

ID

10

Page 2

Parent Risk Taking Survey

Abecedarian Age 21
Parent Risk Taking Survey
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INSTRUCTIONS: These questions are about health behavior. They were developed to learn what people do that may affect their health. Read each question carefully. Circle the letter that matches your answer. **CHOOSE THE ONE BEST ANSWER FOR EACH QUESTION.** Your answers are completely confidential.

1. How often do you wear a seat belt when riding in a car driven by someone else? PRIS-01
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
2. During the past 12 months, how many times did you ride a motorcycle? -02
 - a. 0 times
 - b. 1 to 10 times
 - c. 11 to 20 times
 - d. 21 to 39 times
 - e. 40 or more times
3. When you rode a motorcycle during the past 12 months, how often did you wear a helmet? -03
 - a. I did not ride a motorcycle during the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet
4. During the past 12 months, how many times did you ride a bicycle? -04
 - a. 0 times
 - b. 1 to 10 times
 - c. 11 to 20 times
 - d. 21 to 39 times
 - e. 40 or more times
5. When you rode a bicycle during the past 12 months, how often did you wear a helmet? -05
 - a. I did not ride a bicycle during the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet

6. 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? - 06
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
7. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? - 07
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times

THE NEXT FIVE QUESTIONS ARE ABOUT FIGHTING.

8. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club? - 08
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
9. During the past 30 days, on how many days did you carry a gun? - 09
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
10. During the past 12 months, how many times were you in a physical fight? - 10
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or 7 times
 - f. 8 or 9 times
 - g. 10 or 11 times
 - h. 12 or more times

ID _____

Page 4

Parent Risk Taking Survey

11. The last time you were in a physical fight, with whom did you fight? — 11
- a. I have never been in a physical fight
 - b. A total stranger
 - c. A friend or someone I know
 - d. A boyfriend, girlfriend, or date
 - e. A parent, brother, sister, or other family member
 - f. Someone not listed above
 - g. More than one of the persons listed above
12. 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? — 12
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
13. During the past the past 12 months, when you went swimming in places such as a pool, lake, or ocean, how often was a lifeguard watching you? — 13
- a. I did not go swimming during the past 12 months
 - b. Never
 - c. Rarely
 - d. Sometimes
 - e. Most of the time
 - f. Always

SOMETIMES PEOPLE FEEL SO DEPRESSED AND HOPELESS ABOUT THE FUTURE THAT THEY MAY CONSIDER ATTEMPTING SUICIDE, THAT IS, TAKING SOME ACTION TO END THEIR OWN LIFE. THE NEXT FOUR QUESTIONS ARE ABOUT FEELINGS OF WANTING TO DIE.

14. During the past 12 months, did you ever seriously consider attempting suicide? — 14
- a. Yes
 - b. No
15. During the past 12 months, did you make a plan about how you would attempt suicide? — 15p
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times

16. During the past 12 months, how many times did you actually attempt suicide? 16
- a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
17. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, 17
or overdose that had to be treated by a doctor or nurse?
- a. I did not attempt suicide during the past 12 months
 - b. Yes
 - c. No

THE NEXT SIX QUESTIONS ASK ABOUT TOBACCO USE.

18. Have you ever tried cigarette smoking, even one or two puffs? 18
- a. Yes
 - b. No
19. How old were you when you smoked a whole cigarette for the first time? 19
- a. I have never smoked a whole cigarette
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
20. How old were you when you first started smoking cigarettes regularly (at least one cigarette every 20
day for 30 days)?
- a. I have never smoked cigarettes regularly
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
 - h. In my 20's
 - i. In my 30's
 - j. Older

ID _____

Page 6

Parent Risk Taking Survey

21. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? 21
- a. I did not smoke cigarettes during the past 30 days.
 - b. Less than 1 cigarette per day
 - c. 1 cigarette per day
 - d. 2 to 5 cigarettes per day
 - e. 6 to 10 cigarettes per day
 - f. 11 to 20 cigarettes per day
 - g. More than 20 cigarettes per day
22. During the past 6 months, did you try to quit smoking cigarettes? 22
- a. I did not smoke cigarettes during the past 6 months
 - b. Yes
 - c. No
23. During the past 30 days, did you use chewing tobacco, such as Redman, Levi Garrett, or Beechnut, or snuff, such as Skoal, Skoal Bandits, or Copennagen? 23
- a. No, I did not use chewing tobacco or snuff during the past 30 days
 - b. Yes, chewing tobacco only
 - c. Yes, snuff only
 - d. Yes, both chewing tobacco and snuff

THE NEXT QUESTIONS ASK ABOUT DRINKING ALCOHOL. THIS INCLUDES DRINKING BEER, WINE, WINE COOLERS, AND LIQUOR SUCH AS RUM, GIN, VODKA, OR WHISKEY. FOR THESE QUESTIONS, DRINKING ALCOHOL DOES NOT INCLUDE DRINKING A FEW SIPS OF WINE FOR RELIGIOUS PURPOSES.

24. How old were you when you had your first drink of alcohol other than a few sips? 24
- a. I have never had a drink of alcohol other than a few sips
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
 - h. In my 20's
 - i. In my 30's
 - j. Older
25. During the past 30 days, on how many days did you have at least one drink of alcohol? 25
- a. 0 days
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 9 days
 - e. 10 to 19 days
 - f. 20 to 29 days
 - g. All 30 days

Parent Risk Taking Survey

26. During the past 30 days, on how many days did you have 5 or more drinks or alcohol in a row, that is, within a couple of hours? _26

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

THE NEXT THREE QUESTIONS ASK ABOUT THE USE OF THE MARIJUANA. WHICH IS ALSO CALLED GRASS OR POT.

27. How old were you when you tried marijuana for the first time? _27

- a. I have never tried marijuana
- b. Less than 9 years old
- c. 9 or 10 years years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 or more years old
- h. In my 20's
- i. In my 30's
- j. Older

28. During your life, how many times have you used marijuana? _28

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 to 99 times
- g. 100 or more times

29. During the past 30 days, how many times did you use marijuana? _29

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

THE NEXT SIX QUESTIONS ASK ABOUT COCAINE AND OTHER DRUGS.

30. How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time? -30

- a. I have never tried cocaine
- b. Less than 9 years old
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 or more years old
- h. In my 20's
- i. In my 30's
- j. Older than 30

31. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? -31

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

32. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase? -32

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

33. During your life, how many times have you used the crack or freebase forms of cocaine? -33

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

ID _____

Page 9

Parent Risk Taking Survey

34. During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription? 34

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

35. During your life, have you ever injected (shot up) any illegal drug? 35

- a. Yes
- b. No

THE NEXT THREE QUESTIONS ASK ABOUT BODY WEIGHT.

37. Which of the following are you trying to do? BW1

- a. Lose weight
- b. Gain weight
- c. Stay the same weight
- d. I am not trying to do anything about my weight

38. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight? BW2

- a. I did not try to lose weight or keep from gaining weight
- b. I dieted
- c. I exercised
- d. I exercised and dieted
- e. I used some other method, but I did not exercise or diet

39. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight? BW3

- a. I did not try to lose weight or keep from gaining weight
- b. I made myself vomit
- c. I took diet pills
- d. I made myself vomit and took diet pills
- e. I used some other method, but I did not vomit or take diet pills

THE NEXT SEVEN QUESTIONS ASK ABOUT FOOD YOU ATE YESTERDAY. THINK ABOUT ALL MEALS AND SNACKS YOU ATE YESTERDAY FROM THE TIME YOU GOT UP UNTIL YOU WENT TO BED. BE SURE TO INCLUDE FOOD YOU ATE AT HOME, AT SCHOOL OR WORK, AT RESTAURANTS, OR ANYWHERE ELSE.

40. Yesterday, did you eat fruit? FD1

- a. No
- b. Yes, once only
- c. Yes, twice or more

ID _____

Page 10

Parent Risk Taking Survey

41. Yesterday, did you drink fruit juice?

- FD 2

- a. No
- b. Yes, once only
- c. Yes, twice or more

42. Yesterday, did you eat green salad?

- FD 3

- a. No
- b. Yes, once only
- c. Yes, twice or more

43. Yesterday, did you eat cooked vegetables?

- FD 4

- a. No
- b. Yes, once only
- c. Yes, twice or more

44. Yesterday, did you eat hamburger, hot dogs, or sausage?

- FD 5

- a. No
- b. Yes, once only
- c. Yes, twice or more

45. Yesterday, did you eat french fries or potato chips?

- FD 6

- a. No
- b. Yes, once only
- c. Yes, twice or more

46. Yesterday, did you eat cookies, doughnuts, pie, or cake?

- FD 7

- a. No
- b. Yes, once only
- c. Yes, twice or more

THE NEXT QUESTION ASKS ABOUT PHYSICAL ACTIVITY.

47. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities?

- PA 1

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days