



Middle School Questionnaire

2006-07

- 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 harassment, safety and violence.
- You do not have to answer these questions, but we would appreciate your honest response to them so that we could know whether or not students have done or experienced any of these things.
- **This survey is anonymous.** Please do not write your name on this form or on the answer sheets or identify yourself in any other way. No one will be able to identify that you provided this information.
- 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**, 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!

◆ Module A ◆

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

- A1. Fill in the bubble for the letter "M."
- A2. Fill in the bubble for the number "9."

Next, we would like some background information about you.

- A3. How old are you?
- | | |
|----------------------------|--------------------------|
| A) 10 years old or younger | F) 15 years old |
| B) 11 years old | G) 16 years old |
| C) 12 years old | H) 17 years old |
| D) 13 years old | I) 18 years old or older |
| E) 14 years old | |
- A4. What is your sex?
- | | |
|---------|-----------|
| A) Male | B) Female |
|---------|-----------|
- A5. What grade are you in?
- | | |
|---------------|----------------|
| 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) | |

◆ Module 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 | |
| F) Japanese | K) Other Asian |
- 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 | E) Mexican |
| B) Central American | F) Puerto Rican |
| C) South American | G) Other Hispanic |
| D) Cuban | |
- 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

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

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

- 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, or mopping floors.)
- A12. Do exercises **to strengthen or tone your muscles**?
(For example, push-ups, sit-ups, or weight lifting.)

Number of Days								
0	1	2	3	4	5	6	7	
A	B	C	D	E	F	G	H	
A	B	C	D	E	F	G	H	
A	B	C	D	E	F	G	H	

◆ Module A ◆

During the past **24 hours (yesterday)**,

How many times did you...

	Number of Times					
	0	1	2	3	4	5 or more
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 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) 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 shot 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."

◆ Module A ◆

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

- A21. A cigarette, even **one or two puffs**?
 A22. **A whole cigarette**?
 A23. **Smokeless tobacco** (dip, chew or snuff such as Redman, Skoal, or Beechnut)?
 A24. **One full drink of alcohol** (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?
 A25. **Marijuana** (pot, weed, grass, hash, bud)?
 A26. **Inhalants** (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?
 A27. **Prescription painkillers** (Vicodin, OxyContin, Percodan)?
 A28. **Derbisol** (DB, derbs, or dirt)?
 A29. **Any other illegal drug** (such as PCP, downers, barbs, other pills not prescribed by a doctor)?

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

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

- A30. Very drunk or sick after drinking **alcohol**?
 A31. High (loaded, stoned, or wasted) from using **drugs**?
 A32. Drunk on alcohol or high on drugs **on school property**?

0 times	1 to 2 times	3 to 6 times	7 or more
A	B	C	D
A	B	C	D
A	B	C	D

About how old were you the **first time** you did any of these things?

- A33. Had a **full drink of alcohol**
 A34. Smoked part or all of a **cigarette**
 A35. Used **smokeless tobacco** or other tobacco products
 A36. Used **marijuana** or hashish
 A37. Used any **other illegal drug**

Years of Age									
Never	10 or under	11	12	13	14	15	16	17	18 or over
A	B	C	D	E	F	G	H	I	J
A	B	C	D	E	F	G	H	I	J
A	B	C	D	E	F	G	H	I	J
A	B	C	D	E	F	G	H	I	J
A	B	C	D	E	F	G	H	I	J

◆ Module 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
A38. Cigarettes	A	B	C	D	E
A39. Smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E
A40. At least one drink of alcohol ?	A	B	C	D	E
A41. Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E
A42. Marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E
A43. Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E
A44. Any other drug ?	A	B	C	D	E

During the past **12 months**...

	No	Yes
A45. Have you talked with at least one of your parents [or guardians] about the dangers of tobacco, alcohol, or drug use?	A	B
A46. Heard, read or watched any messages about not using alcohol, tobacco or drugs?	A	B

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

	0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A47. Smoke cigarettes?	A	B	C	D	E
A48. Have at least one drink of alcohol?	A	B	C	D	E
A49. Smoke marijuana?	A	B	C	D	E

A50. How do you like to drink alcohol?

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

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
A51. Cigarettes	A	B	C	D	E
A52. Alcohol	A	B	C	D	E
A53. Marijuana	A	B	C	D	E

◆ Module A ◆

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
A54. Cigarettes	A	B	C	D	E
A55. Alcohol	A	B	C	D	E
A56. Marijuana	A	B	C	D	E

Think about a group of 100 students (about three classrooms) **in your grade**.
About how many students have done the following?

	Number of Students										
	0 (None)	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
A57. Smoke cigarettes at least once a month?	A	B	C	D	E	F	G	H	I	J	K
A58. 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
A59. Cigarettes?	A	B	C	D
A60. Alcohol?	A	B	C	D
A61. Marijuana?	A	B	C	D

A62. In your **life**, how many times have you ridden in a car driven by someone who had been drinking alcohol?

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

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

◆ Module A ◆

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

	0 times	1 time	2 to 3 times	4 or more
A63. Been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A64. Been afraid of being beaten up?	A	B	C	D
A65. Been in a physical fight?	A	B	C	D
A66. Had mean rumors or lies spread about you?	A	B	C	D
A67. Had sexual jokes, comments, or gestures made to you?	A	B	C	D
A68. Been made fun of because of your looks or the way you talk?	A	B	C	D
A69. Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A70. Been offered, sold, or given an illegal drug?	A	B	C	D
A71. Damaged school property on purpose?	A	B	C	D
A72. Carried a gun?	A	B	C	D
A73. Carried any other weapon, such as a knife or club?	A	B	C	D
A74. Been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A75. Seen someone carrying a gun, knife, or other weapon?	A	B	C	D

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
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

◆ Module A ◆

- A82. 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
- A83. How safe do you feel when you are **at school**?
- A) Very safe
B) Safe
C) Neither safe or unsafe
D) Unsafe
E) Very unsafe
- A84. In a **normal week**, how many days are you home after school for at least one hour without an adult there?
- A) Never
B) 1 day
C) 2 days
D) 3 days
E) 4 days
F) % days
- A85. Do you consider yourself a **member of a gang**?
- A) No
B) Yes
- A86. 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
- A87. 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

◆ Module A ◆

A88. 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 |

A89. 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 |

A90. How many questions in this survey did you answer **honestly**?

- | | |
|-----------------|----------------------|
| A) All of them | C) Only some of them |
| B) Most of them | D) Hardly any |

The next questions ask for your height and weight.

◆ Module A ◆

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)

Thank you for taking the survey.