California Healthy Kids Survey

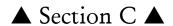
▲ Section C ▲

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	В	С	D	Е	F	G
C2.	Marijuana (pot, weed, grass, hash)	A	В	С	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	В	С	D	E	F	G
C4.	Any other drugs (such as cocaine, Meth, PCP, or sedatives)	A	В	С	D	E	F	G

- C5. About how many of the adults you know use marijuana?
 - A) None
 - B) Some
 - C) Many
 - D) Most or all
- C6. 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



- C7. During the past **12 months**, did you receive any information or education about using alcohol or other drugs in any of your school classes?
 - A) No
 - B) Yes
 - C) Don't know

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
C8.	been in a physical fight?	A	В	С	D
C9.	been in a physical fight between groups of kids?	A	В	С	D
C10.	used any weapon to threaten or bully someone?	A	В	С	D

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

		0 times	1 time	2 or 3 times	4 or more times
C11.	sold drugs to someone?	A	В	С	D
C12.	been arrested by the police or sheriff?	A	В	С	D

- C13. 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

▲ Section C ▲

C14.	How safe do you feel in the neighborhood where you live?						
	A)	Very safe					
	B)	Safe					
	C)	Unsafe					
	D)	Very unsafe					
C15.		ring the past 30 days, on how many days did you not go to school because you felt afe at school or on your way to or from school?					
	A)	0 days					
	B)	1 day					
	C)						
	D)	4 or more days					
C16.	Dur	ring the past 12 months, did you ever think about killing yourself?					
	A)	No					
	B)	Yes					
C17.	During the past 12 months, did you make a plan about how you would like to kill yourself?						
	A)	No					
	B)	Yes					
C18.	Hav	ve you ever tried to kill yourself?					
	A)	No					
	B)	Yes					
C19.	Hav	ve you ever been forced to have sexual intercourse when you did not want to?					
	A)	No					
	В)	Yes					