



## Middle School Questionnaire 2009

- This is a survey about school and health-related behaviors, experiences, and attitudes. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it. **You will be able to answer** whether or not you have done or experienced any of these things.
- **You do not have to answer these questions**, but your answers will be very helpful in improving school and health programs.
- **Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.**
- Please mark all of your answers on the answer sheet. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***
- This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do something?), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

**Thank you for taking this survey!**

◆ Middle School 09 ◆

- A1. Fill in the bubble for the letter “M.”
- A2. Fill in the bubble for the number “3.”

**Next, we would like some background information about you.**

- A3. How **old** are you?
- |                            |                 |                          |
|----------------------------|-----------------|--------------------------|
| A) 10 years old or younger | D) 13 years old | G) 16 years old          |
| B) 11 years old            | E) 14 years old | H) 17 years old          |
| C) 12 years old            | F) 15 years old | I) 18 years old or older |
- A4. In which **month** were **you** born?
- |             |          |              |             |
|-------------|----------|--------------|-------------|
| A) January  | D) April | G) July      | J) October  |
| B) February | E) May   | H) August    | K) November |
| C) March    | F) June  | I) September | L) December |
- A5. In which **year** were you **born**?
- |                    |         |                  |
|--------------------|---------|------------------|
| A) 1994 or earlier | C) 1996 | E) 1998          |
| B) 1995            | D) 1997 | F) 1999 or later |
- A6. What is your **sex**?
- |         |           |
|---------|-----------|
| A) Male | B) Female |
|---------|-----------|
- A7. What **grade** are you in?
- |              |              |
|--------------|--------------|
| A) 7th grade | B) 8th grade |
|--------------|--------------|
- A8. Were you **born in the United States** (US)?
- |       |        |
|-------|--------|
| A) No | B) Yes |
|-------|--------|

A9. What is the **first letter of your mother’s first name**? For example, Jennifer = J

*(Please write the letter in the box on your answer sheet)*

- A10. Are you **right or left-handed**?
- |                 |                |         |
|-----------------|----------------|---------|
| A) Right-handed | B) Left-handed | C) Both |
|-----------------|----------------|---------|
- A11. How many **older brothers** do you have? Only count brothers with the **same mother and father** as you.
- |         |        |        |                  |
|---------|--------|--------|------------------|
| A) None | B) One | C) Two | D) Three or more |
|---------|--------|--------|------------------|
- A12. How many **older sisters** do you have? Only count sisters with the **same mother and father** as you.
- |         |        |        |                  |
|---------|--------|--------|------------------|
| A) None | B) One | C) Two | D) Three or more |
|---------|--------|--------|------------------|

◆ Middle School 09 ◆

A13. How do you **describe** yourself? (*Mark All That Apply.*)

- A) American Indian or Alaska Native
- B) Native Hawaiian or Pacific Islander
- C) Asian or Asian American
- D) Black or African American (non-Hispanic)
- E) Hispanic or Latino/Latina
- F) White or Caucasian (non-Hispanic)
- G) Other

A14. If you answered more than one in #13 above – Which **best** describes you? (*Mark only ONE.*)

- A) American Indian or Alaska Native
- B) Native Hawaiian or Pacific Islander
- C) Asian or Asian American
- D) Black or African American (non-Hispanic)
- E) Hispanic or Latino/Latina
- F) White or Caucasian (non-Hispanic)
- G) Other

A15. If you are **Asian or Pacific Islander**, which groups best describe you? (*Mark All That Apply.*)  
If you are **not** of Asian/Pacific Islander background, mark "A. Does not apply."

- A) Does not apply; I am not Asian or Pacific Islander
- B) Asian Indian
- C) Cambodian
- D) Chinese
- E) Filipino
- F) Japanese
- G) Korean
- H) Laotian
- I) Vietnamese
- J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander
- K) Other Asian

A16. If you are **Hispanic or Latino/Latina**, which groups best describe you? (*Mark All That Apply.*)  
If you are not of Hispanic background, mark "A. Does not apply."

- A) Does not apply; I am not Hispanic or Latino/Latina
- B) Central American
- C) South American
- D) Cuban
- E) Mexican
- F) Puerto Rican
- G) Other Hispanic

A17. In the past three years, were you part of the Migrant Education Program or did your family move to find work in agriculture?

- A) Yes
- B) No
- C) Don't Know

A18. Did you eat **breakfast today**?

- A) No
- B) Yes

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Please mark on your answer sheet how **TRUE** you feel each of the following statements are about your **SCHOOL** and things you might do there.

*How **strongly** do you **agree or disagree** with the following statements about **your school**?*

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
A19. I feel <b>close</b> to people at this school.	A	B	C	D	E
A20. I am <b>happy</b> to be at this school.	A	B	C	D	E
A21. I feel like I am <b>part</b> of this school.	A	B	C	D	E
A22. The teachers at this school <b>treat students fairly</b> .	A	B	C	D	E
A23. I feel <b>safe</b> in my school.	A	B	C	D	E

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

	Not At All True	A Little True	Pretty Much True	Very Much True
A24. who really <b>cares</b> about me.	A	B	C	D
A25. who <b>tells me</b> when I do a <b>good job</b> .	A	B	C	D
A26. who <b>notices</b> when I'm not there.	A	B	C	D
A27. who always wants me to do my <b>best</b> .	A	B	C	D
A28. who <b>listens</b> to me when I have something to say.	A	B	C	D
A29. who <b>believes</b> that I will be a success.	A	B	C	D

*At **school**, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
A30. I do <b>interesting</b> activities.	A	B	C	D
A31. I <b>help decide</b> things like <b>class activities or rules</b> .	A	B	C	D
A32. I <b>do things</b> that make a <b>difference</b> .	A	B	C	D

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The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.

*Outside of my home and school, there is an adult ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
A33. who <b>really cares</b> about me.	A	B	C	D
A34. who <b>tells</b> me when I do a good job.	A	B	C	D
A35. who <b>notices</b> when I am upset about something.	A	B	C	D
A36. who <b>believes</b> I will be a success.	A	B	C	D
A37. who always wants me to do my <b>best</b> .	A	B	C	D
A38. whom I <b>trust</b> .	A	B	C	D

*Outside of my home and school, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
A39. I am <b>part of</b> clubs, sports teams, church/temple, or other group activities.	A	B	C	D
A40. I am <b>involved in</b> music, art, literature, sports, or a hobby.	A	B	C	D
A41. I <b>help</b> other people.	A	B	C	D

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The next questions ask about use of alcohol, tobacco, marijuana, and other drugs without a doctor's orders (e.g., a prescription for medical reasons).

Keep the following definitions in mind

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance, including pills and medications, used to get “high” (“loaded”, “stoned”, or “wasted”)

During your life, how many times have you used or tried...

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	Over 50
A42. a cigarette, even one or two puffs?	A	B	C	D	E	F	G	H
A43. a whole cigarette?	A	B	C	D	E	F	G	H
A44. <b>Smokeless tobacco</b> (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D	E	F	G	H
A45. <b>One full drink of alcohol</b> (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B	C	D	E	F	G	H
A46. <b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E	F	G	H
A47. <b>Inhalants</b> (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E	F	G	H
A48. <b>Derbisol</b> (DB, derbs, or dirt)?	A	B	C	D	E	F	G	H
A49. <b>Any other illegal drug or pill to get “high”?</b>	A	B	C	D	E	F	G	H

◆ Middle School 09 ◆

During your **life**, how many times have you been...

	<b>0 times</b>	<b>1 time</b>	<b>2 times</b>	<b>3 times</b>	<b>4-5 times</b>	<b>6-10 times</b>	<b>11-50 times</b>	<b>Over 50</b>
A50. Very drunk or sick after drinking <b>alcohol</b> ?	A	B	C	D	E	F	G	H
A51. “High” (loaded, stoned, or wasted) from using <b>drugs</b> ?	A	B	C	D	E	F	G	H
A52. Drunk on alcohol or “high” on drugs <b>on school property</b> ?	A	B	C	D	E	F	G	H

About how old were you the **first time** you did any of these things?

	<b>Years of Age</b>									
	<b>Never</b>	<b>10 or under</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18 or over</b>
A53. Had a <b>drink of an alcoholic beverage</b> (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
A54. Smoked part or all of a <b>cigarette</b>	A	B	C	D	E	F	G	H	I	J
A55. Used <b>smokeless tobacco</b> or other tobacco products	A	B	C	D	E	F	G	H	I	J
A56. Used <b>marijuana</b> or hashish	A	B	C	D	E	F	G	H	I	J
A57. Used any <b>other illegal drug, or pill to get “high”</b>	A	B	C	D	E	F	G	H	I	J

During the past **30 days**, on how many days did you use...

	<b>0 days</b>	<b>1 days</b>	<b>2 days</b>	<b>3-9 days</b>	<b>10-19 days</b>	<b>20-30 days</b>
A58. <b>cigarettes</b>	A	B	C	D	E	F
A59. <b>smokeless tobacco</b> (dip, chew or snuff)?	A	B	C	D	E	F
A60. <b>at least one energy drink (Rockstar™, Red Bull™, Monster™, Full Throttle™, Go Girl™, etc.)?</b>	A	B	C	D	E	F
A61. <b>at least one energy drink with alcohol (Red Bull™/Vodka, Sparks™, Tilt™, Rockstar 21™, etc.)?</b>	A	B	C	D	E	F
A62. <b>at least one drink of alcohol?</b>	A	B	C	D	E	F
A63. <b>five or more drinks of alcohol in a row, that is, within a couple of hours?</b>	A	B	C	D	E	F
A64. <b>marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A65. <b>inhalants</b> (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E	F
A66. <b>any other drug?</b>	A	B	C	D	E	F
A67. <b>drink alcohol alone/by yourself</b>	A	B	C	D	E	F

◆ Middle School 09 ◆

During the past **12 months...**

	No	Yes
A68. Have you <b>talked</b> with at least one of your <b>parents</b> [or guardians] about the dangers of tobacco, alcohol, or drug use?	A	B
A69. Heard, read or watched any <b>messages</b> about not using alcohol, tobacco or drugs?	A	B

During the **past 30 days**, on how many days on **school property** did you...

	0 days	1 day	2 days	3 – 9 days	10 – 19 days	20 – 30 days
A70. smoke <b>cigarettes</b> ?	A	B	C	D	E	F
A71. have at least one drink of <b>alcohol</b> ?	A	B	C	D	E	F
A72. smoke <b>marijuana</b> ?	A	B	C	D	E	F
A73. use any other illegal drug or pill to get “high”?	A	B	C	D	E	F

A74. **How** do you like to **drink** alcohol?

- A) I don’t drink alcohol                      C) Enough to feel it a little    E) Until I get really drunk  
 B) Just a sip or two                              D) Enough to feel it a lot

How would each of these change if someone **cut down or stopped drinking alcohol**? (If you DON’T drink, answer the question thinking of someone who DOES drink.)

	A lot worse	Worse	No difference	Better	A lot better
A75. The <b>future</b> would be....	A	B	C	D	E
A76. <b>Fitting in</b> with others would be....	A	B	C	D	E

Do you **agree** or **disagree**?

	Disagree strongly	Disagree somewhat	Uncertain	Agree somewhat	Agree strongly
A77. <b>Parties</b> are <b>not</b> as much fun if people <b>are drinking alcohol</b>	A	B	C	D	E
A78. People act like <b>better friends after</b> a few drinks of alcohol.	A	B	C	D	E

A79. **Next month I will...**

- A) Definitely not drink    B) Probably not drink    C) Not sure    D) Probably will drink    E) Definitely will drink

A80. In your **life**, how many times have you **ridden in a car** driven by someone who had been drinking alcohol?

- A) Never                      B) 1 time                      C) 2 times                      D) 3 to 6 times                      E) 7 or more times

◆ Middle School 09 ◆

During the **past month**, how many times have you had any of the following happen to you **because of drinking alcohol**?

	0	1	2	3	4	5	6	7	8	9 or more
A81. While drinking <b>couldn't remember</b> what happened, <b>felt nauseous, threw up</b> , or <b>passed out</b> ?	A	B	C	D	E	F	G	H	I	J
A82. BECAUSE OF ALCOHOL: Didn't get homework done, <b>didn't study</b> for something you should have, got <b>poorer grades</b> on homework or a test, or missed part or all of a school day?	A	B	C	D	E	F	G	H	I	J
A83. BECAUSE OF ALCOHOL: Had a problem or <b>argument</b> with a friend or hurt your <b>relationship</b> with your girlfriend or boyfriend?	A	B	C	D	E	F	G	H	I	J
A84. BECAUSE OF ALCOHOL: Did something <b>illegal</b> or got in <b>trouble with the police</b> while drinking?	A	B	C	D	E	F	G	H	I	J
A85. BECAUSE OF ALCOHOL: Got in <b>trouble at school</b> or at a school event?	A	B	C	D	E	F	G	H	I	J

How much do people **risk harming themselves physically** and in **other ways** when they do the following?

	<u>How Much Risk or Harm</u>			
	Great	Moderate	Slight	None
A86. Smoke <b>cigarettes occasionally</b>	A	B	C	D
A87. Smoke <b>1-2 packs</b> of <b>cigarettes</b> each day	A	B	C	D
A88. Drink <b>alcohol occasionally</b>	A	B	C	D
A89. Have <b>five or more drinks</b> of an <b>alcoholic beverage</b> once or twice a week	A	B	C	D
A90. Smoke <b>marijuana occasionally</b>	A	B	C	D
A91. Smoke marijuana <b>once or twice a week</b>	A	B	C	D
A92. Use <b>prescription painkillers without a doctor's orders</b>	A	B	C	D

◆ Middle School 09 ◆

How **difficult** is it for students **in your grade** to **get** any of the following substances if they really want them?

	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
A93. Cigarettes	A	B	C	D	E
A94. Alcohol	A	B	C	D	E
A95. Marijuana	A	B	C	D	E

How do you **feel about someone your age** doing the following?

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A96. <b>Smoking one or more packs of cigarettes a day</b>	A	B	C
A97. <b>Having one or two drinks of any alcoholic beverage nearly every day</b>	A	B	C
A98. <b>Trying marijuana or hashish once or twice</b>	A	B	C
A99. <b>Using marijuana once a month or more</b>	A	B	C
A100. <b>Carrying a weapon to school</b>	A	B	C
	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A101. How do you think <b>your close friends</b> would <b>feel</b> about <b>you smoking one or more packs of cigarettes a day?</b>	A	B	C

Think about a group of **100 students** (about three classrooms) **in your grade**.  
About **how many** students have done the following?

	Number of Students											
	0 (None)	1-9	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
A102. Smoke <b>cigarettes</b> at least once a month	A	B	C	D	E	F	G	H	I	J	K	L
A103. Ever tried <b>marijuana</b>	A	B	C	D	E	F	G	H	I	J	K	L
A104. Drank <b>alcohol</b> last month	A	B	C	D	E	F	G	H	I	J	K	L

◆ Middle School 09 ◆

**Next are questions about violence, safety, harassment, and bullying.**

During the past **12 months**, how many times on **school property** have you...

	<b>0 times</b>	<b>1 time</b>	<b>2 to 3 times</b>	<b>4 or more</b>
A105. Been <b>pushed</b> , shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A106. Been <b>afraid</b> of being beaten up?	A	B	C	D
A107. Been in a physical <b>fight</b> ?	A	B	C	D
A108. Had mean <b>rumors</b> or <b>lies</b> spread about you?	A	B	C	D
A109. Had sexual <b>jokes</b> , comments, or gestures made to you?	A	B	C	D
A110. Been made fun of because of your <b>looks</b> or the way you talk?	A	B	C	D
A111. Had your <b>property</b> stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A112. Been <b>offered</b> , sold, or given an illegal drug?	A	B	C	D
A113. <b>Damaged</b> school property on purpose?	A	B	C	D
A114. Carried a <b>gun</b> ?	A	B	C	D
A115. Carried any other <b>weapon</b> , such as a knife or club?	A	B	C	D
A116. Been <b>threatened</b> or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A117. Seen <b>someone</b> carrying a gun, knife, or other weapon?	A	B	C	D

During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons?

(You were **bullied** if you were shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is **not bullying** when two students of about the same strength quarrel or fight.)

	<b>0 times</b>	<b>1 time</b>	<b>2 to 3 times</b>	<b>4 or more</b>
A118. Your race, ethnicity, or national origin	A	B	C	D
A119. Your religion	A	B	C	D
A120. Your gender (being male or female)	A	B	C	D
A121. Because you are gay or lesbian or someone thought you were	A	B	C	D
A122. A physical or mental disability	A	B	C	D
A123. Any other reason	A	B	C	D

◆ Middle School 09 ◆

Eating binges are occasions when you eat what most people would consider **UNUSUALLY** large amounts of food at one time, **AND** you feel you cannot stop eating or control how much you are eating.

*During the past 3 months, how many times per week (on average) did you...*

		Number of Times								
		0	1	2	3	4	5	6	7	8+
A124.	go on an eating <b>binge</b> ?	A	B	C	D	E	F	G	H	I
A125.	<b>exercise</b> to lose weight or to keep from gaining weight?	A	B	C	D	E	F	G	H	I
A126.	<b>eat less food, fewer calories, or foods low in fat</b> to lose weight or to keep from gaining weight?	A	B	C	D	E	F	G	H	I
A127.	<b>go without eating for 24 hours or more</b> (also called fasting) to lose weight or to keep from gaining weight?	A	B	C	D	E	F	G	H	I
A128.	<b>vomit</b> to lose weight or to keep from gaining weight?	A	B	C	D	E	F	G	H	I
A129.	take <b>diet pills, laxatives, diuretics, enemas, or other medications</b> , without a doctor's advice, to lose weight or to keep from gaining weight? (Do <b>not</b> include meal replacement products such as Slim Fast)	A	B	C	D	E	F	G	H	I

A130. During the **past 3 months**, has your weight or shape influenced how you feel about yourself as a person?

- A) Not at all    B) Slightly    C) Moderately    D) Extremely

A131. How much do you agree with the following statement?

I am afraid of gaining weight.

- A) Strongly agree  
 B) Somewhat agree  
 C) Neither agree nor disagree  
 D) Somewhat disagree  
 E) Strongly disagree

◆ Middle School 09 ◆

- A132. How **safe** do you feel when you are **at school**?  
 A) Very safe      B) Safe      C) Neither safe or unsafe      D) Unsafe      E) Very unsafe
- A133. In a **normal week**, how many days are you home after school for at least one hour **without an adult** there?  
 A) Never      B) 1 day      C) 2 days      D) 3 days      E) 4 days      F) 5 days
- A134. Do you consider yourself a **member of a gang**?  
 A) No      B) Yes
- A135. During the past **12 months**, did your **boyfriend or girlfriend** ever, **hit slap, or physically hurt you** on purpose?  
 A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months      B) No      C) Yes
- A136. During the past **12 months**, did you ever feel so **sad** or hopeless almost everyday for **two weeks or more** that you stopped doing some usual activities?  
 A) No      B) Yes

The following are reasons for *not drinking* alcohol in some situations or for not drinking at all. How important is each statement to *you* personally as a reason for **not** drinking?

	Not at all important	Slightly Important	Moderately Important	Very Important	Extremely Important
A137. Alcohol may affect my studies	A	B	C	D	E
A138. My doctor told me not to drink alcohol.	A	B	C	D	E
A139. My family disapproves of drinking	A	B	C	D	E
A140. Drinking alcohol is against my spiritual or religious beliefs	A	B	C	D	E
A141. I do not like the taste or smell of alcohol.	A	B	C	D	E

How hard would it be for you to get alcohol from...

	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
A142. Your home?	A	B	C	D	E
A143. A place in your neighborhood?	A	B	C	D	E
A144. A place outside your neighborhood?	A	B	C	D	E
A145. Anywhere?	A	B	C	D	E

◆ Middle School 09 ◆

Think back to the **MOST RECENT TIME** you drank alcohol.....

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A146. **WHO gave you the alcohol?**

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- |                                               |                                          |
|-----------------------------------------------|------------------------------------------|
| A) Never drank                                | F) Relative under 21 years got it for me |
| B) Myself                                     | G) Friend under 21 years got it for me   |
| C) Adult relative (21 or older) got it for me | H) Stranger under 21 years got it for me |
| D) Adult friend (21 or older) got it for me   | I) Other person                          |
| E) Adult stranger (21 or older) got it for me |                                          |
- 

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A147. **WHERE did you get the alcohol?**

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- |                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| A) Never drank alcohol                    | F) Store in my neighborhood                  |
| B) At home                                | G) Store outside my neighborhood             |
| C) At school                              | H) Some other place in the neighborhood      |
| D) Friend's house in my neighborhood      | I) Some other place outside the neighborhood |
| E) Friend's house outside my neighborhood |                                              |
- 

A148. During the past **12 months**, how would you describe the **grades** you mostly received in school?

- |                |                |                |               |
|----------------|----------------|----------------|---------------|
| A) Mostly A's  | C) Mostly B's  | E) Mostly C's  | G) Mostly D's |
| B) A's and B's | D) B's and C's | F) C's and D's | H) Mostly F's |

A149. During the past **12 months**, about how many times did you **skip school or cut classes**?

- |              |                 |                          |
|--------------|-----------------|--------------------------|
| A) 0 times   | C) A few times  | E) Once a week           |
| B) 1-2 times | D) Once a month | F) More than once a week |

A150. How many questions in this survey did you answer **honestly**?

- |                |                 |                      |               |
|----------------|-----------------|----------------------|---------------|
| A) All of them | B) Most of them | C) Only some of them | D) Hardly any |
|----------------|-----------------|----------------------|---------------|

◆ Middle School 09 ◆

**The next questions ask for your height and weight.**

How **tall** are you without your shoes on? Write your **height** in **feet and inches** in the answer-form boxes and fill in the bubbles with the matching numbers. **For example:**

If you are **4 feet 9 inches** tall,  
you would answer the question as follows:

Feet	Inches
4	9
( 2 )	( 0 )
( 3 )	( 1 )
( 4 )	( 2 )
( 5 )	( 3 )
( 6 )	( 4 )
( 7 )	( 5 )
	( 6 )
	( 7 )
	( 8 )
	( 9 )
	( 10 )
	( 11 )

If you are **5 feet 0 inches** tall,  
you would answer the question as follows:

Feet	Inches
5	0
( 2 )	( 0 )
( 3 )	( 1 )
( 4 )	( 2 )
( 5 )	( 3 )
( 6 )	( 4 )
( 7 )	( 5 )
	( 6 )
	( 7 )
	( 8 )
	( 9 )
	( 10 )
	( 11 )

How much do you **weigh** without your shoes on? Write your **weight** in the answer-form boxes and fill in the bubbles with the matching numbers. **For example:**

If you weigh **87 pounds**, you would answer the question as follows:

Weight		
0	8	7
( 0 )	( 0 )	( 0 )
( 1 )	( 1 )	( 1 )
( 2 )	( 2 )	( 2 )
( 3 )	( 3 )	( 3 )
( 4 )	( 4 )	( 4 )
( 5 )	( 5 )	( 5 )
( 6 )	( 6 )	( 6 )
( 7 )	( 7 )	( 7 )
( 8 )	( 8 )	( 8 )
( 9 )	( 9 )	( 9 )

If you weigh **102 pounds**, you would answer the question as follows:

Weight		
1	0	2
( 0 )	( 0 )	( 0 )
( 1 )	( 1 )	( 1 )
( 2 )	( 2 )	( 2 )
( 3 )	( 3 )	( 3 )
( 4 )	( 4 )	( 4 )
( 5 )	( 5 )	( 5 )
( 6 )	( 6 )	( 6 )
( 7 )	( 7 )	( 7 )
( 8 )	( 8 )	( 8 )
( 9 )	( 9 )	( 9 )

**Thank you for taking the survey.**