

# CALIFORNIA *healthy kids* SURVEY

## *Middle 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 "M."
- 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
A10.	exercise or do a physical activity for <b>at least 20 minutes</b> that made you <b>sweat and breathe hard</b> ? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.)	A	B	C	D	E	F	G	H
A11.	do a physical activity for at least <b>30 minutes</b> that <b>did not</b> make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, and mopping floors.)	A	B	C	D	E	F	G	H

## ◆ Section A ◆

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

		0 times	1 times	2 times	3 times	4 times	5 or more times
A12.	drink <b>milk</b> or eat <b>yogurt</b> ? (In any form, including in cereal.)	A	B	C	D	E	F
A13.	drink <b>soda pop</b> ?	A	B	C	D	E	F
A14.	drink <b>100% fruit juices</b> , such as orange, apple or grape? (Do <b>not</b> count punch, Kool-Aid, sports drinks and other fruit-flavored drinks.)	A	B	C	D	E	F
A15.	eat french fries, potato chips, or other <b>fried potatoes</b> ?	A	B	C	D	E	F
A16.	eat <b>fruit</b> ? (Do <b>not</b> count fruit juice.)	A	B	C	D	E	F
A17.	eat <b>vegetables</b> ? (Include salads and nonfried potatoes.)	A	B	C	D	E	F

A18. Did you eat breakfast **today**?

- A) No
- B) Yes

A19. 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...*

	<b>No</b>	<b>Yes</b>
A20. a cigarette, even one or two puffs?	A	B
A21. a whole cigarette?	A	B
A22. smokeless tobacco (chew or snuff such as Redman, Skoal, or Beechnut)?	A	B
A23. one full drink of alcohol (a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B
A24. marijuana (pot, weed, grass, hash)?	A	B
A25. inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B
A26. derbisol (DB, derbs, or dirt)?	A	B
A27. any other illegal drug (such as ecstasy, PCP, heroin, 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
A28. very drunk or sick after drinking <b>alcohol</b> ?	A	B	C
A29. "high" (loaded, stoned, or wasted) from using <b>drugs</b> ?	A	B	C
A30. drunk or "high" on drugs <b>on school property</b> ?	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
A31. <b>cigarettes</b> ?	A	B	C	D	E
A32. <b>smokeless tobacco</b> (chew or snuff)?	A	B	C	D	E
A33. at least <b>one drink of alcohol</b> ?	A	B	C	D	E
A34. <b>five or more drinks</b> of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E
A35. <b>marijuana</b> (pot, weed, grass, hash)?	A	B	C	D	E
A36. <b>inhalants</b> (things you sniff, huff, or breathe to get high)?	A	B	C	D	E

*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
A37. smoke cigarettes?	A	B	C	D	E
A38. have at least one drink of alcohol?	A	B	C	D	E
A39. smoke marijuana?	A	B	C	D	E



## ◆ Section A ◆

A40. If you drink alcohol, how do you like to drink it?

- 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
A41.	Cigarettes	A	B	C	D
A42.	Alcohol	A	B	C	D
A43.	Marijuana	A	B	C	D

*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
A44.	Cigarettes	A	B	C	D
A45.	Alcohol	A	B	C	D
A46.	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
A47.	Cigarettes	A	B	C	D	E
A48.	Alcohol	A	B	C	D	E
A49.	Marijuana	A	B	C	D	E

## ◆ Section A ◆

*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)
A50.	Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K
A51.	Drink alcohol at least once a month	A	B	C	D	E	F	G	H	I	J	K
A52.	Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K

A53. During **your life**, how many times have you ridden in a car driven by someone who has been drinking alcohol?

- 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
A54.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A55.	been threatened or injured with a weapon, such as a gun, knife, or club?	A	B	C	D
A56.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
A57.	been afraid of being beaten up?	A	B	C	D
A58.	been in a physical fight?	A	B	C	D
A59.	had mean rumors or lies spread about you?	A	B	C	D
A60.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
A61.	been made fun of because of your looks or the way you talk?	A	B	C	D
A62.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A63.	been offered, sold, or given an illegal drug?	A	B	C	D
A64.	carried a gun?	A	B	C	D
A65.	carried any other weapon (such as a knife or club)?	A	B	C	D
A66.	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
A67. Your race, ethnicity, or national origin	A	B	C	D
A68. Your religion	A	B	C	D
A69. Your gender (being male or female)	A	B	C	D
A70. Because you are gay or lesbian or someone thought you were	A	B	C	D
A71. A physical or mental disability	A	B	C	D
A72. 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
A73. a gun?	A	B	C
A74. any other weapon (such as a knife or club)?	A	B	C

A75. How safe do you feel when you are at school?

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

◆ Section A ◆

- A76. How safe do you feel in the **neighborhood** where you live?
- A) Very safe
  - B) Safe
  - C) Unsafe
  - D) Very unsafe
- A77. In a normal school 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) 5 days
- A78. Have you **ever** belonged to a gang?
- A) No
  - B) Yes
- A79. 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

## ◆ Section A ◆

- A80. 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
- A81. 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

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

		All questions	Most questions	Only some questions	Hardly any questions
A82.	I understood the questions on this survey.	A	B	C	D
A83.	I answered the questions carefully.	A	B	C	D
A84.	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.	<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)	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>Derbisol</b> (DB, derbs, or dirt)	A	B	C	D	E	F	G
C5.	<b>Any other drugs</b> (such as cocaine, Meth, PCP, or sedatives)	A	B	C	D	E	F	G

C6. About how many of the adults you know use marijuana?

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

C7. 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 ▲

C8. 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
C9. been in a physical fight?	A	B	C	D
C10. been in a physical fight between groups of kids?	A	B	C	D
C11. used any weapon to threaten or bully someone?	A	B	C	D

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

	0 times	1 time	2 or 3 times	4 or more times
C12. sold drugs to someone?	A	B	C	D
C13. been arrested by the police or sheriff?	A	B	C	D

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

	0 days	1 day	2 or more days
C14. a gun?	A	B	C
C15. any other weapon (such as a knife or club)?	A	B	C

## ▲ Section C ▲

- C16. 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
- C17. 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
- C18. During the past **12 months**, did you ever **think about** killing yourself?
- A) No
  - B) Yes
- C19. During the past **12 months**, did you make a **plan** about how you would kill yourself?
- A) No
  - B) Yes
- C20. Have you ever **tried** to kill yourself?
- A) No
  - B) Yes
- C21. 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 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

## ■ Section E ■

- E13. During the past **12 months**, did you visit a dentist for an examination, teeth cleaning, or dental work?
- A) No
  - B) Yes
- E14. 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
- E15. 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
- E16. 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
- E17. 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
- E18. In the past **12 months**, have you been to a doctor or hospital for wheezing or trouble breathing?
- A) No
  - B) Yes

PLEASE SKIP TO QUESTION #21 ON THE ANSWER SHEET.

## ■ Section E ■

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)
<input checked="" type="radio"/> (4)	(2)
(5)	(3)
(6)	(4)
(7)	(5)
	(6)
	(7)
	(8)
	<input checked="" type="radio"/> (9)
	(10)
	(11)

If you are 5 feet 0 inches tall, you would answer the question as follows:

Feet	Inches
5	0
(2)	<input checked="" type="radio"/> (0)
(3)	(1)
(4)	(2)
<input checked="" type="radio"/> (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
<input checked="" type="radio"/> (0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
(4)	(4)	(4)
(5)	(5)	(5)
(6)	(6)	(6)
(7)	(7)	<input checked="" type="radio"/> (7)
(8)	<input checked="" type="radio"/> (8)	(8)
(9)	(9)	(9)

If you weigh 102 pounds, you would answer the question as follows:

Weight		
1	0	2
(0)	<input checked="" type="radio"/> (0)	(0)
<input checked="" type="radio"/> (1)	(1)	(1)
(2)	(2)	<input checked="" type="radio"/> (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. 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

F14. Have you ever been forced to have sexual intercourse when you did not want to?

- A) No
- B) Yes