom you have had sexual contact are:

1. female only
2. male only
3. female and male
8. Don't know
9. Refused

147. Have you ever had sexual intercourse, meaning vaginal or anal sex?

1. yes
2. no
8. Don't know
9. Refused

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

ENTER 0 - 19

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

149. During your life, with how many people have you had sexual intercourse?

ENTER 0 – 87

ENTER 88 FOR DON'T KNOW

ENTER 99 FOR REFUSED

150. You indicated that you have had sexual intercourse. Is this correct?

1. Yes
2. No

For the following question, if the answer is yes, press 1. If No, press 2. If you don't know, press 8. If you prefer not to respond, press 9.

151. The last time you had sexual intercourse, did you drink alcohol or use drugs beforehand?

1. yes
2. no
8. Don't know

Healthy Allegheny Teen Survey

9. Refused
152. The last time you had sexual intercourse, did you or your partner use a condom?
1. yes
 2. no
 8. Don't know
 9. Refused
153. The last time you had sexual intercourse, did you or your partner use any method (other than condoms) to prevent pregnancy?
1. yes
 2. no
 8. Don't know
 9. Refused
154. (Did you or your partner use) Birth control pills
1. Yes
 2. no
 8. Don't know
 9. Refused
155. (Did you or your partner use) An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
1. Yes
 2. no
 8. Don't know
 9. Refused
156. (Did you or your partner use) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
1. Yes
 2. no
 8. Don't know
 9. Refused
157. (Did you or your partner use) Withdrawal or some other method?
1. yes
 2. no
 8. Don't know
 9. Refused
158. [Women only] Have you been pregnant in the last 5 years? [make sure programmed for biological females only]
1. yes
 2. no
 8. Don't know
 9. Refused

We just have a few more questions

Healthy Allegheny Teen Survey

Quality Control Questions

159. Do you feel you were able to answer questions accurately?
1. Yes
 2. No
 8. Don't know
 9. Refused
160. During the first part of the survey with a live interviewer, was he or she courteous and polite?
1. Yes
 2. No
 8. Don't know
 9. Refused
161. Did you experience any problems while trying to complete the automated portion of the survey?
1. Yes
 2. No
 8. Don't know
 9. Refused

To be sure we recorded information correctly, I have 3 more questions to ask you.

162. In what year were you born (enter four digits) ____
163. During your life, how many times have you used marijuana?
- ENTER 0 – 80
ENTER 80 for 80 times or more
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
164. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)
- ENTER 0 - 80
ENTER 88 FOR DON'T KNOW
ENTER 99 FOR REFUSED
165. Would you like to leave a message about any problems, concerns or issues with the HATS survey?
1. Yes [LEAVE MESSAGE] _____
 2. No
 8. Don't know
 9. Refused

Do not hang up! You are now being directed to a separate system so that you can leave your contact information and the gift card can be mailed to you. Thank you again for your time and help with this important survey. Please be patient, it takes 20 seconds for the recording to start.

Voicemail Recording

Healthy Allegheny Teen Survey

Thank you for completing the Healthy Allegheny Teen survey.

If you are in need of health resources you can call 2-1-1 to get information and for immediate assistance the crisis hotline number is 1- 888-7YouCAN number. That's 1- 888-7-y-o-u-c-a-n.

Your gift card will arrive in the mail with information about community resources. Know that to protect your confidentiality our mailing will not mention the HATS survey. When you receive the gift card, you must contact us to activate it... Instructions will be included in the mailing.

If you do not receive your gift card in 5 business days, or you have any problems with the gift card, please contact our HATS information line at 412-624-3109, or email us at H-A-T-S@pitt.edu.

At the beep...Please say and spell your name and address.

This information is **only** for mailing the gift card and will never be linked to your survey responses.

If you do not want to leave your contact number, please contact us at the HATS information line at 412-624-3109 to arrange for picking up the gift card. Again that number is 412-624-3109.

Please say and spell you name and address...[Beep].