

CALIFORNIA *healthy kids* SURVEY

High School Questionnaire

2001-2002

- 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 all of the questions but we hope that you will.
- **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 **year, 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 ◆

**At the top of the answer sheet, write in the name of your school.
Then fill in the bubbles as indicated in the first two questions.
*This is very important. Thank you.***

- A1. Fill in the bubble for the letter "H."
- A2. Fill in the bubble for the number "5."

The next questions ask for some background information about you.

- A3. How old are you?
- A) 10 years old or younger
 - B) 11 years old
 - C) 12 years old
 - D) 13 years old
 - E) 14 years old
 - F) 15 years old
 - G) 16 years old
 - H) 17 years old
 - I) 18 years old or older
- A4. What is your sex?
- A) Male
 - B) Female

◆ Section A ◆

- A5. In what grade are you?
- A) 6th grade
 - B) 7th grade
 - C) 8th grade
 - D) 9th grade
 - E) 10th grade
 - F) 11th grade
 - G) 12th grade
 - H) Other grade
 - I) Ungraded
- A6. How do you describe yourself? (*Mark All That Apply.*)
- A) American Indian or Alaska Native
 - B) Native Hawaiian or Pacific Islander
 - C) Asian
 - D) Black or African American (non-Hispanic)
 - E) Hispanic or Latino/Latina
 - F) White or Caucasian (non-Hispanic)
 - G) Other
- 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
 - B) Asian Indian
 - C) Cambodian
 - D) Chinese
 - E) Filipino
 - F) Japanese
 - G) Korean
 - H) Laotian
 - I) Vietnamese
 - J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander
 - K) Other Asian

◆ Section A ◆

- 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
 - B) Central American
 - C) South American
 - D) Cuban
 - E) Mexican
 - F) Puerto Rican
 - G) Other Hispanic
- A9. During the **past year**, how many times have you moved (changed where you live)?
- A) 0 times
 - B) 1 time
 - C) 2 or more times

Here are questions about diet and exercise.

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

| | | Number of days | | | | | | | |
|------|---|----------------|---|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | A | B | C | D | E | F | G | H |
| A10. | exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard ? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.) | | | | | | | | |
| A11. | participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, and mopping floors.) | | | | | | | | |
| A12. | do exercises to strengthen or tone your muscles ? (For example, push-ups, sit-ups, or weight lifting.) | | | | | | | | |

◆ Section A ◆

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

| | | 0 times | 1 time | 2 times | 3 times | 4 times | 5 or more times |
|------|---|------------|-----------|------------|------------|------------|--------------------|
| A13. | drink milk or eat yogurt ? (In any form, including in cereal.) | A | B | C | D | E | F |
| A14. | drink soda pop ? | A | B | C | D | E | F |
| A15. | drink 100% fruit juices , such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks and other fruit-flavored drinks.) | A | B | C | D | E | F |
| A16. | eat french fries, potato chips, or other fried potatoes ? | A | B | C | D | E | F |
| A17. | eat fruit ? (Do not count fruit juice.) | A | B | C | D | E | F |
| A18. | eat vegetables ? (Include salads and nonfried potatoes.) | A | B | C | D | E | F |

A19. Did you eat breakfast **today**?

- A) No
- B) Yes

A20. Has a doctor **ever** told you or your parent/guardian that you have asthma?

- A) No
- B) Yes
- C) I Don't Know

◆ Section A ◆

**The next questions ask about use of alcohol, tobacco, and other drugs.
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 do **not** include drinking a few sips of wine for religious purposes.
- “Drug” means *any* substance other than alcohol, steroids, or tobacco. It does **not** include drugs prescribed by a doctor or taken because of illness.

During your life, have you ever used or tried...

| | No | Yes |
|---|----|-----|
| A21. a cigarette, even one or two puffs? | A | B |
| A22. a whole cigarette? | A | B |
| A23. smokeless tobacco (chew or snuff such as Redman, Skoal, or Beechnut)? | A | B |
| A24. one full drink of alcohol (a can of beer, glass of wine, wine cooler, or shot of liquor)? | A | B |
| A25. marijuana (pot, weed, grass, hash)? | A | B |
| A26. inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)? | A | B |
| A27. cocaine (any form—coke, crack, rock, base, snort)? | A | B |
| A28. methamphetamine or any amphetamines (meth, speed, crystal, crank, ice, bennies, black beauties)? | A | B |
| A29. derbisol (DB, derbs, or dirt)? | A | B |
| A30. LSD or other psychedelics (acid, mescaline, peyote, mushrooms)? | A | B |
| A31. ecstasy (E, X, EXTC, MDMA)? | A | B |
| A32. heroin (smack, junk, China white, black tar) | A | B |
| A33. any other illegal drug (such as PCP, downers, pills not prescribed by a doctor)? | A | B |

◆ Section A ◆

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

| | 0 times | 1 to 2 times | 3 or more times |
|---|------------|-----------------|--------------------|
| A34. very drunk or sick after drinking alcohol ? | A | B | C |
| A35. “high” (loaded, stoned, or wasted) from using drugs ? | A | B | C |
| A36. drunk or “high” on drugs on school property ? | A | B | C |

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 |
|---|--------|---------------|---------------|-----------------|-----------------|
| A37. cigarettes ? | A | B | C | D | E |
| A38. smokeless tobacco (chew or snuff)? | A | B | C | D | E |
| A39. at least one drink of alcohol ? | A | B | C | D | E |
| A40. five or more drinks of alcohol in a row, that is, within a couple of hours? | A | B | C | D | E |
| A41. marijuana (pot, weed, grass, hash)? | A | B | C | D | E |
| A42. inhalants (things you sniff, huff, or breathe to get high)? | A | B | C | D | E |
| A43. cocaine (any form—coke, crack, rock, base, snort)? | A | B | C | D | E |
| A44. methamphetamine or any amphetamines (meth, speed, crystal, crank)? | A | B | C | D | E |
| A45. LSD or other psychedelics ? | A | B | C | D | E |

◆ Section A ◆

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 |
|--|--------|------------|------------|--------------|--------------|
| A46. smoke cigarettes? | A | B | C | D | E |
| A47. have at least one drink of alcohol? | A | B | C | D | E |
| A48. smoke marijuana? | A | B | C | D | E |

A49. 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

*How harmful do you think it is to use the following substances **occasionally** (once in a while)?*

| | Extremely harmful | Somewhat harmful | Not too harmful | Not harmful at all |
|-----------------|-------------------|------------------|-----------------|--------------------|
| A50. Cigarettes | A | B | C | D |
| A51. Alcohol | A | B | C | D |
| A52. Marijuana | A | B | C | D |
| A53. Ecstasy | A | B | C | D |

◆ Section A ◆

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

| | | Extremely harmful | Somewhat harmful | Not too harmful | Not harmful at all |
|------|------------|----------------------|---------------------|--------------------|-----------------------|
| A54. | Cigarettes | A | B | C | D |
| A55. | Alcohol | A | B | C | D |
| A56. | Marijuana | A | B | C | D |

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 |
|------|------------|-------------------|---------------------|----------------|--------------|---------------|
| A57. | Cigarettes | A | B | C | D | E |
| A58. | Alcohol | A | B | C | D | E |
| A59. | Marijuana | A | B | C | D | E |

*About what percent of students in your grade have done the following?
(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) |
| A60. | Smoke cigarettes at least once a month | A | B | C | D | E | F | G | H | I | J | K |
| A61. | Ever tried marijuana | A | B | C | D | E | F | G | H | I | J | K |

- A62. During your **life**, how many times have you *ever* 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

◆ Section A ◆

The next questions are about violence, safety, harassment, and bullying.

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

| Happened at School | | 0 times | 1 time | 2 or 3 times | 4 or more times |
|--------------------|---|------------|-----------|-----------------|--------------------|
| A63. | been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around? | A | B | C | D |
| A64. | been threatened or injured with a weapon, such as a gun, knife, or club? | A | B | C | D |
| A65. | seen someone carrying a gun, knife, or other weapon? | A | B | C | D |
| A66. | been afraid of being beaten up? | A | B | C | D |
| A67. | been in a physical fight? | A | B | C | D |
| A68. | had mean rumors or lies spread about you? | A | B | C | D |
| A69. | had sexual jokes, comments, or gestures made to you? | A | B | C | D |
| A70. | been made fun of because of your looks or the way you talk? | A | B | C | D |
| A71. | had your property stolen or deliberately damaged, such as your car, clothing, or books? | A | B | C | D |
| A72. | been offered, sold, or given an illegal drug? | A | B | C | D |
| A73. | carried a gun? | A | B | C | D |
| A74. | carried any other weapon (such as a knife, or club)? | A | B | C | D |
| A75. | damaged school property on purpose? | 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 *repeatedly* 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 |
|---|------------|-----------|-----------------|-----------------------|
| A76. Your race, ethnicity, or national origin | A | B | C | D |
| A77. Your religion | A | B | C | D |
| A78. Your gender (being male or female) | A | B | C | D |
| A79. Because you are gay or lesbian or someone thought you were | A | B | C | D |
| A80. A physical or mental disability | A | B | C | D |
| A81. Any other reason | A | B | C | D |

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

| | 0 days | 1 day | 2 or more days |
|--|-----------|----------|-------------------|
| A82. a gun? | A | B | C |
| A83. any other weapon (such as a knife or club)? | A | B | C |

A84. How safe do you feel when you are at **school**?

- A) Very safe
- B) Safe
- C) Unsafe
- D) Very unsafe

◆ Section A ◆

- A85. How safe do you feel in the **neighborhood** where you live?
- A) Very safe
 - B) Safe
 - C) Unsafe
 - D) Very unsafe
- A86. Have you **ever** belonged to a gang?
- A) No
 - B) Yes
- A87. 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
- A88. During the past **12 months**, did you ever feel so sad and hopeless almost everyday for **two weeks or more** that you stopped doing some usual activities?
- A) No
 - B) Yes
- A89. During the past **12 months**, how would you describe the grades you mostly received in school?
- A) Mostly A's
 - B) A's and B's
 - C) Mostly B's
 - D) B's and C's
 - E) Mostly C's
 - F) C's and D's
 - G) Mostly D's
 - H) Mostly F's

◆ Section A ◆

Next, tell us how you answered the questions on this survey.

| | | All questions | Most questions | Only some questions | Hardly any questions |
|------|--|------------------|-------------------|------------------------|-------------------------|
| A90. | I understood the questions on this survey. | A | B | C | D |
| A91. | I answered the questions carefully. | A | B | C | D |
| A92. | I answered the questions honestly. | A | B | C | D |

California Healthy Kids Survey

▼ Section B ▼

For each of the statements below, please mark your answer sheet to show whether you feel that it is not at all true, a little true, pretty much true, or very much true.

I have a friend about my own age...

| | | Not at All True | A Little True | Pretty Much True | Very Much True |
|-----|---|--------------------|------------------|------------------------|----------------------|
| B1. | who really cares about me. | A | B | C | D |
| B2. | who talks with me about my problems. | A | B | C | D |
| B3. | who teases me too much. | A | B | C | D |
| B4. | who helps me when I'm having a hard time. | A | B | C | D |

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

| | | Not at All True | A Little True | Pretty Much True | Very Much True |
|------|---|--------------------|------------------|------------------------|----------------------|
| B5. | who expects me to follow the rules. | A | B | C | D |
| B6. | who is interested in my school work. | A | B | C | D |
| B7. | who believes that I will be a success. | A | B | C | D |
| B8. | who is too busy to pay much attention to me. | A | B | C | D |
| B9. | who talks with me about my problems. | A | B | C | D |
| B10. | who always wants me to do my best. | A | B | C | D |
| B11. | who listens to me when I have something to say. | A | B | C | D |

▼ Section B ▼

Please continue to mark how true you feel the statements below are for you.

| | | Not at All True | A Little True | Pretty Much True | Very Much True |
|------|---|--------------------|------------------|------------------------|----------------------|
| B12. | I feel bad when someone gets their feelings hurt. | A | B | C | D |
| B13. | I do fun things or go fun places with my parents or other adults. | A | B | C | D |
| B14. | I try to understand what other people go through. | A | B | C | D |
| B15. | When I need help, I find someone to talk with. | A | B | C | D |
| B16. | I know where to go for help with a problem. | A | B | C | D |
| B17. | I try to work out problems by talking or writing about them. | A | B | C | D |
| B18. | My friends get into a lot of trouble. | A | B | C | D |
| B19. | I do interesting activities at school. | A | B | C | D |
| B20. | My friends try to do what is right. | A | B | C | D |
| B21. | I do things at home that make a difference. | A | B | C | D |
| B22. | My friends do well in school. | A | B | C | D |
| B23. | I help make decisions with my family. | A | B | C | D |
| B24. | At school, I help decide things like class activities or rules. | A | B | C | D |
| B25. | I do things at my school that make a difference. | A | B | C | D |

▼ Section B ▼

Please continue to mark how true you feel the statements below are for you.

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

| | | Not at All True | A Little True | Pretty Much True | Very Much True |
|------|--|--------------------|------------------|------------------------|----------------------|
| B26. | who really cares about me. | A | B | C | D |
| B27. | who tells me when I do a good job. | A | B | C | D |
| B28. | who notices when I am upset about something. | A | B | C | D |
| B29. | who believes that I will be a success. | A | B | C | D |
| B30. | who always wants me to do my best. | A | B | C | D |
| B31. | whom I trust. | A | B | C | D |

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

| | | Not at All True | A Little True | Pretty Much True | Very Much True |
|------|---|--------------------|------------------|------------------------|----------------------|
| B32. | who really cares about me. | A | B | C | D |
| B33. | who tells me when I do a good job. | A | B | C | D |
| B34. | who notices when I'm not there. | A | B | C | D |
| B35. | who is mean to me. | A | B | C | D |
| B36. | who always wants me to do my best. | A | B | C | D |
| B37. | who listens to me when I have something to say. | A | B | C | D |
| B38. | who believes that I will be a success. | A | B | C | D |

▼ Section B ▼

Please continue to mark how true you feel the statements below are for you.

| | Not at All True | A Little True | Pretty Much True | Very Much True |
|--|--------------------|------------------|------------------------|----------------------|
| B39. I can work out my problems. | A | B | C | D |
| B40. I can do most things if I try. | A | B | C | D |
| B41. I can work with someone who has different opinions than mine. | A | B | C | D |
| B42. There are many things that I do well. | A | B | C | D |
| B43. I enjoy working together with other students my age. | A | B | C | D |
| B44. I stand up for myself without putting others down. | A | B | C | D |
| B45. I try to understand how other people feel and think. | A | B | C | D |
| B46. I feel like I am all alone in the world. | A | B | C | D |
| B47. There is a purpose to my life. | A | B | C | D |
| B48. I understand my moods and feelings. | A | B | C | D |
| B49. I understand why I do what I do. | A | B | C | D |
| B50. I am part of clubs, sports teams, church/temple or other group activities away from school. | A | B | C | D |
| B51. Outside of my home and school, I participate in music, art, sports or a hobby. | A | B | C | D |
| B52. Outside of my home and school, I help other people. | A | B | C | D |
| B53. I am confused about what I want out of life. | A | B | C | D |
| B54. I have goals and plans for the future. | A | B | C | D |
| B55. I plan to graduate from high school. | A | B | C | D |
| B56. I plan to go to college or some other school after high school. | A | B | C | D |

California Healthy Kids Survey

▲ Section C ▲

This section begins with more questions about the use of alcohol and other drugs.

During the past six months, about how many times have you used 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. | Any alcohol (beer, wine, wine coolers, liquor, etc.) | A | B | C | D | E | F | G |
| C2. | Marijuana (pot, weed, grass, hash) | A | B | C | D | E | F | G |
| C3. | Inhalants (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. | Derbisol (DB, derbs, or dirt) | A | B | C | D | E | F | G |
| C5. | Cocaine (coke, crack, rock, base, snort) | A | B | C | D | E | F | G |
| C6. | Methamphetamine or Amphetamines (meth, speed, crystal, crank, ice, bennies, black beauties) | A | B | C | D | E | F | G |
| C7. | LSD or other psychedelics (acid, mescaline, peyote, mushrooms) | A | B | C | D | E | F | G |
| C8. | Ecstasy (E, X, EXTC, MDMA) | A | B | C | D | E | F | G |
| C9. | Heroin (smack, junk, China white, black tar) | A | B | C | D | E | F | G |
| C10. | Two or more drugs at the same time (for example, alcohol with marijuana, or cocaine with PCP) | A | B | C | D | E | F | G |

▲ Section C ▲

During your life, have you ever...

| | No | Yes |
|---|----|-----|
| C11. used a needle to inject an illegal drug into your body? | A | B |
| C12. used steroid pills or shots without a doctor's orders? | A | B |

C13. Has using alcohol 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 other drugs
- B) Get a traffic ticket or have a traffic accident
- C) Get arrested
- D) Have money problems
- E) Get into trouble in school
- F) Have problems with school work
- G) Fight with other kids
- H) Damage a friendship
- I) Physically hurt or injure yourself
- J) Have unwanted or unprotected sex
- K) Forget what happened or pass out
- L) Have any other problems
- M) I've used alcohol or other drugs but never had any problems

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 |
|-----------------|----------------------------------|------------|-----------|-----------------|--------------------|
| C14. alcohol? | A | B | C | D | E |
| C15. marijuana? | A | B | C | D | E |

C16. 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

▲ Section C ▲

C17. Have you **ever** felt that you needed **help** (such as counseling or treatment) for your alcohol *or* other drug use?

- A) No, I have 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

C18. 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) One 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 |
|------|-------------------|------|------|------|-------------|
| C19. | marijuana? | A | B | C | D |
| C20. | cocaine or crack? | A | B | C | D |
| C21. | methamphetamine? | A | B | C | D |

C22. 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 home
- D) In the neighborhood
- E) Friends
- F) Dealers
- G) Other
- H) Don't know

▲ Section C ▲

C23. 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

C24. 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 |
|--|---------|--------|--------------|-----------------|
| C25. sold drugs to someone? | A | B | C | D |
| C26. been arrested by the police or sheriff? | A | B | C | D |

▲ Section C ▲

Here are questions about violence and safety.

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

| | 0 times | 1 time | 2 or 3 times | 4 or more times |
|---|---------|--------|--------------|-----------------|
| C27. been in a physical fight? | A | B | C | D |
| C28. been in a physical fight between groups of kids? | A | B | C | D |
| C29. used any weapon to threaten or bully someone? | A | B | C | D |

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. If you wanted to get a gun, how difficult would it be for you to get one?

- A) Very difficult
- B) Difficult
- C) Easy
- D) Very easy
- E) Don't know

C33. 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 ▲

- C34. During the past **12 months**, did you ever **seriously** consider attempting suicide?
- A) No
 - B) Yes
- C35. During the past **12 months**, did you make a plan about how you would attempt suicide?
- A) No
 - B) Yes
- C36. 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
- C37. 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
- C38. 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 regularly, 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
 - B) Less than 1 cigarette per day
 - C) 1 cigarette per day
 - D) 2 to 5 cigarettes per day
 - E) 6 to 10 cigarettes per day
 - F) 11 to 20 cigarettes per day
 - G) More than 20 cigarettes per day
- D4. 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
 - B) I bought them in a store such as a convenience store, supermarket, or gas station
 - C) I bought them from a vending machine
 - D) I gave someone else money to buy them for me
 - E) I borrowed them from someone else
 - F) I stole them
 - G) A friend gave them to me
 - H) Other people gave them to me
 - I) I got them some other way

● Section D ●

D5. During the past **30 days**, on how many days did you smoke any cigars, cigarillos, or little cigars?

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

D6. If you now smoke cigarettes, would you like to quit smoking?

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

D7. 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 |
|---|-----------------------|----|-----|
| D8. Go to a special group or class | A | B | C |
| D9. Talk to an adult at your school about how to quit | A | B | C |
| D10. Talk to a peer helper about how to quit | A | B | C |

● Section D ●

D11. 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

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

| | No | Yes | Don't know |
|--|----|-----|------------|
| D12. Have lessons about tobacco and its effects on the body | A | B | C |
| D13. Practice different ways to refuse or say "no" to tobacco offers | A | B | C |

D14. 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

D15. About how many adults you know smoke cigarettes?

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

● Section D ●

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

| | | Very much agree | Agree | Disagree | Very much disagree |
|------|------------------------------------|--------------------|-------|----------|-----------------------|
| D16. | Smoking makes kids look grown up. | A | B | C | D |
| D17. | Smoking makes your teeth yellow. | A | B | C | D |
| D18. | Smoking is cool. | A | B | C | D |
| D19. | Smoking makes you smell bad. | A | B | C | D |
| D20. | Smoking helps you make friends. | A | B | C | D |
| D21. | Smoking is bad for your health. | A | B | C | D |
| D22. | Smoking helps you relax. | A | B | C | D |
| D23. | 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
 - B) Less than 1 hour
 - C) 1 hour
 - D) 2 hours
 - E) 3 hours
 - 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. 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
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days
- E12. 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

■ Section E ■

- E13. 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
- E14. During the past **12 months**, did you visit a dentist for an examination, teeth cleaning, or dental work?
- A) No
 - B) Yes
- E15. 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
- E16. Have you **ever** been taught about AIDS or HIV infection at school?
- A) No
 - B) Yes
 - C) Not sure
- E17. In the past **12 months**, when you are **not exercising** have you ever had wheezing (a whistling sound in the chest), chest tightness, or trouble breathing?
- A) No
 - B) Yes
- E18. In the past **12 months**, when you do exercise, have you ever had wheezing (a whistling sound in the chest), chest tightness, or trouble breathing?
- A) No
 - B) Yes
- E19. In the past **12 months**, have you ever had a dry cough at night, even when you did not have a cold or flu?
- A) No
 - B) Yes
- E20. In the past **12 months**, have you been to a doctor or hospital for wheezing or trouble breathing?
- A) No

■ Section E ■

B) Yes

The next questions ask for your height and weight. On the answer form, write in the numbers in the boxes and then fill in the bubbles with the matching numbers.

E21. 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.*) 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) |

E22. How much do you **weigh** without your shoes on? (*Write your weight in the answer-form boxes and fill in the bubbles.*) 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 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)
 - B) 10 percent
 - C) 20 percent
 - D) 30 percent
 - E) 40 percent
 - F) 50 percent (Half)
 - G) 60 percent
 - H) 70 percent
 - I) 80 percent
 - J) 90 percent
 - K) 100 percent (All)

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

| | | Very much agree | Agree | Disagree (do not agree) | 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

★ Section F ★

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.

F12. How old were you when you had sexual intercourse for the first time?

- A) I have never had sexual intercourse
- B) 11 years old or younger
- C) 12 years old
- D) 13 years old
- E) 14 years old
- F) 15 years old
- G) 16 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
- B) 1 person
- C) 2 people
- D) 3 people
- E) 4 people
- F) 5 people
- G) 6 or more people

F14. During the past **three months**, with how many people did you have sexual intercourse?

- A) I have never had sexual intercourse
- B) I had sexual intercourse, but not during the past 3 months
- C) 1 person
- D) 2 people
- E) 3 people
- F) 4 people
- G) 5 people
- H) 6 or more people

★ Section F ★

- 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
- 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
 - B) No method was used to **prevent** pregnancy
 - C) Birth control pills
 - D) Condoms
 - E) Depo-provera or other injectables
 - F) Withdrawal
 - G) Some other method
 - 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