

# CALIFORNIA healthy kids SURVEY

## *Elementary School Questionnaire*

**2001-2002**

- This survey is voluntary. You do not have to complete this survey, but we hope that you will. We need your help!
- Your answers will help programs for good health.
- Do not write your name on this form or on the answer sheet. No one but you will know how you answer these questions.
- Please mark only one answer for each question on the answer sheet. Fill in the bubbles neatly with a #2 pencil. Do not write on the survey questionnaire.
- Please read every question carefully.

***Thank you for taking this survey!***

**Please write the name of your school  
on the top of your answer sheet.**

**Now, please mark one choice on your answer sheet  
for each of the following questions.**

1. Fill in the bubble for the number "5."

2. How old are you?

- A) 7 years old, or younger than 7
- B) 8 years old
- C) 9 years old
- D) 10 years old
- E) 11 years old
- F) 12 years old
- G) 13 years old, or older than 13

3. Are you female or male?

- A) Female
- B) Male

4. What grade are you in?

- A) 3rd grade
- B) 4th grade
- C) 5th grade
- D) 6th grade

5. How many schools have you gone to since you started kindergarten (counting the school you go to now)?
- A) 1 school
  - B) 2 schools
  - C) 3 schools
  - D) 4 or more schools
6. Did you eat breakfast this morning?
- A) No
  - B) Yes
7. When you ride in a car do you wear a seat belt?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
8. When you ride a bicycle do you wear a helmet?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
  - E) I do not ride a bicycle

**The next questions ask about your school.**

9. Do you help make class rules or choose things to do at school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

10. Do the teachers and other grown-ups at school care about you?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
11. Do the teachers and other grown-ups at school tell you when you do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
12. Do the teachers and other grown-ups at school listen when you have something to say?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
13. Do the teachers and other grown-ups at school believe that you can do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
14. Do you do things to be helpful at school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

**Here are questions about your home.**

15. Does a parent or some other grown-up at home care about your school work?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
16. Does a parent or some other grown-up at home believe that you can do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
17. Does a parent or some other grown-up at home want you to do your best?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
18. Does a parent or some other grown-up at home listen when you have something to say?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

19. Do you help out at home?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
20. Do you get to make rules or choose things to do at home?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

**The next two questions ask about your friends.**

21. Do your best friends get into trouble?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
22. Do your best friends try to do the right thing?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

**The next questions are about cigarettes, alcohol, and other drugs.**

23. Have you ever smoked a cigarette?
- A) No
  - B) Yes, I smoked part of a cigarette, like one or two puffs
  - C) Yes, I smoked a whole cigarette
24. Have you ever chewed tobacco or snuff?
- A) No
  - B) Yes
25. Did you ever drink beer, wine, or other alcohol?
- A) No
  - B) Yes, I drank one or two sips of alcohol
  - C) Yes, I drank a full glass
26. Have you ever sniffed something through your nose to get high?
- A) No
  - B) Yes
27. Have you ever smoked any marijuana (pot, grass, weed)?
- A) No
  - B) Yes
  - C) I don't know what marijuana is
28. Have you ever used alcohol or an illegal drug like marijuana before school or at school?
- A) No
  - B) Yes

29. Do you think smoking cigarettes would be bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
30. Do you think using alcohol would be bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
31. Do you think using marijuana (pot, grass, weed) would be bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
  - D) I don't know what marijuana is
32. Have you used any beer, wine, or other alcohol in the **past month**?
- A) No
  - B) Yes
33. Have you smoked a cigarette in the **past month**?
- A) No
  - B) Yes



**Below are some questions about you.**

34. Do you try to understand how other people feel?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
35. Do you feel bad when someone else gets their feelings hurt?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
36. Do you know where to go for help with a problem?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
37. Do you try to work out your problems by talking or writing about them?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

38. Do you think you are too skinny, about right, or too fat?
- A) Too skinny
  - B) About right
  - C) Too fat
39. Are you doing anything to try to lose weight?
- A) No
  - B) Yes
40. Have other kids **at school** ever teased you about what your body looks like?
- A) No
  - B) Yes
41. How many days each week do you exercise, dance, or play sports?
- A) 0 days
  - B) 1 day
  - C) 2 days
  - D) 3 days
  - E) 4 days
  - F) 5 days
  - G) 6 or 7 days
42. When **not** exercising, do you ever have trouble breathing (for example, shortness-of-breath, wheezing, or a sense of tightness in your chest)?
- A) No
  - B) Yes
43. Has a parent or some other adult ever told you that you have asthma?
- A) No
  - B) Yes

44. **Yesterday**, how much time did you spend watching TV or playing video games?
- A) None, I didn't watch TV yesterday
  - B) Less than 1 hour
  - C) About 1 hour
  - D) About 2 hours
  - E) 3 or more hours
45. Do you try to do your best?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
46. Do you have goals and plans for the future?
- A) No
  - B) Yes

**Here are some more questions about school.**

47. During the **past year**, how many times have **you** hit or pushed other kids at school when you were not playing around?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 or more times

48. During the **past year**, how many times have **you** spread mean rumors or lies about other kids at school?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 or more times
49. During the **past year**, did **you** ever bring a gun or knife to school?
- A) No
  - B) Yes
50. During the **past year**, have you ever seen **another kid** with a gun or knife at school?
- A) No
  - B) Yes
51. Do **other kids** hit or push you at school when they are not just playing around?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
52. Do **other kids** at school spread mean rumors or lies about you?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

53. Are you home alone after school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
54. Do you feel safe at school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
55. Do you feel safe outside of school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
56. Do you plan to go to college or some other school after high school?
- A) No
  - B) Yes
57. Did you **understand** the questions on this survey?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them

58. Did you answer the questions on this survey **honestly and truthfully**?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them

*Thank you for completing this survey!*