

Teen Survey on Media Use and Health Information

This is a survey that will ask you about:

- your background,
- your health knowledge, attitudes and behaviors, and
- your use of media, like television and the Internet.

As you fill the survey out, please keep in mind that...

- This survey is **completely voluntary**. This means you do not have to answer these questions if you do not want to. You **may skip** any questions you do not want to answer, and you **may stop** the survey at any time.
- The questions in this survey have **no right or wrong answers**.
- This survey is **anonymous**, meaning that your name will never be attached to your answers. Your answers will be kept **confidential**. Please do not put your name on any of these sheets.

If you have any questions/concerns at any point during the survey,
please feel free to ask the research assistant!

The questions on the following page are
to help you practice before you start the survey.

Practice Questions

P1. Compared to your friends, how much do you like ice cream?

(Please mark an "X" anywhere on the bar below to indicate your answer)



LESS THAN
ALL OF THEM

A LITTLE LESS

ABOUT THE SAME

A LITTLE MORE

MORE THAN
ALL OF THEM

P2. How tasty you think mint chocolate chip ice cream is?

(Please mark an "X" anywhere on the bar below to indicate your answer)



Not tasty at all

Extremely tasty

P3. Which of these flavors of ice cream have you tasted?

(Check off as many as apply)

Vanilla

Tarragon

Chocolate

Strawberry

Orange Sherbet

Rocky Road

Coconut

Chunky Monkey

P4. Which of these flavors do you like the most?

(Go to the above items and **CIRCLE** the ONE flavor you like most).

P5. On your way here, did you see a store that sells ice cream?

(Please mark an "X" anywhere on the bar below to indicate your answer)



Absolutely sure I did not see one

I don't know

Absolutely sure I did see one

When you finish these practice questions,
please show this page to the Research Assistant.

Once she has reviewed this page,
you can go on to the next page and start the survey.

Basic Information and Demographics

PLEASE MARK YOUR ANSWER WITH A CHECK UNLESS OTHERWISE INSTRUCTED.

1) What is your Gender?

Male

Female

2) What is your Age?

15

16

17

18

3) What is your Ethnicity?

African
American

Latino
American

Asian
American

White

Mixed

Please specify:

Other

Please specify:

3a. Only if you choose "Mixed" or "Other":

How do you think most other people would categorize you in terms of Ethnicity?

African
American

Latino
American

Asian American

White

Mixed

Please specify:

Other

Please specify:

4) Are you left-handed or right-handed?

LEFT

RIGHT

5) Do you wear glasses or contacts when you use a computer?

Glasses

Contacts

Neither

6) Have you ever had eye surgery?

NO

YES

6a. If "YES"

Describe the purpose of the surgery:

7) Do you have one eye that you consider stronger than the other?

NO

YES

7a. If "YES"

Which eye?

LEFT

RIGHT

8) Are you in school now?

NO

YES

9) What is the highest grade that you have completed?

8th

9th

10th

11th

12th

1st yr college

10) What was the highest Grade/Education Level that your MOTHER/FEMALE GUARDIAN has completed?

No formal Education

Graduated from college/tech school

Less than 9th grade

Some graduate school/ professional degree

Between 9th and 11th grade

Graduate with an Advanced graduate or professional degree

12th grade or GED program

Don't Know

Some college/ technical school

10a. If "Don't Know": Please tell us a little more to explain...

I "don't know" because...

I don't know the person well enough.

I can't remember.

I don't know the category her education level fits into.

If you don't know the category, please ask the research assistant for help

11) What was the highest Grade/Education Level that your FATHER/MALE GUARDIAN has completed?

No formal Education

Graduated from college/tech school

Less than 9th grade

Some graduate school/ professional degree

Between 9th and 11th grade

Graduate with an Advanced graduate or professional degree

12th grade or GED program

Don't Know

Some college/ technical school

11a. If "Don't Know": Please tell us a little more to explain...

I "don't know" because...

I don't know the person well enough.

I can't remember.

I don't know the category his education level fits into.

If you don't know the category, please ask the research assistant for help

12) How many people (including yourself) live in your primary household on a regular basis?

1

2

3

4

5

6-7

8-9

10 or more

13) How long have you lived in the UNITED STATES?

< 1 year

1-2 years

3-5 years

6-10 years

> 10 years

My whole life

14) What is the main LANGUAGE you speak at home?

English

Spanish

Other _____

15) Do you have a job?

NO

YES

If "YES,"

About how many hours per week do you usually work?

hours

16) Has a doctor or teacher ever told you that you have Attention Deficit Hyperactivity Disorder (ADHD)?

NO

YES

16a. If "YES": Are you currently taking any medication (eg. Ritalin) for ADHD?

NO

YES

Health Behaviors, Knowledge, and Attitudes

1) In general, how is your health? Would you say...

Poor	Fair	Good	Very Good	Excellent	Don't Know
------	------	------	-----------	-----------	------------

2) In the past month, how often did a health or emotional problem cause you to miss a day of school?

Never	Just a few times	About once a week	Almost every day	Every day	Don't Know
-------	------------------	-------------------	------------------	-----------	------------

3) How do you think of yourself in terms of weight?

(Please mark an "X" anywhere on the bar below to indicate your answer)



Very underweight

About the right weight

Very overweight

4) On how many of the past 7 days did you exercise?

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

5) Compared to kids in your school or community, how much do you know about health on topics such as STDs, pregnancy, contraception, and puberty?

(Please mark an "X" anywhere on the bar below to indicate your answer)



LESS THAN ALL OF THEM

A LITTLE LESS

ABOUT THE SAME

A LITTLE MORE

MORE THAN ALL OF THEM

6) If you wanted to get information about sexual health, to whom or where would you turn?
(Check off as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Health Class |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Public Health Campaign/Advertisements |
| <input type="checkbox"/> Health Provider/Clinic | <input type="checkbox"/> Parents/Guardians |
| <input type="checkbox"/> Siblings or cousins | <input type="checkbox"/> Grandparents or other relatives |
| <input type="checkbox"/> Boyfriend or Girlfriend | <input type="checkbox"/> Clergy/Religious leader |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Hotlines |
| <input type="checkbox"/> Television | <input type="checkbox"/> Teachers/coaches/counselors |
| <input type="checkbox"/> Books | <input type="checkbox"/> Other _____ |

6a) Of these, which is the **MOST** valuable source of information to you?
(Go to the above items and **CIRCLE** the ONE source that you think is the most valuable to you).

7) Have you ever talked to an adult (i.e., a parent, relative, coach, teacher, etc.) about how to know when one is ready to have sex?

NO	YES
----	-----

8) Do you know anyone who has ever had an STD (such as chlamydia, gonorrhea, herpes, HIV/AIDS)?

NO	YES
----	-----

9) Have you ever tried to get a condom, either by buying one or taking one from a place that gives them away?

NO	YES
----	-----

10) Having sex without a condom every now and then is a big deal.
(Please mark an "x" anywhere on the bar below to indicate your answer)

Strongly Disagree

Strongly Agree

11) It's unhealthy for teenaged girls to use birth control pills.



Strongly Disagree

Strongly Agree

12) People should not have sex before marriage.



Strongly Disagree

Strongly Agree

13) Is it possible for a teenaged girl to get pregnant when she has sex for the first time?

YES

NO

DON'T KNOW

14) If the signs of a sexually transmitted infection disappear, it means the person no longer has the disease.

TRUE

FALSE

DON'T KNOW

15) Using douche or washing out the vagina is a method of birth control.

TRUE

FALSE

DON'T KNOW

16) What percentage of people your age do you think have had sexual intercourse?

(Please mark an "x" anywhere on the bar below to indicate your answer)



NONE

SOME

AROUND HALF

MOST

ALL

17) What percentage of your classmates do you think have had sexual intercourse?



NONE

SOME

AROUND HALF

MOST

ALL

18) What percentage of your best friends do you think have had sexual intercourse?



NONE

SOME

AROUND HALF

MOST

ALL

Media Use and Knowledge

1) How many working TVs are in your home?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2) Do you have a TV in your bedroom?

NO	YES
----	-----

3) On an average DAY (M, T, W, Th, OR F), how many hours of TV do you watch?

	Hours		Minutes
--	-------	--	---------

4) On an average weekend DAY (Sat OR Sun), how many hours of TV do you watch?

	Hours		Minutes
--	-------	--	---------

5) Have you ever used the Internet?

NO	YES
----	-----

6) How often do you use the Internet?

0 days/month	1 day/month	1-3 days/month	1 day/wk	1-3 days/wk	6-7 days/wk
-----------------	----------------	-------------------	----------	----------------	----------------

7) Do you have access to the Internet from your home?

NO	YES
----	-----

7a. If "YES"

What type of access do you have? (Check off as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Through the phone line | <input type="checkbox"/> Through a wireless connection on a computer |
| <input type="checkbox"/> Through a cable modem | <input type="checkbox"/> Through a wireless connection on a cell phone |
| <input type="checkbox"/> Through DSL | <input type="checkbox"/> Through a wireless connection on a PDA |
| | <input type="checkbox"/> Other _____ |

7b. If "YES"

Do you have access to the Internet from your bedroom?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES |
|-----------------------------|------------------------------|

7c. If "YES"

Is the Internet access from your bedroom via a computer or some other device (cell phone, PDA)?

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> COMPUTER | <input type="checkbox"/> OTHER DEVICE |
|-----------------------------------|---------------------------------------|

8) Where do you use the Internet? (Check off as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Library |
| <input type="checkbox"/> School | <input type="checkbox"/> At work/part time job |
| <input type="checkbox"/> At a friend's house | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> At another family member's house | <input type="checkbox"/> Coffee Shop/Internet Cafe |
| | <input type="checkbox"/> Other _____ |

8a) Of these places, where do you use the Internet most often?

(Go to the above items and **CIRCLE** the ONE place where you use the Internet the most).

9) Which of these words might be used as a Boolean operator?

- | | | | | |
|-------------------------------|------------------------------|---------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> BEST | <input type="checkbox"/> AND | <input type="checkbox"/> SECOND | <input type="checkbox"/> MISSING | <input type="checkbox"/> CALL |
|-------------------------------|------------------------------|---------------------------------|----------------------------------|-------------------------------|

10) Have you ever changed the preferences on a search engine prior to doing an Internet search?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
|------------------------------|-----------------------------|-------------------------------------|

11) Have you ever written a research paper that involved looking up information or sources on the Internet?

YES

NO

DON'T KNOW

12) Have you ever been taught information and skills related to media literacy (for instance, about how to be critical of media, how to find alternative sources of information, etc.)?

YES

NO

DON'T KNOW

13) Have you ever used the Internet to:

(Check off as many as apply)

Email with people

Do homework

IM with friends

Get health information for school use

Get information about sports

Get health information for personal use

Get information about TV or movies

Get travel information

Get information about or play music

Go to chat rooms/check online boards

Get information about or play games

Shop/Buy things

Get news (local, national, international)

Other _____

13a) What is the main thing you do on the Internet?

(Go to the above items and CIRCLE the ONE thing you do the most on the Internet).

14) Do you have an email account?

NO

YES

14a. If "YES"

How many different email accounts do you use on a regular basis?

1

2

3 or more

15) How interested are you in finding online information about:
(Please mark an "X" anywhere on the bar below to indicate your answer)

a) Celebrities



Not interested at all

Extremely interested

b) Sports



Not interested at all

Extremely interested

c) News



Not interested at all

Extremely interested

d) Health



Not interested at all

Extremely interested

e) Colleges/Universities



Not interested at all

Extremely interested

f) Movies



Not interested at all

Extremely interested

g) Music



Not interested at all

Extremely interested

16) For SCHOOL or WORK, have you ever tried to get health information from the Internet?

 NO YES

17) For SCHOOL or WORK, which of these topics have you tried to get information on from the Internet?
(Check off as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Sexually Transmitted Diseases (incl. HIV/AIDS) | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexual Activities |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Puberty/Development |
| <input type="checkbox"/> Diet/Nutrition | <input type="checkbox"/> Contraception |
| <input type="checkbox"/> Fitness or Exercise | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Illness Support Groups | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Medicines/Pharmaceuticals |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Smoking Cigarettes |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Dating Violence or Rape | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Not applicable |

17a) As part of a school or a work project, what topic have you tried to get the MOST information on from the Internet?

(Go to the above topics and **CIRCLE** the ONE topic you have tried to get the most information on from the Internet).

18) For YOURSELF, have you ever tried to get health information from the Internet?

NO

YES

19) For YOURSELF (or for family member or friend), which of these topics have you tried to get information on from the Internet? (Check off as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Sexually Transmitted Diseases (incl. HIV/AIDS) | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexual Activities |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Puberty/Development |
| <input type="checkbox"/> Diet/Nutrition | <input type="checkbox"/> Contraception |
| <input type="checkbox"/> Fitness or Exercise | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Illness Support Groups | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Medicines/Pharmaceuticals |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Smoking Cigarettes |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Dating Violence or Rape | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Not applicable |

19a) For YOURSELF, what topic have you tried to get the MOST information on from the Internet? (Go to the above topics and **CIRCLE** the ONE topic you have tried to get the most information on from the Internet).

If you have looked for health information, either for school, work, or personal use, then answer #20.
If not, skip to #21.

20) Why do you look for health information on the Internet? (Check off as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> You can trust the information on the Internet. | <input type="checkbox"/> I can be anonymous on the Internet. |
| <input type="checkbox"/> The health information on the Internet is useful. | <input type="checkbox"/> I can get different opinions/viewpoints on the Internet. |
| <input type="checkbox"/> The information on the Internet is relevant for teens like me. | <input type="checkbox"/> Health information Web sites are easy to navigate and use. |
| <input type="checkbox"/> The health information on the Internet is easy to read and understand. | <input type="checkbox"/> Health information Web sites are fun to use. |
| <input type="checkbox"/> I can get health information from the Internet whenever I need it. | <input type="checkbox"/> Other _____ |

20a) Of these, which is the **MOST** important reason that you look for health information on the Internet?
(Go to the above topics and **CIRCLE** the ONE most important reason you go to the Internet for health information).

21) Within the category of health, how INTERESTED are you in finding online health information about physical changes during adolescence?



Not interested at all

Extremely interested

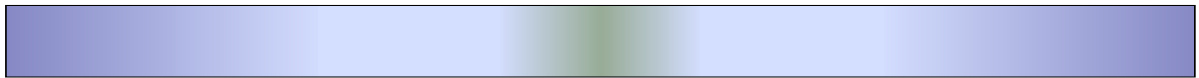
22) How INTERESTED are you in finding online health information on contraceptives (like birth control pills, condoms, the patch, etc)?



Not interested at all

Extremely interested

23) How INTERESTED are you in finding online health information about sexually transmitted infections and diseases?



Not interested at all

Extremely interested

24) How INTERESTED are you in finding online health information about issues related to being gay, lesbian, or bisexual?



Not interested at all

Extremely interested

25) How INTERESTED are you in finding online health information about pregnancy?



Not interested at all

Extremely interested

26) How INTERESTED are you in finding online health information about parenting?



Not interested at all

Extremely interested

27) How CONFIDENT are you that you can find online health information about physical changes during adolescence?



Not confident at all

Extremely confident

28) How CONFIDENT are you that you can find online health information on contraceptives (i.e., birth control pills, condom, etc)?



Not confident at all

Extremely confident

29) How CONFIDENT are you that you can find online health information about sexually transmitted infections and diseases?



Not confident at all

Extremely confident

30) How CONFIDENT are you that you can find online health information about issues related to being gay, lesbian, or bisexual?



Not confident at all

Extremely confident

31) How CONFIDENT are you that you can find online health information about pregnancy?



Not confident at all

Extremely confident

32) How CONFIDENT are you that you can find online health information about parenting?



Not confident at all

Extremely confident

Perceptions about the Internet

1) Compared to kids in your school or community, how much experience do you have with using the Internet?



LESS THAN
ALL OF THEM

A LITTLE LESS

ABOUT THE SAME

A LITTLE MORE

MORE THAN
ALL OF THEM

2) How much do you TRUST health information presented on the Internet?

(By "trust," we mean accurate, factually correct, and/or non-biased)



Not trustworthy at all

Extremely trustworthy

3) How possible do you think it is to find health information Web sites that are **USEFUL** to most teenagers?



Not possible at all

Extremely possible

4) How possible do you think it is to find health information Web sites that are **RELEVANT** to most teenagers?



Not possible at all

Extremely possible

5) For most sites, is it possible to figure out the **SOURCE (AUTHOR or SPONSOR)** of the site?



Not possible at all

Extremely possible

6) How possible do you think it is to find health information Web sites that are **VISUALLY APPEALING** (look well produced)?



Not possible at all

Extremely possible

7) How possible do you think it is to find health information Web sites that are **EASY TO READ** for most teenagers?



Not possible at all

Extremely possible

8) How possible do you think it is to find health information Web sites on the Internet that are **ACCURATE**?



Not possible at all

Extremely possible

Thank you!

Please let the Research Assistant know
when you have finished the survey.