

# CALIFORNIA *healthy kids* SURVEY

## *Elementary School Questionnaire*

**2005-2006**

- This survey is voluntary. You do not have to complete this survey, but we hope that you will. We need your help!
- Your answers will improve health programs.
- **Do not write your name on this form or on the answer sheet. No one but you will know how you answer these questions.**
- Please mark only one answer for each question on the answer sheet. Fill in the bubbles neatly with a #2 pencil. Do not write on the survey questionnaire.
- Please read every question carefully. Mark one choice on your answer sheet for each question.

*Thank you for taking this survey!*

First, write your **SCHOOL NAME** on the top of the answer sheet.

1. Fill in the bubble for number "1."
2. How old are you?
  - A) 7 years old, or younger than 7
  - B) 8 years old
  - C) 9 years old
  - D) 10 years old
  - E) 11 years old
  - F) 12 years old
  - G) 13 years old, or older than 13
3. Are you female or male?
  - A) Female
  - B) Male
4. What grade are you in?
  - A) 3rd grade
  - B) 4th grade
  - C) 5th grade
  - D) 6th grade
5. 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
6. Did you eat breakfast **this morning**?
  - A) No
  - B) Yes

7. When you ride in a car do you wear a seat belt?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

8. When you ride a bicycle do you wear a helmet?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time
- E) I do not ride a bicycle

**The next questions ask about your school.**

9. Do you feel close to people at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

10. Are you happy to be at this school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

11. Do you feel like you are part of this school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

12. Do teachers treat students fairly at school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
13. Do you help make class rules or choose things to do at school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
14. Do the teachers and other grown-ups at school care about you?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
15. Do the teachers and other grown-ups at school tell you when you do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
16. How well do you do in your schoolwork?
- A) I'm one of the best students
  - B) I do better than most students
  - C) I do about the same as others
  - D) I don't do as well as most others

17. Do the teachers and other grown-ups at school listen when you have something to say?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
18. Do the teachers and other grown-ups at school believe that you can do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
19. Do you do things to be helpful at school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
20. Do you plan to go to college or some other school after high school?
- A) No
  - B) Yes

**Here are questions about events that may  
happen at school and after school.**

21. During the past year, how many times have **you** hit or pushed other kids at school when you were not playing around?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 or more times

22. During the past **year**, how many times have **you** spread mean rumors or lies about other kids at school?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 or more times
23. Do **other kids** hit or push you at school when they are not just playing around?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
24. Do **other kids** at school spread mean rumors or lies about you?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
25. During the past **year**, did **you** ever bring a gun or knife to school?
- A) No
  - B) Yes
26. During the past **year**, have you ever seen **another kid** with a gun or knife at school?
- A) No
  - B) Yes
27. Are you home alone after school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

28. Do you feel safe **at school**?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
29. Do you feel safe **outside of school**?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

**The next questions are about cigarettes, alcohol, and other drugs.**

30. Have you ever smoked a cigarette?
- A) No
  - B) Yes, I smoked part of a cigarette, like one or two puffs
  - C) Yes, I smoked a whole cigarette
31. Have you ever chewed tobacco or snuff (dip)?
- A) No
  - B) Yes
32. Have you ever drank beer, wine, or other alcohol?
- A) No
  - B) Yes, I drank one or two sips
  - C) Yes, I drank a full glass
33. Have you ever sniffed something through your nose to get “high?”
- A) No
  - B) Yes

34. Have you ever smoked any marijuana (pot, grass, weed)?
- A) No
  - B) Yes
  - C) I don't know what marijuana is
35. Have you ever used alcohol or an illegal drug like marijuana **before school or at school**?
- A) No
  - B) Yes
36. Do you think smoking **cigarettes** is bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
37. Do you think drinking **alcohol** (beer, wine, liquor) is bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
38. Do you think using **marijuana** (pot, grass, weed) is bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
  - D) I don't know what marijuana is
39. In the past **month**, did you drink any beer, wine, or other alcohol?
- A) No
  - B) Yes, I drank one or two sips
  - C) Yes, I drank a full glass



40. In the past **month**, did you smoke a cigarette?

- A) No
- B) Yes

**Below are questions about your health and things you might do.**

41. Do you try to understand how other people feel?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

42. Do you feel bad when someone else gets their feelings hurt?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

43. Do you know where to go for help with a problem?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

44. Do you try to work out your problems by talking or writing about them?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

45. Do you try to do your best?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
46. Do you have goals and plans for the future?
- A) No
  - B) Yes
47. Do you think you are too skinny, about right, or too fat?
- A) Too skinny
  - B) About right
  - C) Too fat
48. Are you doing anything to try to lose weight?
- A) No
  - B) Yes
49. Have other kids **at school** ever teased you about what your body looks like?
- A) No
  - B) Yes
50. How many days each **week** do you exercise, dance, or play sports?
- A) 0 days
  - B) 1 day
  - C) 2 days
  - D) 3 days
  - E) 4 days
  - F) 5 days
  - G) 6 or 7 days

51. When **not** exercising, do you ever have trouble breathing (for example, shortness-of-breath, wheezing, or a sense of tightness in your chest)?
- A) No
  - B) Yes
52. Has a parent or some other adult ever told you that you have asthma?
- A) No
  - B) Yes
53. **Yesterday**, how much time did you spend watching TV or playing video games?
- A) None, I didn't watch TV yesterday
  - B) Less than 1 hour
  - C) About 1 hour
  - D) About 2 hours
  - E) 3 or more hours

**The next two questions ask about your friends.**

54. Do your best friends get into trouble?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
55. Do your best friends try to do the right thing?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

**Here are questions about your home.**

56. Does a parent or some other grown-up at home care about your schoolwork?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
57. Does a parent or some other grown-up at home believe that you can do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
58. Does a parent or some other grown-up at home want you to do your best?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
59. Does a parent or some other grown-up at home listen when you have something to say?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
60. Do you help at home?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

61. Do you get to make rules or choose things to do at home?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
62. Did you **understand** the questions on this survey?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them
63. Did you answer the questions on this survey **honestly and truthfully**?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them

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

65. **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, neighbor), with an adult there
  - B) Your home, or another home, without an adult there
  - C) A park or recreation program
  - D) A community or church group
  - E) Stay at school for an after-school program
  - F) Stay at school for tutoring or a special class
  - G) Some other place
66. **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) or get help with it (tutoring)
  - B) Take private classes or lessons such as art, music, or dance
  - C) Play or practice a sport
  - D) Hang out with friends (talking, playing games, going to the mall or a movie)
  - E) Watch TV or play video games
  - F) Do religious activities or get religious instruction
  - G) Other

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

67. If your school has an after-school program, 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 much about the after-school program.
  - C) The after-school program doesn't interest me.
  - D) It is a safe place to be after school.
  - E) It helps you with schoolwork.
  - F) The students really like it.
  - G) I would like to go to it.
68. 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 CCLC NAME HERE] )?
- A) 0 days
  - B) 0 days, but I would like to go
  - C) 1 day
  - D) 2 days
  - E) 3 days
  - F) 4 days
  - G) 5 days