

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 stealthy 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

A7.	If y	ou are Asian or Pacific Islander, which	n group	os best	dese	cribe	you?	(Mari	k All	That	Apply	y.
	If y	ou are not of Asian/ Pacific Islander ba	ckgrou	nd, mai	rk ".	A. Do	es no	t app	ly.'')			
	A)	Does not apply; I am not	G)	Korea								
	D)	Asian or Pacific Islander	H)	Laotia	ın							
	B)	Asian Indian	I)	Vietna								
	C)	Cambodian	J)	Native				ımania	an, Sai	noan,	or ot	her
	D)	Chinese		Pacific								
	E)	Filipino	K)	Other	Ası	an						
	F)	Japanese										
A8.	-	ou are Hispanic or Latino/Latina, whic	_	1			-	`	rk Al	ll Tha	t	
	App	<i>bly</i> . If you are not of Hispanic backgrou	nd, ma			es not	appl	y.'')				
	A)	Does not apply; I am not	D)	Cubar								
	D)	Hispanic or Latino/Latina	E)	Mexic								
	B)	Central American	F)	Puerto								
	C)	South American	G)	Other	His	spanic						
A9.	Du	ring the past 12 months, how many tim	es have	e vou m	ove	d (ch:	anged	whe	re voi	ı live)	5	
,	A)	0 times		, , , , , , , , , , , , ,		(, ,	(-)	•	
	B)	1 time										
	C)	2 or more times										
	C)	2 of more times										
Th	e ne	ext questions deal with your	phys	sical	he	alth	and	l ea	ting	hal	oits.	
On l	now 1	many of the past 7 days did you										
				_			Nu	mber	of D	ays		
					0	1	2	3	4	5	6	7
A10.	that i baske	cise or do a physical activity for at least 20 made you sweat and breathe hard? (For etball, soccer, running, swimming laps, fast bicycling or similar aerobic activities.)	xample,		Α	В	С	D	E	F	G	Н
A11.	Partie that exam	cipate in a physical activity for at least 30 rdid not make you sweat and breathe hard? ple, fast walking, slow bicycling, shooting basked leaves, or mopping floors.)	(For	s	A	В	С	D	E	F	G	Н

example, push-ups, sit-ups, or weight lifting.)

Do exercises to strengthen or tone your muscles? (For

F

G

Н

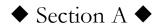
Е

 C

D

В

Α



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

			N	umbei	r of T	'imes	
		0	1	2	3	4	5 or more
A13.	Drink milk or eat yogurt ? (In any form, including in cereal.)	A	В	С	D	Е	F
A14.	Drink soda pop?	Α	В	С	D	Е	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	В	С	D	Е	F
A16.	Eat french fries, potato chips, or other fried potatoes ?	Α	В	С	D	Е	F
A17.	Eat fruit? (Do not count fruit juice.)	A	В	С	D	Е	F
A18.	Eat vegetables ? (Include salads and nonfried potatoes.)	A	В	С	D	Е	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 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?	А	В	С	D
A22.	A whole cigarette?	Α	В	С	D
A23.	Smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	В	С	D
A24.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	Α	В	С	D
A25.	Marijuana (pot, weed, grass, hash, bud)?	Α	В	С	D
A26.	Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	В	С	D
A27	Prescription painkillers (Vicodin, OxyContin, Percodan)?	A	В	С	D
A28.	Derbisol (DB, derbs, or dirt)?	Α	В	С	D
A29.	Any other illegal drug (such as PCP, downers, barbs, pills not prescribed by a doctor)?	A	В	С	D

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	В	С	D
A31.	High (loaded, stoned, or wasted) from using drugs?	A	В	С	D
A32.	Drunk on alcohol or high on drugs on school property ?	A	В	С	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	В	С	D	Е
A34.	Smokeless tobacco (dip, chew or snuff)?	A	В	С	D	E
A35.	At least one drink of alcohol?	A	В	С	D	Е
A36.	Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	В	С	D	Е
A37.	Marijuana (pot, weed, grass, hash, bud)?	A	В	С	D	E
A38.	Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	В	С	D	Е

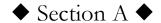
During the past 30 days, on how many days on school property did you...

	Happened on School Property	0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A39.	Smoke cigarettes?	A	В	С	D	Е
A40.	Have at least one drink of alcohol?	Α	В	С	D	E
A41.	Smoke marijuana?	A	В	С	D	E

A42. 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



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	В	С	D	Е
A44. Alcohol	A	В	С	D	Е
A45. Marijuana	A	В	С	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	В	С	D	Е
A47.	Alcohol	A	В	С	D	E
A48.	Marijuana	A	В	С	D	E

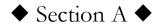
About what percent of students in your grade...

(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	В	С	D	Е	F	G	Н	I	J	K
A50.	Ever tried marijuana?	A	В	С	D	Е	F	G	Н	Ι	J	K

How much would your friends disapprove of you for using...

		A lot	Some	Not much	Not at all
A51.	Cigarettes?	A	В	С	D
A52.	Alcohol?	A	В	С	D
A53.	Marijuana?	A	В	С	D

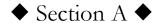


- A54. In your **life,** how many times have you ridden in a car driven by someone who had been drinking alcohol?
 - A) Never
 - B) 1 time
 - C) 2 times
 - D) 3 to 6 times
 - E) 7 or more times

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	В	С	D
A56. Been afraid of being beaten up?	A	В	С	D
A57. Been in a physical fight?	Α	В	С	D
A58. Had mean rumors or lies spread about you?	Α	В	С	D
A59. Had sexual jokes, comments, or gestures made to you?	A	В	С	D
A60. Been made fun of because of your looks or the way you talk?	A	В	С	D
A61. Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	В	С	D
A62. Been offered, sold, or given an illegal drug?	Α	В	С	D
A63. Damaged school property on purpose?	A	В	С	D
A64. Carried a gun?	A	В	С	D
A65. Carried any other weapon, such as a knife or club?	A	В	С	D
A66. Been threatened or injured with a weapon (gun, knife, club, etc.)?	A	В	С	D
A67. Seen someone carrying a gun, knife, or other weapon?	A	В	С	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 times
A68. Your race, ethnicity, or national origin	A	В	С	D
A69. Your religion	A	В	С	D
A70. Your gender (being male or female)	A	В	С	D
A71. Because you are gay or lesbian or someone thought you were	A	В	С	D
A72. A physical or mental disability	Α	В	С	D
A73. Any other reason	A	В	С	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

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)	, 1 1							
	B)								
	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.	Dui	ring 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							

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 answerform 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						
0	2					
(0)	(0)					
(1)	(1)					
(2)	(2)					
(3)	(3)					
(4)	(4)					
(5)	(5)					
(6)	(6)					
(7)	(7)					
(8)	(8)					
(9)	(9)					
	O (0) (1) (2) (3) (4) (5) (6) (7) (8)					