

CALIFORNIA *healthy kids* SURVEY

Elementary School Questionnaire

2002-2003

- 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. Mark one choice on your answer sheet for each question.

Thank you for taking this survey!

First, write your SCHOOL NAME on the top of the answer sheet.

1. Fill in the bubble for number “6.”
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. During the past year, how many times have you moved (changed where you live?)
 - A) 0 times
 - B) 1 time
 - C) 2 times or more times
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. How well do you do in your school work?
- A) I'm one of the best students
 - B) I do better than most students
 - C) I do about the same as others
 - D) I don't do as well as most others
13. 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
14. 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
15. 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
16. Do you plan to go to college or some other school after high school?
- A) No
 - B) Yes

**Here are questions about safety and things that
happen at school.**

17. 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
18. 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
19. 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
20. 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
21. During the **past year**, did **you** ever bring a gun or knife to school?
- A) No
 - B) Yes

22. During the **past year**, have you ever seen **another kid** with a gun or knife at school?

- A) No
- B) Yes

23. 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

24. 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

25. 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

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

26. 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
27. Have you ever chewed tobacco or snuff (dip)?
- A) No
 - B) Yes
28. Did you ever drink beer, wine, or other alcohol?
- A) No
 - B) Yes, I drank one or two sips
 - C) Yes, I drank a full glass
29. Have you ever sniffed something through your nose to get high?
- A) No
 - B) Yes
30. Have you ever smoked any marijuana (pot, grass, weed)?
- A) No
 - B) Yes
 - C) I don't know what marijuana is
31. Have you ever used alcohol or an illegal drug like marijuana before school or at school?
- A) No
 - B) Yes
32. Do you think smoking cigarettes is bad for a person's health?
- A) No, not bad
 - B) Yes, a little bad
 - C) Yes, very bad

33. Do you think using alcohol is bad for a person's health?
- A) No, not bad
 - B) Yes, a little bad
 - C) Yes, very bad
34. Do you think using marijuana (pot, grass, weed) is 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
35. In the **past month**, did you drink any beer, wine, or other alcohol?
- A) No
 - B) Yes
36. In the **past month**, did you smoke a cigarette?
- A) No
 - B) Yes

Below are questions about your health and things you might do.

37. 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
38. 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

39. 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
40. 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
41. 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
42. Do you have goals and plans for the future?
- A) No
 - B) Yes
43. Do you think you are too skinny, about right, or too fat?
- A) Too skinny
 - B) About right
 - C) Too fat
44. Are you doing anything to try to lose weight?
- A) No
 - B) Yes

45. Have other kids **at school** ever teased you about what your body looks like?
- A) No
 - B) Yes
46. 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
47. 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
48. Has a parent or some other adult ever told you that you have asthma?
- A) No
 - B) Yes
49. **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
50. 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

51. 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

Here are questions about your home.

52. 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

53. 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

54. 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

55. 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

56. 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

57. 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

58. 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

59. 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 taking this survey!