CALIFORNIA CALIFORNIA SURYEY

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 **12 months**, 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.	EIII	in the	bubble	for	the	letter	"H."
ΑΙ.	THE	m me	OUODIC	101	wic	ICILOI	11.

A2. Fill in the bubble for the number "1."

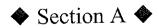
Next, we would like some background information about you.

A3.	Цои	v old are you?									
AJ.	A)	10 years old or	E)	14 years old							
	A)	younger	F)	15 years old							
	B)	11 years old	G)	16 years old							
	Ć)	12 years old	H)	17 years old							
	D)	13 years old	I)	18 years old	or older						
A4.	Wha	at 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.	Hov	w do you describe yourself? (M	ark Al	ll That Apply	r.)						
	A)	American Indian or Alaska Nati		E)	Hispanic or Latino/Latina						
	B)	Native Hawaiian or Pacific Islan		F)	White or Caucasian (non-Hispanic)						
	C)	Asian or Asian American		G)	Other						
	D)	Black or African American (non	1-								

Hispanic)

♦ Section A ♦

				1 . 1 . 1 (Mark All That Annly
A7.	If yo	u are Asian or Pacific Islander, which	h grou	ps best describe you? (Mark All That Apply.
	If yo	ou are not of Asian/Pacific Islander b	ackgro	Warren
	A)	Does not apply; I am not	G)	Korean
		Asian or Pacific Islander	H)	Laotian
	B)	Asian Indian	I)	Vietnamese
	C)	Cambodian	J)	Native Hawaiian, Guamanian, Samoan, or other Pacific Islander
	D)	Chinese	17)	Other Asian
	E)	Filipino	K)	Office Asian
	F)	Japanese		
A8.	If v	ou are Hispanic or Latino/Latina, wh	ich gro	oups best describe you? (Mark All That
Ao.	Ann	oly. If you are not of Hispanic backgr	ound,	mark "A. Does not apply.")
	A)	Does not apply; I am not	D)	Cuban
	11)	Hispanic or Latino/Latina	E)	Mexican
	B)	Central American	F)	Puerto Rican
	C)	South American	G)	Other Hispanic
			ina oa b	ave you moved (changed where you live)?
A9.			111162 11	ave you movou (entinged visite)
	A)	0 times		
	B)	1 time		
	C)	2 or more times		
		nere do you live? (A home includes a	n anai	tment trailer or mobile home.)
A10.			tti upui	tilletti, tildatet, til
	A)	Parent's home		
	B)	Other relative's home		
	C)	Friend's home	laaama	nt
	D)	Foster home, group care, or waiting p	acenie	iit
	E)	Shelter or on the street		
	F)	Car or van		
	G)			
	H)			
	1)	Other transitional or temporary housi	ng	



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

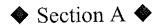
On how many of the past 7 days did you...

				Nur	nber	of D	ays		
		0	1	2	3	4	5	6	7
A11.	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	В	С	D	Е	F	G	Н
A12.	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	В	С	D	Е	F	G	Н
A13.	Do exercises to strengthen or tone your muscles ? (For example, push-ups, sit-ups, or weight lifting.)	A	В	С	D	Е	F	G	Н

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

		N	umb	er of T	imes	
	0	1	2	3	4	5 or mor e
Drink milk or eat yogurt? (In any form, including in cereal.)	Α	В	C	D	Е	F
Drink soda pop?	A	В	C	D	E	F
Drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)	Α	В	С	D	Е	F
Eat french fries, potato chips, or other fried potatoes?	Α	В	C	D	Е	F
Eat fruit? (Do not count fruit juice.)	A	В	C	D	E	F
Eat vegetables? (Include salads and nonfried potatoes.)	Α	В	С	D	Е	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

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, even one or two puffs?	A	В	С	D
A23.	A whole cigarette?	A	В	С	D
A24.	Smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	Α	В	С	D
A25.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	В	С	D
A26.	Marijuana (pot, weed, grass, hash, bud)?	A	В	С	D
A27.	Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	Α	В	С	D
A28.	Cocaine (any formcoke, crack, rock, base, snort)?	Α	В	С	D
A29.	Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	В	С	D
A30.	Derbisol (DB, derbs, or dirt)?	Α	В	C	D
A31.	LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	Α	В	С	D
A32.	Ecstasy (E, X, EXTC, MDMA)?	Α	В	C	D
A33.	Prescription painkillers (Vicodin, OxyContin, Percodan)?	Α	В	С	D
A34.	Heroin (smack, junk, China white, black tar)?	A	В	C	D
A35.	Any other illegal drug (such as PCP, downers, barbs, pills not prescribed by a doctor)?	A	В	C	D

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 alcohol?	А	В	C	D
A37.	High (loaded, stoned, or wasted) from using drugs ?	A	В	C	D
A38.	Drunk on alcohol or high on drugs on school property?	A	В	С	D

♦ Section A ♦

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

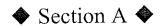
		0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A39.	Cigarettes?	Α	В	С	D	Е
A40.	Smokeless tobacco (dip, chew or snuff)?	A	В	С	D	E
A41.	At least one drink of alcohol?	Α	В	С	D	E
A42.	Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	В	С	D	Е
A43.	Marijuana (pot, weed, grass, hash, bud)?	Α	В	С	D	E
A44.	Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, acrosol sprays, gasoline, poppers, gases)?	A	В	С	D	E
A45.	Cocaine (any form—coke, crack, rock, base, snort)?	A	В	С	D	E
A46.	Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	В	С	D	E
A47.	LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	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
A48.	Smoke cigarettes?	Α	В	С	D	Е
A49.	Have at least one drink of alcohol?	A	В	С	D	E
A50.	Smoke marijuana?	A	В	С	D	E

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)?

		Extremely harmful	Harmful	Somewhat harmful	Mainly harmless	Harmless
A53.	Cigarettes	A	В	С	D	E
A54.	Alcohol	A	В	С	D	E
	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
A56.	Cigarettes	A	В	С	D	E
A57.	Alcohol	A	В	C	D	E
	Marijuana	A	В	С	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?	Α					F				J	K
A60.	Ever tried marijuana?	A					-	G		I	J	K

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

anny har Andrews Company and Company and Company	August and Communities of Principles and August and Aug	A lot	Some	Not much	Not at all
A61.	Cigarettes?	Α	В	С	D
A62.	Alcohol?	Α	В	C	D
A63.	Marijuana?	A	В	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
 - B) Have problems with emotions, nerves, or mental health
 - C) Get into trouble or have problems with the police
 - D) Have money problems
 - E) Get into trouble in school
 - F) Have problems with schoolwork

- G) Fight with other kids
- H) Damage a friendship
- I) Physically hurt or injure yourself
- J) Have unwanted or unprotected sex
- K) Forget what happened or pass out
- 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.)
 - A) Does not apply; have not used alcohol or drugs
 - B) Found you had to increase how much you use to have the same effect as before
 - C) Frequently spent a lot of time getting, using, or being "hung over" from using alcohol or other drugs
 - D) Used alcohoi or drugs a lot more than you intended
 - E) Used alcohol or drugs when you were alone (by yourself)
 - 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.)

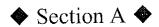
- G) Didn't like the way you felt when you were not high or drunk
- H) Thought about reducing (cutting down) or stopping use
- I) Told yourself you were not going to use but found yourself using anyway
- J) Spoke with someone about reducing or stopping use
- K) Attended counseling, a program, or group to help you reduce or stop use
- L) I use alcohol or drugs but have not experienced any of these things

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	В	С	D
A68.	Been afraid of being beaten up?	Α	В	С	D
A69.	Been in a physical fight?	Α	В	C	D
A70.	Had mean rumors or lies spread about you?	Α	В	С	D
A71.	Had sexual jokes, comments, or gestures made to you?	Α	В	С	D
A72.	Been made fun of because of your looks or the way you talk?	Α	В	C	D
A73.	Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	В	C	D
A74.	Been offered, sold, or given an illegal drug?	Α	В	C	D
A75.	Damaged school property on purpose?	Α	В	C	D
A76.	Carried a gun?	Α	В	C	D
	Carried any other weapon, such as a knife or club?	Α	В	С	D
A77. A78.	Been threatened or injured with a weapon (gun, knife, club, etc.)?	A	В	C	D
A79.	Seen someone carrying a gun, knife, or other weapon?	A	В	C	D ool Ouestionnai

California Healthy Kids Survey, ©2005 CA Dept. of Ed. Version H8– Fall 2005 High School Questionnaire Module A: Core



During the past 12 months, how many times on school property were you harassed or bullied for any of the following reasons?

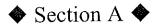
(You were **bullied** if you were shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is **not bullying** when two students of about the same strength quarrel or fight.)

Same St.	iclight quarter of figure,				
		0 times	1 time	2 to 3 times	4 or more times
A80.	Your race, ethnicity, or national origin	Α	В	С	D
A81.	Your religion	A	В	С	D
A82.	Your gender (being male or female)	Α	В	C	D
A83.	Because you are gay or lesbian or someone thought you were	A	В	С	D
A84.	A physical or mental disability	A	В	С	D
A85.	Any other reason	A	В	С	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.		on purpose?		girlfriend ever hit, slap, or physically hurt
	A)	Does not apply; I didn't have a	boyfriend or girlfr	iend during the past 12 months
	B)	No	, c	
	C)	Yes		
	C)	10.5		
A90.	Dur:	ing the past 12 months , did yo nore that you stopped doing so	ou ever feel so sa ome usual activi	nd or hopeless almost everyday for two weeks ties?
	A)	No		
	B)	Yes		
	Β,			
A91.	Dur	ring the past 12 months, how v	would you descr	ibe 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.	Du	ring the past 12 months , about	t how many time	es did you skip school or cut classes?
T. 12.	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.	Но	w many questions in this surve	ey did you answ	er honestly?
	A)	All of them		
	B)	Most of them		
	C)	Only some of them		
	D)	Hardly any		
	- /	, ,		



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:

1				
Feet	Inches	Fec	et.	Inches
4	9	5	,	0
(2)	(0)	(2		(0)

9
(0)
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(30)
(13)

If you are 5 feet 0 inches tall, you would

answer the question as follows:

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)
(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)	(D)
(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)

California stealthy Kids Survey

▼ Section B ▼

Please mark on your answer sheets how you feel about each of the following statements.

How strongly do you agree or disagree with the following statements about your school?

		Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
B1.	I feel close to people at this school.	A	В	С	D	Е
B2.	I am happy to be at this school.	Α	В	C	D	Е
В3.	I feel like I am part of this school.	A	В	C	D	E
B4.	The teachers at this school treat students fairly.	Α	В	С	D	E
B5.	I feel safe in my school.	A	В	С	Đ	<u>E</u>

Next, mark how TRUE you feel the next statements are about your SCHOOL and things you might do there.

At my school, there is a teacher or some other adult...

		Not at All True	A Little True	Pretty Much True	Very Much True
B6.	Who really cares about me.	A	В	С	D
В7.	Who tells me when I do a good job.	Α	В	C	D
B8.	Who notices when I'm not there.	Α	В	C	D
B9.	Who always wants me to do my best.	Α	В	C	D
B10.	Who listens to me when I have something to say.	A	В	C	D
B11.	Who believes that I will be a success.	Α	В	С	D

▼ Section B ▼

At school...

	1001	Not at All True	A Little True	Pretty Much True	Very Much True
B12.	I do interesting activities.	A	В	C	D
B13.	I help decide things like class activities or rules.	A	В	\mathbf{C}	D
B14.	I do things that make a difference.	A	В	С	D

The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.

▼ Section B **▼**

Outside of my home and school, there is an adult...

1.0		Not at All True	A Little True	Pretty Much True	Very Much True
B15.	Who really cares about me.	A	В	C	D
B16.	Who tells me when I do a good job.	A	В	C	D
B17.	Who notices when I am upset about something.	A	В	C	D
B18.	Who believes that I will be a success.	A	В	C	D
B19.	Who always wants me to do my best.	A	В	C	D
B20.	Whom I trust.	Α	В	С	D

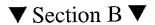
Outside of my home and school, I do these things...

		Not at All True	A Little True	Pretty Much True	Very Much True
B21.	I am part of clubs, sports teams, church/temple, or other group activities.	A	В	С	D
B22.	I am involved in music, art, literature, sports or a hobby.	. A	В	C	D
B23.	I help other people.	A	В	С	D

▼ Section B ▼

How true do you feel these statements are about you personally?

***		Not at All True	A Little True	Pretty Much True	Very Much True
B24.	I have goals and plans for the future.	A	В	С	D
B25.	I plan to graduate from high school.	Α	В	C	D
B26.	I plan to go to college or some other school after high school.	A	В	C	D
B27.	I know where to go for help with a problem.	Α	В	C	D
B28.	I try to work out problems by talking or writing about them.	Α	В	С	D
B29.	I can work out my problems.	A	В	C	D
B30.	I can do most things if I try.	Α	В	C	D
B31.	I can work with someone who has different opinions than mine.	A	В	С	D
B32.	There are many things that I do well.	Α	В	С	D
В33.	I feel bad when someone gets their feelings hurt.	Α	В	C	D
B34.	I try to understand what other people go through.	A	В	С	D
B35.	When I need help, I find someone to talk with.	A	В	C	D
В36.	I enjoy working together with other students my age.	A	В	С	D
В37.	I stand up for myself without putting others down.	A	В	С	D
B38.	I try to understand how other people feel and think.	A	В	С	D
B39.	There is a purpose to my life.	A	В	С	D
B40.	I understand my moods and feelings.	A	В	C	D
B41.	I understand why I do what I do.	A	В	C	D



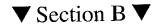
How true are these statements about your FRIENDS?

I have a friend about my own age...

		Not at All True	A Little True	Pretty Much True	Very Much True
B42.	Who really cares about me.	A	В	С	D
B43.	Who talks with me about my problems.	A	В	C	D
B44.	Who helps me when I'm having a hard time.	Α	В	С	D

My friends...

		Not at All True	A Little True	Pretty Much True	Very Much True
B45.	Get into a lot of trouble.	A	В	С	D
B46.	Try to do what is right.	A	В	C	D
B47.	Do well in school.	A	В	С	D



How true are these statements about your HOME or the ADULTS WITH WHOM YOU LIVE?

In my home, there is a parent or some other adult...

111 1119	nome, more is a parent of comme	Not at All True	A Little True	Pretty Much True	Very Much True
B48.	Who expects me to follow the rules.	A	В	С	D
B49.	Who is interested in my schoolwork.	A	В	C	D
B50.	Who believes that I will be a success.	A	В	C	D
B51.	Who talks with me about my problems.	A	В	C	D
B52.	Who always wants me to do my best.	A	В	C	D
B53.	Who listens to me when I have something to say.	Α	В	С	D

At home...

711 110	me	Not at All True	A Little True	Pretty Much True	Very Much True
B54.	I do fun things or go fun places with my parents or other adults.	A	В	C	D
B55.	I do things that make a difference.	A	В	C	D
B56.	I help make decisions with my family.	A	В	С	D

California Healthy Kids Survey

▲ Section C ▲

This section asks more questions related to alcohol and drug use, violence, and safety.

During the past six months, about how many times did you use these substances without a doctor's orders?

		0 times	1 to 2	A few	Once a month	Once a week	A few times a week	Once or more a day
C1.	Any alcohol (beer, wine, wine coolers, liquor, etc.)?	Α	В	С	D	E	F	G
C2.	Marijuana (pot, weed, grass, hash, bud)?	A	В	С	D	Е	F	G
C3.	Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	В	С	D	E	F	G
C4.	Cocaine, methamphetamine or other stimulants (crack, rock, base, meth, speed, crystal, crank, ice)?	A	В	С	D	E	F	G
C5.	Psychedelics (LSD, acid, mescaline, mushrooms), ecstasy (E, X, EXTC, MDMA), or other club drugs (GHB, Special K)?	A	В	С	D	E	F	G
C6.	Any other drug (such as heroin or sedatives)?	A	В	С	D	E	F	G
C7.	Two or more drugs at the same time (for example, alcohol with marijuana, or cocaine with PCP)?	A	В	С	D	E	F	G

C8. During the past 12 months, have you taken any steroids (roids) to build up muscle or increase performance or endurance?

A) None, have used no steroids

B) Some, have taken a few times

C) Regularly, have been on a program of steroid use

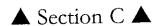
▲ Section C ▲

- C9. During the past 12 months, did you use any performance-enhancing supplement that claims to build muscle or increase strength or endurance (andro, ephedrine, DHEA)?
 - A) None
 - B) Some, have taken a few times
 - C) Regularly, have been on a program of supplement use

How many times have you tried to quit or stop using...

		Does not apply, never used	0 times	1 time	2 to 3 times	4 or more times
C10.	Alcohol?	A	В	С	D	E
C11.	Marijuana?	Α	В	С	D	E

- C12. 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
- C13. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?
 - A) No, I never used alcohol or other drugs
 - B) No, but I do use alcohol or other drugs
 - C) Yes, I have felt that I needed help
 - D) Don't know
- C14. 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



- C15. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - A) Never
 - B) 1 time
 - C) 2 or 3 times
 - D) 4 or 5 times
 - E) 6 or more times

About how many of the adults you know use...

		None	Some	Many	Most or All
C16.	Marijuana?	A	В	С	D
C17.	Cocaine or crack?	Α	В	C	D
C18.	Methamphetamine?	Α	В	С	D

- C19. Where do most kids at your school who use drugs get them? (Mark All That Apply.)
 - A) At school
 - B) At parties or events outside school
 - C) At their own home
 - D) In the neighborhood

- E) Friends
- F) Dealers
- G) Other
- H) Don't know
- C20. How do most kids at your school who drink alcohol usually get it? (Mark All That Apply.)
 - A) At school
 - B) At parties or events outside school
 - C) At their own home
 - D) From adults at friends' homes
 - E) From friends or another teenager

- F) Get adults to buy it for them
- G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart)
- H) Bars, clubs, or gambling casinos
- I) Other
- J) Don't know
- C21. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught **on school property** using or possessing alcohol or other drugs?
 - A) Very likely
 - B) Likely
 - C) Not likely
 - D) Don't know

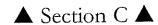
▲ Section C ▲

- C22. In your opinion, how likely is it that a student would find **help** at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?
 - A) Very likely
 - B) Likely
 - C) Not likely
 - D) Don't know

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

		0 times	1 time	2 or 3 times	4 or more times
C23.	Sold drugs to someone?	A	В	С	D
C24.	Been in a physical fight?	Α	В	С	D
C25.	Been in a physical fight between groups of kids?	A	В	С	D
C26.	Used any weapon to threaten or bully someone?	Α	В	С	D
C27.	Used money to bet or gamble?	A	В	С	D

- C28. How safe do you feel in the neighborhood where you live?
 - A) Very safe
 - B) Safe
 - C) Neither safe nor unsafe
 - D) Unsafe
 - E) Very unsafe
- C29. 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



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

,,		0 days	1 day	2 or more days
C30.	A gun?	A	В	С
C31.	Any other weapon (such as a knife or club)?	A	В	С
C32.	Any weapon (gun, knife, or club) on school property?	A	В	С

- C33. During the past 12 months, did you ever seriously consider attempting suicide?
 - A) No
 - B) Yes
- C34. During the past 12 months, did you make a plan about how you would attempt suicide?
 - A) No
 - B) Yes
- C35. During the past 12 months, how many times did you actually attempt suicide?
 - A) 0 times
 - B) 1 time
 - C) 2 or 3 times
 - D) 4 or more times
- C36. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
 - A) I did not attempt suicide in the past 12 months
 - B) No
 - C) Yes
- C37. 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 daily, that is, at least one cigarette every day for 30 days?						
	A)	No					
	В)	Yes					
D2.	Did	you ever smoke to control your weight?					
	A)	No					
	В)	Yes					
D3.	Dur day	ing the past 30 days, on the days you smoke	d, how ma	ny cigarettes did you smoke per			
	A)	I did not smoke cigarettes	D)	2 to 5 cigarettes per day			
	,	during the past 30 days	E)	6 to 10 cigarettes per day			
	B)	Less than 1 cigarette per day	F)	11 to 20 cigarettes per day			
	C)	1 cigarette per day	G)	More than 20 cigarettes per day			
D4.	Hav	ve you smoked 100 cigarettes in your life?					
	A)	No					
	B)	Yes					
D5.	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	E)	I borrowed (or bummed) them from someone else			
	B)	I bought them in a store such as a convenience store, supermarket,	F)	I took them from a store or family member			
		or gas station	G)	A friend gave them to me			
	C)	I bought them from a vending machine	H)	A person 18 years or older gave them to me			
	D)	I gave someone else money to	I)	Other people gave them to me			
	,	buy them for me	J)	I got them some other way			

● Section D ●

- D6. During the past 30 days, on how many days did you smoke any cigars, cigarillos, or little cigars?
 - A) 0 days

D) 6 to 9 days

B) 1 to 2 days

E) 10 to 19 days

C) 3 to 5 days

- F) 20 to 30 days
- D7. If you now smoke cigarettes, would you like to quit smoking?
 - A) I don't smoke cigarettes; does not apply
 - B) No
 - C) Yes
- D8. 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?

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>			
		I did not use tobacco	No	Yes
D9.	Go to a special group or class	A	В	С
D10.	Talk to an adult at your school about how to quit	A	В	C
D11.	Talk to a peer helper about how to quit	A	В	С

- D12. 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

#### ● Section D ●

During the past 12 months, did you do any of these things at school?

		No	Yes	Not Sure
D13.	Have lessons about tobacco and its effects on the body	Α	В	C
D14.	Practice different ways to refuse or say "no" to tobacco offers	A	В	С

- D15. 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
- D16. About how many adults you know smoke cigarettes?
  - A) None of them
  - B) Some
  - C) Many
  - D) Most or all

Please indicate whether or not you agree with the following statements:

		Very much agree	Agree	Disagree	Very much disagree
D17.	Smoking makes kids look grown up.	A	В	С	D
D18.	Smoking makes your teeth yellow.	A	В	C	D
D19.	Smoking is cool.	A	В	C	D
D20.	Smoking makes you smell bad.	A	В	C	D
D21.	Smoking helps you make friends.	A	В	C	D
D22.	Smoking is bad for your health.	A	В	C	D
D23.	Smoking helps you relax.	A	В	C	D
D24.	Smoking helps control your weight.	Α	В	С	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	В
E3.	Eat less food, fewer calories, or foods low in fat	Α	В
E4.	Go without eating for 24 hours or more (also called fasting)	Α	В
E5.	Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast)	A	В
E6.	Vomit or take laxatives	A	В

- 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?							
1301	A)	I do not watch TV on an	D)	2 hours				
	14)	average school day	E)	3 hours				
	B)	Less than 1 hour	F)	4 hours				
	C)	1 hour	G)	5 hours or more				
E9.	Dur	ing the past 12 months, on how many sports te	ams did	you play? (Include school sponsored				
	and a	any other sports teams.)						
	A)	0 teams						
	B)	1 team						
	C)	2 teams						
	D)	3 or more teams						
E10.	Hov	How often do you wear a seat belt when riding in a car driven by someone else?						
	A)	Never						
	B)	Rarely						
	Ć)	Sometimes						
	D)	Most of the time						
	E)	Always						
E11.	When you rode a bicycle during the past 12 months, how often did you wear a helmet?							
137	A)	I did not ride a bicycle during	D)	Sometimes wore a helmet				
	,	the past 12 months	E)	Most of the time wore a helmet				
	B)	Never wore a helmet	F)	Always wore a helmet				
	C)	Rarely wore a helmet						
E12.	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	D)	3 days				
	B)	1 day	E)	4 days				
	C)	2 days	F)	5 days				

### ■ Section E ■

E13.	Duri exerc	ng an average physical education (P.E.) class, how many minutes do you spend actually cising or playing sports?				
	A)	I do not take P.E.				
	B)	Less than 10 minutes				
	Ć)	10 to 20 minutes				
	D)	21 to 30 minutes				
	E)	More than 30 minutes				
E14.		ing the past 12 months, did you have a regular check up with a doctor when you were not or injured?				
	A)	No				
	B)	Yes				
E15.	During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?					
	A)	No				
	B)	Yes				
E16.	Dur	ing 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				
E17.	Hax	re you ever been taught about AIDS or HIV infection at school?				
	A)	No				
	B)	Yes				
	C)	Not sure				
1710	Do	ring the past 12 months, have you had an episode of asthma or an asthma attack?				
E18.		No				
	A)					
	B)	Yes				

#### Section E

E19.	During the past 12 months, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?
	A) No

- A) No
- B) Yes

During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?

- No A)
- Yes B)

During the past 12 months, have you used a medicine (an inhaler, puffer, or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?

- No A)
- B) Yes

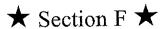
During the past 30 days, about how many days each week have you had a cough, chest E22. tightness, trouble breathing, or wheezing when you did not have a cold or flu?

- Never A)
- 2 days a week or less B)
- More than 2 days each week but not every day C)
- D) Every day

During the past 30 days, about how many nights did you wake up because of a cough, chest E23. tightness, trouble breathing, or wheezing when you did not have a cold or flu?

- A) Never
- 2 nights in the last 30 days or less B)
- 3 or 4 nights in the last 30 days C)
- More than 4 nights in the last 30 days but not every night D)
- Every night or almost every night E)

## California Healthy Kids Survey



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)

G) 60 percent

B) 10 percent

H) 70 percent

C) 20 percent

I) 80 percent

D) 30 percent

J) 90 percent

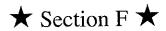
E) 40 percent

K) 100 percent (All)

F) 50 percent (Half)

Please indicate whether you agree or not with the following statements

		Very much agree	Agree	Disagree	Very much disagree
F2.	For teens your age, abstinence (not having sexual intercourse) is a better choice than having sexual intercourse.	A	В	С	D
F3.	For some teens under 18 years old, it is a good decision to have a baby.	A	В	C	D



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	В
F5.	your questions about sex?	Α	В
F6.	reasons why you shouldn't have sex at your age?	A	В
F7.	how your life would change if you became a father or mother while you're a teenager?	A	В
F8.	birth control?	A	В
F9.	AIDS/HIV and other sexually transmitted diseases?	A	В

- 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

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.

## ★ Section F ★

F12.	How old were you when you had sexual intercourse for the first time?					
	A)	I have never had sexual	E)	14 years old		
		intercourse	F)	15 years old		
	B)	11 years old or younger	G)	16 years old		
	C)	12 years old	H)	17 years old or older		
	D)	13 years old				
F13.	Dur	ing your life, with how many people have	you ha	ad sexual intercourse?		
	A)	I have never had sexual	E)	4 people		
		intercourse	F)	5 people		
	B)	1 person	G)	6 or more people		
	C)	2 people				
	D)	3 people				
F14.	Dur	ing the past three months, with how man	y peop	ole did you have sexual intercourse?		
	A)	I have never had sexual	E)	3 people		
		intercourse	F)	4 people		
	B)	I had sexual intercourse, but	G)	5 people		
		not during the past 3 months	H)	6 or more people		
	C)	1 person				
	D)	2 people				
F15.	Did	you drink alcohol or use drugs before you	ı had se	exual intercourse the last time?		
	A)	I have never had sexual intercourse				
	B)	No				
	C)	Yes				
F16.	The	e last time you had sexual intercourse, did	l you o	or your partner use a condom?		
	A)	I have never had sexual intercourse				
	B)	No				
	C)	Yes				

### ★ Section F ★

- F17. The **last time** you had sexual intercourse, what **one** method did you or your partner use to prevent pregnancy?
  - A) I have never had sexual intercourse
  - B) No method was used to **prevent** pregnancy
  - C) Birth control pills
  - D) Condoms

- E) Depo-provera or other injectables
- F) Withdrawal
- G) Some other method
- H) Not sure
- F18. How many times have you been pregnant or gotten someone pregnant?
  - A) 0 times
  - B) 1 time
  - C) 2 or more times
  - D) Not sure
- F19. Have you ever been forced to have sexual intercourse when you did not want to?
  - A) No
  - B) Yes

# California stealthy Kids Survey

### Module G

The next questions are about what you do after school is over, before dinner time (about 3:00 to 6:00 in the afternoon).

- G1. How safe do you feel in the neighborhood where you live?
  - A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe
- G2. Where do you usually go right after school is over? (Mark Only ONE Answer.)
  - A) Your home, or another home (such as a friend, relative, or neighbor) with an adult there
  - B) Your home, or another home, without an adult there
  - C) A park or recreation program
  - D) A community, volunteer, or church group
  - E) Stay at school for an after-school program
  - F) Stay at school for an extra class, tutoring, or activity such as band, sports, or a club
  - G) To a job
  - H) Some other place
- G3. What do you usually do after school is over? (Mark All That You Do For About One Hour Or More.)
  - A) Do your schoolwork (homework or studying)
  - B) Get help with your schoolwork from an adult (such as a tutor)
  - C) Take private classes or lessons such as art, music, or dance
  - D) Play or practice a sport
  - E) Hang out with friends (talking, playing games, going to the mall or a movie)
  - F) Watch TV or play video games
  - G) Do religious activities or get religious instruction
  - H) Work at a job
  - I) Other

#### Section G

# We'd like to know if your school has an after-school program and what you may have heard about it.

- G4. Please mark whether you agree with each of the following statements. (Mark All That Are True For You.)
  - A) My school doesn't have an after-school program.
  - B) I don't know if my school has an after-school program.
  - C) I wish my school had an after-school program.
  - D) I don't know much about the after-school program.
  - E) It has activities that we usually don't have during the school day.
  - F) The after-school program doesn't interest me.
  - G) It is a safe place to be after school.
  - H) It helps you with schoolwork.
  - I) The students that attend it really like it.
  - J) I do not attend it, but I would like to.
- G5. In a normal school week, how many days do you usually go to your school's after-school program in the afternoon (such as [ENTER 21st CENTURY NAME HERE] )?
  - A) Does not apply; my school doesn't have an after-school program
  - B) 0 days
  - C) 0 days, but I would like to go to an after-school program
  - D) 1 day
  - E) 2 days
  - F) 3 days
  - G) 4 days
  - H) 5 days