



Middle 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 “M.”

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

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

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 or Asian American

D) Black or African American (non-
Hispanic)

E) Hispanic or Latino/Latina

F) White or Caucasian (non-Hispanic)

G) Other

◆ 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

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
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.)	A	B	C	D	E	F	G	H
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.)	A	B	C	D	E	F	G	H
A12.	Do exercises to strengthen or tone your muscles ? (For example, push-ups, sit-ups, or weight lifting.)	A	B	C	D	E	F	G	H

◆ Section 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

◆ 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
A21. A cigarette, even one or two puffs ?	A	B	C	D
A22. A whole cigarette ?	A	B	C	D
A23. Smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D
A24. One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B	C	D
A25. Marijuana (pot, weed, grass, hash, bud)?	A	B	C	D
A26. Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D
A27. Prescription painkillers (Vicodin, OxyContin, Percodan)?	A	B	C	D
A28. Derbisol (DB, derbs, or dirt)?	A	B	C	D
A29. Any other illegal drug (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
A30. Very drunk or sick after drinking alcohol ?	A	B	C	D
A31. High (loaded, stoned, or wasted) from using drugs ?	A	B	C	D
A32. Drunk on alcohol or high on drugs on school property ?	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
A33. Cigarettes ?	A	B	C	D	E
A34. Smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E
A35. At least one drink of alcohol ?	A	B	C	D	E
A36. Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E
A37. Marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E
A38. Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E

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
A39. Smoke cigarettes?	A	B	C	D	E
A40. Have at least one drink of alcohol?	A	B	C	D	E
A41. Smoke marijuana?	A	B	C	D	E

A42. 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 | |

◆ Section A ◆

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
A43. Cigarettes	A	B	C	D	E
A44. Alcohol	A	B	C	D	E
A45. 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?

	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
A46. Cigarettes	A	B	C	D	E
A47. Alcohol	A	B	C	D	E
A48. Marijuana	A	B	C	D	E

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)
A49.	Smoke cigarettes at least once a month?	A	B	C	D	E	F	G	H	I	J	K
A50.	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
A51. Cigarettes?	A	B	C	D
A52. Alcohol?	A	B	C	D
A53. Marijuana?	A	B	C	D

◆ Section A ◆

- A54. In your **life**, how many times have you ridden in a car driven by someone who had been drinking alcohol?
- A) Never
 - B) 1 time
 - C) 2 times
 - D) 3 to 6 times
 - E) 7 or more times

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

A74. 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

A75. 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

A76. In a normal **school week**, how many days are you home after school for **at least one hour** without an adult there?

- | | |
|-----------|-----------|
| A) Never | D) 3 days |
| B) 1 day | E) 4 days |
| C) 2 days | F) 5 days |

◆ Section A ◆

- A77. Do you consider yourself a member of a gang?
- A) No
 - B) Yes
- A78. 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
- A79. 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
- A80. 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 |
- A81. 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 |
- A82. 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)