New Mexico Youth Risk and Resiliency Survey (YRRS)

2005 Report of State Results

NEW MEXICO DEPARTMENT OF HEALTH

NMPED New Mexico Public Education Department

The University of New Mexico
Prevention Research Center

New Mexico
Youth Risk and Resiliency Survey (YRRS)
2005
Report of State Results

Prepared for:
New Mexico Department of Health
New Mexico Public Education Department
New Mexico Public Schools

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EXECUTIVE SUMMARY

In the fall of 2005, the New Mexico Youth Risk and Resiliency Survey (NM YRRS) was conducted in New Mexico public high schools, with 5,679 students in grades nine through twelve participating from 20 public high schools in the state.

The NM YRRS is a tool that can assist administrators and policy makers in identifying health risk behaviors among students. The goal is to increase academic success by decreasing health risk behaviors that create barriers to student learning and may contribute to the achievement gap. This report presents the state-level results.

Results from 2005 show areas of improvement. Between 2003 and 2005, there was a decrease in the prevalence of several important substance abuse-related risk behaviors among New Mexico high school students.

Current alcohol use (referring to the consumption of alcohol within the 30 days preceding the survey) declined from 50.7% in 2003 to 42.3% in 2005. Binge drinking in the previous 30 days decreased from 35.4% in 2003 to 28.6% in 2005. Driving after drinking alcohol within the previous 30 days declined from 19.1% in 2003 to 12.0% in 2005.

Current methamphetamine use (referring to the use within the 30 days preceding the survey) declined from 7.3% in 2003 to 4.6% in 2005. Having been offered drugs at school within the previous 12 months declined from 41.2% in 2003 to 33.5% in 2005.

Additionally, the percentage of students who identified themselves as current smokers (having smoked cigarettes within the previous 30 days) declined from 30.2% in 2003 to 25.7% in 2005, although this difference was not statistically significant.

Results from 2005 also show that there are areas that require the continued attention of state agencies. While New Mexico students reported persistent feelings of sadness and hopelessness at a similar rate to the nation, New Mexico still ranks high nationally in the prevalence of attempted suicide. Although fewer students reported using marijuana, cocaine, methamphetamine, heroin and ecstasy, some of New Mexico's substance use rates were higher than national rates.

Some areas showed little change from 2003. Violence-related behavior, such as carrying a weapon to school or fighting, remained statistically unchanged. The percentage of students reporting that they ever had sexual intercourse remained statistically unchanged at 46.5% in 2005. Students who reported they had sex within the past three months remained unchanged, with 32.6% of students reporting in 2003 that they had been sexually active; the percentage was 32.8% in 2005.

The results from the NM YRRS provide the basis for decision-making for the development and implementation of new school health policies and programs, and the justification for funding projects to implement those decisions. As data collection moves ahead in years to come (NM YRRS will be offered in middle schools in the spring of 2007 and in the high schools again in the fall of 2007), meaningful

long term trends will be identified, increasing the utility of the survey data to positively impact the lives of New Mexico's youth and the health of all New Mexicans.

INTRODUCTION

Background

The New Mexico Youth Risk and Resiliency Survey (NM YRRS) was developed in New Mexico as a tool to assess the behavioral health risk and protective factors of New Mexico youth. Conducted in the fall of odd-numbered years, the survey is funded by the New Mexico Department of Health (NM DOH) and the New Mexico Public Education Department (NM PED), with additional assistance from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH Cooperative Agreement No. UC87/CCU622624). The NM YRRS 2005 survey was carefully designed by a task force composed of representatives from the NM PED, NM DOH, UNM Center for Health Promotion and Disease Prevention (CHPDP) and other partners. The task force assured that it was comparable to the CDC/DASH Youth Risk Behavior Survey (YRBS), which is administered in most states to obtain relevant data about school health issues. CDC/DASH approved the use of the NM YRRS as comparable to and a substitute for the YRBS. This is especially important because it allows the comparison of state data to national data. The NM YRRS differs from the YRBS in that the questions cover not only behavioral risk factors, to which the YRBS is limited, but also resiliency factors ("assets" or "protective factors"). The NM YRRS was coordinated with the Navajo Nation, which conducted the YRBS in schools with high Navajo student enrollment (8 schools were in both surveys).

As in previous years, the survey was offered in both English and Spanish. The questionnaire and responses are included in this report in Appendix A.

Two different sampling processes were used simultaneously in the 2005 YRRS. One of these processes strictly followed CDC guidelines for conducting the YRBS. Data collected through this sampling process was used to generate statewide estimates that were comparable with estimates from other states and the national YRBS (see CDC, 2006a for national and state YRBS results). These are the results that are included in this report. The sampling frame included all New Mexico public schools that served any of the grades 9 – 12. Schools were selected with the probability of selection proportional to the size of the school (PPS). This means that larger schools had a greater chance of being selected for the survey than smaller schools. From each of the selected schools, second period classes were selected in a systematic manner, and all students in the selected schools were invited to participate. At each stage of selection, there was an explicit understanding that participation in the survey could be refused (i.e., school district superintendents, school principals, parents, and students were able to refuse to participate). Final results include responses from 5,679 students in 20 schools from 15 school districts. This participation yielded a response rate of 60%. Details about the methods, instrument, sampling and administration of the survey are provided in Appendix B.

The second sampling process, which relied on a modified version of the CDC sample design, was used to generate results at the school district, county, and regional levels. For this process, a separate sample was drawn from each of 79 different school districts that agreed to participate in the survey. This sampling procedure resulted in responses from 18,149 students. The

results from the survey based on this procedure will be released in separate county, school district, and special reports.

Overall, the demographic composition of the 5,679 high school students who completed the 2005 NM YRRS was similar to the 99,182 high school students in the state in the 2005-2006 school year (see Table 1). While some of the minority race/ethnic groups were overrepresented, the YRRS data were weighted to represent the racial/ethnic distribution from the high school enrollment data.

Table 1: Characteristics of 2005 YRRS Survey Population

Demographic Category		Number of Participants	Proportion in 2005 YRRS	Proportion in State *
Grade	9th	1,675	30%	31%
	10th	1,562	28%	27%
	11th	1,256	22%	23%
	12th	1,096	20%	19%
Gender	Female	2,874	52%	49%
	Male	2,668	48%	51%
Race/Ethnicity	Hispanic/Latino	2304	42%	50%
	White	2,121	38%	33%
	American Indian/ Alaska Native	401	7%	13%
	Black/African American	320	6%	2%
	Other	401	7%	1%

** 2005 – 2006 High School Enrollment Data, Public Education Department.*

This report provides a summary of statewide data. County-level and school district-level results will be made available as well. School district results are provided to participating districts, and can only be obtained with direct permission from the participating school district.

Relevance of the NM YRRS

The NM YRRS is the primary surveillance tool in New Mexico for high school student risk behaviors and protective factors. It provides statewide and district level data on student behavior in New Mexico, which can assist administrators and policy makers in identifying important health risk behaviors among students. Each participating district receives district-level data as well statewide and national comparisons.

A potential outcome of the data from the NM YRRS is to increase academic success by decreasing health risk behaviors that create barriers to student learning and may contribute to the achievement gap. Many state agencies, community groups and schools use the data to plan programs and allocate resources for the greatest benefit of all of New Mexico's students. The results from the NM YRRS provide the basis for decision-making about whether to develop and implement new school health policies and programs, and to justify funding projects to implement those decisions. NM YRRS results over multiple years also provide trend information concerning various behavioral risk and protective factors in the lives of New Mexico students. The data assist schools in planning programs and curriculum and services to youth. Results of the NM YRRS and the CDC/DASH YRBS are relevant for determining the extent to which the objectives of *Healthy People 2010* are being met. These indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress through programs such as the NM YRRS, and their relevance as broad public health issues.

Conducting the NM YRRS also enables the state and districts to meet the reporting requirements for Title IV, the Safe and Drug-Free Schools Act, and the Safe Schools Accountability Indicator, which serves as the basis for safe schools planning.

The NM YRRS is particularly helpful in monitoring impacts of statewide programs, such as the Title V Maternal and Child Health Block Grant program, which requires assessing the health of New Mexico children, and enables the Maternal and Child Health Councils to set priorities for state programs. The survey also helps those agencies responsible for developing statewide youth safety programs, such as suicide prevention plans, and legislation on seat belt use, helmet laws, and tobacco issues.

Ways to Use Youth Risk & Resiliency Data

Data from the YRRS have been used effectively in many ways around the state to understand the behaviors of our youth. As the participation rates have increased over the last several years, the data have become more useful, more meaningful, and have provided relevant information to identify trends, justify allocation of limited resources into the prevention and intervention programs most needed in the schools and communities, and track outcomes and successes of those programs.

Education and health professionals around the state are using YRRS data for program planning and improvement. The following are ten ways they are putting the data to work, along with suggestions for how you can make the best use of it:

1. **Identify the most important issues at your school district.** Not all New Mexico school districts are the same, and prevalence of most of these risky behaviors vary widely across the state. Use the data provided for your school district to identify what the key issues are that your students are facing.

2. **Identify trends – what is getting better? What is getting worse?** The YRRS has been administered across New Mexico for several years, and it is possible to identify those risky behaviors that are decreasing over time, as well as those that are worsening. If rates of risk behaviors are increasing among the youngest students, higher rates of risk behaviors among all ages will likely follow within just a couple of years. Identifying these trends as early as possible allows educators and public health advocates to target interventions effectively.

3. **Talk with teachers and administrators about prevalent risky behaviors among New Mexico youth and how to address these issues.** Keep administrators and teachers informed and involve them in discussions about these issues. Work together to identify appropriate interventions for those students most at risk of endangering their health. Do not assume that others are aware of these facts. Remember that many people believe that "what they don't know can't hurt them" – help them understand the importance of paying attention to these data.

4. **Talk with your community, parents and students about prevalent risky behaviors among New Mexico youth.** Parents, community members and students all need to understand more about how these risky behaviors impact academic success, as well as both short-term and long-term health outcomes. They can provide insights into causes as well as potential solutions, and can make connections between our schools and community programs and opportunities.

5. Talk with legislators, local and state, about ways to improve risk reduction efforts. Legislators need to be informed and involved in the key issues affecting youth in the state so they can be involved as advocates for child health policies and funding opportunities. Legislators want to know what the key issues are that affect their constituents.

6. Identify one or two new programs or interventions to address issues. In order to appropriately focus efforts and limited resources, interventions should directly target the key issues impacting your youth. Look at what other states are doing to address similar issues, and read their reports concerning the programs' successes. If a specific intervention appears to fit your students' needs, gather as much information as possible about how it is implemented and known pitfalls or barriers to successfully implementing it.

7. **Identify grants to help start prevention or intervention programs.** Look for funding agencies involved with the key health-risk behaviors you are addressing, and look for a match between their program goals and the programs or interventions you have identified that will address those behaviors. Identify grants that would support the work you want to do in the school, and would cover the application of the new program.

8. **Use YRRS data in writing the grants to demonstrate needs and justify funding.** Use YRRS data in writing grants to request funds. Providing accurate and timely data on the prevalence of risk behaviors provides legitimacy to proposals aimed at implementing prevention programs or interventions to address those risks. School districts statewide have used the YRRS for successful grant writing, and have increased their capacity to provide much-needed student services.

9. **Use YRRS data to help track trends in behavior as an outcome measure when you evaluate the program's effectiveness.** Keep track of student behavior trends through participation in and review of the YRRS each year it is offered in your community, and use these data to help measure the impact of your program or intervention.

10. **Monitor progress in achieving Healthy People 2010 goals**. Healthy People 2010 provides the leading health indicators and objectives for public health in the United States. Progress towards these health objectives can only be measured through data collected at the state and local level. The YRRS is a significant resource for helping track progress on these public health issues.

2005 YRRS RESULTS

Behaviors That Contribute to Unintentional Injuries

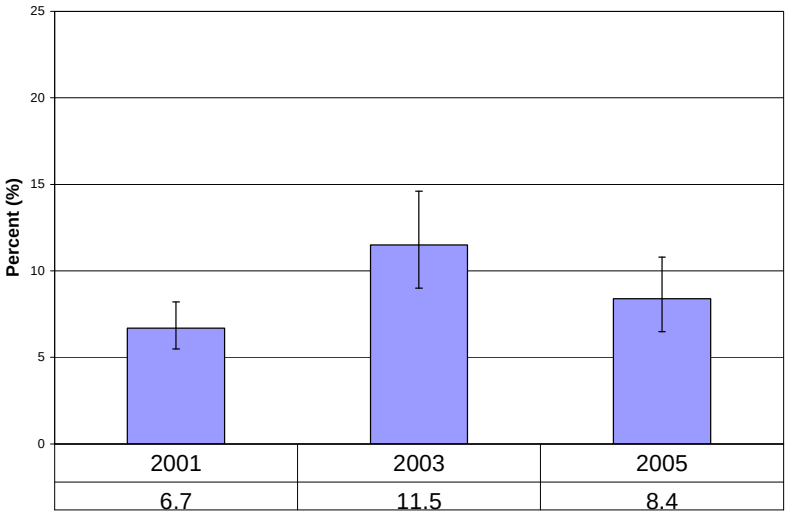
Context and U.S. Data

Motor vehicle-related injuries kill more young adults aged 15-19 years than any other single cause in the United States (CDC, 2004a). Proper use of lap and shoulder belts reduces the risk of fatal injury to front-seat passengers by 45% and the risk of moderate-to-critical injury by 50% (NHTSA, 2002). In 2005, 10.2% (18% in 2003) of U.S. high school students reported rarely or never wearing a seat belt while riding in a car driven by someone else (CDC, 2006a). Approximately 24% of motor vehicle crashes that result in fatalities involve alcohol (NHTSA, 2006). Among 16 to 20 year-olds, 21% of motor-vehicle related crash fatalities involved alcohol (25% for males, 12% for females). In 2005, 9.9% of U.S. high school students nationwide reported having driven a vehicle one or more times after drinking alcohol during the previous 30 days and 28.5% of high school students reported riding one or more times during the previous 30 days in a car with a driver who had been drinking alcohol (CDC, 2006a).

New Mexico Results

In New Mexico in 2005, 8.4% of students had rarely or never worn a seatbelt when riding in a car driven by someone else (see Figure 1). The 2005 rate was not statistically different from the 2003 NM rate (11.5%).

Figure 1: Seatbelt Use: All Grades (2001 – 2005)



During the 30 days preceding the survey, 31.5% of students had ridden in a car driven by someone who had been drinking alcohol. Drinking and driving in the previous 30 days was reported by 12.0% of students, a decline from the 2003 prevalence of 19.1% (see Figure 2). Drinking and driving was more common among 11th (15.0%) and 12th (17.0%) graders than it was among 9th (8.3%) and 10th (9.6%) graders (see Figure 3).

There was no statistically significant difference between New Mexico boys and girls or between U.S. students and New Mexico students for any of the behaviors that contribute to unintentional injury (i.e., seat belt use and drinking and driving).

Figure 2: Drinking and Driving Rates (2001 – 2005)

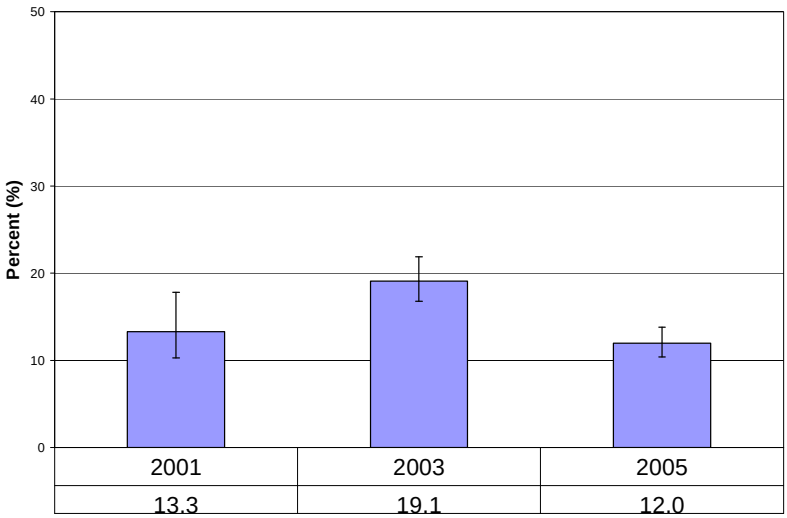
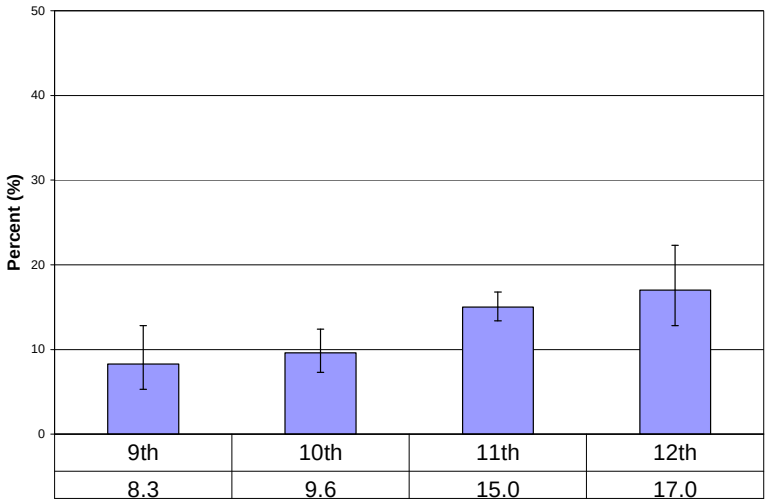


Figure 3: Drinking and Driving By Grade (2005)



Violence-Related Behaviors

Context and U.S. Data

Homicide is the second leading cause of death among all youth aged 15 – 19 years, with an eightfold greater rate for this age group (10.6 per 100,000) as compared to youth aged 10 – 14 years (1.3 per 100,000) (Anderson, 1994). Firearms significantly elevate the severity of violent events; firearms caused 82% of the homicides of 15 – 19 year olds in 1998 (Rosenberg, et al., 1992). Nearly all school districts have a policy prohibiting weapons possession or use by high school students on school property (CDC, 2001). A significant decrease in weapons possession (gun, knife, club) occurred from 1993 to 2001 (12% vs. 6%) on school grounds (CDC, 2002).

Physical fights precede many violence-related injuries and fatalities (Cotton, et al., 1994). In 1999, 880,000 non-fatal violent crimes occurred nationally at schools involving students aged 12-18 years (Kaufman, et al., 2001). In 2005, 35.9% of U.S. high school students reported being in a physical fight, 13.6% at school (CDC, 2006a). Rape has been associated with increased risks of health problems, including chronic disease (Davis, et al., 1993). In 2005, 9.2% of U.S. high school students had been hit, slapped or physically hurt on purpose by a boyfriend or girlfriend on one or more occasions during the prior year, and 7.5% of high school students had at one time experienced forced sex (CDC, 2006a). In 2005, 6.0% (5% in 2003) of U.S. high school students reported missing school because of feeling unsafe at school or while going to or from school (CDC, 2006a).

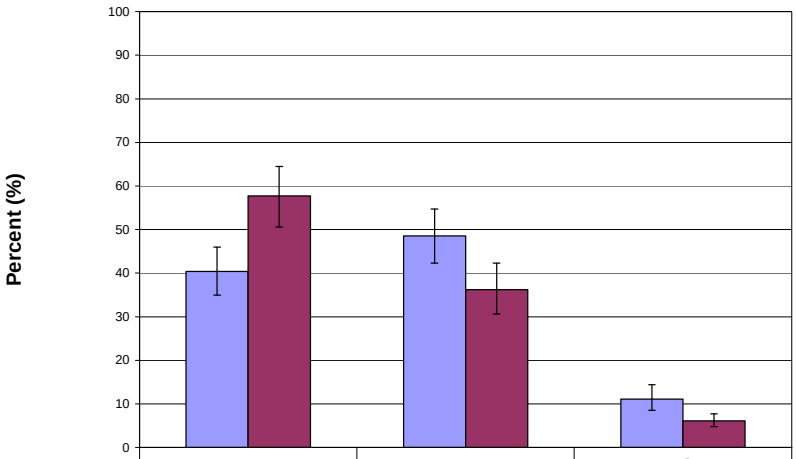
Suicide is the third leading cause of death for youth aged 15 – 19 years (CDC, 2002). In 2001, the national suicide rate for 15 – 19 year olds was 8 per 100,000, a decrease from the 1994 rate of 11 per 100,000 (Hoyert, et al., 2001). In 2005, 13% of U.S. high school students reported having made a plan to attempt suicide and 8.4% attempted suicide one or more times during the prior year. The percentage of U.S. high school students who seriously considered suicide remained stable at 16.9% (CDC, 2006a).

New Mexico Violence-Related Behavior Results

Weapons

The 2005 results indicated little change from 2003 in violence-related behavior for each issue addressed in the survey. Guns in the home were reported by 49.2% of respondents in 2005 and 49.8% in 2003. Males were more likely to report guns in the home than females (57.7% vs. 40.4%, respectively); which may partially be explained by girls being more likely than boys to be unsure of whether or not there was a gun in the home (11.1% vs. 6.1%) (see Figure 4).

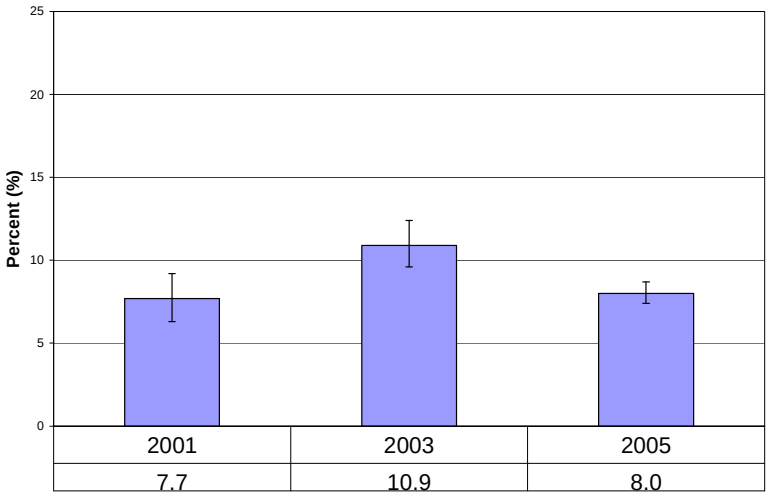
Figure 4: Presence of Guns in Home by Gender (2005)



	Yes	No	Not Sure
Female	40.4	48.5	11.1
Male	57.7	36.2	6.1

In 2005, nearly one-quarter (24.5%) reported carrying a weapon such as a gun, knife or club one or more times in the previous 30 days. This was nearly identical to 2003 and 2001 results (24.0% and 24.4%, respectively). Carrying a weapon was more common among boys (37.6%) than girls (10.7%). Carrying a gun within the 30 days preceding the survey was reported by 9.8% of New Mexico students. The percentage of students carrying a weapon such as a gun, knife, or club to school decreased from 2003 (10.9%) to 2005 (8.0%) (see Figure 5).

Figure 5: Carried Weapon at School Past 30 Days (2001 - 2005)



Fighting

More than one-third (36.7%) of students were in a physical fight within the 30 days preceding the survey. Fighting was more common among boys (43.5%) than among girls (29.4%). Hispanic students were more likely to report fighting than White non-Hispanic students (39.3% vs. 29.9%, respectively). The percentage of students reporting fighting was higher in 9th grade (39.6%) and 10th grade (37.5%) than in 12th grade (28.7%).

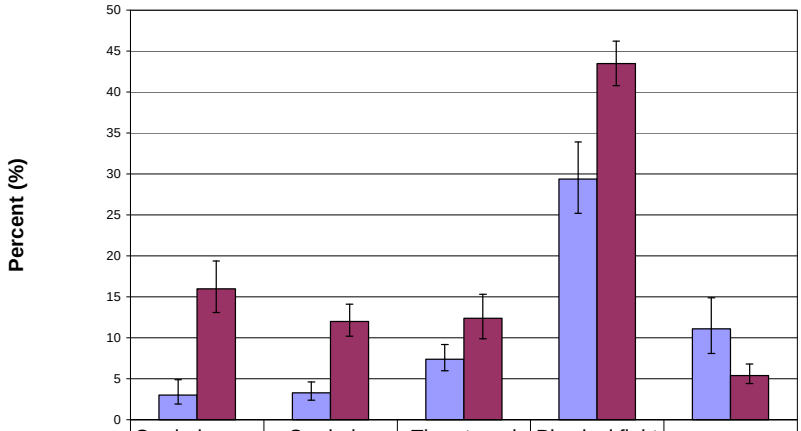
Physical fighting at school within 30 days preceding the survey was reported by 15.6% of students. This behavior was more prevalent among boys (19.0%) than girls (11.6%). Ninth graders were more likely to have been in a fight at school than 12th graders (19.2% and 10.6%, respectively). The prevalence of both physical fighting and physical fighting at school were higher in New Mexico than in any other state participating in the YRBS.

Feeling Threatened or Being Victimized by Violence

Approximately 10% of students reported that they had been threatened on school property with a weapon such as a gun, knife, or club within the 12 months before the survey. Boys were more likely to have been threatened at school than girls (12.4% and 7.4%, respectively) (see Figure 6). Skipping school because of safety concerns was reported by 8.6% of students, which was the second highest rate among all the YRBS states.

Dating violence (having been hit by a boyfriend or girlfriend in the past 12 months) was reported by 10.0% of New Mexico students. Over 8% of students (8.4%) had been physically forced to have sexual intercourse in their lifetimes. Girls were over two times as likely to report having been forced to have sex than boys (11.1% and 5.4%, respectively) (see Figure 6).

Figure 6: Violence-Related Indicators by Gender (2005)



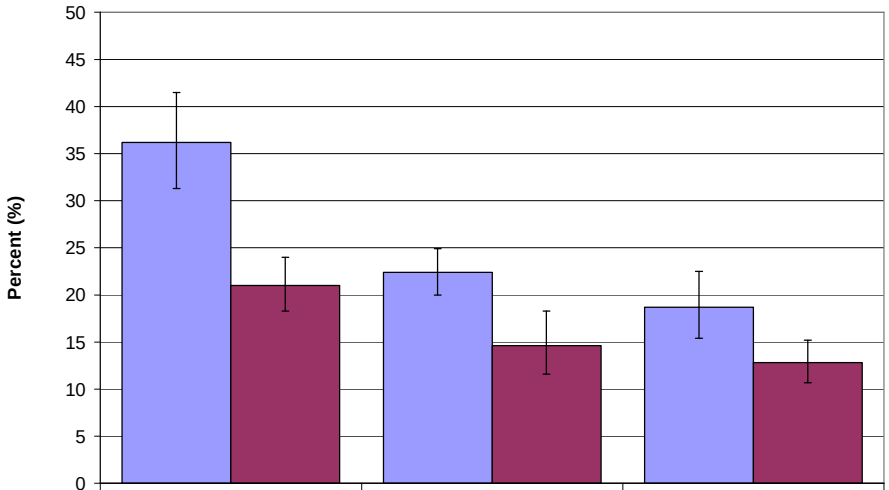
	Carried a gun in past 30 days	Carried a weapon at schoolpast	Threatened with weapon at school	Physical fight in past 12 months	Ever forced to have sex
Female	3.0	3.3	7.4	29.4	11.1
Male	16.0	12.0	12.4	43.5	5.4

Sadness and Hopelessness, Suicidal Ideation, and Suicide Attempts

Students were asked a series of five questions about feelings of sadness and hopelessness, suicidal ideation, and suicide attempts. Persistent feelings of sadness and hopelessness (i.e., almost every day for two or more weeks in a row so that respondents stopped doing some usual activities) were reported by 28.7% of students. This was similar to the national prevalence of 28.5%. New Mexico girls (36.2%) were more likely to report feeling sad and hopeless than boys (21.0%) (see Figure 7). In the 12 months before the survey, 18.5% had seriously considered suicide and 15.8% had made a suicide plan within the previous 12 months. Girls were more likely than boys to consider suicide (22.4% and 14.6%) and to have made a suicide plan (18.7% and 12.8%).

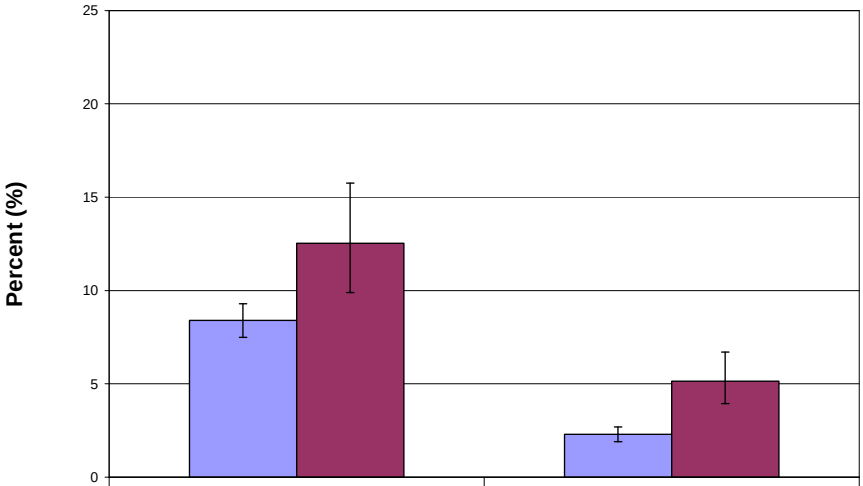
At least one suicide attempt in the past year was reported by 12.5% of students (see Figure 8). The New Mexico prevalence of attempted suicide was the third highest among the states participating in the YRBS (CDC, 2006a), and was 1.5 times the national rate of 8.4%. Suicide attempts that resulted in an injury that had to be treated by a doctor or nurse was higher in New Mexico than any other state participating in the YRBS. The New Mexico prevalence was more than twice that of the national rate (5.1% vs. 2.3%). There was no significant difference between boys and girls for suicide attempts resulting in an injury. Students who report persistent feelings of sadness and hopelessness were much more likely than other students to report suicide attempts (28.7% vs. 5.3%).

Figure 7: Sadness and Suicidal Ideation by Gender (2005)



	Persistent feelings of sadness and hopelessness	Seriously considerered suicide	Made a suicide plan
Female	36.2	22.4	18.7
Male	21.0	14.6	12.8

Figure 8: Suicide Attempts: U.S. and New Mexico (2005)



	Attempted suicide in past 12 months	Injured in suicide attempt in past 12 months
US	8.4	2.3
NM	12.5	5.1

Tobacco Use

Context and U.S. Data

Tobacco use is the leading preventable cause of death in the United States (USDHHS, 2004). Cigarette smoking causes an estimated 440,000 deaths, or about 1 of every 5 deaths, each year (CDC, 2002, CDC, 2003). This estimate includes 35,000 deaths from secondhand smoke exposure. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (Mokdad, et al. 2004).

Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general (USDHHS, 2004). The list of diseases caused by smoking has been expanded to include abdominal aortic aneurysms, acute myeloid leukemia, cataracts, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer. These are in addition to diseases previously known to be caused by smoking, including bladder, esophageal, laryngeal, lung, oral, and throat cancers, chronic lung diseases, coronary heart and cardiovascular diseases, as well as sudden infant death syndrome.

According to the 2005 National Youth Risk Behavior Survey (YRBS), 54.3% of high school students have tried cigarettes. Twenty-three percent of high school students in the United States are current cigarette smokers – 23 percent of females and 22.9 percent of males (CDC, 2006a). Twenty–six percent of whites, 22 percent of Hispanics, and 12.9 percent of African Americans in high school are current cigarette smokers.

Each day, approximately 3,900 young people between the ages of 12 and 17 years initiate cigarette smoking in the United States (CDC, 2004c). In this age group, each day, an estimated 1,500 young people become daily cigarette smokers in this country (CDC, 2005b). An estimated 10 percent of males in high school are current smokeless tobacco users, as are an estimated 4 percent of males in middle school.

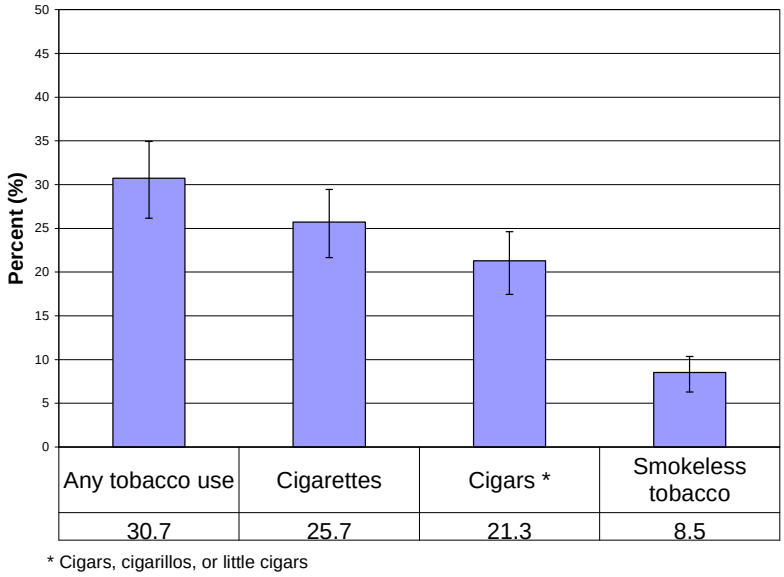
Factors Associated with Tobacco Use among Youth

Factors associated with youth tobacco use include low socioeconomic status, use and approval of tobacco use by peers or siblings, smoking by parents or guardians, accessibility, availability and price of tobacco products, a perception that tobacco use is normative, lack of parental support or involvement, low levels of academic achievement, lack of skills to resist influences to tobacco use, lower self-image or self-esteem, belief in functional benefits of tobacco use, and lack of self-efficacy to refuse offers of tobacco (USDHHS, 1994, USDHHS, 2000). Tobacco use in adolescence is associated with many other health risk behaviors, including higher risk sexual behavior and use of alcohol or other drugs.

New Mexico Tobacco Use Results

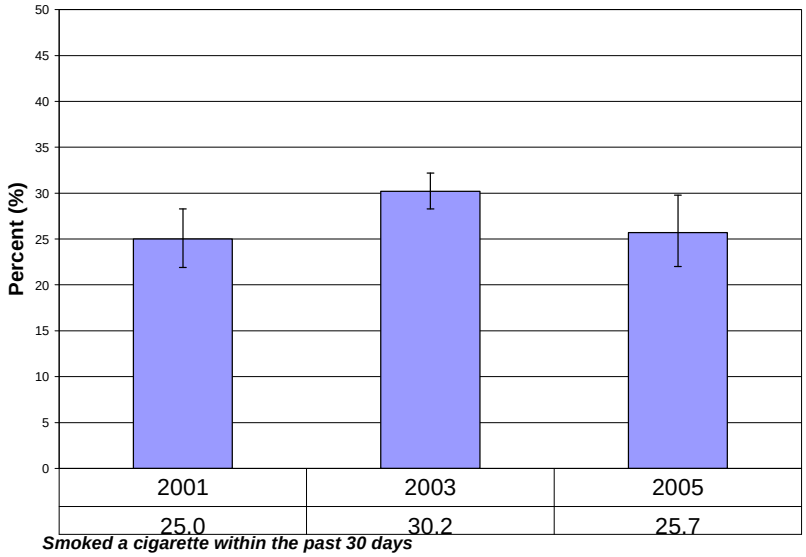
In New Mexico, 62.0% of high school students report ever having tried cigarettes and 25.7% (23.8% females, 27.4% males) were current cigarette smokers (see Figure 9). Almost one-third of students (30.7%) had used at least one form of tobacco (cigarettes, cigars, cigarillos, little cigars, or smokeless tobacco) within the 30 days before the survey. The 2005 NM prevalence of any tobacco use (30.7%) was not statistically different from the national prevalence of 28.4% or the 2003 NM prevalence of 34.0%.

Figure 9: Past 30 Day Tobacco Use (2005)



Of New Mexico students, 25.7% were current smokers (smoked cigarettes within the previous 30 days) (see Figure 10). This was similar to the U.S. current smoking prevalence of 23.0%. The prevalence of current smoking increased with grade level (9th – 21.8%, 10th – 24.6%, 11th – 25.6%, 12th – 32.7%). There was no statistically significant difference in current smoking by gender or by race/ethnicity.

Figure 10: Current Smoking (2001 - 2005)



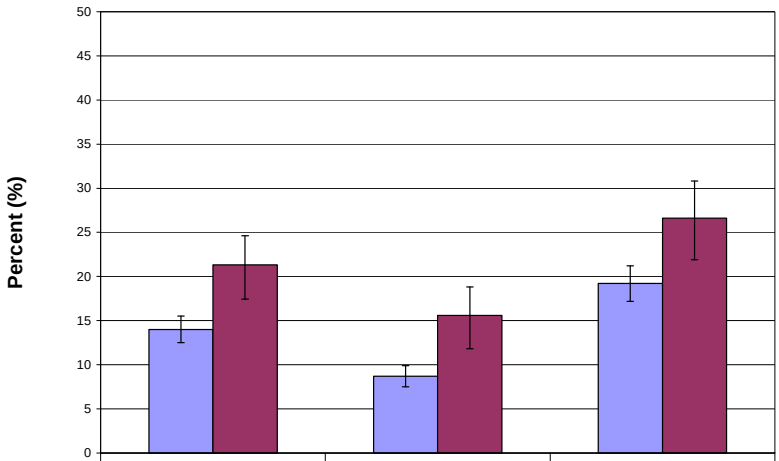
The prevalence of frequent smoking (i.e., smoking cigarettes on 20 or more of the previous 30 days) was 7.8%. Frequent smoking was more common among 12th graders (12.5%) than among 9th graders (5.3%). Twenty percent of high school students reported they smoked their first cigarette before age 13. Smoking at school within the previous 30 days was reported by 10.2% of students.

Of current smokers, 42.6% reported their first cigarette before the age of 13. Girls and boys had similar rates of having first smoked before the age of 13 (18.9% and 21.0%, respectively). Slightly more than half of current smokers (50.5%) have tried to quit smoking in the past 12 months, which is similar to the 54% in 2003. Quit attempt rates were similar across gender and grade level categories.

Of current smokers under the age of 18, 11.4% reported they purchase their cigarettes at a store. There was no statistically significant difference in the prevalence of buying cigarettes in a store by gender, grade level, or race/ethnicity.

The New Mexico prevalence of cigar, cigarillo, or little cigar use (21.3%) within the past 30 days is approaching the rate of current cigarette smoking (25.7%) (see Figure 11). Most students (84.6%) who reported cigar smoking also smoked cigarettes. The New Mexico rate of cigar smoking was well above the U.S. rate of 14.0%. Of the states participating in the YRBS, New Mexico had the highest rate of cigar smoking within the previous 30 days. New Mexico had the highest rate among girls (15.6%) and the second highest rate among boys (26.6%). The prevalence of cigar smoking was higher among New Mexico boys than girls (26.6% vs. 15.6%).

Figure 11: Cigar, Cigarillo or Little Cigar Use in Past 30 Days by Gender: U.S. and New Mexico (2005)



	All Students	Female	Male
US	14.0	8.7	19.2
NM	21.3	15.6	26.6

The rate of smokeless tobacco use within the previous 30 days was 8.6%. Smokeless tobacco was used by 1.5% of females and 14.5% of males, rates which were very similar to the national rates of 2.4% for females and 14.5% for males.

Fifty-six percent (56.4%) of youth reported being exposed to secondhand smoke (i.e. being in the same room as someone who was smoking) during the past seven days. This was not statistically different from 2003, when 61.4% of youth reported secondhand smoke exposure.

Alcohol Use

Context and U.S. Data

Alcohol use by persons under age 21 is a major public health problem. Alcohol is the most commonly used and abused drug among youth in the United States. People aged 12 to 20 years drink almost 20% of all alcohol consumed in the United States (Foster et al., 2003). Over 90% of this alcohol is consumed while binge drinking (defined as five or more drinks of alcohol in a row) (Office of Juvenile Justice and Delinquency Prevention, 2001). On average, underage drinkers consume more drinks per drinking occasion than adult drinkers (IOM, 2004). In 2004, there were over 142,000 emergency rooms visits by youth 12 to 20 years for injuries and other conditions linked to alcohol (Office of Applied Studies, 2006).

Alcohol abuse is the third leading preventable cause of death in the United States (4% of the total deaths in 2000) and is a factor in approximately 41% of all deaths from motor vehicle crashes (Mokdad et al., 2004, USDOT, 2004). Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder (Naimi et al., 2003).

Youth who drink alcohol are more likely to experience school and social problems; legal problems such as arrest for driving or physically hurting someone while drunk; unwanted, unplanned or unprotected sexual activity; physical and sexual assault; and a higher risk for suicide and homicide. They are also more likely to be in an alcohol-related car crash and suffer other unintentional injuries such as burns, falls, and drowning.

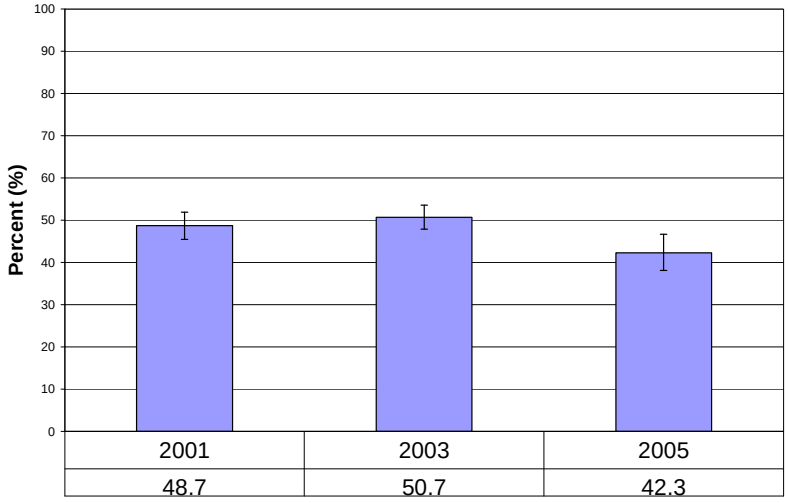
Youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking after 20 years of age (Grant and Dawson 1999, Office of Applied Studies, 2004).

According to the 2005 National YRBS, an average of 24.9% (range 13.2-31.1) of high school students nationwide drank alcohol by age 13 years (CDC, 2006a). Also nationally, 42.8% of students reported current alcohol use (had one or more drinks of alcohol on more than 1 of the 30 days preceding the survey); 26.3% of students reported binge drinking (five or more drinks of alcohol in a row on one or more of the 30 days preceding the survey).

New Mexico Alcohol Use Results

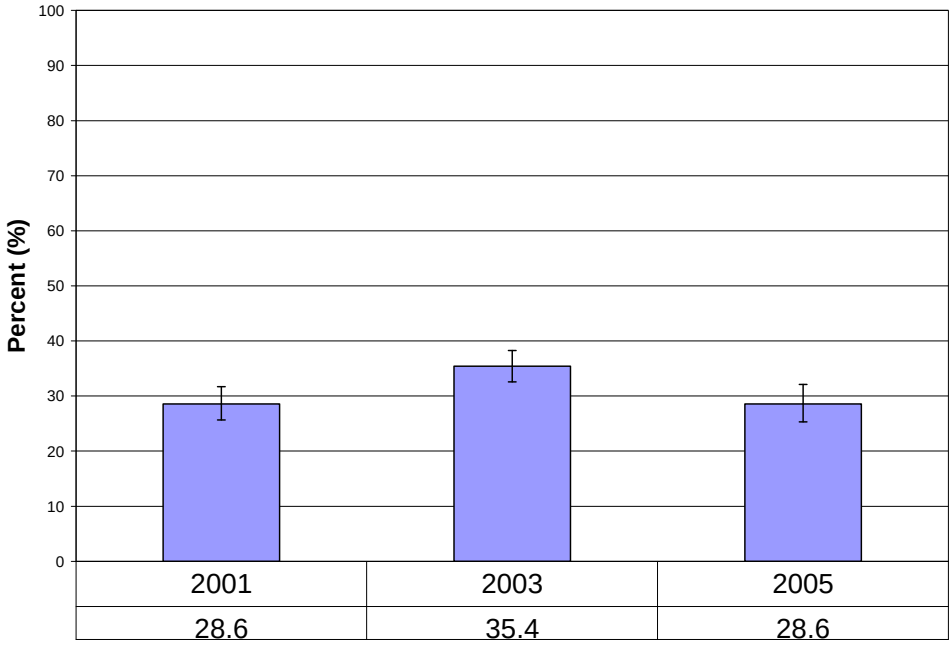
In 2005, 71.5% of students reported having had a drink of alcohol other than a few sips, and 42.3% indicated that they had consumed alcohol during the previous 30 days (defined as current drinkers) (see Figure 12). The current drinking prevalence of 42.3% is a decrease from 50.7% in 2003. The prevalence of current drinking among girls (41.9%) was similar to that of boys (42.4%). Current drinking increased as grade level increased (9th – 34.9%; 10th - 39.6%; 11th – 48.9%; 12th – 50.7%).

Figure 12: Had a Drink within the Past 30 Days (2001 - 2005)



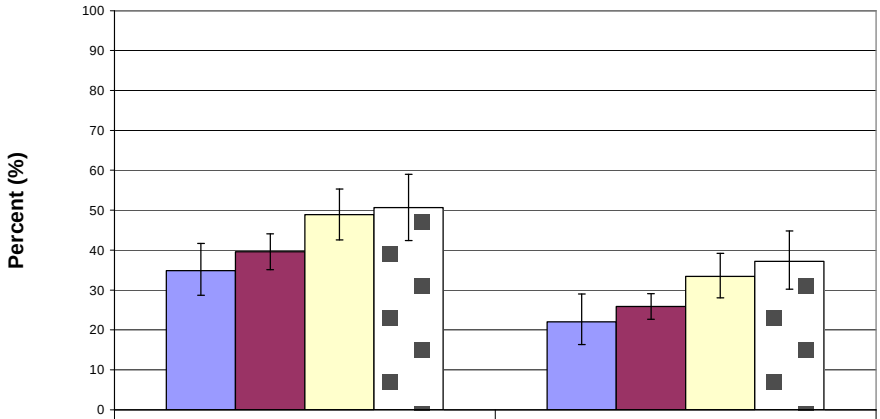
Binge drinking, defined as consuming five or more drinks of alcohol in a row (i.e. within a couple of hours) on at least one day out of the previous 30, decreased to 28.6% in 2005 from 35.4% in 2003 (see Figure 13). The percentage of adolescents who reported having had at least one drink of alcohol on school property decreased from 14.4% in 2003 to 7.6% in 2005. This is an important reduction after a sharp increase from 2001 to 2003 (6.7% to 14.4%). New Mexico girls and boys had similar binge drinking rates (27.2% and 29.5%, respectively). As with current drinking, binge drinking increased as grade level increased (9th - 22.0%; 10th – 25.9%; 11th –33.4%; 12th - 37.2%) (see Figure 14).

Figure 13: Binge Drinking (2001 - 2005)



Consumed 5 or more drinks of alcohol in a row or within a couple of hours in the past 30 days

Figure 14: Current Drinking and Binge Drinking by Grade (2005)



	Current Drinker	Binge Drinker
9th	34.9	22.0
10th	39.6	25.9
11th	48.9	33.4
12th	50.7	37.2

In 2005, 30.0% of students reported having their first drink of alcohol other than a few sips before the age of 13. Among current drinkers, those who had a first drink of alcohol before age 13 were more likely to be binge drinkers than those who had not had a drink before age 13 (72.2% vs. 64.1%). Liquor was the most common type of alcohol consumed by current drinkers (35.6%), followed by malt beverages (20.5%), and beer (19.9%). Almost 12% (11.9%) of current drinkers did

not have a usual type of alcohol. Beer was the usual type of alcohol consumed by 26.2% of boys, but only 13.5% of girls.

Only 2.5% of current drinkers usually obtained alcohol by buying it in a store. Store purchases were more common among 12th graders (4.8%) than 9th graders (0.5%). Twelfth grade drinkers were more likely than 9th graders to report they gave money to someone else to buy alcohol (41.5% vs. 13.2%, respectively). Ninth graders were more likely than 12th graders to steal alcohol from a store or family member than 12th graders (12.9% vs. 2.6%).

More than half (51.2%) of current drinkers said they usually drank at another person's home. The next most common usual drinking location was in the student's own home (19.6%).

Most (71.0%) students said it would be very easy or sort of easy to obtain alcohol. Younger students were less likely than older students to report that alcohol was very easy or sort of easy to obtain (9th grade – 61.3%; 10th grade – 69.4%; 11th grade - 78.2%; 12th grade - 80.0%)

Illicit Drug Use

Context and U.S. Data

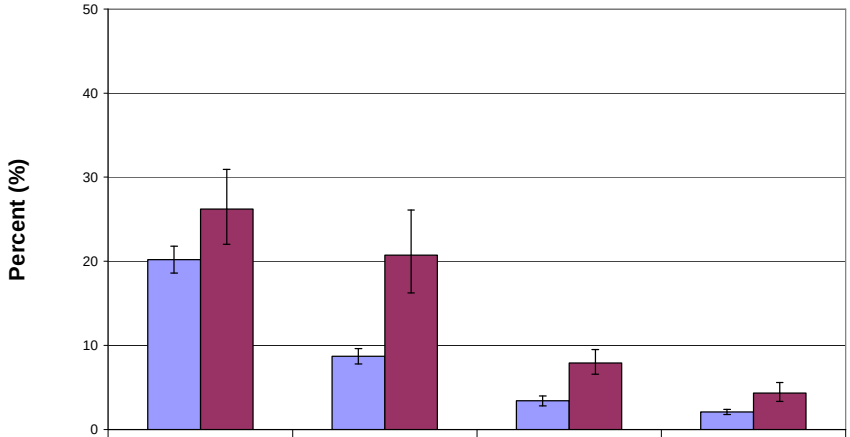
An estimated 17,000 deaths in the U.S. can be attributed to illicit drugs (Mokdad et al., 2004). New Mexico suffers a terrible burden from drug abuse and has the highest rate of drug-related death in the nation. Heroin is arguably the deadliest of all the drugs, resulting in more than 2,000 deaths due to accidental overdose in the U.S. annually. The price of heroin has reduced four and a half times since 1980 while its purity has increased. Since the early 1990s, Mexico has become a major player in the heroin market, increasing distribution west of the Mississippi. Price, purity and the introduction of Mexican-made Black Tar heroin have created a shift in heroin use nationally as more users are snorting or smoking it and then transitioning to injection after they become addicted. Although heroin is the most commonly injected drug, cocaine and methamphetamine can also be injected. Injection of drugs is a serious risk factor for HIV/AIDS and hepatitis C. All the drugs listed above become more deadly when mixed with one another or with alcohol. In contrast, marijuana kills indirectly, usually by contributing to crashes related to driving while under the influence, or by mixing with other drugs (Sidney, 2003).

On a national level in 2005, 38% of US high school students had ever used marijuana and 20% were current users. In the same year, 8% of high school students had used cocaine in their lifetime and 3% had used it in the last 30 days. For inhalant use, the lifetime prevalence is 12%. Lifetime heroin use is 2% and lifetime methamphetamine use is 6% among high school students (CDC, 2006a).

New Mexico Drug Use Results

Among the states, New Mexico had some of the highest rates of illicit drug use (see Figure 15). Of all the states participating in the YRBS, New Mexico had the highest rate of past 30-day marijuana use (26.2%) and past 30-day cocaine use (7.9%). New Mexico also had the highest rate of ever having injected illegal drugs (at 4.3%, New Mexico is tied with Arkansas).

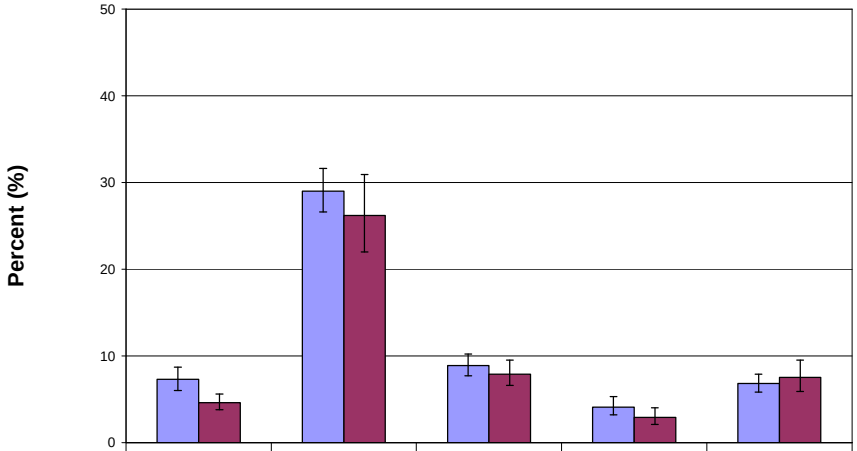
Figure 15: Drug Use Indicators: New Mexico and U.S. (2005)



	Current marijuana use	Used marijuana before age 13	Current cocaine use	Ever injected illegal drug
US	20.2	8.7	3.4	2.1
NM	26.2	20.7	7.9	4.3

Past 30-day methamphetamine use decreased from 7.3% in 2003 to 4.6% in 2005 (see Figure 16). While the prevalence of several other drug use behaviors appear to have decreased since the 2003 YRRS, these declines were not statistically significant. This includes past 30-day marijuana use (29.0% in 2003 and 26.2% in 2005), past 30-day cocaine (including powder, crack, or freebase) use (8.9% in 2003 and 7.9% in 2005), and past 30-day heroin use (4.1% in 2003 and 2.9% in 2005). The percentage of students who used inhalants in the prior 30 days in 2005 (7.5%) was similar to the percentage in 2003 (6.8%).

Figure 16: Past 30-Day Drug Use: New Mexico and U.S. (2005)



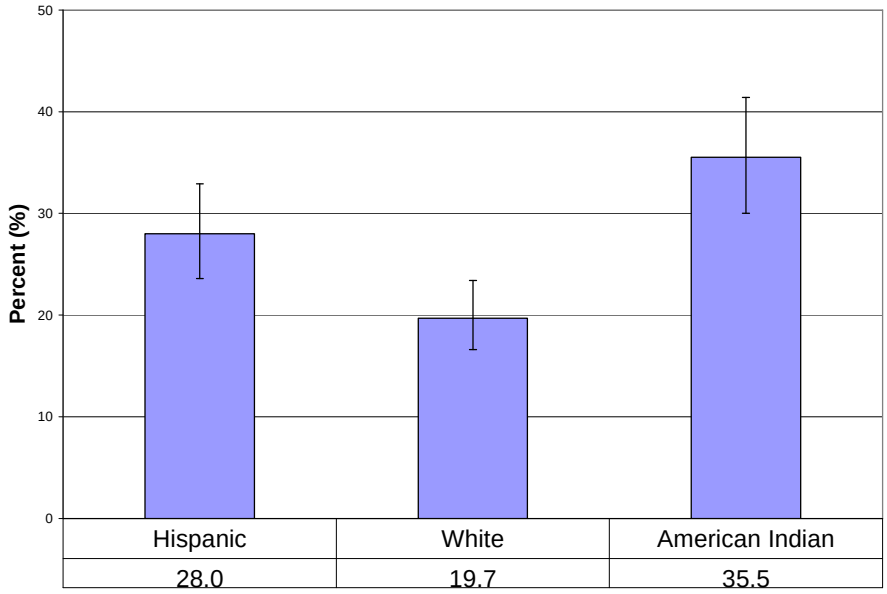
	Methamphetamine	Marijuana	Cocaine	Heroin	Inhalants
2003	7.3	29.0	8.9	4.1	6.8
2005	4.6	26.2	7.9	2.9	7.5

New Mexico youth (18.3%) tried marijuana for the first time between the ages of 13 and 14. Marijuana use before the age of 13 was reported by 20.7% of students, meaning New Mexico had the highest rate of early marijuana use among all YRBS states. This rate was more than twice the national rate of 8.7%.

Boys were more likely than girls to report past 30-day cocaine use (10.2% vs. 5.1%), past 30-day heroin use (6.8% vs. 3.1%), past 30-day methamphetamine use (6.1% vs. 2.7%), past 12-month ecstasy use (8.4 vs. 3.8%), and ever having injected illegal drugs (5.5% vs. 2.9%). There was no statistically significant difference between males and females for past 30 day inhalant use (8.0% and 6.5%) or for past 30 day marijuana use (27.9% and 24.3%).

Current marijuana use was more common among Hispanic students (28.0%) and American Indian students (35.5%) than among non-Hispanic White students (19.7%) (see Figure 17). The prevalence of past 30-day heroin use among American Indians was 7.4%, approximately twice the prevalence of 3.3% among white non-Hispanics.

Figure 17: Drug Use Indicators: Hispanic, Non-Hispanic White, and American Indian (2005)



By some measures, ease of access to drugs appears to have decreased from 2003 to 2005. In 2003, 41.2% of students indicated that someone had offered, sold or given them an illegal drug on school property during the previous 12 months; in 2005, 33.5% reported the same. However, the percentage of students who found it easy to obtain drugs remained relatively unchanged from 2003 to 2005. Marijuana was reported as very easy or sort of easy to obtain by 67.2% of students in 2005 and 68.3% in 2003. Approximately one-third (32.9%) indicated it was very easy or sort of easy to get hard drugs (cocaine, LSD, methamphetamines, or other illegal drug) in 2005, while 33.5% reported the same in 2005.

Sexual Behaviors That Contribute to Unintended Pregnancy & STDs, Including HIV Infection

Context and U.S. Data

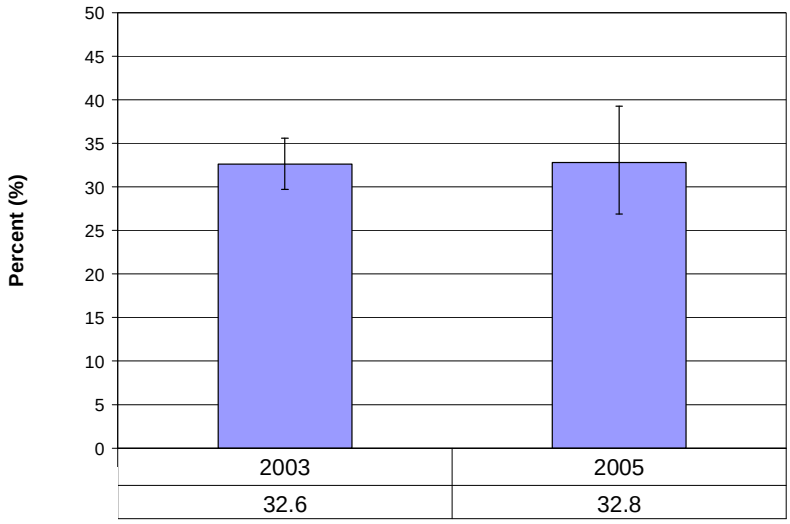
Age at first intercourse and number of sexual partners is associated with increased risk for unwanted pregnancy and sexually transmitted diseases (STDs), including HIV infection. The percentage of US high school students who ever had sexual intercourse decreased from 54% in 1991 to 46.8% in 2003 (CDC, 2006a). Condom use among currently sexually active students increased from 46% in 1991 to 63% in 2003 with a slight decrease in 2005 to 62.8%. The prevalence of four or more sex partners during the students' life times decreased from 19% to 14% from 1991 to 2005. Among the 33.9% of currently sexually active students nationwide in 2005, 23.3% had drunk alcohol or used drugs before last sexual intercourse. In 2005, 17.6% of currently sexually active high school students nationally used birth control pills at last sexual intercourse. More than a third of all women become pregnant at least once while they are still in their teens; the vast majority of these pregnancies are unintended (Henshaw 1998, 2003, 2004). Nationally, this amounts to about 820,000 teen pregnancies annually. For teens aged 15-19 years, the US teen pregnancy rate decreased 28% in the decade between 1990 and 2000. Nationwide, 11.9% of sexually active students had been tested for HIV (CDC, 2006a). An estimated 1,295 persons aged 19 years and below received a diagnosis of HIV/AIDS in 2004 (CDC, 2005a). In 2005, 87.9% of US students received education in school about AIDS or HIV infection, a number that is only slightly higher than 2000 (CDC, 2006a).

New Mexico Sexual Activity Results

There were few differences between 2005 and 2003 results for sexual behaviors. New Mexico results were also very similar to national results.

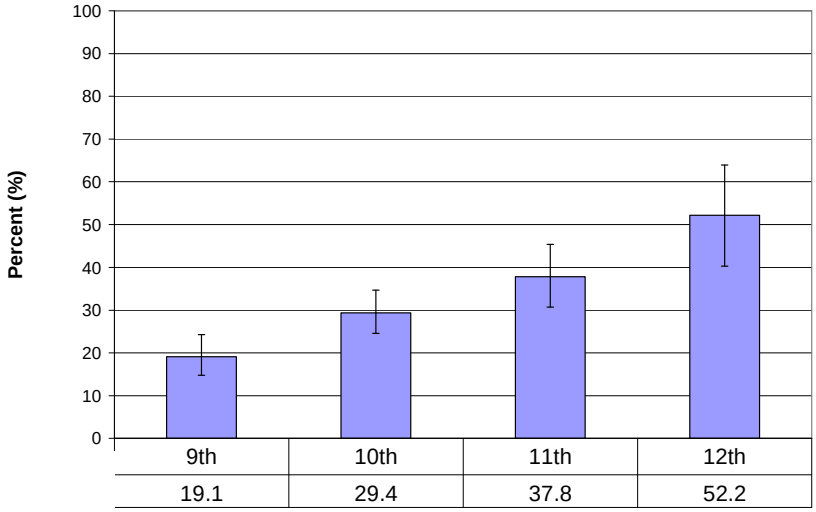
In 2005, 46.5% reported that they ever had sexual intercourse (similar to the 48.0% in 2003). The rate was similar for males and females (46.7% ad 46.3%, respectively), and increased as grade level increased (9th – 30.4%; 10th – 45.1%; 11th – 53.2%; 12th – 64.6%). In New Mexico, 32.8% of students were currently sexually active (i.e., had sexual intercourse within 3 months of the survey) (see Figure 18). This was similar to the national prevalence of 33.9%. There was no statistically significant difference in the prevalence of being currently sexually active between New Mexico girls and boys (35.5% and 30.2%, respectively). The prevalence among Hispanics (39.5%) was higher than the prevalence among white non-Hispanics (23.3%). As grade level increased, so did the prevalence of current sexual activity (9th - 19.1%; 10th - 29.4%; 11th - 37.8%; 12th - 52.2%) (see Figure 19).

Figure 18: Currently Sexually Active (2003 - 2005)



Has had sexual intercourse within the past 3 months

Figure 19: Currently Sexually Active by Grade (2005)



Has had sexual intercourse within the past 3 months

Of New Mexico students, 13.6% reported having had sexual intercourse with four or more people in their lifetime. Having four or more sex partners was more common among Hispanic students (17.1%) than among white non-Hispanics (8.5%). The prevalence of this behavior increased with grade level (9th – 8.4%; 10th – 12.1%; 11th – 16.4%; 12th – 20.0%). Among the 32.8% of sexually active students, 42.7% did not use a condom the last time they engaged in sexual intercourse. There was not a statistically significant difference between the New Mexico prevalence and the national prevalence of 37.2%. Sexually active females were more likely than males to report having sex without a condom (50.5% vs. 33.2%). Alcohol or drug use before sexual intercourse was reported by 26.3% of students.

Body Weight and Nutrition

Context and U.S. Data

Nationally, overweight and obesity are increasing in both genders and among all age groups. According to the National Center for Health Statistics, in 2003-04, 17.1% of children and adolescents 2-19 years of age (over 12.5 million) were overweight, and 32.2% of adults (over 66 million) were obese.

Obesity is related to several factors including sedentary lifestyle, an obesogenic environment, and genetics. Other factors that have been linked to the increase in obesity include families consuming less meals at home, ever increasing serving sizes, increased consumption of sugar-sweetened drinks and rising use of leisure time in front of the television, electronic games, or computer. (CDC, 2006b).

High rates of body dissatisfaction among adolescent females result in many engaging in unhealthy weight control behaviors, including fasting and self-induced vomiting that have the potential to lead to abnormal psychological and physical development (French, S.A., Jeffery R.W., 1994). The New Mexico YRRS results for both 2001 and 2003 indicated that such eating disorders were as prevalent among males as females.

The nutrition questions measure food choices that contribute to good health and decreased risks of disease. These questions are similar to questions on the CDC Behavioral Risk Factor Surveillance Survey (BRFSS) given to adults, and thus the results offer the basis for a useful comparison. Dietary patterns containing higher intakes of fruits and vegetables, which are good sources of complex carbohydrates, vitamins, minerals and other substances needed for good health, are associated with a decreased risk for some types of cancer (Van Duyn M.A., Pivonka E., 2000). Approximately one-fifth (22.0%) of students nationwide had eaten five or more servings of fruits and vegetables per day during the seven days preceding the survey. Overall, the prevalence of having eaten five or more servings of fruits and vegetables per day was higher among male (23.6%) than female (20.3%) students (CDC, 2004a).

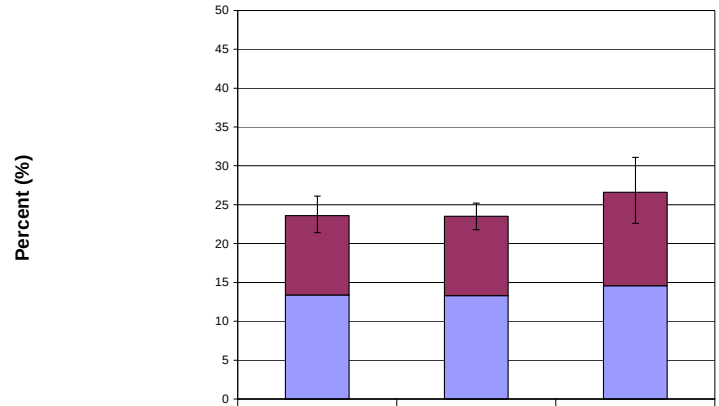
Milk is by far the largest single source of calcium for high school students, essential for the formation and maintenance of healthy bones and teeth, while low calcium intake during the first two to three decades of life presents an important risk factor in developing osteoporosis later in life (United States Department of Agriculture, 1998). Only about half of male and more than 80% of female high school students meet dietary recommendations for calcium intake (CDC, 1998).

New Mexico Body Weight and Nutrition Results

Overweight and at-risk of overweight were determined by calculating body mass index (BMI) from self-reported height and weight. "Overweight" is defined by a BMI of greater than the 95th percentile for age and gender, based on national, historical data. "At-risk of overweight" is defined as a BMI between the 85th and 95th BMI percentile for age and gender.

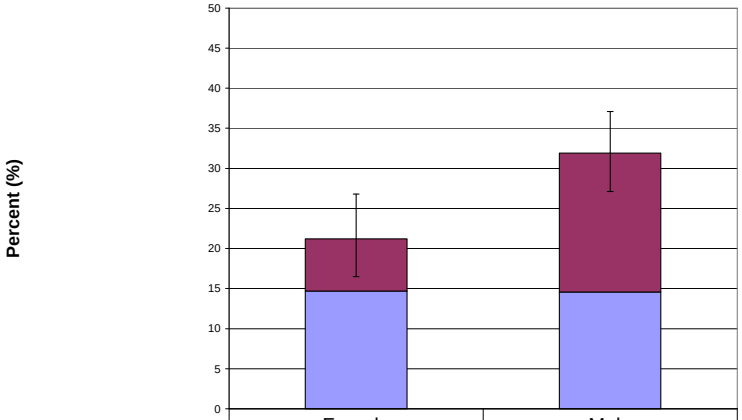
In New Mexico, 12.0% of students were overweight (see Figure 20), which was similar to the 13.1% of U.S. students who were overweight. Among New Mexico boys, the prevalence of overweight was 17.3%, which was nearly three times the 6.5% of girls who were overweight (see Figure 21). Both Hispanic students (14.0%) and American Indian students (18.5%) had a higher prevalence of overweight than white non-Hispanic students (6.3%) (see Figure 22).

Figure 20: Overweight and At-Risk of Overweight (2001 - 2005)



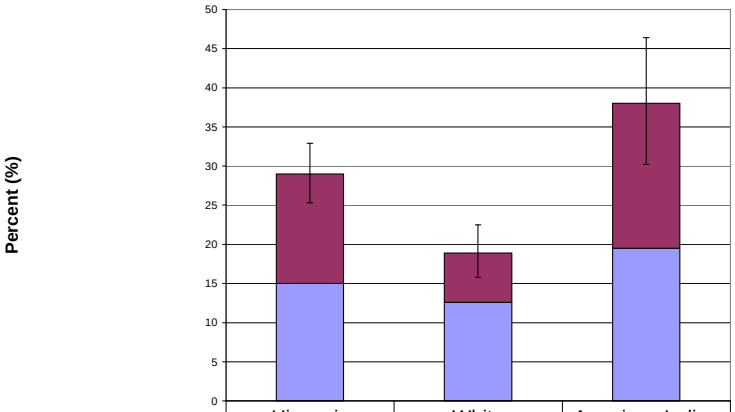
	2001	2003	2005
Overweight	10.2	10.2	12.0
At risk of overweight	13.4	13.3	14.6

Figure 21: Overweight Students by Gender (2005)



	Female	Male
Overweight	6.5	17.3
At Risk of Overweight	14.7	14.6

Figure 22: Overweight and At Risk of Overweight by Race/Ethnicity



	Hispanic	White	American Indian
Overweight	14.0	6.3	18.5
At Risk of Overweight	15.0	12.6	19.5

The percentage of students who were at risk of overweight was 14.6%, which was similar to the U.S. rate of 15.7%. There was no significant difference between female students (14.7%) and male students (14.6%) in being at risk of overweight.

A total of 26.6% of New Mexico students had a high BMI (either overweight or at risk of overweight) (see Figure 20). Male students were more likely to have a high BMI than female students (31.9% vs. 21.2%). Hispanic students (29.0%) and American Indian (38.1%) students were more likely than white non-Hispanic students to (18.9%) to have a high BMI. There was not a statistically significant difference in the prevalence of a high BMI between 2003 and 2005.

Within the 30 days before the survey, 59.9% of students had exercised to lose weight, 36.0% had eaten less food to lose weight, and 7.0% had vomited or taken laxatives to lose weight. Eating less to lose weight was reported by 42.8% of girls and 29.0% of boys.

Among students who were overweight, 75.8% of students had exercised to lose weight, 54.9% had eaten less food to lose weight, and 9.9% had vomited or taken laxatives to lose weight.

New Mexico students were similar to other US students in nutritional behaviors. In New Mexico, only 17.8% of students ate five or more daily servings of fruits or vegetables, compared to 20.1% of U.S. students. Three or more glasses of milk a day were reported by 13.3% of NM students and 16.2% of U.S. students. In New Mexico, male students were more likely than female students to drink three or more glasses of milk a day (16.5% and 9.9%, respectively). There were no other statistically significant differences in either of these behaviors by gender, grade, or ethnicity.

Physical Activity, Personal Care and Health Habits

Context and U.S. Data

Physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, and reduce fat. It also reduces feelings of depression and anxiety, and promotes psychological well-being (United States Department of Health and Human Services, 1996). Regular physical activity also decreases the risk of dying prematurely, dying of heart disease, or developing diabetes, colon cancer, and high blood pressure (Pangrazi, 2000). Children must learn early how to incorporate activity into their everyday lives, because research suggests active children become active adults (Stewart et al., 2004). Studies have shown that decreases in vigorous physical activity occur during grades 9-12, particularly for girls; by 11th grade, half do not participate in sufficient levels of vigorous physical activity. The percentage of US high school students enrolled in daily physical education decreased from 42% in 1995 to 25% in 1999, and then increased to 32% in 2001, still far below the 1991 level (CDC, 2002). Television viewing is the principal sedentary leisure time activity in the U.S. and it is related to obesity in young people (Crespo et al., 2001).

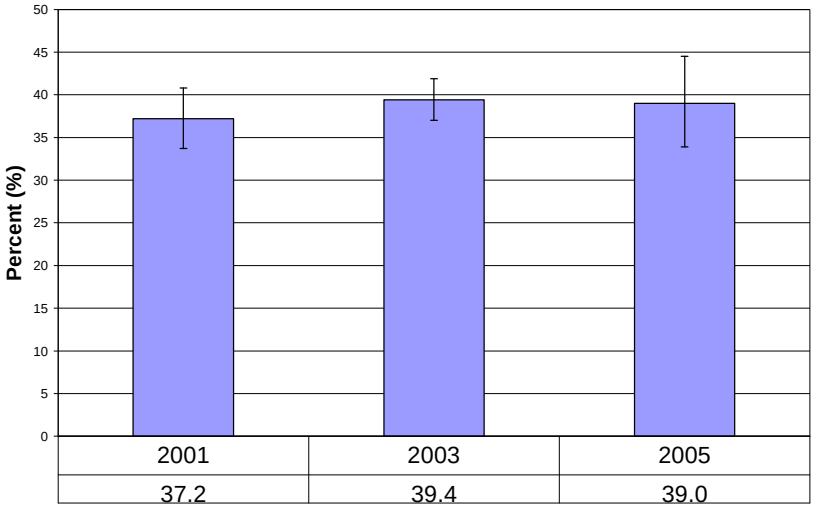
New Mexico Physical Activity, Personal Care and Health Habits Results

Results for 2005 closely resemble the 2003 survey results for this set of questions. The number of youth reporting vigorous activity remained stable with 57.6% reporting an adequate amount of vigorous activity (20 minutes of exercise that "made you sweat and breathe hard on at least 3 days per week) in 2005, and 56.3% in 2003. Of those in the at-risk of overweight and overweight categories, 72.6% of females and 71.8% of males said they exercised in order to lose weight, and only 59.7% of boys and 47.5% of girls got an adequate amount of vigorous physical activity.

The recommended amount of moderate physical activity (30 minutes of exercise that did not "make you sweat or breathe hard" on at least 5 days per week) was reported by 22.7% of students.

More than one-third (39.0%) of students had not participated in recommended levels of either moderate or vigorous physical activity (see Figure 23). This was the third highest rate among states participating in the YRBS. No physical activity (neither moderate nor vigorous) was reported by 12.1% of students.

Figure 23: Did Not Meet Recommended Levels of Physical Activity (2001 - 2005)



Minimum recommendation: at least 20 minutes a day of vigorous physical activity on 3 of the last seven days and/or at least 30 minutes of moderate physical activity on 5 of the last 7 day.

The majority of students (58.5%) did not attend physical education classes at school. Only 24.3 % attended daily physical education class.

Three or more hours of television viewing on an average school day were reported by 28.6% of students. There was, however, no statistically significant relationship between television watching and overweight or at risk of overweight.

Family Characteristics

Context and U.S. Data

New Mexico is among the fastest growing states in the US, with a large Hispanic population (43%), many of whom speak Spanish. New Mexico is a border state with a steady flow of immigrants from Mexico, Central and South America, and many other countries worldwide. At the same time, a significant percentage of the Hispanic population can trace their roots to early Spanish settlers of the territory of New Mexico. New Mexico also has a very high poverty level (second highest among all states), a factor that contributes to food insecurity (Food Research and Action Center, 2006).

The US Census Bureau American Community Survey profile for 2002 estimated out of 1,755,649 New Mexican's five years and over, 1,122,141 spoke only English at home, while 633,508 spoke another language, the majority of whom (493,202) spoke Spanish. Of all New Mexicans (1,887,200) an estimated 186,055 were born outside the US (US Census Bureau).

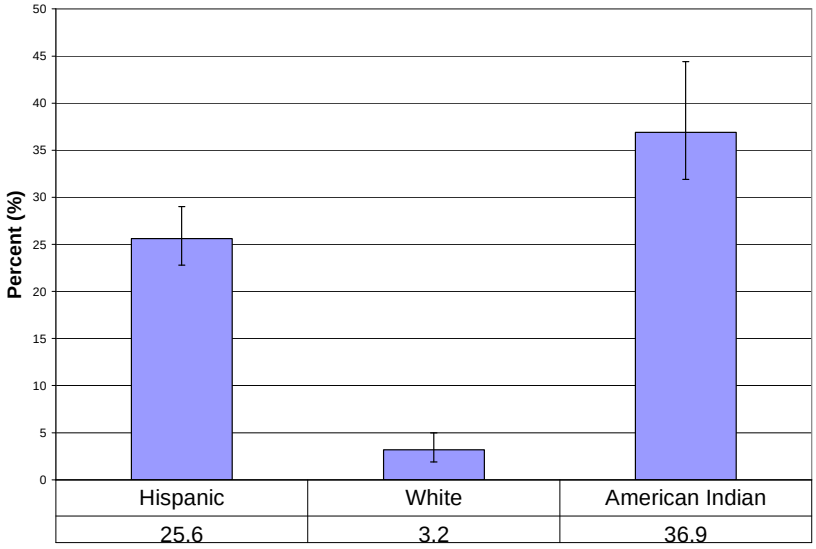
Questions about whether children receive adequate food are studied by the United States Department of Agriculture, and the Food Security Institute Center on Hunger and Poverty. Three terms are relevant for understanding the results of these studies. Food security means to have assured access to enough food at all times to sustain an active and healthy life. Food insecurity occurs whenever the availability of nutritionally adequate and safe food or the ability to acquire acceptable foods in socially acceptable ways, is limited or uncertain. Hunger is defined as the uneasy or painful sensation caused by a recurrent or involuntary lack of food and is a potential, though not necessary consequence of food insecurity. Over time, hunger may result in malnutrition. Food insecurity and hunger are concentrated in low-income households.

Nationally in 2004, 11.4% of households were food insecure. New Mexico ranked third in the nation during 2000-2004, with 15.8% of households classified as "food insecure" and ranked third for households classified as "food insecure with hunger" at 4.9% (United States Department of Agriculture, Economic Research Service, 2004, Food Research and Action Center, 2006).

New Mexico Family Characteristics Results

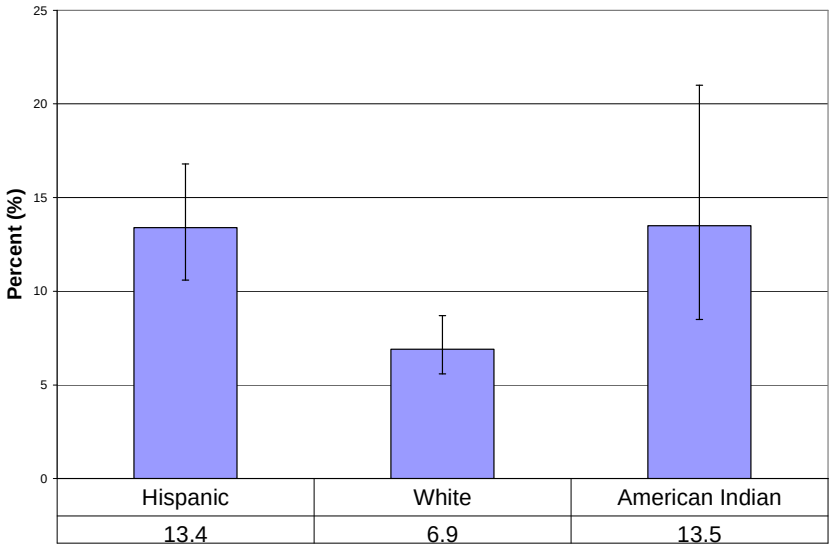
Among the NM YRRS respondents in 2005, 46.4% reported that they never spoke a language other than English at home; 24.4% (27.0% in 2003) spoke another language less than half the time; 18.1 (17.0 % in 2003) do so half or more of the time but less than all of the time; and 11.1% (10.3% in 2003) spoke a language other than English at home all of the time. In 2005, both American Indian (36.9%) and Hispanic (25.6%) students were more likely than white non-Hispanics (3.2%) to speak a language other than English all or most of the time (see Figure 24). In terms of length of residence, 90.3% (85.2% in 2003) were born in the United States. Students who were not born in the United States were more likely than those born in the U.S. to report speaking a language other than English in the home all or most of the time (37.1% vs. 15.7%).

Figure 24: Speaks a Language Other than English in the Home (Hispanic, Non-Hispanic White, American Indian) (2005)



Eighty-nine percent of the respondents indicated that they had access to enough food to eat during the previous 12 months, indicating food security; 7.8% indicated that sometimes their family did not have enough food, and 3.4% indicated that often their family did not have enough to eat (indicating food insecurity). Among New Mexico students, 11.2% said that there was sometimes or often not enough food to eat in their families. This was more common among American Indian and Hispanic students (13.5% and 13.4%, respectively) than among white non-Hispanic students (6.9%) (see Figure 25).

Figure 25: Food Insecurity (Hispanic, Non-Hispanic White, American Indian) (2005)



Resilience Theory and Protective Factors

The NM YRRS includes a set of questions that are designed to identify the quality and number of protective factors that New Mexico high school students experience. The responses to these questions provide insight into resilience, "the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks" (Fergus and Zimmerman, 2004:399). This approach is an alternative perspective from which to evaluate the behavioral status of New Mexico high school students. Many adolescents who appear to face many risk factors (poverty, drug use, sexual abuse) are able to overcome these adversities if they have a sufficient level of protective factors and a resilience process working in their favor. Therefore, risk factors are only part of the equation that predicts the future life prospects of adolescents. The whole picture of adolescent health must include resilience.

To study resilience, we grouped the questionnaire items into several groups of related protective factors and looked at the association of each with different risk behaviors. The protective factors included caring and supportive relationships in the family, with adults at school, with adults in the community, and with peers; boundaries and expectations in the family and school; and community norms related to substance abuse. Risk behaviors examined for this analysis included:

- Riding with a drinking driver within the past 30 days.
- Physical fighting within the past 30 days.
- Skipping school because of feeling unsafe at school or on the way to or from school.
- Attempted suicide within the previous 12 months.
- Current smoking (i.e., smoking cigarettes within the previous 30 days).
- Binge drinking (i.e., having five or more drinks in a row or within a couple of hours during the previous 30 days).
- Marijuana use within the past 30 days.
- Cocaine use within the past 30 days.
- Eating fewer than five servings of fruits or vegetables per day.
- Failing to meet minimum recommendations for physical activity (i.e., fewer than 3 days per week of vigorous physical activity and fewer than 5 days per week of moderate physical activity).
- Current sexual activity (i.e., sexual intercourse within the past three months).
- Not using a condom at most recent sexual intercourse (among sexually active students only).

Caring and Supportive Relationships in the Family

There were five questions dealing with caring and supportive relationships in the family. These were "In my home, there is a parent or some other adult…"

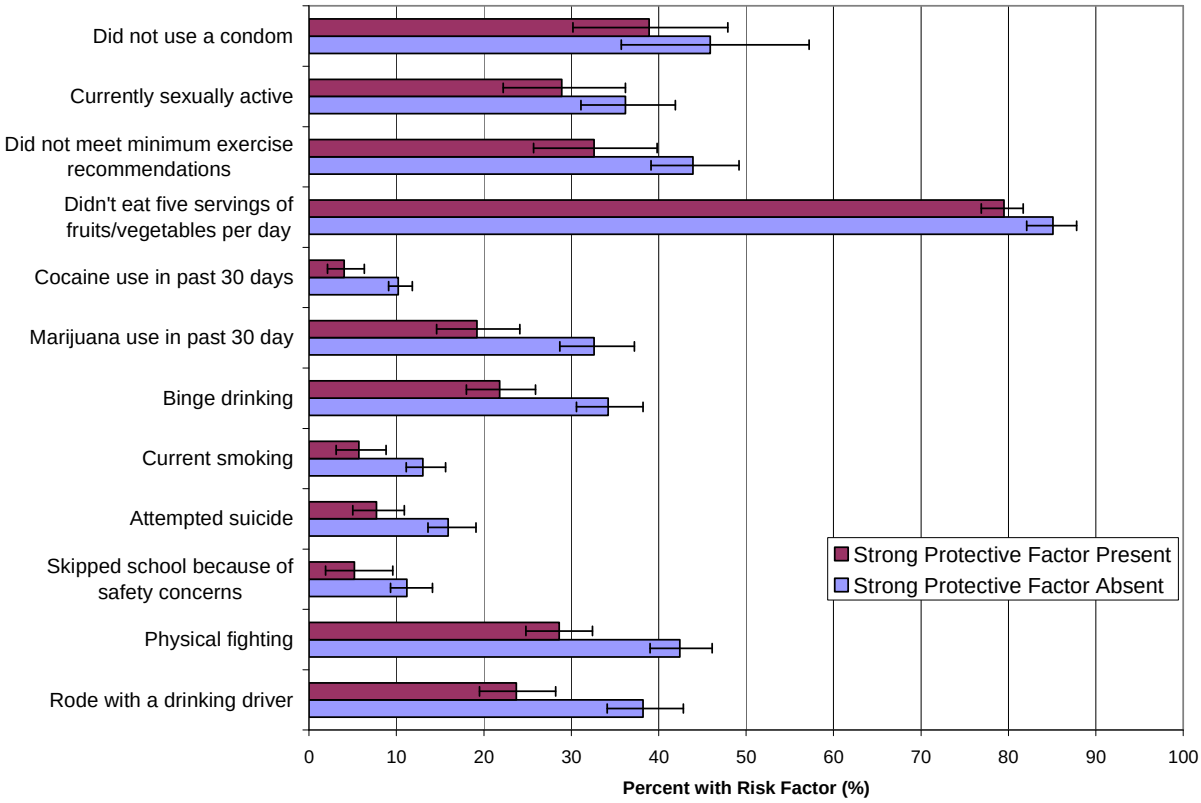
- who is interested in my school work.
- who talks with me about my problems.
- who listens to me when I have something to say.
- who believes that I will be a success.
- who always wants me to do my best.

Students who responded "very much true" to a question were considered to have made a positive response.

- ❖ Sixty-five percent (65.0%) of students answered that they had a parent or adult in the home who was "interested in my school work."
- ❖ Forty-two percent (42.5%) of students responded that they had a parent or adult "who talks with me about my problems."
- ❖ Almost fifty percent (49.4%) of students had an adult or parent in the home "who listens to me when I have something to say."
- ❖ Seventy percent (70.2%) had a parent "who believes I will be a success."
- ❖ About eighty percent (80.2%) had a parent "who always wants me to do my best."

Almost half (47.7%) of students gave a positive response to at least four of these five questions. These students were far less likely to engage in several risk behaviors than other students. Students with these strong caring and supportive family relationships had a lower prevalence than other students of riding with a drinking driver (23.7% vs. 38.2%), physical fighting (28.6% vs. 42.4%), skipping school because they felt unsafe (5.2% vs. 11.2%), attempted suicide (7.7% vs. 15.9%), current cigarette smoking (5.7% vs. 13.0%), binge drinking (21.8% vs. 34.2%), marijuana use (19.2 % vs. 32.6%), cocaine use (4.0% vs. 10.2%), and not eating at least five servings of fruits or vegetables per day (79.5% vs. 85.1%) (see Figure 26). There was no statistically significant difference between students with and without strong caring and supportive family relationships for not meeting recommended amounts of physical activity, being currently sexually active, and condom use among students who were sexually active.

Figure 26: Caring and Supportive Relationships in the Family by Selected Risk Behaviors (2005)



Caring and Supportive Relationships in the School

Six questionnaire items measured caring and supportive relationships in the school. These were, "At my school, there is a teacher or some other adult…"

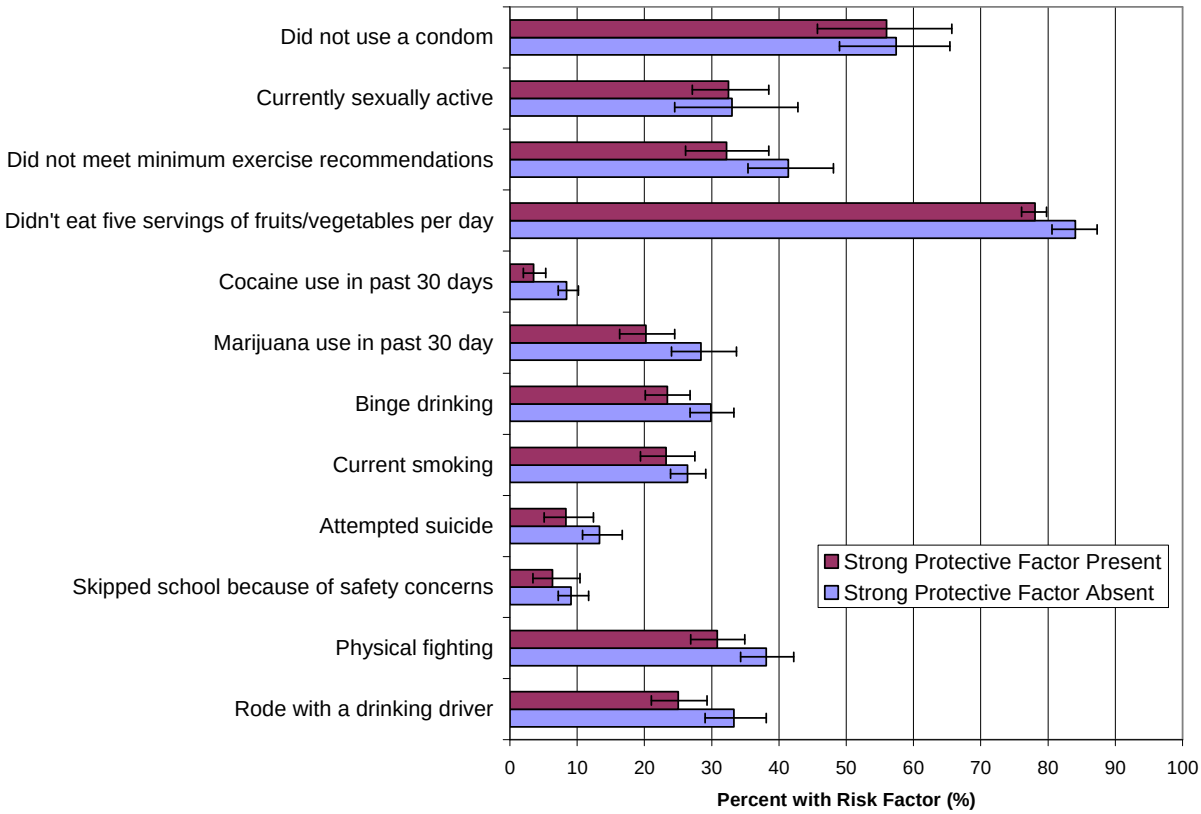
- who really cares about me.
- who notices when I'm not there.
- who listens to me when I have something to say.
- who tells me when I do a good job.
- who always want me to do my best.
- who believes that I will be a success.

Students who responded "very much true" to these questions were considered to have made positive response.

- ❖ Thirty-four percent (34.1%) of students reported that there was a teacher or adult in the school "who really cares about me."
- ❖ Thirty-five percent (35.8%) of students reported a teacher or adult in the school "who notices when I'm not there."
- ❖ Thirty-five percent (35.7%) had a teacher or adult in the school "who listens to me when I have something to say."
- ❖ Forty-two percent (42.1%) had a teacher or adult in the school "who tells me when I do a good job."
- ❖ Slightly more than half (50.5%) of students had a teacher or adult in the school "who always wants me to do my best."
- ❖ Forty-four percent (44.6%) reported a teacher or adult in the school "who believes I will be a success."

Less than one-third (28.6%) of students gave a positive response to at least five of these six questions. Students with these strong caring and supportive relationships in the school were less likely than other students to use cocaine (3.5% vs. 8.4%) (see Figure 27). They were also less likely to eat fewer than five fruit or vegetable servings per day than were students without strong caring and supportive relationships in the school (78.1% vs. 84.1%). Male students with a strong caring and supportive relationship at school were less likely to smoke marijuana than other male students (17.6% vs. 30.7%), but this was not true of female students. There were no other statistically significant relationships in the prevalence of risk behaviors between those with and without a strong caring and supportive relationship in the school.

Figure 27: Caring and Supportive Relationships in the School by Selected Risk Behaviors (2005)



Caring and Supportive Relationships with Peers

There were three items in the YRRS questionnaire about caring and supportive relationships with peers. These were, "I have a friend about my own age…"

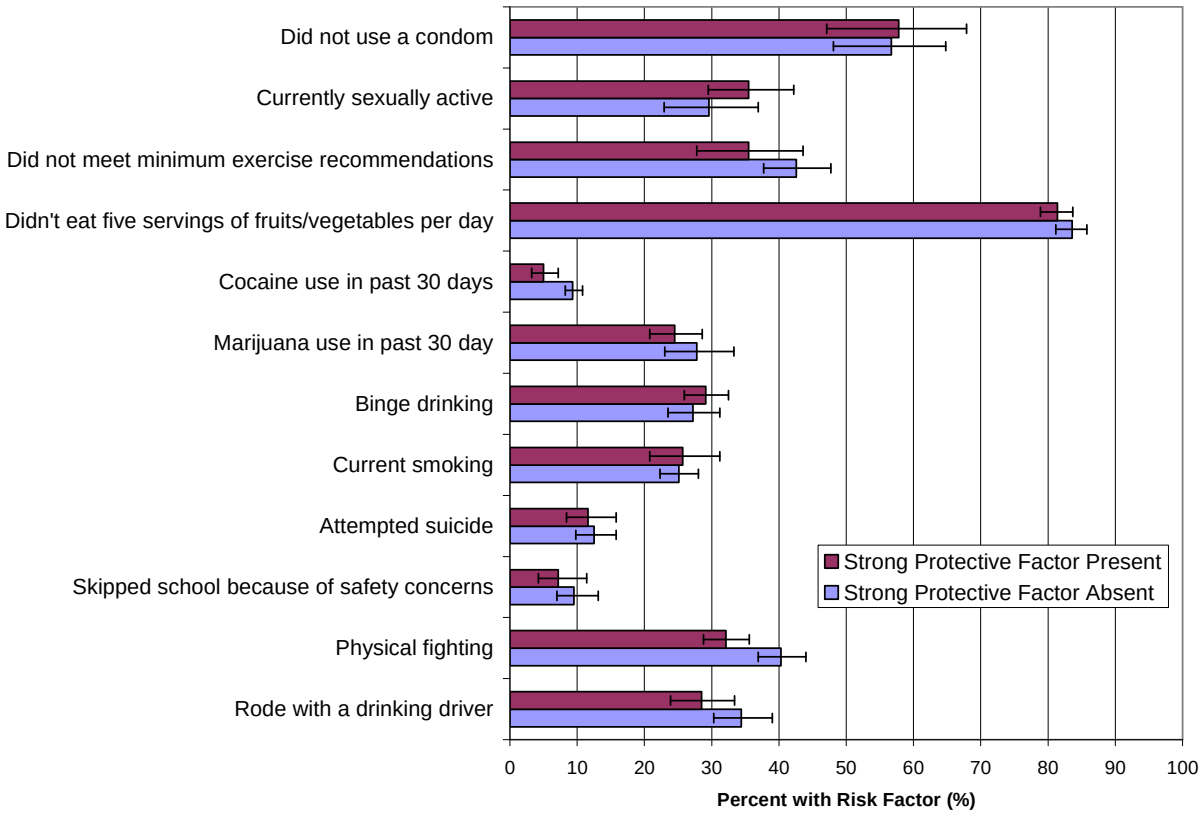
- who really cares about me.
- who talks with me about my problems.
- who helps me when I'm having a hard time.

A response of "Very much true" was considered a positive response to these questions.

- ❖ Almost 63% (62.6%) of students had a friend "who really cares about me."
- ❖ Fifty-seven percent (57.3%) had a friend "who talks with me about my problems."
- ❖ Fifty percent (60.3%) reported a friend "who helps me when I'm having a hard time."

Just more than half (52.3%) of New Mexico students reported a positive response to all three of these questions. Students with strong caring and supportive relationships with their peers were less likely to be involved in physical fights than other students (32.1% vs. 40.3%) and less likely to use cocaine than other students (5.0% vs. 9.3%) (see Figure 28). Among boys, students with a caring peer relationship had a lower prevalence than other students of getting less than the recommended amount of physical activity (28.0% vs. 38.2%). Boys with caring peer relationships were more likely to be sexually active than those without this relationship (37.0 vs. 25.9%).

Figure 28: Caring and Supportive Relationships with Peers by Selected Risk Behaviors (2005)



Caring and Supportive Relationships with an Adult in the Community

Caring and supportive relationships with an adult in the community were addressed by six questionnaire items. These items were, "Outside of my home and school, there is an adult…"

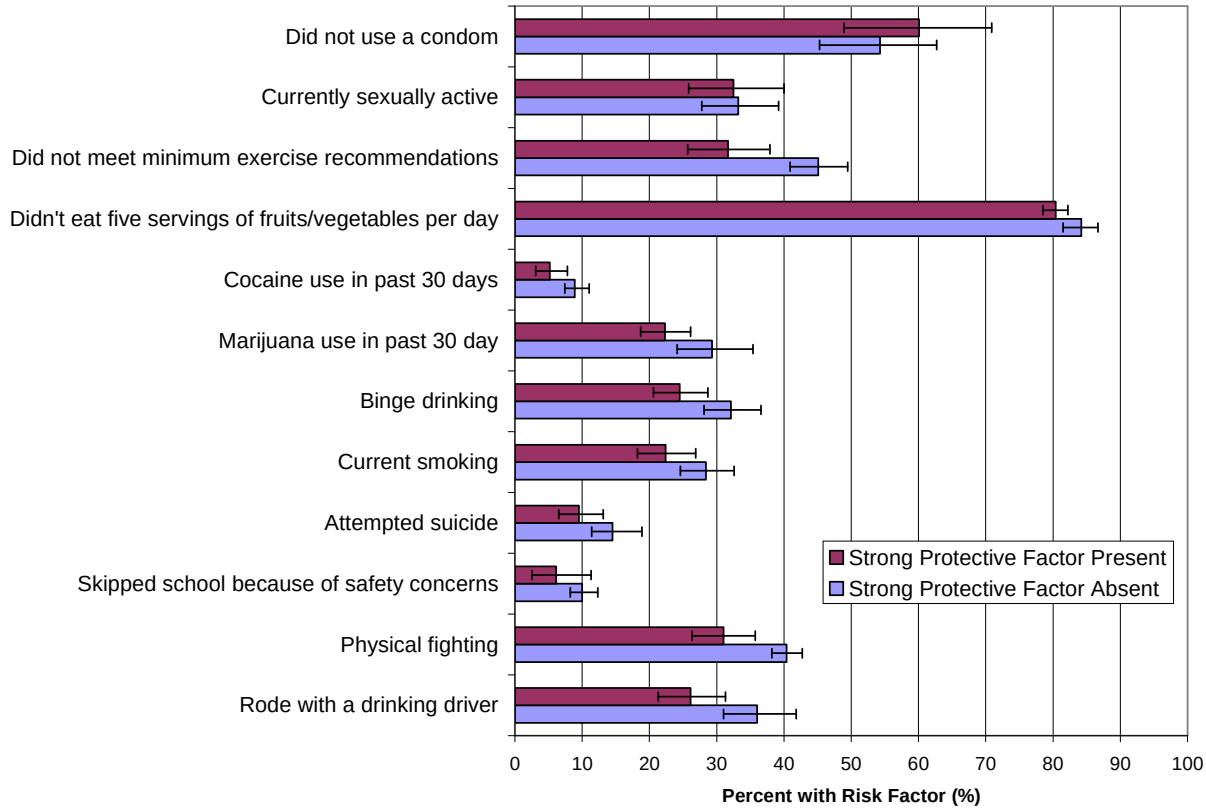
- who really cares about me.
- who notices when I am upset about something.
- whom I trust.
- who tells me when I do a good job.
- who always wants me to do my best.
- who believes that I will be a success.

A response of "Very much true" to these questions was considered a positive response.

- ❖ Almost 61 percent (60.7%) of students knew a community adult "who really cares about me."
- ❖ Fifty-one percent (51.5%) knew an adult in the community "who notices when I am upset about something."
- ❖ Fifty-nine percent (58.7%) knew an adult "whom I trust."
- ❖ Fifty-one (51.3%) knew a community adult "who tells me when I do a good job."
- ❖ Fifty-nine percent (58.7%) knew an adult in the community "who always wants me to do my best."
- ❖ Almost 60% (59.2%) knew an adult "who believes I will be a success."

Five or more positive responses to these questions were reported by 47.9% of New Mexico students. Students with this caring and supportive relationship with an adult in the community were less likely than other students to engage in physical fighting (31.0% vs. 40.4%) (see Figure 29). These students were also less likely than other students to report less than recommended amounts of physical activity (31.7% vs. 45.1%). Other relationships between caring and supportive community adult relationships and risk behaviors were not statistically significant.

Figure 29: Caring and Supportive Relationships with Adults in the Community by Selected Risk Behaviors (2005)



Boundaries and Expectations in the Family

There were four questionnaire items related to boundaries and expectations in the family. These were:

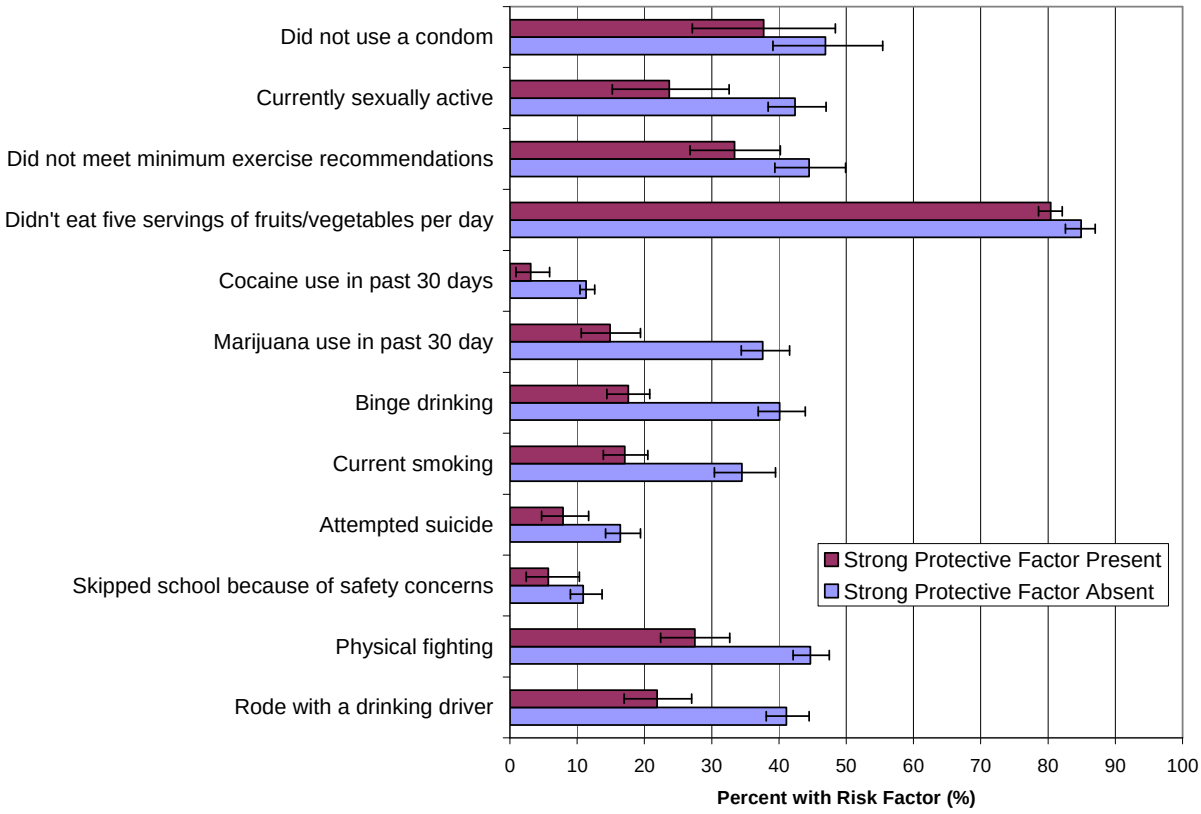
- In my home, there is a parent or some other adult who expects me to follow the rules.
- When I am not at home, one of my parents/guardians knows where I am and who I am with.
- My family has clear rules about drug and alcohol use.
- My family has clear rules and standards for my behavior.

Responses that these statements were "very much true" were considered to be positive responses.

- ❖ Of New Mexico students, 68.3% reported that their parents expected them to follow the rules.
- ❖ Almost half (49.6%) of students said it was very much true that their parents/guardians knew where they were when they were not at home.
- ❖ Clear family rules about drug and alcohol use were reported by 61.6% of students.
- ❖ Clear family rules and standards for behavior were reported by 57.7%.

Slightly more than half (51.5%) of students responded positively to at least three of the four questionnaire items about family boundaries and expectations. Students who experienced these strong boundaries and expectations in the family were less likely than other students to engage in almost all of the risk behaviors examined. Compared to other students, those who had strong family boundaries and expectations had a lower prevalence of riding with a drinking driver (21.9% vs. 41.1%), physical fighting (27.5% vs. 44.7%), skipping school because of safety concerns (5.7% vs. 10.9%), attempted suicide (7.9% vs. 16.4%), current smoking (17.1% vs. 34.5%), binge drinking (17.6% vs. 40.1%), marijuana use (14.9% vs. 37.6%), cocaine use (3.1% vs. 11.3%), not eating five fruits or vegetables per day (80.4% vs. 84.9%), and current sexual activity (23.7% vs. 42.4%) (see Figure 30). There was no significant difference by family boundaries and expectations of the prevalence of not meeting minimum physical activity recommendations or of students having sex without a condom.

Figure 30: Boundaries and Expectations in the Family by Selected Risk Behaviors (2005)

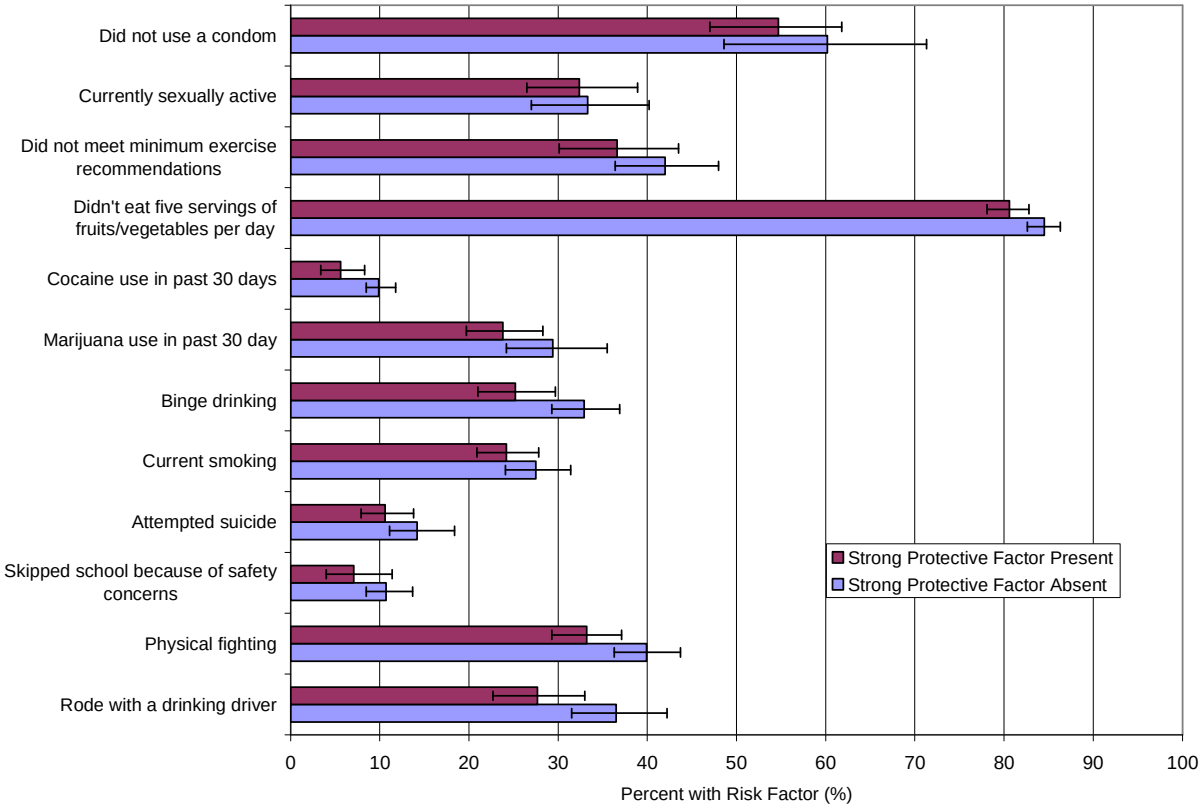


Boundaries and Expectations in the School

One questionnaire item considered boundaries and expectations in the school: "In my school, there are clear rules about what I can and cannot do." Fifty-five percent of students responded that this statement was very much true.

There was a lower prevalence of cocaine use among students who perceived clear rules for behavior in their schools than among other students (5.6% vs. 9.9%) (see Figure 31). Boundaries and expectations in the school were more closely associated with risk behaviors among male students than females. Compared to boys without this protective factor, boys who strongly perceived behavioral rules in their schools had a lower prevalence of physical fighting (38.8% vs. 48.6%), suicide attempts (6.3% vs. 13.6%), binge drinking (23.7% vs. 36.1%), and marijuana use (23.4% vs. 32.6%). Among girls, none of these relationships were statistically significant.

Figure 31: Boundaries and Expectations at School by Selected Risk Behaviors (2005)



Community Attitudes and Norms about Substance Abuse

Five questionnaire items referred to community attitudes and norms about substance abuse. These were:

- How wrong would most adults in your community think it was for kids your age to drink alcohol (beer, wine, or hard liquor) regularly?
- How wrong do your parents feel it would be for you to drink alcohol (beer, wine, or hard liquor) regularly?
- How wrong do you think it is for someone your age to drink alcohol (beer, wine, or hard liquor) regularly?

For each of the above questions, the answers "wrong" and "very wrong" were considered to be positive responses

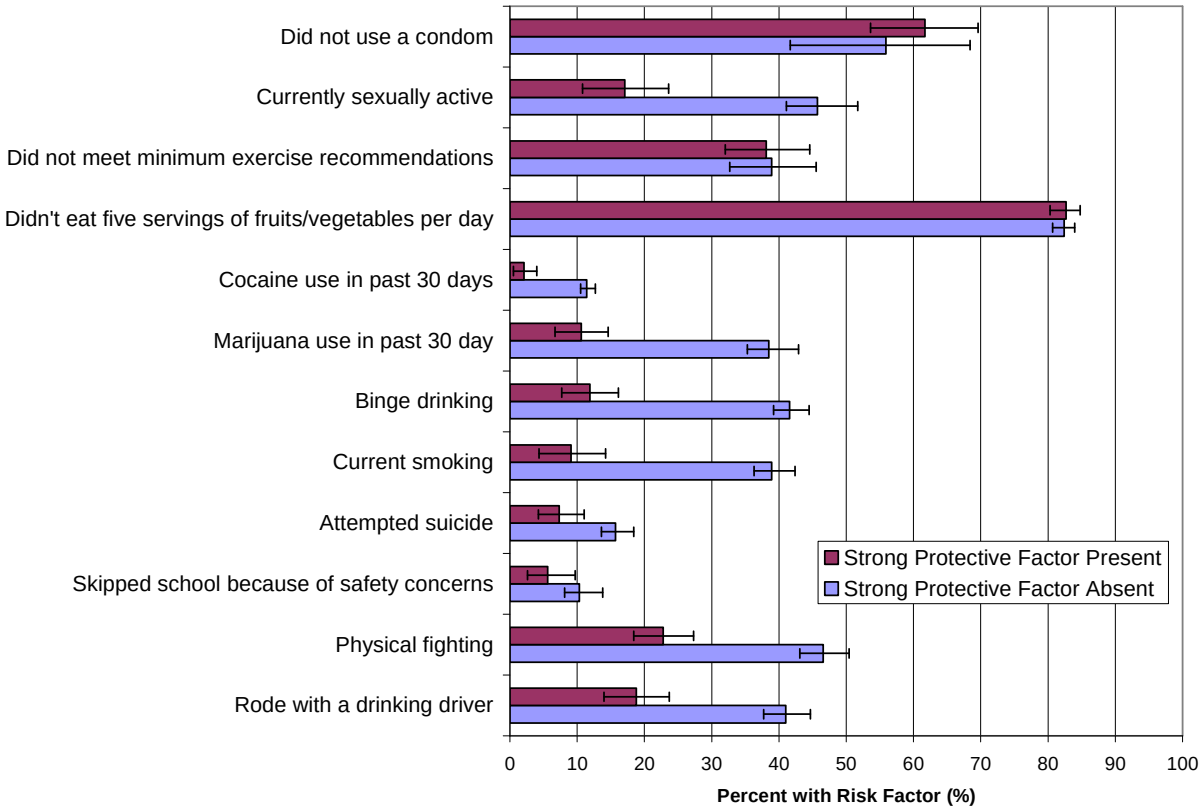
- About how many adults have you known personally who, in the past year, have used marijuana, cocaine or other drugs?
- About how many adults have you known personally who, in the past year, have sold or dealt drugs?

For each of the two questions above, "none" was considered a positive answer.

- ❖ Most students (78.2%) perceive that adults in the community believe that alcohol use by youth is wrong.
- ❖ Eighty-five percent (85.3%) of students reported that their parents feel that alcohol use by the student is wrong.
- ❖ Fifty-four percent (54.3%) of students believed that alcohol use by people their age is wrong.
- ❖ Forty percent (40.2%) of students did not know an adult who had taken drugs within the past year.
- ❖ Fifty-nine percent (59.0%) of students did not know an adult who had sold drugs within the past year.

A positive answer to at least four of these items was given by 44.7% of students. Community attitudes and norms were more closely related to most risk behaviors than any of the other protective factors discussed here. Students who perceived strong negative attitudes and norms towards substance abuse had a much lower prevalence of riding with a drinking driver (18.8% vs. 41.0%), physically fighting (22.8% vs. 46.6%), suicide attempts (7.3% vs. 15.7%), current smoking (9.1% vs. 38.9%), binge drinking (11.9% vs. 41.6%), marijuana use (10.6% vs. 48.5%), cocaine use (2.1% vs. 11.4%), and current sexual activity (17.1% vs. 45.7%) (see Figure 32). There was no significant relationship noted between community attitudes and norms and skipping school because of safety concerns, consuming five or more servings of fruits or vegetables per day, meeting the minimum requirements for physical activity, and condom use.

Figure 32: Community Attitudes and Norms by Selected Risk Behaviors (2005)



Academic Performance

Numerous studies in recent years have confirmed the links between health risk behavior and student educational outcomes (Ehrlich, 2005). Alcohol, tobacco, and drug use, early sexual activity, and food insecurity have all been linked to poor academic performance.

The NM YRRS includes a set of items that measure academic motivation, performance and success. These include:

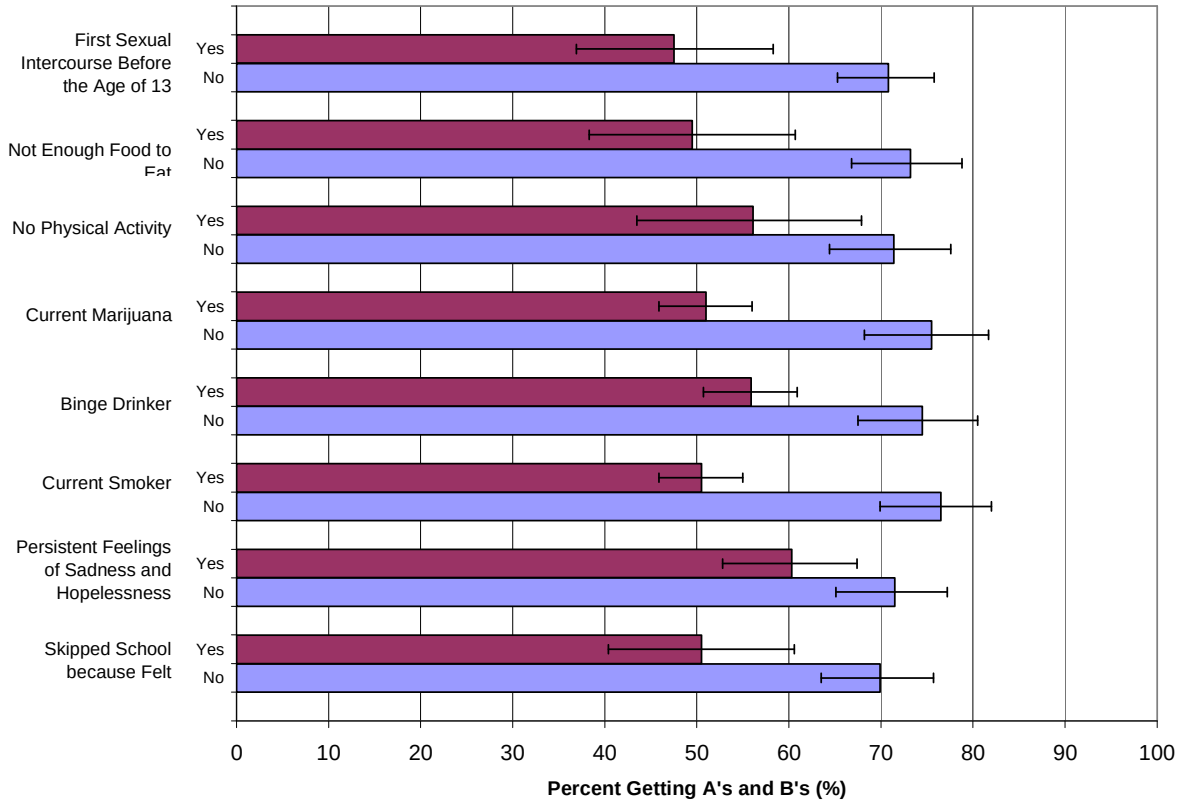
- Trying hard to do best work at school.
- Planning to college or some other school after high school.
- Skipping school once a week or more.
- Coming to classes without bringing paper or something to write with.
- Coming to classes without your homework finished.
- Getting good grades in school (mostly A's and B's).

Each of these academic measures was closely associated with several important risk behaviors examined by the YRRS. Behavior outcomes used for this analysis include:

- Skipping school because of feeling unsafe at school or on the way to or from school.
- Persistent feeling of sadness and hopelessness.
- Current smoking (i.e., smoking cigarettes within the previous 30 days).
- Binge drinking (i.e., having five or more drinks in a row or within a couple of hours during the previous 30 days).
- Marijuana use within the past 30 days.
- No physical activity (i.e., no vigorous or moderate physical activity in the past week).
- Early sexual activity (i.e., first sexual intercourse before the age of 13).
- Sometimes or often not having enough food to eat.

Getting good grades in school (mostly A's and B's) was negatively associated with several of these risk behaviors. Current smokers were less likely than those who did not smoke to get good grades (50.5% vs. 76.5%) (see Figure 33). Binge drinkers were less likely than other students to get good grades (55.9% vs. 74.5%). Only 51.0% of those who had used marijuana within the past 30 days got good grades, while 75.5% of those who had not smoked marijuana got good grades. Of those who had first engaged in sexual intercourse before the age of 13, just 47.5% received good grades, while 70.8% of students who had not had early sexual intercourse. Students who sometimes or often did not have enough food to eat were less likely than other students to receive good grades (49.5% vs. 73.2%). Students who skipped school because they felt unsafe either at school or on the way to or from school were also less likely to get good grades than students who did not feel unsafe (50.5% vs. 69.9%).

Figure 33: Academic Success by Selected Risk Behaviors



Binge drinking, marijuana use, and current smoking were associated with each of the other academic performance measures (see Tables 3 and 4). Binge drinkers were less likely than other students to try hard to do their best work at school (36.5% vs. 54.3%), and to have plans to go to college (63.0% vs. 79.6%). They were more likely than students who did not binge drink to skip school once a week or more (22.3% vs. 7.6%), to come to class without paper (12.0% vs. 6.7%), and to come to school without completing homework (20.9% vs. 14.2%). Those who had used marijuana in the previous 30 days had similar results for academic outcome and motivation. Marijuana users were less likely than other students to try to do their best work (36.0% vs. 53.6%) and to have plans to go to college (60.4% vs. 79.5%), and were more likely to skip school (26.3% vs. 7.3%), come to class without paper (13.3% vs. 3.3%), and to fail to finish their homework (23.4% vs. 13.5%). Similarly, current smokers were less likely than other students to try to do their best work (36.4 vs. 54.2%) and to plan to attend college (61.7% 80.7%). They were more likely than other students to skip school (23.3% vs. 7.6%), to come to school without paper (12.5% vs. 6.2%), and to fail to complete their homework (22.7% vs. 14.0%).

Table 2: Relationship between Negative Academic Measures and Risk Behaviors

Risk Behaviors	Negative Academic Measures *("+" means students with the corresponding risk behavior are MORE LIKELY to exhibit these negative academic behaviors than other students*)		
	Skipped school once a week	Usually comes to class without paper/pencil	Usually comes to school without homework done
Current smoking	+	+	+
Binge drinking	+	+	+
Marijuana use in the past 30 days	+	+	+
Skipped school because felt unsafe	+	+	+
Sometimes or often not enough food to eat		+	
Early sexual activity		+	+
Persistent feelings of sadness and hopelessness			+
No physical activity			

Table 3: Relationship between Positive Academic Measures and Risk Behaviors

Risk Behaviors	Positive Academic Measures *("*" means students with the corresponding risk behavior are LESS LIKELY to achieve these positive measures of academic performance than other students)*		
	Tries to Do Best Work at School	Has Plans to Go to College	Gets mostly As and Bs in school
Current smoking	*	*	*
Binge drinking	*	*	*
Marijuana use in the past 30 days	*	*	*
Skipped school because felt unsafe		*	*
Sometimes or often not enough food to eat	*	*	*
Early sexual activity		*	*
Persistent feelings of sadness and hopelessness	*	*	
No physical activity		*	

Students who engaged in sexual intercourse before the age of 13 were more likely than other students to come to school without paper (21.6% vs. 7.0%). Boys who had had sex before the age of 13 were more likely than other boys to not finish their homework (36.5% vs. 18.3%) and to skip school (27.6% vs. 10.6%). Girls who had early sexual intercourse were less likely than other girls to have plans to go to college (64.7% vs. 81.3%).

Students who experienced persistent feelings of sadness and hopelessness were less likely than other students to try to do their best work at school (42.5% vs. 51.6%) and to have plans to go to college (65.1% vs. 78.1%). They were more likely than other students to come to school without having finished their homework (21.6% vs. 14.0%).

Students who skipped school because of safety reasons were less likely than other students to have plans to go to college (59.5% vs. 75.5%). They were more likely than other students to skip school once a week or more (20.5% vs. 11.3%), to come to school without paper (18.0% vs. 7.6%), and to fail to finish their homework (29.4% vs. 15.1%).

Students who reported not having enough food to eat some or most of the time were less likely than others to plan to go to college (57.8% vs. 77.3%) and to come to class without paper (18.5% vs. 6.8%).

CONCLUSIONS

The New Mexico Youth Risk and Resiliency Survey (NM YRRS) provides estimates of the prevalence of both risk behaviors and of protective factors among public high school students across New Mexico. Because these estimates are available for participating counties and school districts as well as for the state, the NM YRRS is an important tool for policy makers and program planners at the state and local level.

The NM YRRS is part of the Youth Risk Behavior Surveillance System (YRBS), a survey effort headed by the Centers for Disease Control and Prevention. The YRBS is a survey that is conducted nationally and by many individual states. Because of this, results from the NM YRRS can be compared to national survey results and to the results of 40 participating YRBS states.

Results from 2005 show areas of improvement. Between 2003 and 2005, there was a decrease in the prevalence of several important substance abuse-related risk behaviors among New Mexico high school students.

Current alcohol use (referring to the consumption of alcohol within the 30 days preceding the survey) declined from 50.7% in 2003 to 42.3% in 2005. Binge drinking in the previous 30 days decreased from 35.4% in 2003 to 28.6% in 2005. Driving after drinking alcohol within the previous 30 days declined from 19.1% in 2003 to 12.0% in 2005.

Current methamphetamine use (referring to the use within the 30 days preceding the survey) declined from 7.3% in 2003 to 4.6% in 2005. Having been offered drugs at school within the previous 12 months declined from 41.2% in 2003 to 33.5% in 2005.

Additionally, the percentage of students who identified themselves as current smokers (having smoked cigarettes within the previous 30 days) declined from 30.2% in 2003 to 25.7% in 2005, although this difference was not statistically significant.

When compared to other states and the nation, New Mexico high school students do not stand out in terms of nutritional behavior, alcohol use, or behaviors contributing to unintentional injury. For some other behaviors, New Mexico students engage in higher levels of risk than many other students.

While New Mexico students reported persistent feelings of sadness and hopelessness at a similar rate to the nation, New Mexico still ranks high nationally in the prevalence of attempted suicide. Although fewer students reported using marijuana, cocaine, methamphetamine, heroin and ecstasy, some of New Mexico's substance use rates were higher than national rates.

Additionally, New Mexico must continue anti-bullying efforts to address the high rate of physical fighting and the practice of skipping school because of safety concerns. Efforts must also continue to encourage teens who are sexually active to use condoms.

The NM YRRS provides other important results for several different risk areas. These

include:

Tobacco Use

- Almost one-third of students (30.7%) have used at least one form of tobacco within the previous 30 days, compared to 28.4% nationally.
- The rate of current cigar use (i.e., cigars, cigarillos, or little cigars) is approaching the rate of current cigarette smoking (21.7% and 25.7% respectively). The national rate for cigar, cigarillo, or little cigar smoking is 14%.

Behaviors contributing to unintentional injury

- 12.0% of students drove a car after drinking alcohol within the 30 days preceding the survey, a decline from the 2003 prevalence of 19.1%.
- 31.5% had ridden with a drinking driver within the 30 days preceding the survey.
- 8.5% rarely or never wore a seatbelt.

Body Weight

- 12.0% of students were overweight, similar to the 13.1% of students nationally who were overweight.
- 14.6% were at risk of overweight.
- Boys were much more likely than girls to be overweight (17.3% and 6.5%, respectively).

Nutrition

- Most students did not meet nutritional recommendations;
  - 82.2% did not eat five servings of fruits or vegetables per day.
  - 86.7% did not drink three or more glasses of milk per day.

The YRRS also provides information on the relationship between protective factors and risk behaviors. In many cases, the presence of these protective factors was associated with a lower likelihood that a student would report engaging in risk behaviors. For instance, students who had caring and supportive relationships in their families or who had strong boundaries and expectations in their families were more likely than other students to meet the nutritional requirement of five servings of fruits and vegetables per day. They were less likely than other students to:

- Use cocaine
- Use marijuana
- Engage in binge drinking
- Smoke cigarettes
- Attempt suicide
- Engage in physical fights
- Ride in a car driven by someone who had been drinking alcohol

The results from NM YRRS provide the basis for decision-making for the development and implementation of new school health policies and programs, and the justification for funding projects to implement those decisions. As data collection moves ahead in years to come (NM YRRS will be offered in middle schools in the spring of 2007 and in the high schools again in the fall of

2007), meaningful long term trends will be identified, increasing the utility of the survey data to positively impact the lives of New Mexico's youth and the health of all New Mexicans.

As with all survey research there are limitations to the knowledge that can be gained from viewing these results. The NM YRRS relies on self-reported data; therefore measures such as Body Mass Index (BMI) may tend to underestimate body fat in comparison to independent measurement techniques. Nonetheless, self-reported data of BMI is not "BMI" as conventionally understood, but a proxy for BMI. This has implications for each of the places in the report where BMI is used as an indicator of risk.

Another limitation is that the NM YRRS sampled only youth who were in school on the day of survey administration, and does not include non-enrolled youth.

The New Mexico Youth Risk and Resiliency Survey continues to evolve to meet the needs of health professionals, parents, educators and students in New Mexico as questions are modified, removed or added to the survey. Response rates have steadily improved over the past decade. This year, the response rate of 60% allowed New Mexico's YRRS data to be included with 40 other states in the CDC national reports of Youth Risk Behaviors. A higher response rate increases the accuracy and utility of the survey results. As data collection moves ahead in years to come, meaningful long term trends can be established, increasing the likelihood that decision makers will be able to positively impact the lives of New Mexico's youth and the health of all New Mexicans.

APPENDIX A: 2005 YRRS SURVEY RESULTS

[For questions 1-4, the number of student responses is followed by the percentage of student responses in parentheses. Unless otherwise noted, all other results are percentages followed by a 95% confidence interval in brackets]

1. How old are you?

A. 12 years old or younger	37	(0.7%)
B. 13 years old	24	(0.4%)
C. 14 years old	1,045	(18.6%)
D. 15 years old	1,522	(27.1%)
E. 16 years old	1,448	(25.8%)
F. 17 years old	1,121	(20%)
G. 18 years old or older	413	(7.4%)

2. What is your sex?

A. Female	2,874	(51.9%)
B. Male	2,668	(48.1%)

3. In what grade are you?

A. 9th grade	1,675	(29.8%)
B. 10th grade	1,562	(27.8%)
C. 11th grade	1,256	(22.4%)
D. 12th grade	1,096	(19.5%)
E. Ungraded or other grade	30	(0.5%)

4. How do you describe yourself?

Hispanic	2,304	(41.5%)
White	2,121	(38.2%)
American Indian or Alaska Native	401	(7.2%)
Black or African American	320	(5.8%)
Other	401	(7.2%)

5. During the past 12 months, how would you describe your grades in school?

A. Mostly A's	26.9	[21.7, 32.9]
B. Mostly B's	35.5	[33.4, 37.8]
C. Mostly C's	21.3	[17.5, 25.8]
D. Mostly D's	5.6	[4.5, 6.9]
E. Mostly F's	2.2	[1.6, 3.0]
F. None of these grades	1.1	[0.7, 1.7]
G. Not sure	7.4	[5.2, 10.3]

6. How tall are you without your shoes on?

Mean height: 1.68 meters or 5', 6"

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

Mean weight: 64.5 Kg or 142 lbs.

The next 3 questions ask about personal safety.

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

A. Never	2.7	[2.0, 3.5]
B. Rarely	5.8	[4.3, 7.6]
C. Sometimes	11.2	[9.4, 13.1]
D. Most of the time	28.2	[26.2, 30.3]
E. Always	52.2	[48.0, 56.4]

9. 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?

A. 0 times	68.5	[63.8, 72.8]
B. 1 time	12.2	[9.7, 15.2]
C. 2 or 3 times	10.5	[8.9, 12.4]
D. 4 or 5 times	2.9	[2.2, 3.9]
E. 6 or more times	5.8	[4.6, 7.5]

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

A. 0 times	88.0	[86.4, 89.4]
B. 1 time	5.5	[4.5, 6.6]
C. 2 or 3 times	3.9	[3.1, 4.8]
D. 4 or 5 times	1.0	[0.6, 1.5]
E. 6 or more times	1.7	[1.2, 2.3]

The next 10 questions ask about violence-related behaviors.

11. Is there a gun in your home?

A. Yes	49.2	[43.0, 55.4]
B. No	42.2	[36.4, 48.2]
C. Not sure	8.6	[7.4, 10.0]

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

A. 0 days	75.5	[72.2, 78.6]
B. 1 day	5.3	[3.8, 7.2]
C. 2 or 3 days	6.6	[5.8, 7.3]
D. 4 or 5 days	2.2	[1.6, 3.0]
E. 6 or more days	10.5	[8.7, 12.5]

13. During the past 30 days, on how many days did you carry a gun?

A. 0 days	90.2	[87.5, 92.4]
B. 1 day	3.1	[2.0, 4.8]
C. 2 or 3 days	3.1	[2.3, 4.3]
D. 4 or 5 days	1.0	[0.6, 1.8]
E. 6 or more days	2.5	[1.6, 3.9]

14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

A. 0 days	92.0	[91.3, 92.6]
B. 1 day	2.3	[1.7, 2.9]
C. 2 or 3 days	2.0	[1.5, 2.6]
D. 4 or 5 days	0.9	[0.6, 1.4]
E. 6 or more days	2.9	[2.1, 4.0]

15. 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?

A. 0 days	91.4	[88.0, 93.9]
B. 1 day	4.1	[2.4, 7.0]
C. 2 or 3 days	1.9	[1.2, 3.1]
D. 4 or 5 days	0.9	[0.5, 1.8]
E. 6 or more days	1.6	[1.1, 2.3]

16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

A. 0 times	89.6	[87.3, 91.6]
B. 1 time	5.0	[3.7, 6.6]
C. 2 or 3 times	2.4	[2.0, 3.0]
D. 4 or 5 times	0.7	[0.4, 1.3]
E. 6 or 7 times	0.6	[0.3, 1.1]
F. 8 or 9 times	0.3	[0.1, 0.7]
G. 10 or 11 times	0.0	[0.0, 0.0]
H. 12 or more times	1.4	[1.0, 2.0]

17. During the past 12 months, how many times were you in a physical fight?

A. 0 times	63.3	[60.0, 66.5]
B. 1 time	15.2	[13.4, 17.1]
C. 2 or 3 times	11.4	[10.0, 13.0]
D. 4 or 5 times	3.6	[3.1, 4.1]
E. 6 or 7 times	1.7	[1.3, 2.2]
F. 8 or 9 times	0.8	[0.5, 1.2]
G. 10 or 11 times	0.8	[0.5, 1.5]
H. 12 or more times	3.3	[2.8, 3.8]

18. During the past 12 months, how many times were you in a physical fight on school property?

A. 0 times	84.4	[81.5, 86.8]
B. 1 time	10.2	[8.1, 12.6]
C. 2 or 3 times	3.4	[2.3, 4.9]
D. 4 or 5 times	0.7	[0.4, 1.1]
E. 6 or 7 times	0.3	[0.1, 0.7]
F. 8 or 9 times	0.2	[0.1, 0.4]
G. 10 or 11 times	0.2	[0.1, 0.6]
H. 12 or more times	0.7	[0.4, 1.3]

19. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

A. Yes	10.0	[7.8, 12.8]
B. No	90.0	[87.2, 92.2]

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

A. Yes	8.4	[6.6, 10.6]
B. No	91.6	[89.4, 93.4]

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide; that is, taking some action to end their own life.

21. 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?

A. Yes	28.7	[25.9, 31.6]
B. No	71.3	[68.4, 74.1]

22. During the past 12 months, did you ever seriously consider attempting suicide?

A. Yes	18.5	[16.5, 20.6]
B. No	81.5	[79.4, 83.5]

23. During the past 12 months, did you make a plan about how you would attempt suicide?

A. Yes	15.7	[13.5, 18.3]
B. No	84.3	[81.7, 86.5]

24. During the past 12 months, how many times did you actually attempt suicide?

A. 0 times	87.5	[84.2, 90.1]
B. 1 time	6.4	[5.0, 8.2]
C. 2 or 3 times	3.2	[2.3, 4.5]
D. 4 or 5 times	0.9	[0.5, 1.6]
E. 6 or more times	2.0	[1.3, 3.1]

25. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

A. I did not attempt suicide during the past 12 months	87.6	[84.5, 90.2]
B. Yes	5.1	[3.9, 6.7]
C. No	7.2	[5.6, 9.4]

The next 10 questions ask about tobacco use.

26. Have you ever tried cigarette smoking, even one or two puffs?

A. Yes	62.0	[54.6, 69.0]
B. No	38.0	[31.0, 45.4]

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

A. I have never smoked a whole cigarette	52.2	[45.0, 59.4]
B. 8 years old or younger	4.4	[3.6, 5.4]
C. 9 or 10 years old	6.2	[4.4, 8.7]
D. 11 or 12 years old	9.4	[7.4, 11.9]
E. 13 or 14 years old	15.9	[13.5, 18.7]
F. 15 or 16 years old	10.4	[7.9, 13.6]
G. 17 years old or older	1.4	[0.9, 2.2]

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

A. 0 days	74.3	[70.2, 78.0]
B. 1 or 2 days	8.2	[6.2, 10.9]
C. 3 to 5 days	3.5	[2.3, 5.4]
D. 6 to 9 days	3.0	[2.1, 4.1]
E. 10 to 19 days	3.3	[2.6, 4.2]
F. 20 to 29 days	1.8	[1.1, 2.9]
G. All 30 days	5.9	[4.3, 8.2]

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

A. I did not smoke cigarettes during the past 30 days	73.9	[69.6, 77.8]
B. Less than 1 cigarette per day	6.2	[4.6, 8.3]
C. 1 cigarette per day	6.6	[5.3, 8.3]
D. 2 to 5 cigarettes per day	9.6	[8.0, 11.4]
E. 6 to 10 cigarettes per day	2.1	[1.4, 3.2]
F. 11 to 20 cigarettes per day	0.8	[0.5, 1.2]
G. More than 20 cigarettes per day	0.8	[0.4, 1.3]

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

A. 0 days	89.8	[86.1, 92.6]
B. 1 or 2 days	4.2	[2.9, 6.2]
C. 3 to 5 days	1.8	[1.2, 2.7]
D. 6 to 9 days	1.0	[0.6, 1.6]
E. 10 to 19 days	0.8	[0.4, 1.5]
F. 20 to 29 days	0.5	[0.3, 1.1]
G. All 30 days	1.8	[1.1, 3.0]

31. During the past 12 months, did you ever try to quit smoking cigarettes?

A. I did not smoke during the past 12 months	67.5	[62.8, 71.8]
B. Yes	17.5	[15.0, 20.3]
C. No	15.0	[12.5, 17.9]

32. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)

A. I did not smoke cigarettes during the past 30 days	74.0	[69.6, 77.9]
B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station	5.2	[4.0, 6.7]
C. I bought them from a vending machine	0.6	[0.3, 1.2]
D. I gave someone else money to buy them for me	6.2	[4.8, 7.9]
E. I borrowed (or bummed) them from someone else	6.5	[5.2, 8.0]
F. A person 18 years old or older gave them to me	2.3	[1.5, 3.6]
G. I took them from a store or family member	1.4	[1.1, 1.7]
H. I got them some other way	3.9	[2.6, 5.8]

33. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

A. 0 days	78.7	[74.8, 82.0]
B. 1 or 2 days	9.7	[8.3, 11.2]
C. 3 to 5 days	4.8	[3.4, 6.8]
D. 6 to 9 days	2.3	[1.6, 3.2]
E. 10 to 19 days	2.3	[1.6, 3.3]
F. 20 to 29 days	0.8	[0.6, 1.2]
G. All 30 days	1.5	[1.0, 2.2]

34. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

A. 0 days	91.5	[89.2, 93.3]
B. 1 or 2 days	3.4	[2.5, 4.5]
C. 3 to 5 days	1.5	[0.9, 2.3]
D. 6 to 9 days	0.9	[0.7, 1.2]
E. 10 to 19 days	1.0	[0.5, 1.8]
F. 20 to 29 days	0.5	[0.3, 0.9]
G. All 30 days	1.3	[0.6, 2.6]

35. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

A. 0 days	43.6	[39.6, 47.7]
B. 1 or 2 days	23.2	[21.1, 25.4]
C. 3 or 4 days	11.5	[10.5, 12.6]
D. 5 or 6 days	4.6	[3.6, 5.9]
E. 7 days	17.1	[13.7, 21.0]

The next 8 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.

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

A. I have never had a drink of alcohol other than a few sips	28.5	[23.5, 34.1]
B. 8 years old or younger	9.5	[7.2, 12.5]
C. 9 or 10 years old	6.8	[5.2, 9.0]
D. 11 or 12 years old	13.7	[12.0, 15.5]
E. 13 or 14 years old	24.6	[22.4, 27.0]
F. 15 or 16 years old	15.1	[13.1, 17.3]
G. 17 years old or older	1.8	[1.1, 2.9]

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

A. 0 days	57.7	[53.3, 61.9]
B. 1 or 2 days	20.0	[17.1, 23.3]
C. 3 to 5 days	9.7	[8.1, 11.5]
D. 6 to 9 days	5.8	[4.6, 7.4]
E. 10 to 19 days	4.6	[3.6, 5.8]
F. 20 to 29 days	1.3	[0.9, 1.7]
G. All 30 days	1.0	[0.7, 1.5]

38. During the past 30 days, what brand of beer did you usually drink? (Select only one response)

A. I did not drink beer during the past 30 days	63.7	[59.4, 67.8]
B. I do not have a usual brand	8.3	[7.4, 9.3]
C. Bud Light	5.3	[3.8, 7.3]
D. Budweiser	6.6	[5.0, 8.7]
E. Coors Light	1.5	[0.9, 2.6]
F. Miller Light	0.5	[0.3, 0.9]
G. Natural Light	0.4	[0.2, 1.1]
H. Some other brand	13.7	[10.2, 18.1]

39. During the past 30 days, what type of alcohol did you usually drink? (Select only one response)

A. I did not drink alcohol during the past 30 days	56.2	[52.4, 60.0]
B. I do not have a usual type	5.5	[4.3, 6.9]
C. Beer	8.6	[7.1, 10.4]
D. Malt beverages, such as Smirnoff Ice, Bacardi Silver, and Hard Lemonade	8.6	[7.3, 10.2]
E. Wine coolers, such as Bartles and James or Seagrams	1.5	[1.1, 2.0]
F. Wine	1.4	[0.8, 2.3]
G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey	15.4	[12.7, 18.7]
H. Some other type	2.8	[1.7, 4.5]

40. During the past 30 days, how did you usually get your alcohol? (Select only one response)

A. I did not drink alcohol during the past 30 days	56.4	[52.4, 60.2]
B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or	1.3	[1.0, 1.8]
C. I bought it at a restaurant, bar or club	1.0	[0.6, 1.6]
D. I bought it at a public event such as a concert or sporting event	0.8	[0.4, 1.8]
E. I gave someone else money to buy it for me	10.9	[9.4, 12.6]
F. A person 18 years old or older gave it to me	9.1	[8.2, 10.2]
G. I took it from a store or family member	3.8	[2.8, 5.1]
H. I got it some other way	16.7	[13.7, 20.3]

41. During the past 30 days, where did you usually drink alcohol? (Select only one response)

A. I did not drink alcohol during the past 30 days	56.6	[52.8, 60.4]
B. At my home	8.8	[7.1, 10.8]
C. At another person's home	21.6	[19.3, 24.1]
D. At a restaurant, bar or club	1.0	[0.6, 1.7]
E. At a public place such as a park, beach, or parking lot	1.7	[1.1, 2.8]
F. At a public event such as a concert or sporting event	0.8	[0.4, 1.4]
G. On school property	1.0	[0.6, 1.5]
H. Some other location	8.6	[5.8, 12.4]

42. 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?

A. 0 days	71.4	[67.9, 74.7]
B. 1 day	9.6	[7.8, 11.6]
C. 2 days	8.5	[7.2, 10.1]
D. 3 to 5 days	4.9	[4.0, 6.1]
E. 6 to 9 days	3.0	[2.4, 3.7]
F. 10 to 19 days	1.6	[1.2, 2.1]
G. 20 or more days	1.0	[0.6, 1.4]

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

A. 0 days	92.4	[90.2, 94.1]
B. 1 or 2 days	4.8	[3.4, 6.8]
C. 3 to 5 days	1.5	[1.1, 2.0]
D. 6 to 9 days	0.4	[0.3, 0.6]
E. 10 to 19 days	0.4	[0.1, 1.0]
F. 20 to 29 days	0.1	[0.0, 0.3]
G. All 30 days	0.4	[0.2, 0.9]

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

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

A. I have never tried marijuana	50.7	[42.9, 58.4]
B. 8 years old or younger	4.6	[3.0, 7.0]
C. 9 or 10 years old	5.1	[3.5, 7.3]
D. 11 or 12 years old	11.0	[9.3, 13.1]
E. 13 or 14 years old	18.3	[15.0, 22.2]
F. 15 or 16 years old	9.4	[7.5, 11.8]
G. 17 years old or older	0.9	[0.5, 1.6]

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

A. 0 times	73.8	[69.1, 78.0]
B. 1 or 2 times	9.1	[7.2, 11.5]
C. 3 to 9 times	5.8	[4.8, 7.0]
D. 10 to 19 times	3.3	[2.7, 4.1]
E. 20 to 39 times	2.2	[1.6, 3.0]
F. 40 or more times	5.8	[4.5, 7.5]

46. During the past 30 days, how many times did you use marijuana on school property?

A. 0 times	91.6	[89.1, 93.5]
B. 1 or 2 times	3.3	[2.3, 4.9]
C. 3 to 9 times	1.8	[1.3, 2.6]
D. 10 to 19 times	1.2	[0.9, 1.7]
E. 20 to 39 times	0.8	[0.5, 1.5]
F. 40 or more times	1.2	[0.8, 1.8]

The next 9 questions ask about other drugs.

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

A. 0 times	92.1	[90.5, 93.4]
B. 1 or 2 times	3.6	[2.8, 4.6]
C. 3 to 9 times	1.8	[1.3, 2.5]
D. 10 to 19 times	1.1	[0.6, 2.2]
E. 20 to 39 times	0.5	[0.3, 0.9]
F. 40 or more times	0.9	[0.6, 1.4]

48. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

A. 0 times	92.5	[90.5, 94.1]
B. 1 or 2 times	4.0	[3.2, 5.0]
C. 3 to 9 times	1.8	[1.2, 2.5]
D. 10 to 19 times	0.9	[0.4, 1.7]
E. 20 to 39 times	0.3	[0.2, 0.6]
F. 40 or more times	0.5	[0.3, 0.9]

49. During the past 30 days, how many times have you used heroin (also called smack, junk, or China White)?

A. 0 times	97.1	[96.0, 97.9]
B. 1 or 2 times	0.9	[0.6, 1.3]
C. 3 to 9 times	0.7	[0.3, 1.5]
D. 10 to 19 times	0.6	[0.3, 1.0]
E. 20 to 39 times	0.4	[0.2, 0.7]
F. 40 or more times	0.4	[0.2, 0.7]

50. During the past 12 months, how many times have you used heroin (also called smack, junk, or China White)?

A. 0 times	95.4	[93.6, 96.7]
B. 1 or 2 times	1.7	[1.1, 2.7]
C. 3 to 9 times	1.3	[0.7, 2.6]
D. 10 to 19 times	0.3	[0.2, 0.5]
E. 20 to 39 times	0.3	[0.2, 0.7]
F. 40 or more times	0.9	[0.5, 1.5]

51. During the past 30 days, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

A. 0 times	95.4	[94.4, 96.2]
B. 1 or 2 times	1.7	[1.3, 2.3]
C. 3 to 9 times	1.0	[0.5, 1.9]
D. 10 to 19 times	1.0	[0.6, 1.6]
E. 20 to 39 times	0.3	[0.1, 0.6]
F. 40 or more times	0.6	[0.4, 1.0]

52. During the past 12 months, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

A. 0 times	92.5	[91.4, 93.5]
B. 1 or 2 times	2.9	[2.3, 3.6]
C. 3 to 9 times	1.4	[1.2, 1.8]
D. 10 to 19 times	1.0	[0.6, 1.7]
E. 20 to 39 times	0.8	[0.4, 1.8]
F. 40 or more times	1.3	[0.8, 2.0]

53. During the past 12 months, how many times have you used ecstasy?

A. 0 times	93.6	[92.5, 94.5]
B. 1 or 2 times	2.8	[2.1, 3.7]
C. 3 to 9 times	1.6	[1.3, 1.9]
D. 10 to 19 times	0.9	[0.5, 1.7]
E. 20 to 39 times	0.4	[0.3, 0.6]
F. 40 or more times	0.7	[0.5, 1.1]

54. During your life, how many times have you used a needle to inject any illegal drug into your body?

A. 0 times	95.7	[94.4, 96.7]
B. 1 time	2.1	[1.6, 2.8]
C. 2 or more times	2.2	[1.6, 3.1]

55. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

A. Yes	33.5	[30.5, 36.6]
B. No	66.5	[63.4, 69.5]

The next 3 questions ask about what people think about kids your age drinking alcohol.

56. How wrong would most adults in your community think it was for kids your age to drink alcohol (beer, wine, or hard liquor) regularly?

A. Very wrong	38.7	[36.1, 41.4]
B. Wrong	39.5	[36.1, 43.1]
C. A little bit wrong	17.7	[16.0, 19.5]
D. Not wrong at all	4.1	[3.5, 4.8]

57. How wrong do your parents feel it would be for you to drink alcohol (beer, wine, or hard liquor) regularly?

A. Very wrong	63.7	[60.1, 67.1]
B. Wrong	21.6	[18.2, 25.4]
C. A little bit wrong	10.5	[9.3, 11.7]
D. Not wrong at all	4.2	[3.3, 5.5]

58. How wrong do you think it is for someone your age to drink alcohol (beer, wine, or hard liquor) regularly?

A. Very wrong	30.1	[27.2, 33.2]
B. Wrong	24.2	[21.5, 27.2]
C. A little bit wrong	30.1	[27.7, 32.7]
D. Not wrong at all	15.6	[14.0, 17.3]

If you wanted to, how easy would each of the following be to get?

59. Beer, wine, or hard liquor (for example, vodka, whiskey or gin)?

A. Very hard	14.0	[12.2, 16.0]
B. Sort of hard	15.0	[13.3, 16.9]
C. Sort of easy	23.7	[22.1, 25.4]
D. Very easy	47.3	[43.8, 50.8]

60. Marijuana?

A. Very hard	19.6	[17.1, 22.2]
B. Sort of hard	13.3	[11.1, 15.8]
C. Sort of easy	19.5	[17.4, 21.8]
D. Very easy	47.7	[42.8, 52.6]

61. Cocaine, LSD, methamphetamines, or other illegal drug?

A. Very hard	43.8	[39.4, 48.3]
B. Sort of hard	23.3	[20.3, 26.6]
C. Sort of easy	13.9	[11.4, 16.8]
D. Very easy	19.0	[16.4, 22.0]

62. About how many adults have you known personally who, in the past year, have used marijuana, cocaine or other drugs?

A. None	40.2	[34.8, 45.9]
B. 1 adult	14.1	[13.3, 14.9]
C. 2 adults	12.2	[10.6, 14.1]
D. 3 to 4 adults	12.7	[11.0, 14.6]
E. 5 or more adults	20.7	[17.3, 24.7]

63. About how many adults have you known personally who, in the past year, have sold or dealt drugs?

A. None	59.0	[51.9, 65.7]
B. 1 adult	13.5	[11.8, 15.4]
C. 2 adults	9.8	[7.5, 12.8]
D. 3 to 4 adults	7.0	[5.2, 9.3]
E. 5 or more adults	10.7	[9.1, 12.5]

The next 6 questions ask about sexual behavior.

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

A. I have never had sexual intercourse	53.5	[53.5, 53.5]
B. 11 years old or younger	4.4	[4.4, 4.4]
C. 12 years old	3.9	[3.9, 3.9]
D. 13 years old	6.5	[6.5, 6.5]
E. 14 years old	11.4	[11.4, 11.4]
F. 15 years old	11.2	[11.2, 11.2]
G. 16 years old	6.3	[6.3, 6.3]
H. 17 years old or older	2.8	[2.8, 2.8]

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

A. I have never had sexual intercourse	53.7	[53.7, 53.7]
B. 1 person	17.2	[17.2, 17.2]
C. 2 people	8.8	[8.8, 8.8]
D. 3 people	6.7	[6.7, 6.7]
E. 4 people	4.1	[4.1, 4.1]
F. 5 people	2.7	[2.7, 2.7]
G. 6 or more people	6.8	[6.8, 6.8]

66. During the past 3 months, with how many people did you have sexual intercourse?

A. I have never had sexual intercourse	53.9	[53.9, 53.9]
B. I have had sexual intercourse, but not during the past 3 months	13.3	[13.3, 13.3]
C. 1 person	23.6	[23.6, 23.6]
D. 2 people	4.8	[4.8, 4.8]
E. 3 people	1.7	[1.7, 1.7]
F. 4 people	0.9	[0.9, 0.9]
G. 5 people	0.7	[0.7, 0.7]
H. 6 or more people	1.0	[1.0, 1.0]

67. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

A. I have never had sexual intercourse	53.6	[53.6, 53.6]
B. Yes	11.7	[11.7, 11.7]
C. No	34.7	[34.7, 34.7]

68. The last time you had sexual intercourse, did you or your partner use a condom?

A. I have never had sexual intercourse	54.0	[54.0, 54.0]
B. Yes	27.3	[27.3, 27.3]
C. No	18.8	[18.8, 18.8]

69. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)

A. I have never had sexual intercourse	53.8	[53.8, 53.8]
B. No method was used to prevent pregnancy	7.8	[7.8, 7.8]
C. Birth control pills	6.4	[6.4, 6.4]
D. Condoms	21.8	[21.8, 21.8]
E. Depo-Provera (injectable birth control)	2.8	[2.8, 2.8]
F. Withdrawal	3.6	[3.6, 3.6]
G. Some other method	1.3	[1.3, 1.3]
H. Not sure	2.5	[2.5, 2.5]

The following questions ask about your family, your school, other adults, your friends and yourself.

In my home, there is a parent or some other adult …

70. who is interested in my school work.

A. Not true at all	5.5	[4.3, 7.1]
B. A little true	9.0	[7.9, 10.2]
C. Pretty much true	20.5	[18.5, 22.6]
D. Very much true	65.0	[61.4, 68.4]

71. who talks with me about my problems.

A. Not true at all	14.0	[10.9, 17.8]
B. A little true	20.3	[18.5, 22.3]
C. Pretty much true	23.2	[21.2, 25.4]
D. Very much true	42.4	[38.9, 46.0]

72. who listens to me when I have something to say.

A. Not true at all	10.7	[8.4, 13.6]
B. A little true	16.0	[13.4, 19.0]
C. Pretty much true	23.9	[21.3, 26.6]
D. Very much true	49.4	[45.5, 53.3]

73. who expects me to follow the rules.

A. Not true at all	4.7	[3.5, 6.3]
B. A little true	7.2	[5.9, 8.7]
C. Pretty much true	19.8	[18.2, 21.5]
D. Very much true	68.3	[64.7, 71.7]

74. who believes that I will be a success.

A. Not true at all	5.0	[3.9, 6.3]
B. A little true	8.7	[7.3, 10.4]
C. Pretty much true	16.0	[14.3, 18.0]
D. Very much true	70.2	[67.7, 72.7]

75. who always wants me to do my best

A. Not true at all	4.4	[3.4, 5.7]
B. A little true	4.6	[3.7, 5.6]
C. Pretty much true	11.1	[9.6, 13.0]
D. Very much true	79.9	[76.4, 83.0]

At my school, there is a teacher or some other adult…

76. who really cares about me.

A. Not true at all	14.8	[12.5, 17.4]
B. A little true	24.1	[21.6, 26.9]
C. Pretty much true	27.0	[23.8, 30.5]
D. Very much true	34.1	[32.0, 36.2]

77. who notices when I'm not there.

A. Not true at all	12.7	[10.1, 15.9]
B. A little true	21.4	[20.0, 22.9]
C. Pretty much true	30.1	[27.7, 32.6]
D. Very much true	35.8	[33.4, 38.2]

78. who listens to me when I have something to say.

A. Not true at all	12.7	[10.5, 15.4]
B. A little true	20.7	[19.0, 22.5]
C. Pretty much true	30.8	[29.3, 32.3]
D. Very much true	35.7	[34.2, 37.2]

79. who tells me when I do a good job.

A. Not true at all	10.9	[10.1, 11.8]
B. A little true	17.9	[15.9, 20.2]
C. Pretty much true	29.1	[26.7, 31.6]
D. Very much true	42.1	[40.1, 44.0]

80. who always wants me to do my best.

A. Not true at all	9.4	[8.0, 11.0]
B. A little true	14.2	[11.8, 16.9]
C. Pretty much true	26.0	[22.6, 29.8]
D. Very much true	50.5	[47.5, 53.4]

81. who believes that I will be a success.

A. Not true at all	11.2	[10.0, 12.6]
B. A little true	16.5	[14.5, 18.7]
C. Pretty much true	27.7	[24.6, 30.9]
D. Very much true	44.6	[42.7, 46.5]

Outside of my home and school, there is an adult…

82. who really cares about me.

A. Not true at all	9.7	[8.2, 11.5]
B. A little true	10.7	[8.8, 12.9]
C. Pretty much true	18.9	[17.5, 20.5]
D. Very much true	60.7	[57.0, 64.3]

83. who notices when I am upset about something.

A. Not true at all	10.8	[9.4, 12.4]
B. A little true	13.8	[12.2, 15.6]
C. Pretty much true	23.8	[22.1, 25.6]
D. Very much true	51.5	[48.4, 54.7]

84. whom I trust.

A. Not true at all	10.7	[8.8, 12.9]
B. A little true	11.1	[8.7, 14.0]
C. Pretty much true	19.6	[18.4, 20.7]
D. Very much true	58.7	[54.8, 62.5]

85 who tells me when I do a good job.

A. Not true at all	10.7	[8.9, 12.7]
B. A little true	12.6	[10.8, 14.7]
C. Pretty much true	25.4	[23.1, 27.8]
D. Very much true	51.3	[47.0, 55.6]

86. who always wants me to do my best.

A. Not true at all	9.1	[7.4, 11.0]
B. A little true	10.0	[8.3, 12.1]
C. Pretty much true	22.2	[20.7, 23.8]
D. Very much true	58.7	[54.5, 62.8]

87. who believes that I will be a success.

A. Not true at all	9.1	[7.8, 10.7]
B. A little true	10.1	[8.5, 12.0]
C. Pretty much true	21.6	[20.0, 23.2]
D. Very much true	59.2	[55.4, 62.8]

I have a friend about my own age…

88. who really cares about me.

A. Not true at all	7.2	[4.9, 10.4]
B. A little true	10.0	[7.9, 12.5]
C. Pretty much true	20.2	[17.7, 23.0]
D. Very much true	62.6	[57.0, 67.9]

89. who talks with me about my problems.

A. Not true at all	10.3	[7.9, 13.4]
B. A little true	13.2	[11.1, 15.6]
C. Pretty much true	19.2	[17.2, 21.4]
D. Very much true	57.3	[52.7, 61.8]

90. who helps me when I'm having a hard time.

A. Not true at all	8.3	[6.1, 11.2]
B. A little true	11.2	[9.1, 13.7]
C. Pretty much true	20.2	[18.2, 22.4]
D. Very much true	60.3	[55.3, 65.0]

How true do you feel these statements are for you?

91. When I am not at home, one of my parents/guardians knows where I am and who I am with.

A. Not true at all	6.0	[4.7, 7.5]
B. A little true	14.1	[13.0, 15.3]
C. Pretty much true	30.3	[28.1, 32.7]
D. Very much true	49.6	[46.8, 52.4]

92. My family has clear rules about drug and alcohol use.

A. Not true at all	6.4	[5.5, 7.4]
B. A little true	11.9	[10.3, 13.7]
C. Pretty much true	20.1	[18.4, 21.9]
D. Very much true	61.6	[58.5, 64.7]

93. My family has clear rules and standards for my behavior.

A. Not true at all	5.4	[4.3, 6.7]
B. A little true	11.9	[9.8, 14.4]
C. Pretty much true	25.0	[23.8, 26.3]
D. Very much true	57.7	[54.4, 60.9]

94. In my school, there are clear rules about what students can and cannot do.

A. Not true at all	6.0	[5.3, 6.8]
B. A little true	11.6	[10.6, 12.7]
C. Pretty much true	27.4	[23.7, 31.4]
D. Very much true	55.0	[50.9, 59.1]

95. At school, I help decide things like class activities or rules.

A. Not true at all	36.0	[33.4, 38.6]
B. A little true	25.4	[23.8, 27.0]
C. Pretty much true	18.0	[15.6, 20.5]
D. Very much true	20.7	[18.6, 22.9]

96. At school, I try hard to do my best work.

A. Not true at all	5.0	[4.1, 6.0]
B. A little true	13.3	[11.6, 15.2]
C. Pretty much true	33.0	[30.2, 36.0]
D. Very much true	48.7	[45.5, 51.9]

97. I plan to go to college or some other school after high school.

A. Not true at all	6.0	[4.7, 7.7]
B. A little true	6.8	[5.2, 8.9]
C. Pretty much true	13.1	[11.9, 14.4]
D. Very much true	74.1	[70.8, 77.1]

98. At school I am involved in sports, clubs, or other extra-curricular activities (such as band, cheerleading, student council, etc.).

A. Not true at all	30.7	[25.1, 36.9]
B. A little true	8.7	[7.3, 10.4]
C. Pretty much true	10.9	[8.8, 13.4]
D. Very much true	49.7	[44.5, 54.9]

99. Outside of my home and school, I am a part of clubs, sports teams, church/ temple, or other group activities.

A. Not true at all	32.6	[26.2, 39.7]
B. A little true	11.8	[10.3, 13.5]
C. Pretty much true	15.6	[13.5, 18.0]
D. Very much true	40.0	[33.9, 46.5]

100. Outside of my home and school, I am involved in music, art, literature, sports or a hobby.

A. Not true at all	23.4	[17.8, 30.1]
B. A little true	11.8	[10.3, 13.6]
C. Pretty much true	17.4	[15.9, 19.0]
D. Very much true	47.4	[40.7, 54.1]

101. Outside of my home and school, I help other people.

A. Not true at all	11.8	[9.8, 14.2]
B. A little true	19.6	[16.5, 23.1]
C. Pretty much true	32.5	[30.3, 34.8]
D. Very much true	36.1	[32.7, 39.5]

102. I try to understand what other people feel and think.

A. Not true at all	9.0	[6.3, 12.7]
B. A little true	14.5	[12.6, 16.6]
C. Pretty much true	31.5	[29.0, 34.2]
D. Very much true	45.0	[39.9, 50.2]

103. It is important to think before you act.

A. Not true at all	5.2	[4.0, 6.6]
B. A little true	9.1	[7.7, 10.9]
C. Pretty much true	23.5	[20.8, 26.4]
D. Very much true	62.2	[59.0, 65.3]

104. I have to have everything right away.

A. Not true at all	24.7	[22.8, 26.6]
B. A little true	37.0	[34.5, 39.6]
C. Pretty much true	21.2	[19.2, 23.4]
D. Very much true	17.1	[14.2, 20.5]

105. I often do things without thinking about what will happen.

A. Not true at all	20.0	[17.9, 22.2]
B. A little true	32.8	[29.8, 35.9]
C. Pretty much true	24.7	[23.4, 26.1]
D. Very much true	22.6	[18.5, 27.2]

106. It's hard for me to stick with one thing even when it's fun.

A. Not true at all	38.8	[33.5, 44.2]
B. A little true	26.2	[23.8, 28.7]
C. Pretty much true	18.4	[15.4, 21.8]
D. Very much true	16.7	[13.5, 20.4]

107. My friends get into a lot of trouble.

A. Not true at all	34.6	[31.2, 38.2]
B. A little true	33.7	[31.6, 35.9]
C. Pretty much true	17.5	[15.4, 19.9]
D. Very much true	14.2	[12.6, 15.9]

108. My friends do well in school.

A. Not true at all	7.6	[6.5, 8.8]
B. A little true	20.5	[17.7, 23.7]
C. Pretty much true	42.0	[40.7, 43.4]
D. Very much true	29.9	[26.5, 33.5]

Among the people you consider to be your closest friends, how many would you say do the following?

109. Drink alcohol once a week or more?

A. None	38.1	[35.6, 40.7]
B. A few	34.1	[32.3, 36.0]
C. Some	13.2	[11.4, 15.1]
D. Most	10.5	[9.6, 11.4]
E. All	4.1	[2.9, 5.7]

110. Have used drugs such as marijuana or cocaine?

A. None	37.2	[32.3, 42.3]
B. A few	31.1	[29.8, 32.4]
C. Some	13.6	[10.7, 17.1]
D. Most	12.6	[10.8, 14.7]
E. All	5.5	[4.4, 6.9]

The next 7 questions ask about how many times you have done the following things.

111. How many times have you done something dangerous because someone dared you to do it?

A. I've never done this	41.9	[38.0, 45.8]
B. I've done it but not in the past year	28.1	[26.4, 29.9]
C. Less than once a month	14.6	[12.0, 17.7]
D. About once a month	6.1	[5.3, 7.0]
E. 2 to 3 times a month	4.9	[3.1, 7.5]
F. Once a week or more	4.5	[3.5, 5.6]

112. How many times have you done crazy exciting things even if they are a little dangerous?

A. I've never done this	25.5	[22.3, 29.0]
B. I've done it but not in the past year	23.3	[20.8, 26.1]
C. Less than once a month	19.1	[17.4, 20.9]
D. About once a month	11.2	[9.5, 13.1]
E. 2 to 3 times a month	10.1	[8.4, 12.2]
F. Once a week or more	10.7	[8.8, 13.0]

113. How often do you attend religious or spiritual services?

A. Every day	7.2	[5.6, 9.3]
B. 1 to 6 times a week	27.7	[23.0, 33.0]
C. 1 to 3 times a month	17.3	[15.6, 19.2]
D. 3 to 11 times a year	12.6	[10.1, 15.6]
E. Only once or twice a year	15.0	[13.6, 16.6]
F. Never	20.1	[18.2, 22.1]

114. During the school year, how many hours a week do you work at a job?

A. I don't work	63.9	[60.0, 67.6]
B. 1 to 4 hours per week	9.4	[7.8, 11.4]
C. 5 to 9 hours per week	8.7	[7.0, 10.7]
D. 10 to 20 hours per week	9.9	[8.2, 11.9]
E. Over 20 hours per week	8.1	[5.7, 11.4]

115. During the last four weeks, how many days of school have you missed because you skipped or ditched?

A. None	57.0	[50.1, 63.7]
B. 1 day	15.2	[13.4, 17.3]
C. 2 days	9.0	[7.3, 11.1]
D. 3 days	6.7	[5.0, 8.8]
E. 4 to 5 days	6.6	[5.1, 8.3]
F. 6 to 10 days	2.7	[1.6, 4.4]
G. 11 or more days	2.8	[1.7, 4.5]

116. How often do you come to classes without bringing paper or something to write with?

A. Never	57.4	[53.4, 61.3]
B. Sometimes	34.1	[31.2, 37.2]
C. Usually	8.5	[7.3, 9.9]

117. How often do you come to classes without your homework finished?

A. Never	22.7	[19.9, 25.9]
B. Sometimes	61.0	[58.4, 63.5]
C. Usually	16.3	[14.3, 18.6]

The next 3 questions ask about body weight.

118. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?

A. Yes	59.9	[55.4, 64.3]
B. No	40.1	[35.7, 44.6]

119. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

A. Yes	36.0	[33.6, 38.3]
B. No	64.0	[61.7, 66.4]

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

A. Yes	7.0	[6.1, 8.0]
B. No	93.0	[92.0, 93.9]

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

121. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

A. I did not drink 100% fruit juice during the past 7 days	21.8	[19.6, 24.1]
B. 1 to 3 times during the past 7 days	37.6	[35.6, 39.7]
C. 4 to 6 times during the past 7 days	16.9	[14.9, 19.0]
D. 1 time per day	8.9	[7.7, 10.3]
E. 2 times per day	6.2	[5.2, 7.5]
F. 3 times per day	3.5	[2.7, 4.6]
G. 4 or more times per day	5.1	[3.6, 7.2]

122. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

A. I did not eat fruit during the past 7 days	14.4	[12.6, 16.5]
B. 1 to 3 times during the past 7 days	42.5	[39.0, 46.1]
C. 4 to 6 times during the past 7 days	19.0	[17.0, 21.1]
D. 1 time per day	10.3	[7.6, 13.8]
E. 2 times per day	6.9	[6.1, 7.8]
F. 3 times per day	2.9	[2.2, 3.9]
G. 4 or more times per day	4.0	[3.3, 5.0]

123. During the past 7 days, how many times did you eat green salad?

A. I did not eat green salad during the past 7 days	29.3	[23.6, 35.7]
B. 1 to 3 times during the past 7 days	43.6	[41.2, 45.9]
C. 4 to 6 times during the past 7 days	13.8	[10.3, 18.3]
D. 1 time per day	8.0	[6.2, 10.1]
E. 2 times per day	2.4	[2.0, 2.9]
F. 3 times per day	0.7	[0.5, 0.8]
G. 4 or more times per day	2.3	[1.6, 3.3]

124. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

A. I did not eat potatoes during the past 7 days	25.0	[22.4, 27.7]
B. 1 to 3 times during the past 7 days	49.7	[46.5, 52.8]
C. 4 to 6 times during the past 7 days	14.6	[13.4, 15.8]
D. 1 time per day	5.4	[4.5, 6.6]
E. 2 times per day	2.1	[1.3, 3.2]
F. 3 times per day	0.8	[0.5, 1.2]
G. 4 or more times per day	2.5	[1.8, 3.5]

125. During the past 7 days, how many times did you eat carrots?

A. I did not eat carrots during the past 7 days	49.0	[45.3, 52.7]
B. 1 to 3 times during the past 7 days	34.6	[31.1, 38.2]
C. 4 to 6 times during the past 7 days	8.6	[7.5, 9.8]
D. 1 time per day	4.0	[3.3, 4.9]
E. 2 times per day	1.5	[0.9, 2.5]
F. 3 times per day	0.4	[0.2, 0.9]
G. 4 or more times per day	2.0	[1.3, 3.1]

126. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

A. I did not eat other vegetables during the past 7 days	19.0	[14.7, 24.2]
B. 1 to 3 times during the past 7 days	41.1	[39.5, 42.8]
C. 4 to 6 times during the past 7 days	20.6	[17.8, 23.8]
D. 1 time per day	9.7	[7.9, 11.8]
E. 2 times per day	5.0	[4.2, 5.9]
F. 3 times per day	1.7	[1.2, 2.4]
G. 4 or more times per day	2.8	[1.9, 4.1]

127. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

A. I did not drink milk during the past 7 days	19.2	[16.3, 22.6]
B. 1 to 3 glasses during the past 7 days	24.5	[22.7, 26.4]
C. 4 to 6 glasses during the past 7 days	18.2	[16.3, 20.3]
D. 1 glass per day	12.9	[10.9, 15.1]
E. 2 glasses per day	11.8	[9.9, 14.1]
F. 3 glasses per day	6.0	[4.3, 8.4]
G. 4 or more glasses per day	7.3	[5.6, 9.4]

The next 7 questions ask about physical activity, personal care and health habits.

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

A. 0 days	19.4	[15.2, 24.4]
B. 1 day	12.2	[11.2, 13.3]
C. 2 days	10.8	[9.9, 11.9]
D. 3 days	11.0	[9.5, 12.8]
E. 4 days	7.6	[6.4, 8.9]
F. 5 days	11.7	[9.6, 14.1]
G. 6 days	7.6	[5.9, 9.7]
H. 7 days	19.7	[16.3, 23.8]

129. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

A. 0 days	28.7	[24.8, 33.0]
B. 1 day	14.9	[12.6, 17.5]
C. 2 days	15.3	[13.6, 17.3]
D. 3 days	11.1	[9.5, 12.9]
E. 4 days	7.3	[6.0, 8.8]
F. 5 days	6.4	[5.4, 7.4]
G. 6 days	3.2	[2.6, 3.9]
H. 7 days	13.1	[11.4, 15.0]

130. On an average school day, how many hours do you watch TV?

A. I do not watch TV on an average school day	12.8	[10.8, 15.2]
B. Less than 1 hour per day	20.3	[18.4, 22.3]
C. 1 hour per day	16.8	[15.1, 18.6]
D. 2 hours per day	21.5	[19.8, 23.4]
E. 3 hours per day	13.7	[11.5, 16.1]
F. 4 hours per day	6.3	[4.6, 8.4]
G. 5 or more hours per day	8.6	[6.3, 11.7]

131. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

A. 0 days	58.5	[53.6, 63.3]
B. 1 day	5.0	[3.8, 6.6]
C. 2 days	3.8	[2.6, 5.5]
D. 3 days	5.4	[2.2, 12.9]
E. 4 days	3.0	[1.5, 5.8]
F. 5 days	24.3	[16.9, 33.7]

132. If your school has a school-based health center, how many times did you use it for services this year?

A. My school does not have a school-based health center	39.1	[30.2, 48.7]
B. 0 times	39.5	[33.8, 45.6]
C. 1 time	10.0	[7.4, 13.3]
D. 2 times	5.4	[3.9, 7.4]
E. 3 or more times	6.0	[4.0, 9.1]

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

A. Yes	22.0	[20.4, 23.8]
B. No	71.1	[69.0, 73.2]
C. Not sure	6.8	[5.8, 8.0]

134. During the past 12 months, have you had an episode of asthma or an asthma attack?

A. I do not have asthma	72.8	[71.3, 74.2]
B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months	14.9	[13.2, 16.7]
C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months	7.2	[6.0, 8.5]
D. Not sure	5.2	[3.7, 7.2]

These last 3 questions ask for some information about you and your family.

135. How often do you speak a language other than English at home?

A. Never	46.4	[35.9, 57.2]
B. Less than half the time	24.4	[22.1, 26.8]
C. About half the time	10.4	[7.1, 14.8]
D. More than half the time but not all of the time	7.7	[4.7, 12.3]
E. All of the time	11.1	[6.9, 17.5]

136. Were you born in the USA?

A. Yes	90.3	[87.3, 92.6]
B. No	9.7	[7.4, 12.7]

137. During the past 12 months, which of the following statements best describes the food eaten by you and your family?

A. Enough food to eat	88.8	[85.9, 91.2]
B. Sometimes not enough food to eat	7.8	[5.8, 10.4]
C. Often not enough food to eat	3.4	[2.6, 4.4]

APPENDIX B: SURVEY METHODS

During the fall of 2005, the New Mexico Department of Health (NM DOH), the New Mexico Public Education Department (NMPED) and the University of New Mexico Center for Health Promotion and Disease Prevention (CHPDP), with technical support from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH Cooperative Agreement No. UC87/CCU622624), collaborated to survey New Mexico high school students throughout the state of New Mexico for the NM YRRS. This appendix describes the sampling design for the survey, the survey instrument, the administration of the survey, the response rate and the analysis.

Sampling Design

The NM-YRRS presented an interesting sampling challenge reflecting the state and national sampling needs. Stakeholders in New Mexico wanted enough data from each participating district to create district level reports, whereas the CDC merely required data to represent the State of New Mexico in a statewide sample. Two separate but overlapping sample frames were used to select the schools: one was drawn to satisfy CDC sampling criteria and one to allow the NM DOH to report district level data for each district.

The NM DOH began by drawing two independent samples of schools: one non-stratified to satisfy the CDC requirements, and the second larger and stratified by district to satisfy the needs of school districts and other local program planners. The sampling frame for each sample included all public schools with grades 9 - 12 in the state. Schools were selected with probability of selection proportional to size (PPS; i.e., a school with a higher number of 9th-12th graders had a higher probability of selection than a school with fewer 9th-12th graders). For the NM/CDC non-stratified sample, 24 schools were selected, of which 20 chose to participate in the survey. For the school district stratified sample, all 89 school districts and 141 of 185 schools were selected. Of these, 79 school districts and 117 schools participated in the survey.

Each selected school was contacted through the district superintendent and school principal, who had the opportunity to refuse participation. For those who agreed to participate, classrooms for each statewide, stratified and non-stratified sample were selected from each school by first assembling a list of all second-period classes. The list was next purged of all classes with two or fewer students enrolled, English as a second language classes, remote instruction classes, teacher preparation periods, self-contained special education classes, classes comprising students below 9th grade, or classes identified as 'office or teacher aide'. The remaining classes were numbered sequentially. PCSample (a CDC designed software for selecting school samples) was used to systematically select classrooms for participation from these lists for each selected school. Selected classes were then verified with a contact person at each school. The contact person confirmed the teacher name, number of students enrolled, and the amount of Spanish-language materials needed for each classroom. Students who were unable to fill out the survey by themselves were also eliminated from the sample due to confidentiality concerns.

At each stage of selection, there was an explicit understanding that participation in the survey could be refused (i.e., school district superintendents, school principals, parents, and students

were able to refuse to participate). Final results include responses from 5,679 students in 20 schools from 15 school districts.

Survey Instrument

As noted above, the NM YRRS 2005 survey was designed by a questionnaire task force, composed of representatives from NM PED, NM DOH and the UNM Center for Health Promotion and Disease Prevention (CHPDP) and local partners. Special attention was given to ensuring that the survey met CDC/DASH Youth Risk Behavior Survey (YRBS) specifications. This meant that at least 58 of the NM YRRS questions had to be identical to the CDC/DASH YRBS. Sixty questions on the 2005 NM YRRS were taken directly from the 2005 CDC/DASH YRBS. DASH approved the use of the NM YRRS as a substitute for the YRBS. CDC/DASH approval, based on an accepted survey instrument and sampling procedures, allowed results from the NM YRRS to be included in national YRBS data.

The YRBS survey instrument includes questions about risk behaviors, but does not address resiliency factors ('assets' or 'protective factors'). Learning about the assets of New Mexico youth was of great concern to the questionnaire task force. Questions addressing resiliency were drawn from the California Health Kids Survey and from the Communities that Care (Hawkins & Catalano) survey. Together the risk and resiliency questions totaled 137, a long survey by any measure, but shorter than the initial YRRS (2001) by 20 questions. As in the past, the survey was also offered in Spanish.

Administration

CHPDP was contracted to administer the NM YRRS through a competitive bid process. CHPDP sent letters to all district superintendents inviting their participation. Of the 89 districts in New Mexico, 79 superintendents expressed willingness to participate. Each superintendent that agreed to participate was asked to provide a list of all high school principals. Each principal was then approached individually. Those principals who agreed were asked to designate a contact person at the school who would act as a local coordinator. Each contact person was asked to provide a list of all second period classrooms in grades 9-12. Classrooms were then sampled as described above.

Survey administration took place during the fall semester of 2005. Each school was allowed to choose the day on which they completed the NM YRRS. All youth in attendance on the selected day in the selected classrooms were invited to complete the YRRS. Classroom teachers acted as survey administrators.

The survey instrument consisted of a questionnaire and a scannable answer sheet. Students were supplied with a mechanical pencil and were asked to complete the answer sheet. Completed answer sheets were returned to CHPD by the school contact.

Data Management and Analysis

All completed answer sheets were collected by the Center of Health Promotion and Disease Prevention (CHPDP) and were sent to University of New Mexico Computer Information and Research Technology (UNM CIRT) for scanning The CDC weighted the NM/CDC nonstratified sample for probability of selection, nonresponse, gender, grade level, and race/ethnicity. The cleaned and weighted dataset was returned to NM DOH.

The school district stratified sample, after being cleaned by CDC, was weighted by NM DOH for probability of selection, nonresponse, and school population size.

Analysis was conducted by NM DOH using STATA version 8. STATA is a software package that is capable of incorporating the complex survey sample design into the analysis. For this report, statistical significance was determined by 95% confidence intervals.

Response Rate

The final response rate for the survey results from a combination of the school response rate, the classroom response rate, and the student response rate. For the NM/CDC stratified sample, the results from which are reported here, the final response rate was 60%.

For the NM school district stratified sample, a response rate of 63% was achieved. The results from this sample of students are reported in separate school district-level, county-level, and special reports.

APPENDIX C: DATA TABLES

Table 4: 2005 NM YRRS Rates for Selected Indicators compared to National Rates and State Ranking

Indicator	New Mexico (95% CI)	National (95% CI)	New Mexico's Rate is … *	New Mexico Rank **
Rarely or never wore a seatbelt	8.4%	10.2%	Similar	28
Rode with a drinking driver †	31.5%	28.5%	Similar	8
Drove after drinking †	12.0%	9.9%	Similar	14
Persistent feelings of sadness and hopelessness	28.7%	28.5%	Similar	9
Attempted suicide (in previous 12 months)	12.5%	8.4%	Higher	3
Physical fight †	36.7%	35.9%	Similar	1
Skipped school because felt unsafe †	8.6%	6.0%	Similar	2
Ever forced to have sexual intercourse	8.4%	9.0%	Similar	16
Current alcohol use †	42.3%	43.3%	Similar	23
Binge drinking ††	28.6%	25.5%	Similar	14
Used alcohol before age 13	30.0%	25.6%	Similar	5
Current marijuana use †	26.2%	20.2%	Higher	1
Used marijuana before age 13	20.7%	8.7%	Higher	1
Current cocaine use †	7.9%	3.4%	Higher	1
Ever injected illegal drugs	4.3%	2.1%	Higher	1
Current smoker †	25.7%	23.0%	Similar	6
Smoked a cigarette before age 13	20.0%	16.0%	Similar	7
Sexually active †††	32.8%	33.9%	Similar	21
First sexual intercourse before age 13	8.3%	6.2%	Similar	7
No condom use (among youth who were sexually active) †††	42.7%	37.2%	Similar	5
Overweight ¶	12.0%	13.1%	Similar	20
Did not eat five servings of fruits or vegetables per day	82.2%	79.9%	Similar	18
Did not meet recommended levels of physical activity ¶¶	39.0%	31.3%	Higher	3

* Denotes whether the New Mexico rate is statistically higher than or statistically similar to the national rate, based on 95% confidence intervals.

** New Mexico's rank in comparison to 40 participating states (1 = highest rate; 40 = lowest rate).

† Engaged in the behavior within the 30 days preceding the survey.

†† Five or more drinks in a row, or within a couple of hours, in the 30 days preceding the survey.

††† Had sexual intercourse within the 30 days preceding the survey.

¶ Greater than the 95th percentile for body mass index, by age and sex, based on reference data.

¶¶ Participated in at least 20 minutes of vigorous physical activity (i.e., physical activity that made them sweat and breathe hard) on >3 of the 7 days preceding the survey and/or at least 30 minutes of moderate physical activity (i.e., physical activity that did not make them sweat and breathe hard) on >5 of the 7 days preceding the survey.

Table 5: Comparison of 2003 and 2005 NM YRRS Rates for Selected Indicators

Indicator	2003	2005
Rarely or never wore a seatbelt	11.5%	8.4%
Persistent feelings of sadness and hopelessness	31.9%	28.7%
Attempted suicide (in previous 12 months)	14.5%	12.5%
Physical fight	38.9%	36.7%
Skipped school because felt unsafe	8.2%	8.6%
Overweight	10.2%	12.0%
Did not eat five servings of fruits or vegetables per day	82.6%	82.2%
No physical activity	11.0%	12.1%
Did not meet recommended levels of physical activity	39.4%	39.0%
Sexually active	32.6%	32.8%
Smoked a cigarette before age 13	24.7%	20.0%
Current smoker	30.2%	25.7%
Current alcohol use *	50.7%	42.3%
Binge drinking *	35.4%	28.6%
Used alcohol before age 13	35.8%	30.0%
Offered drugs at school (in previous 12 months) *	41.2%	33.5%
Current inhalant use	6.8%	7.5%
Used marijuana before age 13	21.1%	20.7%
Current marijuana use	29.0%	26.2%
Current cocaine use	8.9%	7.9%
Ecstasy use in previous 12 months	7.8%	6.4%
Methamphetamine use in previous 12 months	8.2%	7.5%
Current methamphetamine use *	7.3%	4.6%
Heroin use in past 12 months	5.2%	4.6%
Ever injected illegal drugs	3.7%	4.3%

* Denotes statistically significant decrease from 2003 to 2005 (year comparisons in which 95% confidence intervals do not overlap)

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