



## ***High School Questionnaire***

### **2005-2006**

- 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 these questions.
- **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 ◆

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

- A1. Fill in the bubble for the letter "H."
- A2. Fill in the bubble for the number "1."

**Next, we would like some background information about you.**

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

## ◆ Section 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   | K) Other Asian   |
| F) Japanese   |  |
- 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 | D) Cuban          |
| B) Central American                                   | E) Mexican        |
| C) South American                                     | F) Puerto Rican   |
|   | G) Other Hispanic |
- 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
- A10. Where do you live? (A home includes an apartment, trailer, or mobile home.)
- A) Parent's home  
B) Other relative's home  
C) Friend's home  
D) Foster home, group care, or waiting placement  
E) Shelter or on the street  
F) Car or van  
G) Hotel or motel  
H) Migrant labor housing  
I) Other transitional or temporary housing

## ◆ Section A ◆

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

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

		Number of Days							
		0	1	2	3	4	5	6	7
A11.	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
A12.	Participate in a physical activity for <b>at least 30 minutes</b> that did <b>not</b> make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.)	A	B	C	D	E	F	G	H
A13.	Do exercises to <b>strengthen or tone your muscles</b> ? (For example, push-ups, sit-ups, or weight lifting.)	A	B	C	D	E	F	G	H

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

		Number of Times						
		0	1	2	3	4	5 or more	
A14.	Drink <b>milk</b> or eat <b>yogurt</b> ? (In any form, including in cereal.)	A	B	C	D	E	F	
A15.	Drink <b>soda pop</b> ?	A	B	C	D	E	F	
A16.	Drink <b>100% fruit juices</b> , such as orange, apple or grape? (Do <b>not</b> count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)	A	B	C	D	E	F	
A17.	Eat french fries, potato chips, or other <b>fried potatoes</b> ?	A	B	C	D	E	F	
A18.	Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice.)	A	B	C	D	E	F	
A19.	Eat <b>vegetables</b> ? (Include salads and nonfried potatoes.)	A	B	C	D	E	F	

A20. Did you eat breakfast **today**?

- A) No
- B) Yes

A21. Has a doctor **ever** told you or your parent/guardian that you have asthma?

- A) No
- B) Yes
- C) Don't know

## ◆ Section A ◆

**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 short 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."

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

	0 times	1 time	2 to 3 times	4 or more times
A22. A cigarette, <b>even one or two puffs</b> ?	A	B	C	D
A23. A <b>whole cigarette</b> ?	A	B	C	D
A24. <b>Smokeless tobacco</b> (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D
A25. One <b>full drink of alcohol</b> (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B	C	D
A26. <b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D
A27. <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
A28. <b>Cocaine</b> (any form—coke, crack, rock, base, snort)?	A	B	C	D
A29. <b>Methamphetamine or any amphetamines</b> (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	B	C	D
A30. <b>Derbisol</b> (DB, derbs, or dirt)?	A	B	C	D
A31. <b>LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms)?	A	B	C	D
A32. <b>Ecstasy</b> (E, X, EXTc, MDMA)?	A	B	C	D
A33. <b>Prescription painkillers</b> (Vicodin, OxyContin, Percodan)?	A	B	C	D
A34. <b>Heroin</b> (smack, junk, China white, black tar)?	A	B	C	D
A35. <b>Any other illegal drug</b> (such as PCP, downers, barbs, pills not prescribed by a doctor)?	A	B	C	D

## ◆ Section A ◆

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

		0 times	1 to 2 times	3 to 6 times	7 or more times
A36.	Very drunk or sick after drinking <b>alcohol</b> ?	A	B	C	D
A37.	High (loaded, stoned, or wasted) from using <b>drugs</b> ?	A	B	C	D
A38.	Drunk on alcohol or high on drugs <b>on school property</b> ?	A	B	C	D

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
A39.	<b>Cigarettes</b> ?	A	B	C	D	E
A40.	<b>Smokeless tobacco</b> (dip, chew or snuff)?	A	B	C	D	E
A41.	At least <b>one drink of alcohol</b> ?	A	B	C	D	E
A42.	<b>Five or more drinks of alcohol</b> in a row, that is, within a couple of hours?	A	B	C	D	E
A43.	<b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E
A44.	<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
A45.	<b>Cocaine</b> (any form—coke, crack, rock, base, snort)?	A	B	C	D	E
A46.	<b>Methamphetamine or any amphetamines</b> (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	B	C	D	E
A47.	<b>LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E

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

	<b>Happened on School Property</b>	0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A48.	Smoke cigarettes?	A	B	C	D	E
A49.	Have at least one drink of alcohol?	A	B	C	D	E
A50.	Smoke marijuana?	A	B	C	D	E

## ◆ Section A ◆

A51. 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

A52. If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get?

- A) I don't use drugs
- B) Not high at all
- C) A little high
- D) Moderately high
- E) Very high

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

		<b>Extremely harmful</b>	<b>Harmful</b>	<b>Somewhat harmful</b>	<b>Mainly harmless</b>	<b>Harmless</b>
A53.	Cigarettes	A	B	C	D	E
A54.	Alcohol	A	B	C	D	E
A55.	Marijuana	A	B	C	D	E

How difficult is it for students **in your grade** to get any of the following substances if they really want them?

		<b>Very difficult</b>	<b>Fairly difficult</b>	<b>Fairly easy</b>	<b>Very easy</b>	<b>Don't know</b>
A56.	Cigarettes	A	B	C	D	E
A57.	Alcohol	A	B	C	D	E
A58.	Marijuana	A	B	C	D	E

## ◆ Section A ◆

About what percent of students **in your grade...**

(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)
A59.	Smoke cigarettes at least once a month?	A	B	C	D	E	F	G	H	I	J	K
A60.	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
A61.	Cigarettes?	A	B	C	D
A62.	Alcohol?	A	B	C	D
A63.	Marijuana?	A	B	C	D

A64. In your **life**, how many times have you 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

A65. Has using alcohol, marijuana, 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 drugs         | G) Fight with other kids                                 |
| B) Have problems with emotions, nerves, or mental health | H) Damage a friendship                                   |
| C) Get into trouble or have problems with the police     | I) Physically hurt or injure yourself                    |
| D) Have money problems                                   | J) Have unwanted or unprotected sex                      |
| E) Get into trouble in school                            | K) Forget what happened or pass out                      |
| F) Have problems with schoolwork                         | L) Have any other problems                               |
|  | M) I've used alcohol or drugs but never had any problems |



## ◆ Section A ◆

A66. If you use alcohol, marijuana, or another drug, have you had any of the following experiences?  
(*Mark All That Apply.*)

- |  |  |
|--|--|
| <p>A) Does not apply; have not used alcohol or drugs</p> <p>B) Found you had to increase how much you use to have the same effect as before</p> <p>C) Frequently spent a lot of time getting, using, or being “hung over” from using alcohol or other drugs</p> <p>D) Used alcohol or drugs a lot more than you intended</p> <p>E) Used alcohol or drugs when you were alone (by yourself)</p> <p>F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)</p> | <p>G) Didn’t like the way you felt when you were not high or drunk</p> <p>H) Thought about reducing (cutting down) or stopping use</p> <p>I) Told yourself you were not going to use but found yourself using anyway</p> <p>J) Spoke with someone about reducing or stopping use</p> <p>K) Attended counseling, a program, or group to help you reduce or stop use</p> <p>L) I use alcohol or drugs but have not experienced any of these things</p> |
|--|--|

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

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

Happened on School Property		0 times	1 time	2 to 3 times	4 or more times
A67.	Been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?	A	B	C	D
A68.	Been afraid of being beaten up?	A	B	C	D
A69.	Been in a physical fight?	A	B	C	D
A70.	Had mean rumors or lies spread about you?	A	B	C	D
A71.	Had sexual jokes, comments, or gestures made to you?	A	B	C	D
A72.	Been made fun of because of your looks or the way you talk?	A	B	C	D
A73.	Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A74.	Been offered, sold, or given an illegal drug?	A	B	C	D
A75.	Damaged school property on purpose?	A	B	C	D
A76.	Carried a gun?	A	B	C	D
A77.	Carried any other weapon, such as a knife or club?	A	B	C	D
A78.	Been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A79.	Seen someone carrying a gun, knife, or other weapon?	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 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
A80. Your race, ethnicity, or national origin	A	B	C	D
A81. Your religion	A	B	C	D
A82. Your gender (being male or female)	A	B	C	D
A83. Because you are gay or lesbian or someone thought you were	A	B	C	D
A84. A physical or mental disability	A	B	C	D
A85. Any other reason	A	B	C	D

A86. 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

A87. How safe do you feel when you are **at school**?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

A88. Do you consider yourself a member of a gang?

- A) No
- B) Yes

◆ Section A ◆

- A89. 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
- A90. 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
- A91. 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  |
- A92. 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 |
- A93. How many questions in this survey did you answer **honestly**?
- A) All of them
  - B) Most of them
  - C) Only some of them
  - D) Hardly any

## ◆ Section A ◆

**The next questions ask for your height and weight.**

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)