

# California Healthy Kids Survey

## ▲ Module 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), <b>or 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

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- 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...

		<b>Does not apply, never used</b>	<b>0 times</b>	<b>1 time</b>	<b>2 to 3 times</b>	<b>4 or more times</b>
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

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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
- B) At parties or events outside school
- C) At their own home
- D) In the neighborhood
- E) Friends
- F) Dealers
- G) Other
- 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
- B) At parties or events outside school
- C) At their own home
- D) From adults at friends' homes
- E) From friends or another teenager
- F) Get adults to buy it for them
- G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart)
- H) Bars, clubs, or gambling casinos
- I) Other
- 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

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- 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...

		<b>0 times</b>	<b>1 time</b>	<b>2 or 3 times</b>	<b>4 or more times</b>
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

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

		<b>0 days</b>	<b>1 day</b>	<b>2 or more days</b>
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