



## *High School Questionnaire*

### **2005-2006**

- This is a survey about health-related behaviors, risks, and attitudes. It includes questions about diet and physical activity; use of alcohol, tobacco, and other drugs; and safety and violence. Whether or not you have ever done any of these things, please answer all the questions. **You will be able to answer that you have not done them.**
- You do not have to answer these questions.
- **Please do not write your name on this form or on 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?), and the past **12 months, six months, or 30 days**. Each is asked for a specific reason and provides different information. Please pay careful attention to these time periods and answer all questions.

*Thank you for taking this survey!*

# California Healthy Kids Survey

## ◆ Section A ◆

**Begin by writing the name of your school at the top of your answer sheet.**

- A1. Fill in the bubble for the letter "H."  
A2. Fill in the bubble for the number "1."

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

- A3. How old are you?
- |                            |                          |
|----------------------------|--------------------------|
| A) 10 years old or younger | E) 14 years old          |
| B) 11 years old            | F) 15 years old          |
| C) 12 years old            | G) 16 years old          |
| D) 13 years old            | H) 17 years old          |
|                            | I) 18 years old or older |
- A4. What is your sex?
- A) Male  
B) Female
- A5. In what grade are you?
- |               |                |
|---------------|----------------|
| A) 6th grade  | F) 11th grade  |
| B) 7th grade  | G) 12th grade  |
| C) 8th grade  | H) Other grade |
| D) 9th grade  | I) Ungraded    |
| E) 10th grade |                |
- A6. How do you describe yourself? (*Mark All That Apply.*)
- |   |                                      |
|---|--------------------------------------|
| A) American Indian or Alaska Native         | E) Hispanic or Latino/Latina         |
| B) Native Hawaiian or Pacific Islander      | F) White or Caucasian (non-Hispanic) |
| C) Asian or Asian American                  | G) Other                             |
| D) Black or African American (non-Hispanic) |                                      |

## ◆ Section A ◆

- A7. 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 | G) Korean  |
| B) Asian Indian                                       | H) Laotian   |
| C) Cambodian  | I) Vietnamese  |
| D) Chinese  | J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander |
| E) Filipino   | K) Other Asian   |
| F) Japanese   |  |
- A8. 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 | D) Cuban          |
| B) Central American                                   | E) Mexican        |
| C) South American                                     | F) Puerto Rican   |
|   | G) Other Hispanic |
- A9. During the past **12 months**, how many times have you moved (changed where you live)?
- A) 0 times  
B) 1 time  
C) 2 or more times
- A10. Where do you live? (A home includes an apartment, trailer, or mobile home.)
- A) Parent's home  
B) Other relative's home  
C) Friend's home  
D) Foster home, group care, or waiting placement  
E) Shelter or on the street  
F) Car or van  
G) Hotel or motel  
H) Migrant labor housing  
I) Other transitional or temporary housing

## ◆ Section A ◆

**The next questions deal with your physical health and eating habits.**

On how many of the past **7 days** did you...

		Number of Days							
		0	1	2	3	4	5	6	7
A11.	Exercise or do a physical activity for <b>at least 20 minutes</b> that made you <b>sweat and breathe hard</b> ? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.)	A	B	C	D	E	F	G	H
A12.	Participate in a physical activity for <b>at least 30 minutes</b> that did <b>not</b> make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.)	A	B	C	D	E	F	G	H
A13.	Do exercises to <b>strengthen or tone your muscles</b> ? (For example, push-ups, sit-ups, or weight lifting.)	A	B	C	D	E	F	G	H

During the past **24 hours (yesterday)**, how many times did you...

		Number of Times					
		0	1	2	3	4	5 or more
A14.	Drink <b>milk</b> or eat <b>yogurt</b> ? (In any form, including in cereal.)	A	B	C	D	E	F
A15.	Drink <b>soda pop</b> ?	A	B	C	D	E	F
A16.	Drink <b>100% fruit juices</b> , such as orange, apple or grape? (Do <b>not</b> count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)	A	B	C	D	E	F
A17.	Eat french fries, potato chips, or other <b>fried potatoes</b> ?	A	B	C	D	E	F
A18.	Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice.)	A	B	C	D	E	F
A19.	Eat <b>vegetables</b> ? (Include salads and nonfried potatoes.)	A	B	C	D	E	F
A20.	Did you eat breakfast <b>today</b> ?						
	A) No						
	B) Yes						

◆ Section A ◆

A21. Has a doctor **ever** told you or your parent/guardian that you have asthma?

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

**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** means drinking one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one short glass of liquor. Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **Drug** means *any* substance you use to get "high."

## ◆ Section A ◆

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

		0 times	1 time	2 to 3 times	4 or more times
A22.	A cigarette, <b>even one or two puffs?</b>	A	B	C	D
A23.	A <b>whole</b> cigarette?	A	B	C	D
A24.	<b>Smokeless tobacco</b> (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D
A25.	One <b>full drink of alcohol</b> (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B	C	D
A26.	<b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D
A27.	<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
A28.	<b>Cocaine</b> (any form—coke, crack, rock, base, snort)?	A	B	C	D
A29.	<b>Methamphetamine or any amphetamines</b> (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	B	C	D
A30.	<b>Derbisol</b> (DB, derbs, or dirt)?	A	B	C	D
A31.	<b>LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms)?	A	B	C	D
A32.	<b>Ecstasy</b> (E, X, EXTC, MDMA)?	A	B	C	D
A33.	<b>Prescription painkillers</b> (Vicodin, OxyContin, Percodan)?	A	B	C	D
A34.	<b>Heroin</b> (smack, junk, China white, black tar)?	A	B	C	D
A35.	<b>Any other illegal drug</b> (such as PCP, downers, barbs, pills not prescribed by a doctor)?	A	B	C	D

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

		0 times	1 to 2 times	3 to 6 times	7 or more times
A36.	Very drunk or sick after drinking <b>alcohol</b> ?	A	B	C	D
A37.	High (loaded, stoned, or wasted) from using <b>drugs</b> ?	A	B	C	D
A38.	Drunk on alcohol or high on drugs <b>on school property</b> ?	A	B	C	D

## ◆ Section A ◆

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

	0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A39. Cigarettes?	A	B	C	D	E
A40. Smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E
A41. At least one drink of alcohol?	A	B	C	D	E
A42. Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E
A43. Marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E
A44. Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E
A45. Cocaine (any form—coke, crack, rock, base, snort)?	A	B	C	D	E
A46. Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	B	C	D	E
A47. LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E

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

Happened on School Property	0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A48. Smoke cigarettes?	A	B	C	D	E
A49. Have at least one drink of alcohol?	A	B	C	D	E
A50. Smoke marijuana?	A	B	C	D	E

A51. How do you like to drink alcohol?

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

## ◆ Section A ◆

- A52. If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get?
- A) I don't use drugs
  - B) Not high at all
  - C) A little high
  - D) Moderately high
  - E) Very high

How harmful do you think it is to use the following substances **frequently** (daily or almost daily)?

		Extremely harmful	Harmful	Somewhat harmful	Mainly harmless	Harmless
A53.	Cigarettes	A	B	C	D	E
A54.	Alcohol	A	B	C	D	E
A55.	Marijuana	A	B	C	D	E

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
A56.	Cigarettes	A	B	C	D	E
A57.	Alcohol	A	B	C	D	E
A58.	Marijuana	A	B	C	D	E



## ◆ Section A ◆

About what percent of students **in your grade...**

(For example, think about how many in a group of 100 students, or about three classrooms.)

		Percent (%) of Students										
		0 (None)	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
A59.	Smoke cigarettes at least once a month?	A	B	C	D	E	F	G	H	I	J	K
A60.	Ever tried marijuana?	A	B	C	D	E	F	G	H	I	J	K

How much would your friends disapprove of you for using...

		A lot	Some	Not much	Not at all
A61.	Cigarettes?	A	B	C	D
A62.	Alcohol?	A	B	C	D
A63.	Marijuana?	A	B	C	D

A64. In your **life**, how many times have you driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?

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

A65. Has using alcohol, marijuana, or other drugs ever caused **you** to have any of the following problems? (**Mark All That Apply.**)

- |  |  |
|--|--|
| A) Does not apply; I never used alcohol or drugs         | G) Fight with other kids                                 |
| B) Have problems with emotions, nerves, or mental health | H) Damage a friendship                                   |
| C) Get into trouble or have problems with the police     | I) Physically hurt or injure yourself                    |
| D) Have money problems                                   | J) Have unwanted or unprotected sex                      |
| E) Get into trouble in school                            | K) Forget what happened or pass out                      |
| F) Have problems with schoolwork                         | L) Have any other problems                               |
|  | M) I've used alcohol or drugs but never had any problems |

## ◆ Section A ◆

A66. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (*Mark All That Apply.*)

- |  |  |
|--|--|
| <p>A) Does not apply; have not used alcohol or drugs</p> <p>B) Found you had to increase how much you use to have the same effect as before</p> <p>C) Frequently spent a lot of time getting, using, or being “hung over” from using alcohol or other drugs</p> <p>D) Used alcohol or drugs a lot more than you intended</p> <p>E) Used alcohol or drugs when you were alone (by yourself)</p> <p>F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)</p> | <p>G) Didn’t like the way you felt when you were not high or drunk</p> <p>H) Thought about reducing (cutting down) or stopping use</p> <p>I) Told yourself you were not going to use but found yourself using anyway</p> <p>J) Spoke with someone about reducing or stopping use</p> <p>K) Attended counseling, a program, or group to help you reduce or stop use</p> <p>L) I use alcohol or drugs but have not experienced any of these things</p> |
|--|--|

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

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

Happened on School Property		0 times	1 time	2 to 3 times	4 or more times
A67.	Been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?	A	B	C	D
A68.	Been afraid of being beaten up?	A	B	C	D
A69.	Been in a physical fight?	A	B	C	D
A70.	Had mean rumors or lies spread about you?	A	B	C	D
A71.	Had sexual jokes, comments, or gestures made to you?	A	B	C	D
A72.	Been made fun of because of your looks or the way you talk?	A	B	C	D
A73.	Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A74.	Been offered, sold, or given an illegal drug?	A	B	C	D
A75.	Damaged school property on purpose?	A	B	C	D
A76.	Carried a gun?	A	B	C	D
A77.	Carried any other weapon, such as a knife or club?	A	B	C	D
A78.	Been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A79.	Seen someone carrying a gun, knife, or other weapon?	A	B	C	D

## ◆ Section A ◆

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.)

	0 times	1 time	2 to 3 times	4 or more times
A80. Your race, ethnicity, or national origin	A	B	C	D
A81. Your religion	A	B	C	D
A82. Your gender (being male or female)	A	B	C	D
A83. Because you are gay or lesbian or someone thought you were	A	B	C	D
A84. A physical or mental disability	A	B	C	D
A85. Any other reason	A	B	C	D

- A86. How much would your friends disapprove of **you** for carrying a weapon to school?
- A) A lot
  - B) Some
  - C) Not much
  - D) Not at all

- A87. How safe do you feel when you are **at school**?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe

- A88. Do you consider yourself a member of a gang?
- A) No
  - B) Yes

◆ Section A ◆

- A89. 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
- A90. 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
- A91. During the past **12 months**, how would you describe the grades you mostly received in school?
- |                |                |
|----------------|----------------|
| A) Mostly A's  | E) Mostly C's  |
| B) A's and B's | F) C's and D's |
| C) Mostly B's  | G) Mostly D's  |
| D) B's and C's | H) Mostly F's  |
- A92. During the past **12 months**, about how many times did you **skip school** or **cut classes**?
- |                |                          |
|----------------|--------------------------|
| A) 0 times     | D) Once a month          |
| B) 1-2 times   | E) Once a week           |
| C) A few times | F) More than once a week |
- A93. 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

## ◆ Section A ◆

**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)

# California Healthy Kids Survey

## ▼ Section B ▼

**Please mark on your answer sheets how you feel about each of the following statements.**

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

		Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
B1.	I feel close to people at this school.	A	B	C	D	E
B2.	I am happy to be at this school.	A	B	C	D	E
B3.	I feel like I am part of this school.	A	B	C	D	E
B4.	The teachers at this school treat students fairly.	A	B	C	D	E
B5.	I feel safe in my school.	A	B	C	D	E

**Next, mark how TRUE you feel the next statements are about your SCHOOL and things you might do there.**

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

		Not at All True	A Little True	Pretty Much True	Very Much True
B6.	Who really cares about me.	A	B	C	D
B7.	Who tells me when I do a good job.	A	B	C	D
B8.	Who notices when I'm not there.	A	B	C	D
B9.	Who always wants me to do my best.	A	B	C	D
B10.	Who listens to me when I have something to say.	A	B	C	D
B11.	Who believes that I will be a success.	A	B	C	D

## ▼ Section B ▼

At school...

		Not at All True	A Little True	Pretty Much True	Very Much True
B12.	I do interesting activities.	A	B	C	D
B13.	I help decide things like class activities or rules.	A	B	C	D
B14.	I do things that make a difference.	A	B	C	D

**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.**

## ▼ Section B ▼

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

		Not at All True	A Little True	Pretty Much True	Very Much True
B15.	Who really cares about me.	A	B	C	D
B16.	Who tells me when I do a good job.	A	B	C	D
B17.	Who notices when I am upset about something.	A	B	C	D
B18.	Who believes that I will be a success.	A	B	C	D
B19.	Who always wants me to do my best.	A	B	C	D
B20.	Whom I trust.	A	B	C	D

Outside of my home and school, I do these things...

		Not at All True	A Little True	Pretty Much True	Very Much True
B21.	I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
B22.	I am involved in music, art, literature, sports or a hobby.	A	B	C	D
B23.	I help other people.	A	B	C	D



## ▼ Section B ▼

How true do you feel these statements are about you personally?

		Not at All True	A Little True	Pretty Much True	Very Much True
B24.	I have goals and plans for the future.	A	B	C	D
B25.	I plan to graduate from high school.	A	B	C	D
B26.	I plan to go to college or some other school after high school.	A	B	C	D
B27.	I know where to go for help with a problem.	A	B	C	D
B28.	I try to work out problems by talking or writing about them.	A	B	C	D
B29.	I can work out my problems.	A	B	C	D
B30.	I can do most things if I try.	A	B	C	D
B31.	I can work with someone who has different opinions than mine.	A	B	C	D
B32.	There are many things that I do well.	A	B	C	D
B33.	I feel bad when someone gets their feelings hurt.	A	B	C	D
B34.	I try to understand what other people go through.	A	B	C	D
B35.	When I need help, I find someone to talk with.	A	B	C	D
B36.	I enjoy working together with other students my age.	A	B	C	D
B37.	I stand up for myself without putting others down.	A	B	C	D
B38.	I try to understand how other people feel and think.	A	B	C	D
B39.	There is a purpose to my life.	A	B	C	D
B40.	I understand my moods and feelings.	A	B	C	D
B41.	I understand why I do what I do.	A	B	C	D

## ▼ Section B ▼

### How true are these statements about your FRIENDS?

I have a friend about my own age...

		Not at All True	A Little True	Pretty Much True	Very Much True
B42.	Who really cares about me.	A	B	C	D
B43.	Who talks with me about my problems.	A	B	C	D
B44.	Who helps me when I'm having a hard time.	A	B	C	D

My friends...

		Not at All True	A Little True	Pretty Much True	Very Much True
B45.	Get into a lot of trouble.	A	B	C	D
B46.	Try to do what is right.	A	B	C	D
B47.	Do well in school.	A	B	C	D

## ▼ Section B ▼

### How true are these statements about your HOME or the ADULTS WITH WHOM YOU LIVE?

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

		Not at All True	A Little True	Pretty Much True	Very Much True
B48.	Who expects me to follow the rules.	A	B	C	D
B49.	Who is interested in my schoolwork.	A	B	C	D
B50.	Who believes that I will be a success.	A	B	C	D
B51.	Who talks with me about my problems.	A	B	C	D
B52.	Who always wants me to do my best.	A	B	C	D
B53.	Who listens to me when I have something to say.	A	B	C	D

At home...

		Not at All True	A Little True	Pretty Much True	Very Much True
B54.	I do fun things or go fun places with my parents or other adults.	A	B	C	D
B55.	I do things that make a difference.	A	B	C	D
B56.	I help make decisions with my family.	A	B	C	D

# California Healthy Kids Survey

## ▲ Section C ▲

**This section asks more questions related to alcohol and drug use, violence, and safety.**

During the past **six months**, about how many times did you use these substances without a doctor's orders?

		0 times	1 to 2 times	A few times	Once a month	Once a week	A few times a week	Once or more a day
C1.	<b>Any alcohol</b> (beer, wine, wine coolers, liquor, etc.)?	A	B	C	D	E	F	G
C2.	<b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E	F	G
C3.	<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
C4.	<b>Cocaine, methamphetamine or other stimulants</b> (crack, rock, base, meth, speed, crystal, crank, ice)?	A	B	C	D	E	F	G
C5.	<b>Psychedelics</b> (LSD, acid, mescaline, mushrooms), <b>ecstasy</b> (E, X, EXTC, MDMA), or <b>other club drugs</b> (GHB, Special K)?	A	B	C	D	E	F	G
C6.	<b>Any other drug</b> (such as heroin or sedatives)?	A	B	C	D	E	F	G
C7.	<b>Two or more drugs at the same time</b> (for example, alcohol with marijuana, or cocaine with PCP)?	A	B	C	D	E	F	G

- C8. During the past **12 months**, have you taken any steroids (roids) to build up muscle or increase performance or endurance?
- A) None, have used no steroids
  - B) Some, have taken a few times
  - C) Regularly, have been on a program of steroid use

## ▲ Section C ▲

- C9. During the past **12 months**, did you use any performance-enhancing supplement that claims to build muscle or increase strength or endurance (andro, ephedrine, DHEA)?
- A) None
  - B) Some, have taken a few times
  - C) Regularly, have been on a program of supplement use

How many times have you tried to quit or stop using...

		Does not apply, never used	0 times	1 time	2 to 3 times	4 or more times
C10.	Alcohol?	A	B	C	D	E
C11.	Marijuana?	A	B	C	D	E

- C12. How likely do you think it is that you will smoke marijuana in the next year?
- A) I am sure it will **not** happen
  - B) It probably will **not** happen
  - C) There is an even chance (50-50) that it will happen
  - D) It probably will happen
  - E) It will happen for sure
- C13. Have you **ever** felt that you needed **help** (such as counseling or treatment) for your alcohol or other drug use?
- A) No, I never used alcohol or other drugs
  - B) No, but I do use alcohol or other drugs
  - C) Yes, I have felt that I needed help
  - D) Don't know
- C14. If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get?
- A) I don't use drugs
  - B) Not high at all
  - C) A little high
  - D) Moderately high
  - E) Very high

## ▲ Section C ▲

- C15. During the past **30 days**, how many times did you drive a car or other vehicle when you had been drinking alcohol?
- A) Never
  - B) 1 time
  - C) 2 or 3 times
  - D) 4 or 5 times
  - E) 6 or more times

About how many of the adults you know use...

		None	Some	Many	Most or All
C16.	Marijuana?	A	B	C	D
C17.	Cocaine or crack?	A	B	C	D
C18.	Methamphetamine?	A	B	C	D

- C19. Where do *most* kids at your school who use drugs get them? (*Mark All That Apply.*)

- |  |               |
|--|---------------|
| A) At school                           | E) Friends    |
| B) At parties or events outside school | F) Dealers    |
| C) At their own home                   | G) Other      |
| D) In the neighborhood                 | H) Don't know |

- C20. How do *most* kids at your school who drink alcohol usually get it? (*Mark All That Apply.*)

- |  |   |
|--|---|
| A) At school                           | F) Get adults to buy it for them  |
| B) At parties or events outside school | G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart) |
| C) At their own home                   | H) Bars, clubs, or gambling casinos   |
| D) From adults at friends' homes       | I) Other  |
| E) From friends or another teenager    | J) Don't know   |

- C21. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught **on school property** using or possessing alcohol or other drugs?

- A) Very likely
- B) Likely
- C) Not likely
- D) Don't know

## ▲ Section C ▲

- C22. In your opinion, how likely is it that a student would find **help** at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?
- A) Very likely
  - B) Likely
  - C) Not likely
  - D) Don't know

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

		0 times	1 time	2 or 3 times	4 or more times
C23.	Sold drugs to someone?	A	B	C	D
C24.	Been in a physical fight?	A	B	C	D
C25.	Been in a physical fight between groups of kids?	A	B	C	D
C26.	Used any weapon to threaten or bully someone?	A	B	C	D
C27.	Used money to bet or gamble?	A	B	C	D

- C28. How safe do you feel in the **neighborhood** where you live?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe

- C29. During the past **30 days**, on how many days did you **not** go to school because you felt unsafe at school or on your way to or from school?
- A) 0 days
  - B) 1 day
  - C) 2 or 3 days
  - D) 4 or more days

## ▲ Section C ▲

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

	0 days	1 day	2 or more days
C30. A gun?	A	B	C
C31. Any other weapon (such as a knife or club)?	A	B	C
C32. Any weapon (gun, knife, or club) <b>on school property</b> ?	A	B	C

C33. During the past **12 months**, did you ever **seriously** consider attempting suicide?

- A) No
- B) Yes

C34. During the past **12 months**, did you make a plan about how you would attempt suicide?

- A) No
- B) Yes

C35. During the past **12 months**, how many times did you actually attempt suicide?

- A) 0 times
- B) 1 time
- C) 2 or 3 times
- D) 4 or more times

C36. If you attempted suicide during the past **12 months**, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- A) I did not attempt suicide in the past 12 months
- B) No
- C) Yes

C37. Have you **ever** been forced to have sexual intercourse when you did not want to?

- A) No
- B) Yes



# California Healthy Kids Survey

## ● Section D ●

**This section contains questions about tobacco use, attitudes, and your experiences with tobacco education at school.**

- D1. Have you **ever** smoked cigarettes daily, that is, at least one cigarette every day for **30 days**?
- A) No
  - B) Yes
- D2. Did you **ever** smoke to control your weight?
- A) No
  - B) Yes
- D3. During the past **30 days**, on the days you smoked, how many cigarettes did you smoke **per day**?
- |   |                                    |
|---|------------------------------------|
| A) I did not smoke cigarettes during the past 30 days | D) 2 to 5 cigarettes per day       |
| B) Less than 1 cigarette per day                      | E) 6 to 10 cigarettes per day      |
| C) 1 cigarette per day                                | F) 11 to 20 cigarettes per day     |
|   | G) More than 20 cigarettes per day |
- D4. Have you smoked 100 cigarettes in your life?
- A) No
  - B) Yes
- D5. If you smoked cigarettes during the past **30 days**, how did you **usually** get them? (*Select Only One Response.*)
- |  |  |
|--|--|
| A) I did not smoke cigarettes in the past 30 days                                    | E) I borrowed (or bummed) them from someone else |
| B) I bought them in a store such as a convenience store, supermarket, or gas station | F) I took them from a store or family member     |
| C) I bought them from a vending machine  | G) A friend gave them to me                      |
| D) I gave someone else money to buy them for me                                      | H) A person 18 years or older gave them to me    |
|  | I) Other people gave them to me                  |
|  | J) I got them some other way                     |

## ● Section D ●

D6. During the past **30 days**, on how many days did you smoke any cigars, cigarillos, or little cigars?

- |                |                  |
|----------------|------------------|
| A) 0 days      | D) 6 to 9 days   |
| B) 1 to 2 days | E) 10 to 19 days |
| C) 3 to 5 days | F) 20 to 30 days |

D7. If you now smoke cigarettes, would you like to quit smoking?

- A) I don't smoke cigarettes; does not apply
- B) No
- C) Yes

D8. How many times have you tried to quit smoking cigarettes?

- A) I don't smoke cigarettes; does not apply
- B) 0 times
- C) 1 time
- D) 2 to 3 times
- E) 4 or more times

If you used tobacco during the **past 12 months**, did you do any of the following things at school to get help to quit using?

		I did not use tobacco	No	Yes
D9.	Go to a special group or class	A	B	C
D10.	Talk to an adult at your school about how to quit	A	B	C
D11.	Talk to a peer helper about how to quit	A	B	C

D12. How hard would it be for you to refuse or say "no" to a friend who offered you a cigarette to smoke?

- A) Very hard
- B) Hard
- C) Easy
- D) Very easy

## ● Section D ●

During the past **12 months**, did you do any of these things at **school**?

		No	Yes	Not Sure
D13.	Have lessons about tobacco and its effects on the body	A	B	C
D14.	Practice different ways to refuse or say "no" to tobacco offers	A	B	C

D15. How likely do you think it is that you will smoke one or more cigarettes in the **next year**?

- A) I am sure it will **not** happen
- B) It probably will **not** happen
- C) There is an even chance (50-50) that it will happen
- D) It probably will happen
- E) It will happen for sure

D16. About how many adults you know smoke cigarettes?

- A) None of them
- B) Some
- C) Many
- D) Most or all

Please indicate whether or not you agree with the following statements:

		Very much agree	Agree	Disagree	Very much disagree
D17.	Smoking makes kids look grown up.	A	B	C	D
D18.	Smoking makes your teeth yellow.	A	B	C	D
D19.	Smoking is cool.	A	B	C	D
D20.	Smoking makes you smell bad.	A	B	C	D
D21.	Smoking helps you make friends.	A	B	C	D
D22.	Smoking is bad for your health.	A	B	C	D
D23.	Smoking helps you relax.	A	B	C	D
D24.	Smoking helps control your weight.	A	B	C	D

# California Healthy Kids Survey

## ■ Section E ■

**This section contains more questions about physical activity, diet, and general health.**

E1. Which of the following are you trying to do about your weight?

- A) Lose weight
- B) Gain weight
- C) Stay the same weight
- D) I am not trying to do anything about my weight

During the past **30 days**, did you do any of the following things to lose weight or to keep from gaining weight?

	No	Yes
E2. Exercise	A	B
E3. Eat less food, fewer calories, or foods low in fat	A	B
E4. Go without eating for 24 hours or more (also called fasting)	A	B
E5. Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast)	A	B
E6. Vomit or take laxatives	A	B

E7. How do you describe your weight?

- A) Very underweight
- B) Slightly underweight
- C) About the right weight
- D) Slightly overweight
- E) Very overweight

## ■ Section E ■

- E8. On an average school day, how many hours do you watch TV or play video games?
- |   |                    |
|---|--------------------|
| A) I do not watch TV on an average school day | D) 2 hours         |
| B) Less than 1 hour                           | E) 3 hours         |
| C) 1 hour                                     | F) 4 hours         |
|   | G) 5 hours or more |
- E9. During the past **12 months**, on how many sports teams did you play? (Include school sponsored and any other sports teams.)
- |                    |
|--------------------|
| A) 0 teams         |
| B) 1 team          |
| C) 2 teams         |
| D) 3 or more teams |
- E10. How often do you wear a seat belt when **riding in** a car driven by someone else?
- |                     |
|---------------------|
| A) Never            |
| B) Rarely           |
| C) Sometimes        |
| D) Most of the time |
| E) Always           |
- E11. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
- |   |                                   |
|---|-----------------------------------|
| A) I did not ride a bicycle during the past 12 months | D) Sometimes wore a helmet        |
| B) Never wore a helmet                                | E) Most of the time wore a helmet |
| C) Rarely wore a helmet                               | F) Always wore a helmet           |
- E12. In an average **week**, on how many days do you have physical activity in your physical education class (P.E. or gym)?
- |           |           |
|-----------|-----------|
| A) 0 days | D) 3 days |
| B) 1 day  | E) 4 days |
| C) 2 days | F) 5 days |

## ■ Section E ■

- E13. During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports?
- A) I do not take P.E.
  - B) Less than 10 minutes
  - C) 10 to 20 minutes
  - D) 21 to 30 minutes
  - E) More than 30 minutes
- E14. During the past **12 months**, did you have a regular check up with a doctor when you were not sick or injured?
- A) No
  - B) Yes
- E15. During the past **12 months**, did you visit a dentist for an examination, teeth cleaning, or dental work?
- A) No
  - B) Yes
- E16. During the past **7 days**, how many days did you take a vitamin?
- A) 0 times
  - B) 1 to 2 days
  - C) 3 to 4 days
  - D) 5 to 6 days
  - E) Daily
- E17. Have you **ever** been taught about AIDS or HIV infection at school?
- A) No
  - B) Yes
  - C) Not sure
- E18. During the past **12 months**, have you had an episode of asthma or an asthma attack?
- A) No
  - B) Yes

## ■ Section E ■

- E19. During the past **12 months**, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?
- A) No
  - B) Yes
- E20. During the past **12 months**, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?
- A) No
  - B) Yes
- E21. During the past **12 months**, have you used a medicine (an inhaler, puffer, or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?
- A) No
  - B) Yes
- E22. During the past **30 days**, about how many days **each week** have you had a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
- A) Never
  - B) 2 days a week or less
  - C) More than 2 days each week but not every day
  - D) Every day
- E23. During the past **30 days**, about how many nights did you wake up because of a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
- A) Never
  - B) 2 nights in the last 30 days or less
  - C) 3 or 4 nights in the last 30 days
  - D) More than 4 nights in the last 30 days but not every night
  - E) Every night or almost every night

# California Healthy Kids Survey

## ★ Section F ★

**This section asks about sexual knowledge, opinions, and behavior.  
Please answer all questions as instructed.  
You will be able to answer that you never had sexual intercourse.**

- F1. About what percent of students in your school grade do you think ever had sexual intercourse? (For example, you might think about how many in a group of 100 students or three classrooms.)
- |                      |                      |
|----------------------|----------------------|
| A) 0 percent (None)  | G) 60 percent        |
| B) 10 percent        | H) 70 percent        |
| C) 20 percent        | I) 80 percent        |
| D) 30 percent        | J) 90 percent        |
| E) 40 percent        | K) 100 percent (All) |
| F) 50 percent (Half) |                      |

Please indicate whether you agree or not with the following statements

	Very much agree	Agree	Disagree	Very much disagree
F2. For teens your age, abstinence (not having sexual intercourse) is a better choice than having sexual intercourse.	A	B	C	D
F3. For some teens under 18 years old, it is a good decision to have a baby.	A	B	C	D



## ★ Section F ★

In the past **6 months**, have you talked with your parents or other adults in your family about...

		No	Yes
F4.	what your parents think about teenagers having sex?	A	B
F5.	your questions about sex?	A	B
F6.	reasons why you shouldn't have sex at your age?	A	B
F7.	how your life would change if you became a father or mother while you're a teenager?	A	B
F8.	birth control?	A	B
F9.	AIDS/HIV and other sexually transmitted diseases?	A	B

F10. How likely do you think it is that you will choose to have sexual intercourse one or more times in the next year?

- A) I am sure it will **not** happen
- B) It probably will **not** happen
- C) There is an even chance (50-50) that it will or won't happen
- D) It probably will happen
- E) It will happen for sure

F11. Have you **ever** had sexual intercourse?

- A) No
- B) Yes

**If you just answered “No” to question F11, you do not have to answer the rest of the questions in Section F.  
If you answered “Yes,” please continue.**

## ★ Section F ★

- F12. How old were you when you had sexual intercourse for the first time?
- |  |                          |
|--|--------------------------|
| A) I have never had sexual intercourse | E) 14 years old          |
| B) 11 years old or younger             | F) 15 years old          |
| C) 12 years old                        | G) 16 years old          |
| D) 13 years old                        | H) 17 years old or older |
- F13. During your **life**, with how many people have you had sexual intercourse?
- |  |                     |
|--|---------------------|
| A) I have never had sexual intercourse | E) 4 people         |
| B) 1 person                            | F) 5 people         |
| C) 2 people                            | G) 6 or more people |
| D) 3 people                            |                     |
- F14. During the past **three months**, with how many people did you have sexual intercourse?
- |   |                     |
|---|---------------------|
| A) I have never had sexual intercourse                        | E) 3 people         |
| B) I had sexual intercourse, but not during the past 3 months | F) 4 people         |
| C) 1 person   | G) 5 people         |
| D) 2 people   | H) 6 or more people |
- F15. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- A) I have never had sexual intercourse  
B) No  
C) Yes
- F16. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A) I have never had sexual intercourse  
B) No  
C) Yes

## ★ Section F ★

- F17. The **last time** you had sexual intercourse, what **one** method did you or your partner use to prevent pregnancy?
- |   |                                      |
|---|--------------------------------------|
| A) I have never had sexual intercourse            | E) Depo-provera or other injectables |
| B) No method was used to <b>prevent</b> pregnancy | F) Withdrawal                        |
| C) Birth control pills                            | G) Some other method                 |
| D) Condoms  | H) Not sure                          |
- F18. How many times have you been pregnant or gotten someone pregnant?
- A) 0 times
  - B) 1 time
  - C) 2 or more times
  - D) Not sure
- F19. Have you **ever** been forced to have sexual intercourse when you did not want to?
- A) No
  - B) Yes

# California Healthy Kids Survey

## Module G

The next questions are about what you do after school is over, before dinner time (about 3:00 to 6:00 in the afternoon).

- G1. How safe do you feel in the neighborhood where you live?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe
- G2. Where do you usually go **right after** school is over? (*Mark Only ONE Answer.*)
- A) Your home, or another home (such as a friend, relative, or neighbor) with an adult there
  - B) Your home, or another home, without an adult there
  - C) A park or recreation program
  - D) A community, volunteer, or church group
  - E) Stay at school for an after-school program
  - F) Stay at school for an extra class, tutoring, or activity such as band, sports, or a club
  - G) To a job
  - H) Some other place
- G3. What do you usually do after school is over? (*Mark All That You Do For About One Hour Or More.*)
- A) Do your schoolwork (homework or studying)
  - B) Get help with your schoolwork from an adult (such as a tutor)
  - C) Take private classes or lessons such as art, music, or dance
  - D) Play or practice a sport
  - E) Hang out with friends (talking, playing games, going to the mall or a movie)
  - F) Watch TV or play video games
  - G) Do religious activities or get religious instruction
  - H) Work at a job
  - I) Other

## Section G

**We'd like to know if your school has an after-school program and what you may have heard about it.**

- G4. Please mark whether you agree with each of the following statements. (*Mark All That Are True For You.*)
- A) My school doesn't have an after-school program.
  - B) I don't know if my school has an after-school program.
  - C) I wish my school had an after-school program.
  - D) I don't know much about the after-school program.
  - E) It has activities that we usually don't have during the school day.
  - F) The after-school program doesn't interest me.
  - G) It is a safe place to be after school.
  - H) It helps you with schoolwork.
  - I) The students that attend it really like it.
  - J) I do not attend it, but I would like to.
- G5. In a **normal school week**, how many **days** do you usually go to your school's after-school program in the afternoon (such as [ENTER 21st CENTURY NAME HERE] )?
- A) Does not apply; my school doesn't have an after-school program
  - B) 0 days
  - C) 0 days, but I would like to go to an after-school program
  - D) 1 day
  - E) 2 days
  - F) 3 days
  - G) 4 days
  - H) 5 days