2010 Minnesota Student Survey Tables Alternative Schools and Area Learning Centers

Fall 2010

Minnesota Student Survey Interagency Team: Minnesota Department of Education Minnesota Department of Health Minnesota Department of Human Services Minnesota Department of Public Safety

For more information contact: Allison Anfinson, Results Measurement Director NCLB-Safe and Healthy Learners, Minnesota Department of Education ph: 651-582-8483 e: <u>allison.anfinson@state.mn.us</u>

or

Ann Kinney, Senior Research Scientist Minnesota Center for Health Statistics, Minnesota Department of Health ph: 651-201-5946 e: <u>ann.kinney@health.state.mn.us</u>

In Appreciation

We are indebted to the students, teachers, Minnesota Student Survey coordinators, principals and superintendents across the state that agreed to participate in and supported the student survey when it was administered in the spring of 2010. These data are made available as a result of their interest and time and we are grateful for their efforts.

We are also indebted to the many state agency staff, especially the analysts with the Center for Health Statistics at the Minnesota Department of Health, for their tireless work on making these data available.

2010 MINNESOTA STUDENT SURVEY

Survey Participation

The 2010 Minnesota Student Survey was administered in the spring of 2010 to public school students in Grades 6, 9, and 12 statewide. All public school districts in Minnesota were invited to participate. Of the 335 public operating districts, 295 agreed to participate (88% of public operating school districts).

Student participation was voluntary and surveys were anonymous. Across the state, approximately 79% of public school sixth graders, 75% of public school ninth graders, and 59% of public school twelfth graders participated in the 2010 Minnesota Student Survey. Overall participation across the three grades was approximately 71% of total enrollment.

The majority of schools in the state used an opt-out consent procedure for the survey (meaning that parents could decline to have their children take the survey). A few school districts used an active consent process (meaning parents were required to return a signed permission slip before their children took the survey). Not every student who participated in the survey answered every question.

Items on the Tables

The accompanying set of tables includes the responses for all survey items. Items are ordered within the tables according to meaningful domains; the order items appear on the tables is not necessarily the order they appeared in the survey. A Table of Contents is provided on page iv. The Grade 6 survey version was shorter than the Grade 9-12 version and did not include items appropriate only for older students. Items found on one version of the survey but not the other are identified on the tables.

New Questions and Year-to-Year Comparisons

A small number of the 2010 survey instrument questions were changed from the 2007 survey instrument. New questions and questions with changed wording are noted on each table. Caution must be used when making comparisons over time for any questions in which the wording has changed.

Please note that although these surveys are given repeatedly over time, student populations may change between administrations of the survey.

Validity of Responses

Approximately 3% of the surveys were eliminated from analyses because gender was missing, responses were highly inconsistent, or there was a pattern of likely exaggeration.

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TABLE 1 DEMOGRAPHIC DESCRIPTION

		Gender			
		Male	9	Female	
		N	%	Ν	%
Total number of surveys		2,487	100%	2,099	100%
Age	11 or younger	3	0%	1	0%
	12	3	0%	6	0%
	13	53	2%	44	2%
	14	105	4%	91	4%
	15	209	8%	197	9%
	16	452	18%	425	20%
	17	692	28%	610	29%
	18	687	28%	523	25%
	19-20	244	10%	178	8%
	21 or older	23	1%	12	1%
	No answer	16	1%	12	1%
Race/ethnicity	American Indian	81	3%	88	4%
	Black or African American	371	15%	398	19%
	Hispanic or Latino	261	10%	233	11%
	Asian American or Pacific Islander	110	4%	81	4%
	White	1,311	53%	953	45%
	Mixed race (checked more than one race/ethnicity)	248	10%	278	13%
	I don't know / no answer	105	4%	68	3%

TABLE 2 FEELINGS ABOUT SCHOOL, SCHOOL PLANS, TRUANCY, AND UNSUPERVISED TIME Alternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
How do you feel about going to school?	I like school very much	12%	17%
	I like school quite a bit	21%	27%
	I like school a little	34%	31%
	I don't like school very much	19%	15%
	I hate school	14%	10%
Which of these best describes your school	I would like to quit school as soon as I can	4%	2%
plans?	I plan to finish high school but won't go to college	21%	12%
	I'd like to go to some kind of trade or vocational school	16%	7%
	I'd like to go to college after high school	48%	62%
	I'd like to go to college and then to graduate school	11%	17%
During the last 30 days, how often have you skipped or	Never	42%	38%
cut full days of school?	Once or twice	30%	32%
	3 to 5 times	16%	18%
	6 to 10 times	6%	6%
	More than 10 times	6%	6%
In a typical week, how often	0 days	27%	29%
are you home alone or another place unsupervised	1 day	10%	10%
after school? ^	2 days	14%	13%
	3 days	13%	14%
	4 days	8%	8%
	5 days	29%	26%

^ New question in 2010.

TABLE 3ACADEMIC PERFORMANCE AND SCHOOL PROGRAMSAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Mark the two grades	A only	2%	1%
you get the most often.	A and B only	16%	25%
	B only	3%	4%
	B and C only	22%	24%
	C only	4%	3%
	C and D only	16%	11%
	D only	2%	1%
	D and F only	7%	6%
	F only	2%	1%
	Not applicable or no answer	27%	24%
Do you have or have you ever had an IEP	Yes	27%	21%
(Individualized Education Plan)?	No	73%	79%
Do you currently get	Yes	48%	61%
free or reduced-price lunch at school?	No	52%	39%
Since the beginning of	0 times	58%	58%
this school year, how many times have you	1 time	32%	29%
changed schools?	2 times	7%	8%
	3 or more times	3%	5%

TABLE 4 PERCEPTIONS OF SCHOOL ENVIRONMENT

		Gend	er
		Male	Female
		%	%
How many students in your school are friendly?	All	11%	7%
School are menory?	Most	49%	45%
	Some	27%	32%
	A few	12%	15%
	None	2%	1%
How many students in your	All	10%	8%
school behave well in the hallways and lunchroom?	Most	35%	30%
	Some	30%	31%
	A few	20%	25%
	None	5%	5%
How many students in your	All	5%	4%
school have made fun of or threatened students of	Most	9%	9%
different races or backgrounds?	Some	18%	18%
	A few	33%	35%
	None	35%	35%
How many of your teachers	All	21%	25%
are interested in you as a person?	Most	27%	28%
	Some	23%	21%
	A few	18%	16%
	None	12%	10%
How many of your teachers	All	40%	44%
show respect for students?	Most	31%	32%
	Some	15%	13%
	A few	10%	9%
	None	4%	2%

TABLE 5 PERCEPTIONS OF SCHOOL AND NEIGHBORHOOD SAFETY

		Gende	er
How much do you agree or with the following statement		Male	Female
		%	%
I feel safe going to and from school	Strongly agree	49%	46%
	Agree	42%	48%
	Disagree	6%	5%
	Strongly disagree	4%	2%
I feel safe at school	Strongly agree	44%	41%
	Agree	44%	50%
	Disagree	8%	7%
	Strongly disagree	4%	2%
l feel safe in my neighborhood	Strongly agree	51%	42%
	Agree	37%	46%
	Disagree	7%	9%
	Strongly disagree	4%	3%
Bathrooms in this school	Strongly agree	38%	34%
are a safe place to be	Agree	44%	50%
	Disagree	12%	12%
	Strongly disagree	6%	4%
Illegal gang activity is a	Strongly agree	7%	5%
problem at this school	Agree	13%	11%
	Disagree	38%	43%
	Strongly disagree	43%	41%
Student use of alcohol or	Strongly agree	15%	16%
drugs is a problem at this school	Agree	26%	29%
	Disagree	33%	34%
	Strongly disagree	26%	21%

TABLE 6VICTIMIZATION AT SCHOOLAlternative Schools and Area Learning Centers

			Gender	
			Male	Female
			%	%
During the last 12 months, has anyone offered, sold, or given	Yes		27%	22%
you an illegal drug on school property?	No		73%	78%
During the last 12 months, how many	0 times		75%	76%
times has someone stolen or deliberately	1 time		12%	13%
damaged your property on school property?	2 or 3 times		9%	9%
	4 or 5 times		2%	1%
	6 or more times		2%	1%
During the last 30 days, how many days did you	0 days		91%	91%
not go to school because you felt unsafe	1 day		4%	4%
at school or going to/from school?	2 or 3 days		3%	3%
	4 or 5 days		1%	1%
	6 or more days		2%	1%
During the last 12 months, which of the	Threatened you?	Yes	21%	18%
following has happened to you on		No	79%	82%
school property? Has a student:	Pushed, shoved, or grabbed you?	Yes	26%	19%
		No	74%	81%
	Kicked, bitten, or hit you?	Yes	17%	10%
		No	83%	90%
	Stabbed you or fired a gun at you?	Yes	4%	1%
		No	96%	99%
	Touched, grabbed, or pinched you in a sexual way?	Yes	16%	18%
	·	No	84%	82%
	Made unwanted sexual comments, jokes, gestures, or looks toward you?	Yes	16%	29%
		No	84%	71%

TABLE 7 BULLYING

		Gend	ler
		Male	Female
		%	%
During the last 30 days, how often has another student or	Never	79%	74%
group of students made fun	Once or twice	13%	17%
of or teased you in a hurtful way, or excluded you from friends or activities?	About once a week	3%	2%
	Several times a week	3%	4%
	Every day	3%	2%
During the last 30 days, how	Never	65%	67%
often have you, on your own or as part of a group, made	Once or twice	21%	24%
fun of or teased another student in a hurtful way or excluded another student from friends or activities?	About once a week	4%	4%
	Several times a week	4%	3%
	Every day	5%	3%

TABLE 8A USE OF TIME

Alternative Schools and Area Learning Centers

During the school year, I		Gender		
hours in a typical week of spend doing the following		Male	Female	
	, y ;	%	%	
Homework or study	0 hours	47%	32%	
	1-2 hours	32%	41%	
	3-5 hours	12%	17%	
	6-10 hours	5%	6%	
	11-20 hours	1%	2%	
	21 hours or more	2%	2%	
Reading for pleasure	0 hours	59%	37%	
	1-2 hours	24%	35%	
	3-5 hours	9%	14%	
	6-10 hours	4%	7%	
	11-20 hours	2%	3%	
	21 hours or more	2%	4%	
Volunteer work ^	0 hours	75%	73%	
	1-2 hours	14%	15%	
	3-5 hours	6%	7%	
	6-10 hours	2%	3%	
	11-20 hours	1%	1%	
	21 hours or more	2%	1%	
Work for pay (including	0 hours	45%	41%	
babysitting for others)	1-2 hours	11%	12%	
	3-5 hours	11%	12%	
	6-10 hours	9%	11%	
	11-20 hours	9%	10%	
	21 hours or more	15%	14%	

TABLE 8B USE OF TIME

Alternative Schools and Area Learning Centers

During the school year, h	ow many	Gender		
hours in a typical week de spend doing the following		Male	Female	
		%	%	
Watching TV, DVDs or videos	0 hours	7%	6%	
VIGEOS	1-2 hours	26%	25%	
	3-5 hours	27%	29%	
	6-10 hours	21%	20%	
	11-20 hours	10%	10%	
	21 hours or more	10%	10%	
Playing video games ^	0 hours	21%	61%	
	1-2 hours	26%	20%	
	3-5 hours	18%	8%	
	6-10 hours	13%	4%	
	11-20 hours	9%	3%	
	21 hours or more	12%	4%	
Talking on the phone or	0 hours	12%	6%	
texting ^	1-2 hours	22%	15%	
	3-5 hours	17%	13%	
	6-10 hours	15%	14%	
	11-20 hours	11%	14%	
	21 hours or more	23%	37%	
Online activities (e-mail,	0 hours	28%	19%	
instant IM-ing, etc.) ^	1-2 hours	31%	31%	
	3-5 hours	16%	18%	
	6-10 hours	11%	14%	
	11-20 hours	6%	8%	
	21 hours or more	8%	10%	
Hanging out	0 hours	7%	8%	
	1-2 hours	9%	12%	
	3-5 hours	14%	18%	
	6-10 hours	19%	18%	
	11-20 hours	16%	17%	
	21 hours or more	35%	28%	

TABLE 9A ENRICHMENT ACTIVITIES

Alternative Schools and Area Learning Centers

During the school year, how often		Gend	Gender		
have you participated in the following?	0	Male	Female		
ionoming.		%	%		
Fine arts activities (lessons, band, choir,	Not available in my community	15%	12%		
dance, drama, etc.) ^	Never	66%	61%		
	Less than monthly	6%	8%		
	Monthly	2%	49		
	1-2 times per week	3%	5%		
	3-4 times per week	3%	4%		
	Every day	5%	6%		
Club or community sports teams	Not available in my community	10%	9%		
	Never	62%	71%		
	Less than monthly	8%	7%		
	Monthly	5%	3%		
	1-2 times per week	5%	4%		
	3-4 times per week	4%	3%		
	Every day	6%	3%		
School sports teams	Not available in my community	12%	10%		
	Never	66%	74%		
	Less than monthly	6%	5%		
	Monthly	4%	3%		
	1-2 times per week	3%	2%		
	3-4 times per week	3%	2%		
	Every day	6%	3%		
Community clubs and programs (4-H, Park and	Not available in my community	11%	10%		
Rec, Community Ed., etc.)	Never	73%	76%		
	Less than monthly	5%	5%		
	Monthly	4%	3%		
	1-2 times per week	3%	3%		
	3-4 times per week	2%	2%		
	Every day	2%	2%		

TABLE 9B **ENRICHMENT ACTIVITIES**

Alternative Schools and Area Learning Centers

During the school year, how often have you participated in the		Gender	
nave you participated in the following?		Male	Female
ionowing.		%	%
Mentoring programs (as a mentor or being mentored) ^	Not available in my community	11%	10%
	Never	76%	77%
	Less than monthly	4%	4%
	Monthly	3%	3%
	1-2 times per week	3%	3%
	3-4 times per week	1%	1%
	Every day	2%	1%
Religious activities (religious services, education, youth	Not available in my community	9%	8%
group, etc.)	Never	66%	67%
	Less than monthly	8%	8%
	Monthly	4%	5%
	1-2 times per week	8%	8%
	3-4 times per week	2%	2%
	Every day	3%	2%
Service learning programs ^^	Not available in my community	9%	8%
	Never	78%	78%
	Less than monthly	5%	5%
	Monthly	2%	3%
	1-2 times per week	3%	3%
	3-4 times per week	1%	2%
	Every day	2%	2%
Tutoring, Homework Help or other academic programs ^^	Not available in my community	9%	8%
	Never	75%	75%
	Less than monthly	6%	5%
	Monthly	3%	3%
	1-2 times per week	4%	5%
	3-4 times per week	1%	2%
	Every day	3%	2%

^ Variations in wording for this item may affect year-to-year comparisons. ^^ New question in 2010.

TABLE 10REASONS FOR PARTICIPATION IN ACTIVITIESAlternative Schools and Area Learning Centers

		Gender	
	-	Male	Female
		%	%
In general, why do you	To have fun	68%	73%
participate in school-based or community-based	To learn new skills	44%	50%
activities and clubs? (Mark all that apply)	My parents or guardians want me to	12%	10%
	My friends participate	25%	26%
	To help me get into college	22%	29%
	It is a safe place to be after school ^	7%	7%
In general, why don't you participate in any	Activities are not available in my community	8%	8%
school-based or community-based activities	Activities cost too much	15%	22%
and clubs? (Mark all that apply)	My parents or guardians won't let me	3%	4%
	My friends don't participate	8%	8%
	I'm not interested	61%	51%
	I am too busy with other things	38%	46%
	I don't have a way to get there or home ^	9%	17%
	I have to take care of other family members ^	5%	10%
	It's not a safe place to be after school ^	2%	2%

^ New response option in 2010.

TABLE 11FAMILY COMPOSITION AND PARENTAL COMMUNICATIONAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Which adults do you live with?	Both biological parents	27%	21%
	Both adoptive parents	1%	1%
	Mother and stepfather	6%	9%
	Father and stepmother	2%	1%
	Mother only	34%	38%
	Father only	9%	7%
	Sometimes with mother, sometimes with father	4%	4%
	Other	13%	15%
	No adults or no answer	3%	5%
Can you talk to your	Yes, most of the time	31%	20%
father about problems you are having?	Yes, some of the time	19%	20%
	No, not very often	16%	18%
	No, not at all	12%	15%
	My father is not around	22%	28%
Can you talk to your	Yes, most of the time	43%	44%
mother about problems you are having?	Yes, some of the time	27%	26%
	No, not very often	16%	16%
	No, not at all	9%	8%
	My mother is not around	6%	6%

TABLE 12 PERCEPTIONS OF FAMILY AND OTHERS CARING Alternative Schools and Area Learning Centers

		Gender	
How much do you feel		Male	Female
		%	%
your parents care about you?	Not at all	5%	3%
you :	A little	6%	7%
	Some	10%	10%
	Quite a bit	15%	15%
	Very much	63%	65%
other adult relatives care	Not at all	7%	4%
about you?	A little	8%	7%
	Some	15%	15%
	Quite a bit	24%	23%
	Very much	45%	51%
friends care about you?	Not at all	6%	3%
	A little	11%	10%
	Some	25%	21%
	Quite a bit	33%	27%
	Very much	25%	38%
teachers/ other adults at	Not at all	11%	8%
school care about you? ^	A little	19%	20%
	Some	32%	31%
	Quite a bit	24%	25%
	Very much	13%	16%
religious or spiritual	Not at all	44%	39%
leaders care about you? ^	A little	14%	15%
	Some	15%	16%
	Quite a bit	12%	14%
	Very much	14%	16%
other adults in your	Not at all	28%	26%
community care about you?	A little	22%	22%
-	Some	25%	23%
	Quite a bit	15%	17%
	Very much	10%	12%

TABLE 13FAMILY SUBSTANCE ABUSEAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Has alcohol use by any family member repeatedly	Yes	26%	34%
caused family, health, job, or legal problems?	Νο	74%	66%
Has drug use by any family member repeatedly caused family, health, job, or legal problems?	Yes	22%	30%
	No	78%	70%

TABLE 14APHYSICAL AND SEXUAL VIOLENCEAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Have you ever physically or sexually hurt someone you were going out with? (This might include shoving, slapping, hitting or forcing them into sexual activities. This also includes threatening to do these things.)	Yes	6%	14%
	No	94%	86%
Has someone you were going out with ever hit you, hurt you, threatened you or made you feel afraid?	Yes	11%	34%
	No	89%	66%
Has someone you were going out with ever forced you to have sex or do something sexual when you didn't want to?	Yes	8%	22%
	No	92%	78%

TABLE 14BPHYSICAL AND SEXUAL VIOLENCEAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Has any adult in your household ever hit you so hard or so often that you had	Yes	14%	21%
marks or were afraid of that person?	No	86%	79%
Has anyone in your family ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?	Yes	16%	26%
	No	84%	74%
Has any older person outside the family touched you sexually against your wishes or forced you to touch them sexually?	Yes	5%	22%
	No	95%	78%
Has any older/stronger member of your family touched you sexually or had you touch them sexually?	Yes	3%	10%
	No	97%	90%

TABLE 15GENERAL HEALTH ISSUES

		Gender	
		Male	Female
		%	%
When was the last time you had a physical exam?	Within the last 12 months	38%	56%
	1-2 years ago	35%	27%
	3-4 years ago	13%	6%
	More than 4 years ago	6%	4%
	I have never had a physical exam	8%	7%
Has a doctor or nurse ever told you that you	Yes	21%	25%
have asthma?	No	79%	75%
Do you have a physical health condition or	No	87%	83%
problem that has lasted at least 12 months?	Yes	13%	17%
Do you have a mental or emotional health problem	No	83%	71%
that has lasted at least 12 months?	Yes	17%	29%
Have you ever been treated for a mental or	No	78%	68%
emotional health problem?	Yes, during the last year	12%	19%
	Yes, more than a year ago	10%	13%
Have you ever been treated for an alcohol or	No	81%	86%
other drug problem?	Yes, during the last year	13%	8%
	Yes, more than a year ago	6%	6%

TABLE 16WEIGHT-RELATED ISSUESAlternative Schools and Area Learning Centers

			Gend	ler
			Male	Female
	i		%	%
At the present time, do you think you are	Underweight		14%	8%
you think you are	About the right weigh	t	64%	55%
	Overweight		22%	37%
During the last 12	I am not trying to	Yes	54%	40%
months, have you done any of the	lose weight or control my weight	No	46%	60%
following to lose or control weight? (Mark	Fast or skip meals	Yes	12%	26%
all that apply) ^		Νο	88%	74%
	Smoke cigarettes	Yes	13%	17%
		No	87%	83%
	Exercise	Yes	35%	40%
		No	65%	60%
	Use diet pills, speed or other drugs	Yes	3%	7%
		No	97%	93%
	Eat healthier	Yes	20%	37%
		No	80%	63%
	Vomit on purpose after eating	Yes	2%	5%
		No	98%	95%
	Use laxatives	Yes	1%	2%
		No	99%	98%
Weight status according to Body	Not overweight		68%	66%
Mass Index (BMI) **	Overweight		14%	20%
	Obese		18%	14%

^ Variations in the number and order of these response options may affect year-to-year comparisons.

** Body Mass Index (BMI) is a number calculated from a child's self-reported weight and height. BMI can be used as a screening tool to identify possible weight problems for children and teens. The BMI number is calculated using a standard formula. BMI-for-age percentiles are used to interpret BMI numbers because, unlike adults, BMI is both age-and sex-specific for children and teens. The CDC BMI-for-age growth charts take into account these differences and allow translation of a BMI number into a percentile for a child's sex and age. The CDC growth charts were used to determine weight status according to BMI for participants in the Minnesota Student Survey.

Not overweight: Less than the 85th percentile Overweight: 85th to less than the 95th percentile Obese: Equal to or greater than the 95th percentile

TABLE 17 EXERCISE

		Gender	
		Male	Female
		%	%
On how many of the last 7 days did you exercise or	0 days	21%	30%
play sports that made you	1 day	9%	14%
sweat or breathe hard for at least 20 minutes?	2 days	15%	17%
	3 days	14%	15%
	4 days	12%	8%
	5 days	12%	8%
	6 days	4%	2%
	7 days	13%	6%
On how many of the last 7	0 days	17%	25%
days were you physically active for a combined total	1 day	8%	16%
of at least 30 minutes?	2 days	14%	17%
	3 days	13%	13%
	4 days	13%	9%
	5 days	14%	9%
	6 days	4%	3%
	7 days	17%	9%

TABLE 18 NUTRITION

How many glasses of each of the		Gender	
following did you drink yester		Male	Female
		%	%
Milk	0 glasses	28%	42%
	1-2 glasses	47%	46%
	3-4 glasses	16%	9%
	5 or more glasses	9%	3%
100% fruit juice	0 glasses	44%	46%
	1-2 glasses	37%	39%
	3-4 glasses	12%	8%
	5 or more glasses	7%	6%
Fruit juice drinks	0 glasses	48%	49%
	1-2 glasses	33%	36%
	3-4 glasses	12%	10%
	5 or more glasses	7%	5%
Pop or soda	0 glasses	27%	35%
	1-2 glasses	37%	40%
	3-4 glasses	19%	14%
	5 or more glasses	17%	11%
Sports drinks	0 glasses	58%	75%
	1-2 glasses	23%	15%
	3-4 glasses	10%	5%
	5 or more glasses	9%	4%
Water	0 glasses	12%	11%
	1-2 glasses	25%	28%
	3-4 glasses	24%	23%
	5 or more glasses	40%	39%
How many servings of fruits,	0 servings	16%	13%
fruit juices, or vegetables did you eat yesterday?	1 serving	17%	20%
and you out yoolorddy i	2 servings	24%	25%
	3 servings	18%	20%
	4 servings	10%	11%
	5 or more servings	14%	11%

TABLE 19 SEAT BELT USE

How often do you wear a seat belt when you		Gen	der
		Male	Female
inten yeu in		%	%
ride in a car?	Never	7%	4%
	Sometimes	25%	20%
	Often	24%	22%
	Always	44%	55%
drive a car?	I never do this activity	18%	23%
	Never	6%	5%
	Sometimes	12%	8%
	Often	11%	7%
	Always	52%	57%

TABLE 20SOURCES OF INFORMATION ON RISK BEHAVIORSAlternative Schools and Area Learning Centers

		Gender	
Where have you received me	ost of your information about	Male	Female
,		%	%
alcohol and other drugs? (Mark all that apply)	Friends or peers	65%	70%
(Mark an that appry)	Parents	41%	50%
	Brothers or sisters	26%	33%
	School/teachers/ counselors	43%	55%
	Clinics/doctors/ nurses	15%	26%
	Religious/ community groups	7%	7%
	Internet	32%	30%
	TV/radio/magazines/newspap ers/books	28%	35%
	I do not know much about alcohol or other drugs	8%	5%
sex? (Mark all that apply)	Friends or peers	65%	70%
	Parents	35%	46%
	Brothers or sisters	21%	26%
	School/teachers/ counselors	38%	48%
	Clinics/doctors/ nurses	14%	40%
	Religious/ community groups	6%	7%
	Internet	28%	26%
	TV/radio/magazines/newspap ers/books	24%	34%
	I do not know much about sex	4%	4%

TABLE 21A EMOTIONAL WELL-BEING/DISTRESS Alternative Schools and Area Learning Centers

low much do you agree or disagree with the following tatements?		Gender	
		Male	Female
		%	%
I get a lot of headaches, stomachaches or sickness.	Agree	16%	38%
	Mostly agree	17%	25%
	Mostly disagree	23%	18%
	Disagree	43%	19%
I am often irritable and angry.	Agree	15%	26%
	Mostly agree	23%	26%
	Mostly disagree	31%	26%
	Disagree	31%	21%
I have many fears and am	Agree	4%	13%
easily scared.	Mostly agree	6%	16%
	Mostly disagree	24%	28%
	Disagree	66%	43%
I often have trouble	Agree	26%	32%
concentrating.	Mostly agree	28%	28%
	Mostly disagree	22%	20%
	Disagree	24%	20%
I am restless and cannot stay	Agree	23%	27%
still for long.	Mostly agree	25%	22%
	Mostly disagree	24%	24%
	Disagree	27%	26%
I often have trouble getting to	Agree	22%	29%
sleep and staying asleep.	Mostly agree	20%	20%
	Mostly disagree	24%	20%
	Disagree	34%	31%
I do things before I think.	Agree	20%	26%
	Mostly agree	20%	20%
	Mostly disagree		
	Disagree	29%	26%
I am often unhappy,	Agree	23%	21%
depressed or tearful.		10%	18%
	Mostly agree	12%	19%
	Mostly disagree	25%	24%
	Disagree	54%	39%

TABLE 21BEMOTIONAL WELL-BEING/DISTRESSAlternative Schools and Area Learning Centers

		Gender	
During the last 30 days		Male	Female
		%	%
have you felt you were under any stress or pressure?	Yes, almost more than I could take	14%	24%
	Yes, quite a bit of pressure	19%	22%
	Yes, more than usual	13%	13%
	Yes, a little	30%	26%
	Not at all	24%	14%
have you felt sad?	All the time	7%	9%
	Most of the time	9%	19%
	Some of the time	21%	32%
	A little of the time	36%	31%
	None of the time	28%	9%
have you felt so discouraged or hopeless that you wondered if anything was worthwhile?	Extremely so, to the point that I have just about given up	9%	10%
	Quite a bit	10%	15%
	Some, enough to bother me	13%	17%
	A little bit	21%	25%
	Not at all	47%	33%
have you felt nervous,	All the time	8%	8%
worried, or upset?	Most of the time	9%	19%
	Some of the time	20%	28%
	A little of the time	34%	33%
	None of the time	29%	13%

TABLE 22 SELF-INFLICTED INJURY, SUICIDAL THOUGHTS AND SUICIDAL BEHAVIOR Alternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Have you ever hurt yourself on purpose ("cutting",	No	79%	56%
burns, bruises)?	Yes, during the last year	11%	18%
	Yes, more than a year ago	10%	26%
Have you ever thought	No	70%	57%
about killing yourself?	Yes, during the last year	18%	24%
	Yes, more than a year ago	12%	20%
Have you ever tried to kill yourself?	No	87%	79%
	Yes, during the last year	4%	7%
	Yes, more than a year ago	8%	13%

TABLE 23GAMBLING BEHAVIORAlternative Schools and Area Learning Centers

During the last 12 months, how often		Gender	
have you done these activitie		Male	Female
-		%	%
Played cards for money	Not at all	54%	80%
	Less than once a month	21%	12%
	About once a month	13%	4%
	About once a week	8%	3%
	Daily	4%	2%
Bet on games of personal	Not at all	56%	85%
skill like pool, golf, or bowling	Less than once a month	19%	8%
	About once a month	13%	4%
	About once a week	7%	2%
	Daily	5%	1%
Bet money on sports teams	Not at all	68%	89%
or horseracing ^	Less than once a month	14%	6%
	About once a month	9%	2%
	About once a week	5%	1%
	Daily	4%	1%
Bought lottery tickets or	Not at all	68%	77%
scratch offs	Less than once a month	13%	10%
	About once a month	9%	6%
	About once a week	6%	5%
	Daily	4%	2%
Gambled in a casino	Not at all	77%	84%
	Less than once a month	10%	10%
	About once a month	6%	4%
	About once a week	4%	2%
	Daily	3%	1%
Gambled for money online	Not at all	90%	97%
	Less than once a month	3%	2%
	About once a month	2%	0%
	About once a week	2%	1%
	Daily	3%	1%

TABLE 24DESTRUCTIVE AND ANTISOCIAL BEHAVIORAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
During the last 12 months, how often have you run away from home?	Never	81%	77%
	Once or twice	12%	17%
	3 to 5 times	2%	4%
	6 to 10 times	2%	2%
	More than 10 times	2%	1%
During the last 12 months,	Never	67%	82%
how often have you damaged or destroyed property at	Once or twice	18%	11%
school or somewhere else?	3 to 5 times	6%	3%
	6 to 10 times	3%	2%
	More than 10 times	6%	1%
During the last 12 months,	Never	52%	65%
how often have you hit or beat up another person?	Once or twice	28%	25%
p p	3 to 5 times	9%	6%
	6 to 10 times	4%	2%
	More than 10 times	6%	2%
During the last 12 months,	Never	59%	60%
how often have you taken something from a store without paying for it?	Once or twice	20%	19%
	3 to 5 times	7%	8%
	6 to 10 times	5%	4%
	More than 10 times	10%	8%
On how many of the last 30	0 days	94%	99%
days did you carry a gun on school property?	1 day	2%	0%
	2 or 3 days	1%	0%
	4 or 5 days	1%	0%
	6 or more days	3%	1%
On how many of the last 30	0 days	83%	93%
days did you carry a weapon (other than a gun) on school	1 day	5%	2%
property?	2 or 3 days	3%	1%
	4 or 5 days	2%	0%
	6 or more days	7%	3%

TABLE 25 SUMMARY OF SUBSTANCE USE **

Alternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
Use of any tobacco products during the past 30 days	No	36%	43%
	Yes	64%	57%
Frequent use of any tobacco products during the past 30 days (used tobacco on 20 or	No	55%	61%
more of the past 30 days)	Yes	45%	39%
Frequent binge drinking in the past year (typically drank 5 or more drinks at a time and drank on 10 or more occasions during the past year)	No	76%	83%
	Yes	24%	17%
Any alcohol and/or other drug use during the past year (excluding tobacco)	No alcohol or other drug use in the past year	23%	24%
	Used only alcohol in the past year	14%	16%
	Used only marijuana/other drugs in the past year	2%	1%
	Used both alcohol and marijuana/other drugs in the past year	61%	59%

** These are all computed variables based on combinations of responses to two or more survey items.

TABLE 26CIGARETTE USE AND AGE OF FIRST USEAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
During the last 30 days,	0 days	42%	46%
on how many days did you smoke a cigarette?	1 or 2 days	6%	6%
,	3 to 5 days	4%	3%
	6 to 9 days	3%	2%
	10 to 19 days	5%	5%
	20 to 29 days	7%	7%
	All 30 days	34%	31%
During the last 30 days,	Never	44%	48%
how frequently have you smoked cigarettes?	Less than one cigarette per day	8%	9%
	One to five cigarettes per day	20%	22%
	About one-half pack per day	15%	12%
	About one pack per day	9%	7%
	About one and one-half packs per day	2%	2%
	Two packs or more per day	1%	1%
How old were you the first time you smoked	I have never smoked part or all of a cigarette	25%	24%
part or all of a cigarette?	10 years old or younger	20%	17%
	11 years old	8%	8%
	12 years old	10%	10%
	13 years old	10%	12%
	14 years old	10%	11%
	15 years old	8%	9%
	16 years old	5%	5%
	17 years old or older	4%	3%

TABLE 27CIGAR AND SMOKELESS TOBACCO USE AND AGE OF FIRST USEAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
During the last 30 days, on	0 days	75%	95%
how many days did you use chewing tobacco,	1 or 2 days	8%	3%
snuff or dip?	3 to 5 days	4%	1%
	6 to 9 days	3%	0%
	10 to 19 days	3%	0%
	20 to 29 days	2%	0%
	All 30 days	4%	1%
During the last 30 days, on	0 days	62%	78%
how many days did you smoke cigars, cigarillos or	1 or 2 days	14%	9%
little cigars?	3 to 5 days	7%	4%
	6 to 9 days	4%	2%
	10 to 19 days	4%	2%
	20 to 29 days	2%	1%
	All 30 days	6%	3%
How old were you the first time you smoked a cigar	I have never smoked a cigar or used chewing tobacco	37%	61%
or used chewing tobacco?	10 years old or younger	8%	3%
	11 years old	4%	2%
	12 years old	7%	4%
	13 years old	9%	6%
	14 years old	10%	7%
	15 years old	11%	8%
	16 years old	8%	6%
	17 years old or older	5%	4%

TABLE 28ACCESS TO TOBACCO

INCLUDES ONLY THOSE WHO USED TOBACCO IN THE LAST 30 DAYS		Gend	ler
		Male	Female
		%	%
If you used tobacco, how did you get it in the last 30	Bought it at gas stations or convenience stores	34%	24%
days? (Mark all that apply)	Bought it at bars or restaurants	2%	1%
	Bought it at grocery, discount, or drug stores	7%	4%
	Bought it at places like bowling alleys, video arcades, or pool halls	2%	0%
	Bought it from vending machines	1%	0%
	Bought it on the Internet	1%	0%
	Got it from friends	29%	27%
	Got it from my parents	10%	11%
	Got it from other family members	8%	9%
	Got it by getting someone else to buy for me	16%	18%
	Took it from my home	8%	8%
	Took it from a friend's home	4%	3%
	Took it from stores	6%	3%

INCLUDES ONLY THOSE WHO BOUGHT TOBACCO IN THE LAST 30 DAYS		Gen	Gender	
		Male	Female	
		%	%	
If you bought tobacco in the last 30 days, did you use a fake ID?	Yes	8%	5%	
	No	92%	95%	

TABLE 29ALCOHOL USE FREQUENCY AND QUANTITYAlternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 12 months, on how many occasions (if any) have you had alcoholic	0	32%	30%
	1-2	12%	14%
beverages to drink?	3-5	12%	15%
	6-9	10%	11%
	10-19	13%	13%
	20-39	9%	9%
	40+	13%	9%
During the last 30 days, on	0 days	46%	47%
how many days did you drink one or more drinks of	1 or 2 days	20%	24%
an alcoholic beverage?	3 to 5 days	16%	16%
	6 to 9 days	8%	8%
	10 to 19 days	6%	4%
	20 to 29 days	2%	1%
	All 30 days	1%	0%
lf you drink beer/wine/wine coolers/hard liquor,	I don't drink beer/wine/wine coolers/hard liquor	34%	32%
generally, how much (if any) do you drink at one time?	1 glass, can, or drink	8%	10%
	2 glasses, cans, or drinks	7%	10%
	3 glasses, cans, or drinks	7%	12%
	4 glasses, cans, or drinks	8%	10%
	5 glasses, cans, or drinks	7%	7%
	6 or more glasses, cans, or drinks	30%	19%
Over the last 2 weeks, how	Never	59%	65%
many times (if any) have you had five or more drinks in a	Once	15%	14%
row?	Twice	10%	10%
	3 to 5 times	10%	8%
	6 or more times	5%	4%

TABLE 30 AGE OF FIRST ALCOHOL USE

		Gender	
		Male	Female
		%	%
How old were you when you had your first drink of alcohol	I have never had a drink of alcohol other than a few sips	19%	16%
other than a few sips?	10 years old or younger	17%	12%
	11 years old	5%	5%
	12 years old	10%	11%
	13 years old	12%	14%
	14 years old	14%	16%
	15 years old	11%	14%
	16 years old	7%	9%
	17 years old or older	4%	4%

TABLE 31 ACCESS TO ALCOHOL

Alternative Schools and Area Learning Centers

INCLUDES ONLY THOSE WHO USED ALCOHOL IN THE LAST 30 DAYS **		Gend	er
		Male	Female
		%	%
If you used alcohol, how did you get it in the last 30	Bought it at gas stations or convenience stores	3%	1%
days? (Mark all that apply)	Bought it at bars or restaurants	2%	1%
	Bought it at stores	5%	4%
	Bought it on the Internet	1%	0%
	Got it from friends	25%	28%
	Got it from my parents	5%	6%
	Got it from other family members	6%	7%
	Got it by getting someone else to buy for me	16%	18%
	Got it at parties	17%	21%
	Took it from my home	5%	6%
	Took it from a friend's home	5%	4%
	Took it from stores	3%	2%

		Gender	
		Male Female	
		%	%
If you bought alcohol in the last 30 days, did you use a fake ID?	Yes	10%	4%
	No	90%	96%

** Percentages are comparable to the 2001-2007 survey results. Percentages are based on all recent alcohol users, even if they skipped this question.

TABLE 32 DRINKING AND DRIVING

		Gen	der
		Male	Female
		%	%
During the last 12 months, how many times have you	0 times or no use	70%	81%
driven a motor vehicle after	Once	9%	6%
using alcohol or other drugs?	Twice	7%	5%
	3 or more times	14%	8%
Do you ever ride with friends after they have been using alcohol or drugs?	No	41%	45%
	Yes, but rarely	33%	39%
	Yes, often	25%	15%
	None of my friends use alcohol or other drugs	2%	2%

TABLE 33 MARIJUANA AND OTHER DRUG USE AND AGE OF FIRST USE Alternative Schools and Area Learning Centers

		Gender	
	-	Male	Female
		%	%
During the last 30 days, on	0 days	49%	58%
how many days did you use marijuana or hashish?	1 or 2 days	9%	9%
·······	3 to 5 days	5%	7%
	6 to 9 days	4%	4%
	10 to 19 days	8%	6%
	20 to 29 days	9%	6%
	All 30 days	17%	10%
How old were you when you	I have never tried marijuana	26%	26%
tried marijuana for the first time?	10 years old or younger	12%	6%
	11 years old	6%	6%
	12 years old	10%	9%
	13 years old	13%	14%
	14 years old	12%	15%
	15 years old	10%	13%
	16 years old	7%	7%
	17 years old or older	4%	4%
During the last 30 days, on	0 days	80%	82%
how many days did you use any of these "other drugs"?	1 or 2 days	8%	8%
	3 to 5 days	5%	4%
	6 to 9 days	2%	2%
	10 to 19 days	2%	2%
	20 to 29 days	1%	1%
	All 30 days	1%	1%
How old were you when you tried any of these "other	I have never tried "other drugs"	62%	63%
drugs" for the first time?	10 years old or younger	3%	1%
	11 years old	2%	1%
	12 years old	3%	3%
	13 years old	3%	5%
	14 years old	7%	7%
	15 years old	8%	9%
	16 years old	8%	8%
	17 years old or older	4%	3%

TABLE 34 MARIJUANA, INHALANTS, HALLUCINOGENS AND HEROIN ^ Alternative Schools and Area Learning Centers

During the last 12 month	s, on how many occasions	Gende	r
(if any) have you		Male	Female
		%	%
used marijuana (bud, weed, pot) or hashish (hash, hash oil)?	0	36%	42%
	1-2	9%	11%
	3-5	6%	8%
	6-9	4%	6%
	10-19	5%	5%
	20-39	4%	5%
	40+	36%	23%
sniffed glue, or	0	91%	91%
breathed the contents of aerosol spray cans,	1-2	4%	4%
or inhaled any other gases or sprays in order	3-5	2%	2%
to get high?	6-9	1%	1%
	10-19	1%	1%
	20-39	0%	1%
	40+	0%	0%
used LSD ("acid"),	0	83%	88%
PCP (wet sticks or dipped joints), or other	1-2	8%	7%
psychedelics (like mescaline, mushrooms,	3-5	4%	3%
peyote)?	6-9	3%	1%
	10-19	1%	1%
	20-39	1%	0%
	40+	1%	0%
used heroin?	0	94%	97%
	1-2	2%	2%
	3-5	1%	1%
	6-9	1%	0%
	10-19	1%	0%
	20-39	0%	0%
	40+	1%	0%

TABLE 35 METHAMPHETAMINE, COCAINE AND ECSTASY ^ Alternative Schools and Area Learning Centers

During the last 12 months	n how many	Gende	r
During the last 12 months, c occasions (if any) have you		Male	Female
		%	%
used methamphetamine (meth, glass, crank, crystal meth, ice) by any method?	0	93%	95%
	1-2	3%	2%
	3-5	2%	1%
	6-9	1%	1%
	10-19	1%	0%
	20-39	0%	0%
	40+	1%	0%
used "crack" (cocaine in chunk or rock form), or cocaine in any other form?	0	87%	91%
	1-2	6%	5%
	3-5	3%	2%
	6-9	2%	1%
	10-19	1%	1%
	20-39	1%	0%
	40+	1%	0%
used MDMA (E, X,	0	82%	84%
"ecstasy"), GHB (G, Liquid E, Liquid X) or Ketamine	1-2	8%	8%
("Special K")?	3-5	5%	5%
	6-9	3%	2%
	10-19	2%	1%
	20-39	1%	0%
	40+	1%	0%

TABLE 36A PRESCRIPTION DRUGS

During the last 12 months, on I		Gender Female	
many occasions (if any) have y		Male	Female
used etimulante lite	0	%	%
used stimulants like Benzedrine or diet pills that	0	92%	90%
were not prescribed for you by a doctor, or that you took	1-2	2%	5%
only to get high?	3-5	2%	2%
	6-9	1%	1%
	10-19	1%	1%
	20-39	1%	1%
	40+	0%	0%
used your own or someone else's ADHD or	0	83%	82%
ADD drugs like Ritalin (hyper pills) to get high?	1-2	5%	7%
	3-5	4%	4%
	6-9	2%	2%
	10-19	2%	3%
	20-39	1%	1%
	40+	2%	2%
used OxyContin, Percocet, Percodan, Vicodin or other	0	78%	80%
pain relievers that were not prescribed for you by a	1-2	6%	6%
doctor, or that you took only to get high?	3-5	5%	4%
	6-9	4%	3%
	10-19	3%	3%
	20-39	2%	2%
	40+	2%	2%
used tranquilizers (Valium, Xanax, nerve pills) or	0	87%	89%
sedatives or barbituates that were not prescribed for you	1-2	5%	5%
by a doctor, or that you took only to get high?	3-5	3%	3%
	6-9	3%	1%
	10-19	1%	1%
	20-39	0%	1%
	40+	1%	0%

TABLE 36B PRESCRIPTION DRUGS *^

Alternative Schools and Area Learning Centers

The data included in this table are based on one question that appears only in the Primary (6th grade) version of the 2010 Minnesota Student Survey.

Students in Alternative Schools and Area Learning Centers completed the Secondary (9th-12th grade) version of the survey.

TABLE 37SUBSTANCE USE PATTERNSAlternative Schools and Area Learning Centers

Do you ever use alcohol or other drugs		Male	Female
		%	%
before school?	Yes	31%	23%
	No	69%	77%
during school?	Yes	21%	15%
	No	79%	85%
right after school?	Yes	40%	34%
	No	60%	66%

TABLE 38PARENTAL DISAPPROVAL OF SUBSTANCE USEAlternative Schools and Area Learning Centers

			Gender	
			Male	Female
			%	%
During the last 12 months, have you talked with at least one of your parents	Yes		42%	44%
(or guardians) about the dangers of tobacco, alcohol, or drug use?	No		58%	56%
How do you think your	smoked one or more	They would approve	11%	8%
parents or guardians would feel if you^	packs of cigarettes per day?	They would not care at all	23%	22%
		They would disapprove	27%	26%
		They would strongly disapprove	39%	44%
	have five or more drinks of an alcoholic beverage once or twice a week?	They would approve	7%	5%
		They would not care at all	21%	21%
		They would disapprove	33%	33%
		They would strongly disapprove	39%	41%
	smoked marijuana once or twice a week?	They would approve	6%	4%
		They would not care at all	15%	13%
		They would disapprove	25%	25%
		They would strongly disapprove	53%	57%
	used other drugs once or twice a week?	They would approve	3%	2%
		They would not care at all	3%	3%
		They would disapprove	14%	13%
		They would strongly disapprove	80%	82%

^ New questions in 2010.

TABLE 39 PERCEIVED RISK OF HARM FROM SUBSTANCE USE Alternative Schools and Area Learning Centers

			Gend	Gender	
			Male	Female	
			%	%	
How much do you think people risk harming	smoke one or more packs of cigarettes per day?	No risk	11%	7%	
themselves physically or in other ways if they		Slight risk	12%	11%	
		Moderate risk	28%	26%	
		Great risk	49%	55%	
	have five or more drinks of an alcoholic beverage once or twice a week?	No risk	13%	9%	
		Slight risk	26%	17%	
		Moderate risk	31%	31%	
		Great risk	31%	43%	
	smoke marijuana once or twice a week?	No risk	46%	31%	
		Slight risk	23%	28%	
		Moderate risk	13%	17%	
		Great risk	18%	24%	

TABLE 40A CONSEQUENCES OF SUBSTANCE USE

Alternative Schools and Area Learning Centers

During the last 12 months		Male	Female
		%	%
have you found that you had to use a lot more alcohol	No or no use	74%	76%
or other drugs than before to get the same effect?	Yes	26%	24%
have you tried to cut down on your use of alcohol or	No or no use	83%	81%
other drugs but couldn't?	Yes	17%	19%
have you continued to use alcohol or other drugs even though you knew it was	No or no use	79%	77%
hurting your relationships with friends or family? ^	Yes	21%	23%
how many times have you spent all or most of the day	0 times or no use	57%	59%
using alcohol or other drugs, or getting over their effects?	Once	13%	14%
	Twice	8%	8%
	3 or more times	22%	19%
how many times have you given up important social or	0 times or no use	75%	75%
recreational activities like sports or being with friends	Once	9%	10%
or relatives in order to use alcohol or other drugs or to	Twice	6%	7%
get over their effects? ^	3 or more times	10%	9%
how many times has alcohol or other drug use left	0 times or no use	75%	69%
you feeling depressed, agitated, paranoid, or unable	Once	9%	12%
to concentrate?	Twice	6%	6%
	3 or more times	10%	12%

TABLE 40BCONSEQUENCES OF SUBSTANCE USEAlternative Schools and Area Learning Centers

		Gend	er
During the last 12 months		Male	Female
		%	%
how many times have you missed work or school, or	0 times or no use	78%	78%
neglected other major	Once	8%	9%
responsibilities because of alcohol or other drug use? ^	Twice	6%	6%
	3 or more times	9%	8%
how many times has alcohol or other drug use	0 times or no use	73%	83%
caused you problems with the	Once	13%	10%
law?	Twice	7%	4%
	3 or more times	7%	3%
how many times have you hit someone or become	0 times or no use	79%	81%
violent while using alcohol or other drugs?	Once	11%	10%
	Twice	5%	5%
	3 or more times	5%	5%
how many times have you used so much alcohol or other	0 times or no use	63%	61%
drugs that later you could not	Once	12%	15%
remember what you had said or done?	Twice	9%	10%
	3 or more times	16%	14%
how many times have you used more alcohol or other	0 times or no use	67%	62%
drugs than you intended to?	Once	10%	13%
	Twice	8%	9%
	3 or more times	16%	16%

TABLE 41A SEXUAL BEHAVIOR

Alternative Schools and Area Learning Centers

		Gende	er
		Male	Female
		%	%
Have you ever had sexual	No	25%	18%
intercourse ("had sex")? ^	Yes, once or twice	14%	11%
	Yes, 3 times or more	61%	70%
During the last 12 months,	None	89%	23%
with how many different male partners have you	1 person	4%	35%
had sexual intercourse?	2 persons	2%	19%
	3 persons	1%	10%
	4 persons	1%	5%
	5 persons	1%	3%
	6 or more persons	2%	5%
During the last 12 months, with how many different female partners have you had sexual intercourse?	None	28%	88%
	1 person	24%	7%
	2 persons	13%	3%
	3 persons	11%	1%
	4 persons	8%	0%
	5 persons	4%	0%
	6 or more persons	12%	1%
How many times have you	0 times	80%	68%
been pregnant or gotten someone pregnant?	1 time	11%	25%
	2 or more times	4%	5%
	Not sure	5%	1%

TABLE 41B SEXUAL BEHAVIOR

Alternative Schools and Area Learning Centers

		Gender		
SEXUALLY ACTIVE STUDEN	TS ONLY	Male	Female	
		%	%	
Have you talked with your partner(s) about protecting	Never	35%	23%	
yourselves from getting STDs/HIV/AIDS? **	Not with every partner	28%	29%	
	At least once with every partner	37%	48%	
Have you talked with partner(s) about preventing	Never	33%	19%	
pregnancy? **	Not with every partner	26%	28%	
	At least once with every partner	42%	52%	
If you have sexual intercourse, how often do	Never	24%	23%	
you and/or your partner use any birth control method?	Rarely	13%	10%	
	Sometimes	12%	12%	
	Usually	22%	13%	
	Always	30%	41%	
If you have sexual intercourse, how often is a	Never	19%	25%	
condom used?	Rarely	15%	19%	
	Sometimes	19%	17%	
	Usually	20%	20%	
	Always	27%	20%	
The last time you had sexual intercourse, did you	Yes	50%	35%	
or your partner use a condom?	No	50%	65%	

** The results for these questions are comparable to the 2001-2007 survey results.

TABLE 42REASONS FOR SEXUAL ABSTINENCEAlternative Schools and Area Learning Centers

		Gender	
		Male	Female
		%	%
If you do not have sexual intercourse, what factors	One or both of my parents would object	17%	18%
influence your choice not to? (Mark all that apply)	I don't want to have sex	13%	38%
	Most students in my school don't have sex	5%	4%
	My friends don't have sex	6%	6%
	I don't think it's right for a person my age to have sex	13%	25%
	I'm afraid of getting caught	10%	11%
	My religious or spiritual beliefs	11%	17%
	Sex education at school has shown me the advantages of waiting until I'm older	12%	16%
	I don't want to get a sexually transmitted disease	30%	42%
	Fear of pregnancy ^	26%	43%
	My parents have taught me the advantages of waiting until I'm older	14%	22%
	I have chosen to wait until I'm married	17%	28%
	Other reason(s)	50%	39%