

ICPSR 4372

Health Behavior in School-Aged Children, 2001-2002 [United States]

*United States Department of Health and
Human Services. Health Resources and
Services Administration. Maternal and
Child Health Bureau*

Questionnaire

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Student Questionnaire Crosswalk

The following crosswalk provides a comparison of questions between the High School and Middle School student surveys. Middle school students were not asked all of the questions that high school students were asked. Where middle school students were not asked a question it has been designated by a dash in their respective column. The dataset contains numerous variables that were created by either the Principal Investigator or by the processor. These have been designated with the word “computed” in the column.

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q1	Q1	Q1	Gender
Q2	Q2	Q2	New - Month of Birth
Q3	Q3	Q3	Year of Birth - Ordinal
Q4	Q4	Q4	New - Grade
AGE	computed	computed	New - calculated age rounded down 4_3_03
IMP_AGE	computed	computed	New - Imputed Age Variable 7_1_03
Q5	Q5	Q5	Hispanic - Not Hispanic
Q6_1	Q6	Q6	Indian/Alaskan Native
Q6_2	Q6	Q6	Asian
Q6_3	Q6	Q6	African American
Q6_4	Q6	Q6	Native Hawaiian/OPI
Q6_5	Q6	Q6	White
Q6_COMP	computed	computed	Computed - Combined Race
Q7	Q7	Q7	Urbanicity
Q8	Q8	Q8	New - Country where you were born
Q9	Q9	Q9	Language Spoken at Home
Q10A	Q10	Q10	Computer Use, Weekdays
Q10B	Q10	Q10	Computer Use, Weekends
Q11	Q11	Q11	Number of Computers at Home
Q12	Q12	Q12	Internet Connection at Home
Q13A	Q13	Q13	Never Used Internet
Q13B	Q13	Q13	New - Age First Used Internet
Q14	Q14	Q14	Days a Week Involved in Club/Org
Q15A1	Q15A	Q15A	New - Mother in Main Home
Q15A2	Q15A	Q15A	New - Father in Main Home
Q15A3	Q15A	Q15A	Stepmother in Main Home
Q15A4	Q15A	Q15A	New - Stepfather in Main Home
Q15A5	Q15A	Q15A	New - Grandmother in Main Home
Q15A6	Q15A	Q15A	Grandfather in Main Home
Q15A7	Q15A	Q15A	New - Foster Home as Main Home
Q15A8	Q15A	Q15A	New - Someone/Somewhere Else in Main Home

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q15A9	computed	computed	New - Aunts/Uncles/Cousins in Main Home
Q15A10	computed	computed	New - Adult Siblings in Main Home
Q15B1	Q15B	Q15B	Mother in Second Home
Q15B2	Q15B	Q15B	New - Father in Second Home
Q15B3	Q15B	Q15B	Stepmother in Second Home
Q15B4	Q15B	Q15B	New - Stepfather in Second Home
Q15B5	Q15B	Q15B	New - Grandmother in Second Home
Q15B6	Q15B	Q15B	New - Grandfather in Second Home
Q15B7	Q15B	Q15B	Foster Home as Second Home
Q15B8	Q15B	Q15B	New - Someone/Somewhere Else in Second Home
Q15B9	computed	computed	New - Aunts/Uncles/Cousins in Second Home
Q15B10	computed	computed	New - Adult Siblings in Second Home
Q15A_BRO	Q15A	Q15B	New - # of Brothers in Main Home
Q15A_SIS	Q15A	Q15B	New - # of Sisters in Main Home
Q15B_BRO	Q15B	Q15B	New - # of Brothers in Second Home
Q15B_SIS	Q15B	Q15B	New - # of Sisters in Second Home
Q16A	Q16A	Q16A	Time in Main Home
Q16B	Q16B	Q16B	Time in Second Home
SIBGUARD	computed	computed	Adult who is responsible for care
RESPADLT	computed	computed	Sibling is responsible for care
Q17	Q17	Q17	Mother - Highest Level of Education
Q18	Q18	Q18	Father - Highest Level of Education
Q19A	Q19	Q19	Watch TV, Weekdays
Q19B	Q19	Q19	Watch TV, Weekends
Q20A	Q20	Q20	Time Homework, Weekdays
Q20B	Q20	Q20	Time Homework, Weekends
Q21	Q21	Q21	Physically Active Last 7 Days
Q22	Q22	Q22	Physically Active Usual Week
Q23A	Q23	Q23	Breakfast Weekdays
Q23B	Q23	Q23	Breakfast Weekends
Q24A	Q24	Q24	Lunch Weekdays
Q24B	Q24	Q24	Lunch Weekends
Q25A	Q25	Q25	Supper Weekdays
Q25B	Q25	Q25	Supper Weekends
Q26A	Q26	Q26	Frequency of Snacking Weekdays
Q26B	Q26	Q26	Frequency of Snacking Weekends
Q27A	Q27	Q27	Days Eat Breakfast at School
Q27B	Q27	Q27	Days Eat Lunch at School
Q28A	Q28A	Q28A	Eat Fruits

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q28B	Q28B	Q28B	Eat Vegetables
Q28C	Q28C	Q28C	Eat Sweets
Q28D	Q28D	Q28D	Drink Coke/Soft Drinks
Q28E	Q28E	Q28E	Drink Alcohol
Q28F	Q28F	Q28F	Drink Diet Coke
Q28G	Q28G	Q28G	Drink Low Fat/Skim Milk
Q28H	Q28H	Q28H	Drink Whole Fat Milk
Q28I	Q28I	Q28I	Eat Cheese
Q28J	Q28J	Q28J	Consume Other Milk Products
Q28K	Q28K	Q28K	Eat Cereals
Q28L	Q28L	Q28L	Eat White Bread
Q28M	Q28M	Q28M	Eat Brown Bread
Q28N	Q28N	Q28N	Eat Potato Chips
Q28O	Q28O	Q28O	Eat French Fries
Q29	Q29	Q29	How Often Go to School or Bed Hungry
Q30	Q30	Q30	WEIGHT IN POUNDS
Q31	Q31	Q31	HEIGHT IN TOTAL INCHES
BMI	computed	computed	New - Body Mass Index (BMI)
BMI_COMP	computed	computed	BMI-FOR-AGE WEIGHT STATUS CATEGORIES
Q32	Q32	Q32	Think about Looks
Q33	Q33	Q37	Think about Body
Q34	Q34	Q36	On a Diet
Q35	Q35	-	New - Weight Control Behavior - Last Year
Q36A	Q36A	-	New - Weight Control Behavior - Exercise
Q36B	Q36B	-	Weight Control Behavior - Skip Meals
Q36C	Q36C	-	New - Weight Control Behavior - Fasting
Q36D	Q36D	-	Weight Control Behavior - Eat Fewer Sweets
Q36E	Q36E	-	Weight Control Behavior - Eat Less Fat
Q36F	Q36F	-	Weight Control Behavior - Drink Fewer Soft Drinks
Q36G	Q36G	-	New - Weight Control Behavior - Eat Less
Q36H	Q36H	-	Weight Control Behavior - Eat More Fruits/Veggies
Q36I	Q36I	-	Weight Control Behavior - Drink More Water
Q36J	Q36J	-	New - Weight Control Behavior - Restrict to 1 Group
Q36K	Q36K	-	Weight Control Behavior - Vomiting
Q36L	Q36L	-	Weight Control Behavior - Use Pills
Q36M	Q36M	-	Weight Control Behavior - Smoke More
Q36N	Q36N	-	Weight Control Behavior - Under Professional
Q36O	Q36O	-	New - Weight Control Behavior - Other
Q36_SUM	computed	-	New - Sum of Positive Responses to Q36 Series

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q37A	Q37	Q33	New - Girls - Begun Menstruation
Q37B	Q37	Q33	New - Girls - Age of Menstruation
Q37C	computed	computed	New - Q37 Was Not Asked by This School
Q38	Q38	Q34	New - Boys - Have no Hair on Face
Q38A	Q38A	Q34A	New - Boys - Hair Corners of Upper Lip
Q38B	Q38B	Q34B	New - Boys - Hair All Over Upper Lip
Q38C	Q38C	Q34C	New - Boys - Hair on Upper Cheeks and Under Lip
Q38D	Q38D	Q34D	New - Boys - Hair on Sides and Lower Chin
Q38_SUM	computed	computed	New - Sum of Positive Responses to Q38 Series
Q39	Q39	Q35	Tooth Brushing
Q40	Q40	-	Tired in the Morning
Q41A	Q41A	Q38A	Headache
Q41B	Q41B	Q38B	Stomach-ache
Q41C	Q41C	Q38C	Back Ache
Q41D	Q41D	Q38D	Feeling Low
Q41E	Q41E	Q38E	Irritable or Bad Temper
Q41F	Q41F	Q38F	Feeling Nervous
Q41G	Q41G	Q38G	Difficulties in Sleeping
Q41H	Q41H	Q38H	Feeling Dizzy
Q42	Q42	Q39	Health
Q43	Q43	Q40	Life Satisfaction
Q44	Q44	Q41	New - Times Injured
Q45	Q45	-	New - Injury Location
Q46	Q46	-	New - Injury Activity
Q47	Q47	-	New - Organization
Q48	Q48	-	New - Not Injured Past 12 Months
Q48A	Q48A	-	New - Treated - Doctors Office/Clinic
Q48B	Q48B	-	Treated - Emergency Room
Q48C	Q48C	-	Treated - Hospital Overnight
Q48D	Q48D	-	New - Treated - School Health Service
Q48E	Q48E	-	New - Treated - Other Location
Q49	Q49	-	New - Activity Loss
Q50	Q50	-	New - Not Injured Past 12 Months
Q50A	Q50A	-	New - Results - Broken Bone
Q50B	Q50B	-	New - Results - Strain/Sprain
Q50C	Q50C	-	New - Results - Cuts/Stabs
Q50D	Q50D	-	New - Results - Head Injury
Q50E	Q50E	-	New - Results - Bruises
Q50F	Q50F	-	Results - Operation

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q50G	Q50G	-	Results - Burns
Q50H	Q50H	-	New - Results - Other
Q51	Q51	-	New - Not Injured Past 12 Months
Q51A	Q51A	-	Injury Consequences - Cast
Q51B	Q51B	-	Injury Consequences - Stitches
Q51C	Q51C	-	Injury Consequences - Crutches
Q51D	Q51D	-	Injury Consequences - Operation
Q52A	Q52	-	New - Not Injured Past 12 Months
Q52B	Q52	-	Injury Month
Q53	Q53	-	New - Injury Year
Q54	Q54	-	Number of Non-medical Injuries
INJ_SUM	computed	-	New - Sum of Positive Responses to Injury Series
Q55A	Q55A	Q42A	Talk to Father
Q55B	Q55B	Q42B	Talk to Stepfather
Q55C	Q55C	Q42C	Talk to Mother
Q55D	Q55D	Q42D	Talk to Stepmother
Q55E	Q55E	Q42E	Talk to Elder Brother
Q55F	Q55F	Q42F	Talk to Elder Sister
Q55G	Q55G	Q42G	Talk to Best Friend
Q55H	Q55H	Q42H	Talk to Friend Same Sex
Q55I	Q55I	Q42I	Talk to Friend Opposite Sex
Q56A	Q56	Q43	Close Male Friends
Q56B	Q56	Q43	Close Female Friends
Q57	Q57	Q44	After School with Friends
Q58	Q58	Q45	Evenings with Friends
Q59	Q59	Q46	E-communication with Friends
Q60	Q60	Q47	Academic Achievement
Q61	Q61	Q48	Liking School
Q62A	Q62A	Q49A	Parents Willing to Talk to Teacher
Q62B	Q62B	Q49B	Parents Help with Homework
Q62C	Q62C	Q69C	Feel Safe at School
Q62D	Q62D	Q49D	Student Feel Down, Someone Help
Q62E	Q62E	Q49E	Students Enjoy Being Together
Q62F	Q62F	Q49F	Students Kind and Helpful
Q62G	Q62G	Q49G	Students Accept Me
Q63	Q63	Q50	Pressured by School Work
Q64	Q64	Q51	New - Number of Days in PE Class, Avg Week
Q65	Q65	Q52	New - Number of Minutes Exercising in Avg PE Class
Q66	Q66	Q53	Bullied

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q67A	Q67A	Q54A	Called Names
Q67B	Q67B	Q54B	Left Out
Q67C	Q67C	Q54C	Hit, Kicked, Pushed
Q67D	Q67D	Q54D	Lies/Rumors
Q67E	Q67E	Q54E	Made Fun - Race
Q67F	Q67F	Q54F	Made Fun - Religion
Q67G	Q67G	Q54G	Sexual Jokes
Q68	Q68	Q55	Who Usually Bullies You
Q69	Q69	Q56	Bullied Others
Q70A	Q70A	Q57A	Called Others Names
Q70B	Q70B	Q57B	Left Others Out
Q70C	Q70C	Q57C	Hit/Pushed Others
Q70D	Q70D	Q57D	Lies/Rumors About Others
Q70E	Q70E	Q57E	Made Fun Others - Race
Q70F	Q70F	Q57F	Made Fun Others - Religion
Q70G	Q70G	Q57G	Sexual Jokes at Others
Q71	Q71	Q58	New - Times in Physical Fight
Q72	Q72	Q59	With Whom Fought
Q73	Q73	Q60	Number Medically Treated Injuries From Fight
Q74	Q74	Q61	New - Carry Weapon Last 30 Days
Q75	Q75	Q62	New - Weapon Type
Q76	Q76	Q63	Family Well Off
Q77	Q77	Q64	Own Bedroom
Q78	Q78	Q65	Family Car
Q79	Q79	Q66	Vacation
Q80	Q80	Q67	Feel Safe in Local Area
Q81A	Q81A	Q68A	People Say Hello
Q81B	Q81B	Q68B	Safe to Play Outside
Q81C	Q81C	Q68C	Can Trust People
Q81D	Q81D	Q68D	Good Places to Go
Q81E	Q81E	Q68E	Can Ask for Help
Q81F	Q81F	Q68F	Most Would Take Advantage
Q82	Q82	Q69	New - Tried Smoking
Q83	Q83	Q70	Smoking Frequency
Q84	Q84	-	Ever Used Smokeless Tobacco
Q85A	Q85A	Q71A	Frequency of Drinking Beer
Q85B	Q85B	Q71B	Frequency of Drinking Wine
Q85C	Q85C	Q71C	Frequency of Drinking Spirits
Q85D	Q85D	Q71D	Frequency of Drinking Alcopops

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q85_COMP	computed	computed	Computed - Ever Used Alcohol
Q86	Q86	Q72	Been Drunk
Q87	Q87	Q73	Times had 5 or More Drinks One Occasion
Q88A	Q88A	-	New - Marijuana Use - Lifetime
Q88A_COMP	computed	-	Computed - Ever Used Marijuana
Q88B	Q88B	Q74A	New - Glue/Solvent Use - Lifetime
Q88B_COMP	computed	computed	Computed - Ever Used Inhalants
Q88C	Q88C	-	Other Drug Use - Lifetime
Q88C_COMP	computed	-	Computed - Ever Used Any Other Drug
Q89A	Q89A	-	Marijuana Use - Last 12 Months
Q89B	Q89B	Q74B	Glue/Solvent Use - Last 12 Months
Q89C	Q89C	-	Other Drug Use - Last 12 Months
Q90A	Q90A	Q75A	New - Never Drank Alcohol
Q90AA	Q90A	Q75A	New - Age First Drank Alcohol
Q90AA_COMP	computed	computed	Computed - Categorical Age First Drank Alcohol
Q90B	Q90B	Q75B	New - Never Got Drunk
Q90BB	Q90B	Q75B	New - Age First Got Drunk
Q90BB_COMP	computed	computed	Computed - Categorical Age First Got Drunk
Q90C	Q90C	Q75C	New - Never Smoked a Cigarette
Q90CC	Q90C	Q75C	New - Age First Smoked a Cigarette
Q90CC_COMP	computed	computed	Computed - Categorical Age First Smoked a Cig.
Q90D	Q90D	Q75D	Never Sniffed Glue or Solvents
Q90DD	Q90D	Q75D	New - Age First Sniffed Glue or Solvents
Q90DD_COMP	computed	computed	Computed - Categorical Age First Sniffed Glue
Q90E	Q90E	-	Never Used Marijuana
Q90EE	Q90E	-	New - Age First Used Marijuana
Q90EE_COMP	computed	-	Computed - Categorical Age First Used Marijuana
Q91A	Q91A	Q76A	New - Fathers Job - Professional 1
Q91B	Q91B	Q76B	New - Fathers Job - Professional 2
Q91C	Q91C	Q76C	New - Fathers Job - Business Owner
Q91D	Q91D	Q76D	New - Fathers Job - Technical
Q91E	Q91E	Q76E	New - Fathers Job - Office Worker
Q91F	Q91F	Q76F	New - Fathers Job - Sales Worker
Q91G	Q91G	Q76G	New - Fathers Job - Restaurant
Q91H	Q91H	Q76H	New - Fathers Job - Craftsperson
Q91I	Q91I	Q76I	New - Fathers Job - Construction Worker
Q91J	Q91J	Q76J	New - Fathers Job - Mechanic
Q91K	Q91K	Q76K	New - Fathers Job - Factory Worker
Q91L	Q91L	Q76L	New - Fathers Job - Transportation

PUF Variable Name	HS Question Number	MS Question Number	Variable Label
Q91M	Q91M	Q76M	New - Fathers Job - Military
Q91N	Q91N	Q76N	New - Fathers Job - Farm
Q91O	Q91O	Q76O	New - Fathers Job - Sick
Q91P	Q91P	Q76P	New - Fathers Job - Takes Care of Other
Q91Q	Q91Q	Q76Q	New - Fathers Job - Unemployed
Q91R	Q91R	Q76R	New - Fathers Job - Do Not Know
Q91S	Q91S	Q76S	New - Fathers Job - Deceased
Q91T	Q91T	Q76T	New - Fathers Job - Other
Q92A	Q92A	Q77A	New - Mothers Job - Professional 1
Q92B	Q92B	Q77B	New - Mothers Job - Professional 2
Q92C	Q92C	Q77C	New - Mothers Job - Business Owner
Q92D	Q92D	Q77D	New - Mothers Job - Technical
Q92E	Q92E	Q77E	New - Mothers Job - Office Worker
Q92F	Q92F	Q77F	New - Mothers Job - Sales Worker
Q92G	Q92G	Q77G	New - Mothers Job - Restaurant
Q92H	Q92H	Q77H	New - Mothers Job - Craftsperson
Q92I	Q92I	Q77I	Mothers Job - Construction Worker
Q92J	Q92J	Q77J	Mothers Job - Mechanic
Q92K	Q92K	Q77J	New - Mothers Job - Factory Worker
Q92L	Q92L	Q77L	New - Mothers Job - Transportation
Q92M	Q92M	Q77M	New - Mothers Job - Military
Q92N	Q92N	Q77N	New - Mothers Job - Farm
Q92O	Q92O	Q77O	New - Mothers Job - Sick
Q92P	Q92P	Q77P	New - Mothers Job - Takes Care of Other
Q92Q	Q92Q	Q77Q	New - Mothers Job - Unemployed
Q92R	Q92R	Q77R	New - Mothers Job - Do Not Know
Q92S	Q92S	Q77S	Mothers Job - Deceased/Do Not Have Mother
Q92T	Q92T	Q77T	New - Mothers Job - Other
F_JOB1	computed	computed	New - FATHER'S OCCUPATION
F_JOB2	computed	computed	New - FATHER JOB
F_JOB3	computed	computed	New - FATHER NOT JOB
F_JOB4	computed	computed	New - FATHER OCCUPATION SES
M_JOB1	computed	computed	New - MOTHER'S OCCUPATION
M_JOB2	computed	computed	New - MOTHER JOB
M_JOB3	computed	computed	New - MOTHER NOT JOB
M_JOB4	computed	computed	New - MOTHER OCCUPATION SES

2001 World Health Organization

Study of Health Behaviors in School-aged Children

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write. A computer will record the answers. Answer the questions based on what you really do, think, and feel. There are some questions to describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except question number 6, you should mark only one circle for your answer in the column below the question, as shown here:

EXAMPLE: Are you a boy or a girl?

Boy

Girl

- Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Darken one circle on each line" as shown here:

EXAMPLE: How often do you do each of the following? (Darken one circle on each line)

	Often	Sometimes	Never
a. Swim	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bowl	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
c. Play tennis	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: HRSA Reports Clearance Office, 5600 Fishers Lane, Room 14-22, Rockville, MD 20857. Do not return the completed form to this address.

PLEASE DO NOT WRITE IN THIS AREA



09205

TODAY'S DATE

Month	Day	
<input type="radio"/> October	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> November	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> December	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> January	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> February		<input type="radio"/> 4
<input type="radio"/> March		<input type="radio"/> 5
<input type="radio"/> April		<input type="radio"/> 6
<input type="radio"/> May		<input type="radio"/> 7
		<input type="radio"/> 8
		<input type="radio"/> 9

1. Are you a boy or a girl?

- Boy
 Girl

2. What month were you born?

- | | |
|--------------------------------|------------------------------|
| <input type="radio"/> January | <input type="radio"/> May |
| <input type="radio"/> February | <input type="radio"/> June |
| <input type="radio"/> March | <input type="radio"/> July |
| <input type="radio"/> April | <input type="radio"/> August |

- | |
|---------------------------------|
| <input type="radio"/> September |
| <input type="radio"/> October |
| <input type="radio"/> November |
| <input type="radio"/> December |

3. What year were you born?

- | | |
|----------------------------|----------------------------|
| <input type="radio"/> 1991 | <input type="radio"/> 1987 |
| <input type="radio"/> 1990 | <input type="radio"/> 1986 |
| <input type="radio"/> 1989 | <input type="radio"/> 1985 |
| <input type="radio"/> 1988 | <input type="radio"/> 1984 |

Other:
Write it here _____

4. What grade are you in?

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> 5th grade | <input type="radio"/> 10th grade |
| <input type="radio"/> 6th grade | <input type="radio"/> 11th grade |
| <input type="radio"/> 7th grade | <input type="radio"/> 12th grade |
| <input type="radio"/> 8th grade | <input type="radio"/> Ungraded |
| <input type="radio"/> 9th grade | |

Other:
Write it here _____

5. Are you Hispanic or Latino?

- No, I am not Hispanic or Latino.
 Yes, I am Hispanic or Latino.

6. What is your race? (You may choose one answer, or more than one)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

7. What kind of place do you live in?

- Urban area (city)
 Suburban area (near a large city)
 Rural area (not near a large city)

8. Where were you born?

- United States
 Other country: Write it here _____

9. What languages do your parents or other people who are raising you speak at home?

- Only or mostly English
 Only or mostly a language other than English
 English and a language other than English, about equally

10. About how many hours a day do you usually use a computer (for playing games, emailing, chatting or surfing the internet) in your free time? (Please mark one circle for weekdays and one circle for weekend)**Weekdays**

- None at all
 About half an hour a day
 About 1 hour a day
 About 2 hours a day
 About 3 hours a day
 About 4 hours a day
 About 5 hours a day
 About 6 hours a day
 About 7 or more hours a day

Weekend

- None at all
 About half an hour a day
 About 1 hour a day
 About 2 hours a day
 About 3 hours a day
 About 4 hours a day
 About 5 hours a day
 About 6 hours a day
 About 7 or more hours a day

11. How many computers does your family own?

- None
 One
 Two
 More than two

12. Does your family have an internet connection at home?

- Yes
 No

13. At what age did you first use the internet?

- I have never used the internet.

I was _____ years old.

14. How many days each week are you involved in any kind of club or organization (e.g., youth club, swimming/athletics club, choir, dance group, etc.)?

- Every day of the week
 5 or 6 days a week
 3 or 4 days a week
 Once or twice a week
 Less than once a week
 Not at all

Now we'd like to ask you about who you live with. Not everyone lives with both of their parents. Sometimes people live with just one parent, sometimes they have two homes or two families.

15. Please fill in column A for your main or your only home. Fill in column B if you have a second home (not including holiday or summer houses).

A  <p>Please mark all the people who live here. Adults:</p> <ul style="list-style-type: none"> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother (or father's girlfriend) <input type="radio"/> Stepfather (or mother's boyfriend) <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> I live in a foster home or children's home <input type="radio"/> Someone or somewhere else: please write it down _____ <p>Children: Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.</p> <p>How many brothers? _____ How many sisters? _____</p> <p>16a. Do you stay here . . .</p> <ul style="list-style-type: none"> <input type="radio"/> All the time <input type="radio"/> Most of the time <input type="radio"/> Half the time 	B  <p>Please mark all the people who live here. Adults:</p> <ul style="list-style-type: none"> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother (or father's girlfriend) <input type="radio"/> Stepfather (or mother's boyfriend) <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> I live in a foster home or children's home <input type="radio"/> Someone or somewhere else: please write it down _____ <p>Children: Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.</p> <p>How many brothers? _____ How many sisters? _____</p> <p>16b. Do you stay here . . .</p> <ul style="list-style-type: none"> <input type="radio"/> Half the time <input type="radio"/> Regularly, but less than half the time <input type="radio"/> On weekends <input type="radio"/> Sometimes <input type="radio"/> Hardly ever
--	---

17. What is your mother's highest level of education?

- She did not finish high school
- She graduated from high school
- She had some education after high school
- She graduated from college
- Don't know

18. What is your father's highest level of education?

- He did not finish high school
- He graduated from high school
- He had some education after high school
- He graduated from college
- Don't know

19. About how many hours a day do you usually watch television (including videos) in your free time? (Please mark one circle for weekdays and one circle for weekend)

- Weekdays**
- None at all
 - About half an hour a day
 - About 1 hour a day
 - About 2 hours a day
 - About 3 hours a day
 - About 4 hours a day
 - About 5 hours a day
 - About 6 hours a day
 - About 7 or more hours a day

- Weekend**
- None at all
 - About half an hour a day
 - About 1 hour a day
 - About 2 hours a day
 - About 3 hours a day
 - About 4 hours a day
 - About 5 hours a day
 - About 6 hours a day
 - About 7 or more hours a day



20. About how many hours a day do you usually spend doing homework out of school hours? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.

For these next two questions, add up all the time you spend in physical activity each day.

21. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

22. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

23. How often do you usually have breakfast (more than a glass of milk or fruit juice)? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- I never have breakfast during the weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend

- I never have breakfast during the weekend
- I usually have breakfast on only one day of the weekend (Saturday OR Sunday)
- I usually have breakfast on both weekend days (Saturday AND Sunday)

24. How often do you usually have lunch (midday meal, more than a drink or snack)? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- I never have lunch during the weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend

- I never have lunch during the weekend
- I usually have lunch on only one day of the weekend (Saturday OR Sunday)
- I usually have lunch on both weekend days (Saturday AND Sunday)

25. How often do you usually have supper (evening meal, more than a drink or snack)? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- I never have supper during the weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend

- I never have supper during the weekend
- I usually have supper on only one day of the weekend (Saturday OR Sunday)
- I usually have supper on both weekend days (Saturday AND Sunday)

26. How many times a day do you usually have a snack? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- Rarely or never
- Once a day
- Twice a day
- Three times a day
- Four times a day
- Five times a day
- Six or more times a day

Weekend

- Rarely or never
- Once a day
- Twice a day
- Three times a day
- Four times a day
- Five times a day
- Six or more times a day

27. How many days during an average school week do you eat a breakfast or lunch that is provided by your school? (Please mark one circle for breakfast and one circle for lunch)

Breakfast

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

Lunch

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

28. How many times a week do you eat or drink . . . ?

(Please mark one circle for each line)

Every day, more than once
Once a day, every day
5-6 days a week
2-4 days a week
Once a week
Less than once a week
Never

a. Fruits

b. Vegetables

c. Sweets (candy, chocolate)

d. Coke or other soft drinks that contain sugar

e. Any alcoholic drink

f. Diet Coke or diet soft drinks

g. Low fat/semi-skimmed milk

h. Whole fat milk

i. Cheese

j. Other milk products (like yogurt, chocolate milk, pudding)

k. Cereals (like cornflakes)

l. White bread

m. Brown bread

n. Potato chips

o. French fries

29. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- Always
- Often
- Sometimes
- Never

30. How much do you weigh without clothes? (In pounds)

Example

Weight		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

31. How tall are you without shoes?

Example

Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

32. Do you think you are . . . ?

- Very good looking
- Quite good looking
- About average
- Not very good looking
- Not at all good looking

33. Do you think your body is . . . ?

- Much too thin
- A bit too thin
- About the right size
- A bit too fat
- Much too fat

34. At present are you on a diet or doing something else to lose weight?

- No, but my weight is fine
- No, but I should lose some weight
- No, because I need to put on weight
- Yes

35. Have you gone on a diet, changed your eating habits or done something else to control your weight, during the last 12 months?

- No
- Yes, for a few days
- Yes, for a week
- Yes, for more than a week but less than a month
- Yes, for a month
- Yes, for more than a month but less than 6 months
- Yes, for 6 months or more



36. Which of the following things did you do to control your weight during the last 12 months?

	<u>Yes</u>	<u>No</u>
a. Exercise	<input type="radio"/>	<input type="radio"/>
b. Skip meals	<input type="radio"/>	<input type="radio"/>
c. Fasting (go without eating for 24 hours or more)	<input type="radio"/>	<input type="radio"/>
d. Eat fewer sweets	<input type="radio"/>	<input type="radio"/>
e. Eat less fat	<input type="radio"/>	<input type="radio"/>
f. Drink fewer soft drinks	<input type="radio"/>	<input type="radio"/>
g. Eat less (smaller amounts)	<input type="radio"/>	<input type="radio"/>
h. Eat more fruit and/or vegetables	<input type="radio"/>	<input type="radio"/>
i. Drink more water	<input type="radio"/>	<input type="radio"/>
j. Restrict my diet to one or more food groups (eat only fruit and vegetables, drink only, eat only bread and water)	<input type="radio"/>	<input type="radio"/>
k. Vomiting	<input type="radio"/>	<input type="radio"/>
l. Use diet pills or laxatives	<input type="radio"/>	<input type="radio"/>
m. Smoke more	<input type="radio"/>	<input type="radio"/>
n. Diet under supervision of a professional	<input type="radio"/>	<input type="radio"/>
o. Other, specify _____	<input type="radio"/>	<input type="radio"/>

GIRLS ONLY

37. Have you begun to menstruate (have periods)?

- No, I have not yet begun to menstruate.
 Yes,
I began at the age of _____.

BOYS ONLY

38. How much hair do you have on your face?
(Mark "yes" or "no" for each line)

I have no hair on my face. (Go to next question)

Yes No

- a. I have hair on the corners of my upper lip.
b. I have hair all over my upper lip.
c. I have hair on the upper part of my cheeks and in the middle under my lower lip.
d. I have hair along the sides and lower part of my chin.

EVERYONE

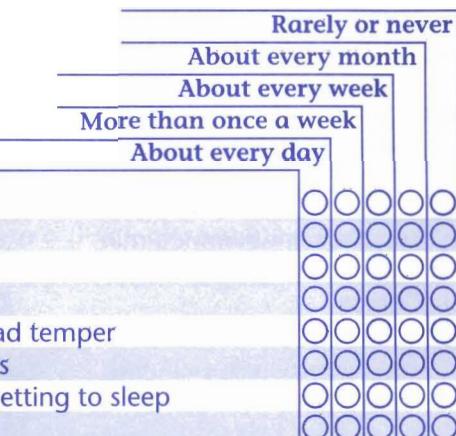
39. How often do you brush your teeth?

- More than once a day
 Once a day
 At least once a week but not daily
 Less than once a week
 Never

40. How often do you feel tired when you go to school in the morning?

- Rarely or never
 Occasionally
 1-3 times a week
 4 or more times a week
 Never

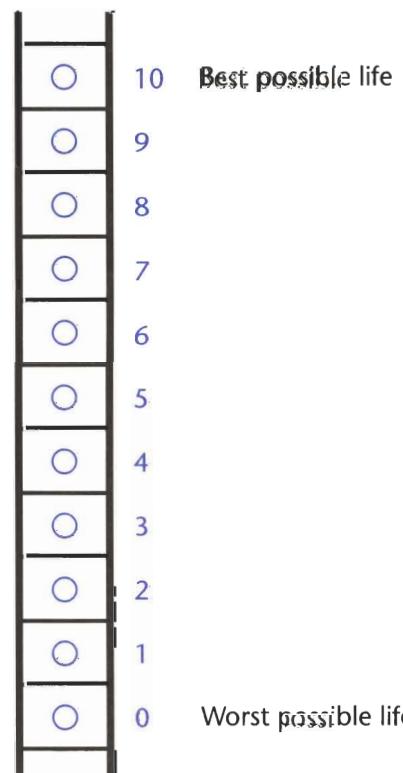
41. In the last 6 months: how often have you had the following . . . ? (Please mark one circle for each line)



42. Would you say your health is . . . ?

- Excellent
 Good
 Fair
 Poor

43. Here is a picture of a ladder. The top of the ladder "10" is the best possible life for you and the bottom "0" is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)



Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following questions are about injuries you may have had during the past 12 months.

44. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- I was not injured in the past 12 months
- 1 time
- 2 times
- 3 times
- 4 times or more

If you had **more than one** injury, think only about the **one most serious injury** that you had during the past 12 months that was **treated by a doctor or nurse**. The next questions are about your **one most serious injury** (the injury that took the most time to get better). If you were not injured, answer "I was not injured in the past 12 months" for each question.

45. Where were you when this one most serious injury happened? (Check the one best answer to describe your most serious injury)

- I was not injured in the past 12 months
- At home/in yard (yours or someone else's)
- School, including school grounds
- At a sports facility or field (not at school)
- In the street/road/parking lot
- At a commercial/business area (such as a restaurant, shopping mall, cinema, etc.)
- Countryside (such as a lake, beach, forest, park, etc.)
- Other location:
write it here _____

46. What were you doing when this one most serious injury happened? (Check the one best answer to describe your most serious injury)

- I was not injured in the past 12 months
- Biking/cycling
- Playing or training for sports/recreational activity
Specify sport or activity
(example: football, track, gymnastics, trampoline): _____
- Riding a skate scooter
- Skating (including roller blades, skateboards, ice skating)
- Walking/running (not for a sports team or exercise)
- Riding/driving in a car or other motor vehicle
- Fighting
- Paid or unpaid work
- Other location:
write it here _____

47. Did this most serious injury happen while participating in an organized activity, league, or club?

- I was not injured in the past 12 months
- Yes, organized activity
- No, unorganized activity

48. Where were you treated for this one most serious injury? (Mark "yes" or "no" for each line)

- | | | |
|---|-----------------------|-----------------------|
| <input type="radio"/> I was not injured in the past 12 months | Yes | No |
| <input type="radio"/> a. Doctor's office/health clinic | _____ | _____ |
| <input type="radio"/> b. Emergency room | _____ | _____ |
| <input type="radio"/> c. Hospital admission overnight | _____ | _____ |
| <input type="radio"/> d. School health service | _____ | _____ |
| e. Other:
write it here _____ | <input type="radio"/> | <input type="radio"/> |

49. Did this one most serious injury cause you to miss at least one full day from school or other usual activities, such as sports or lessons?

- I was not injured in the past 12 months
- Yes, I lost at least one day of activity
How many full days did you miss?
(Please write the number of full days you missed from school or other usual activities as a result of this one most serious injury.)
- No, I did not lose a day of activity

50. What were the main results (damage to the body) of this one most serious injury? (Mark "yes" or "no" for each line)

- | | | |
|--|-----------------------|-----------------------|
| <input type="radio"/> I was not injured in the past 12 months (Go to the next question) | Yes | No |
| <input type="radio"/> a. Bone was broken, dislocated or out of joint (includes broken/chipped teeth) | _____ | _____ |
| <input type="radio"/> b. Sprain, strain, or pulled muscle | _____ | _____ |
| <input type="radio"/> c. Cuts, puncture or stab wounds | _____ | _____ |
| <input type="radio"/> d. Concussion or other head or neck injury, knocked out, whiplash | _____ | _____ |
| <input type="radio"/> e. Bruises, black and blue marks, or internal bleeding | _____ | _____ |
| <input type="radio"/> f. Internal injury requiring an operation | _____ | _____ |
| <input type="radio"/> g. Burns | _____ | _____ |
| <input type="radio"/> h. Other:
write it here _____ | <input type="radio"/> | <input type="radio"/> |

51. Look at the following list and mark all the consequences that happened as a result of this one most serious injury: (Mark "yes" or "no" for each line)

- I was not injured in the past 12 months (Go to the next question)
- a. Had a cast put on
- b. Got stitches
- c. Needed crutches or a wheelchair
- d. Had an operation

52. In what month did this one most serious injury happen?

- I was not injured in the past 12 months (Go to the next question)
- | | | |
|--------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> May | <input type="radio"/> September |
| <input type="radio"/> February | <input type="radio"/> June | <input type="radio"/> October |
| <input type="radio"/> March | <input type="radio"/> July | <input type="radio"/> November |
| <input type="radio"/> April | <input type="radio"/> August | <input type="radio"/> December |

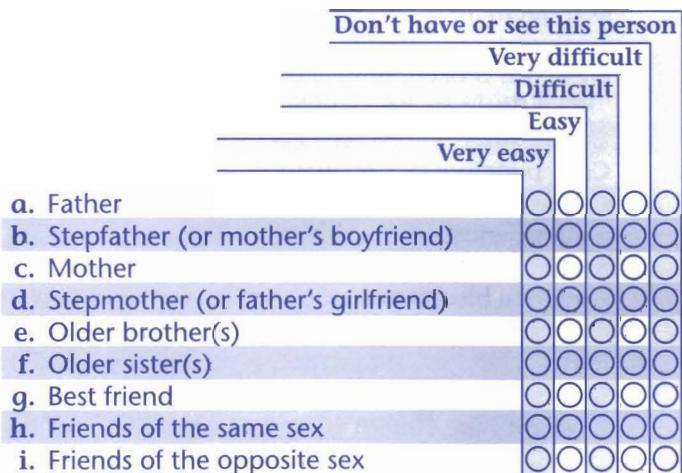
53. In what year did this one most serious injury happen?

- I was not injured in the past 12 months
 2000
 2001
 2002

54. Some injuries are not treated by a doctor or nurse. During the past 12 months, how many times were you injured so that you missed at least one full day of school or usual activities, but were not treated by a doctor or nurse?

- None
 1 time
 2 times
 3 times
 4 times or more

55. How easy is it for you to talk to the following persons about things that really bother you? (Please mark one circle for each line)



56. At present, how many close male and female friends do you have? (Please mark one circle for each column)

- | Males | Females |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> None | <input type="radio"/> None |
| <input type="radio"/> One | <input type="radio"/> One |
| <input type="radio"/> Two | <input type="radio"/> Two |
| <input type="radio"/> Three or more | <input type="radio"/> Three or more |

57. How many days a week do you usually spend time with friends right after school?

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days

58. How many evenings per week do you usually spend with your friends?

- 0 evenings
 1 evenings
 2 evenings
 3 evenings
 4 evenings
 5 evenings
 6 evenings
 7 evenings

59. How often do you talk to your friend(s) on the phone or send them text or email messages?

- Rarely or never
 1 or 2 days a week
 3 or 4 days a week
 5 or 6 days a week
 Every day

60. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- Very good
 Good
 Average
 Below average

61. How do you feel about school at present?

- I like it a lot.
 I like it a bit.
 I don't like it very much.
 I don't like it at all.



62. Please show how much you agree or disagree with the following statements. (Please mark one circle for each line)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My parents are willing to come to school to talk to teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My parents are willing to help me with my homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel safe at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. When a student in my class(es) is feeling down, someone else in class tries to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The students in my class(es) enjoy being together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Most of the students in my class(es) are kind and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students accept me as I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Here are some questions about bullying. We say a student is **BEING BULLIED** when another student, or a group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when they are deliberately left out of things. But it is **NOT BULLYING** when two students of about the same strength or power argue or fight. It is also **not** bullying when the teasing is done in a friendly and playful way.

66. How often have you been bullied at school in the past couple of months?

- I haven't been bullied at school in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

67. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice	I have not been bullied in this way in the past couple of months
a. I was called mean names, was made fun of, or teased in a hurtful way.	<input type="radio"/>				
b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.	<input type="radio"/>				
c. I was hit, kicked, pushed, shoved around, or locked indoors.	<input type="radio"/>				
d. Other students told lies or spread false rumors about me and tried to make others dislike me.	<input type="radio"/>				
e. I was made fun of because of my race or color.	<input type="radio"/>				
f. I was made fun of because of my religion.	<input type="radio"/>				
g. Other students made sexual jokes, comments, or gestures to me.	<input type="radio"/>				

68. If you have been bullied at school in the past couple of months, who usually bullies you?

- I haven't been bullied at school in the past couple of months
- 1 boy
- 1 girl
- A group of boys
- A group of girls
- A group of boys and girls

69. How often have you taken part in bullying another student(s) at school in the past couple of months?

- I haven't bullied another student(s) at school in the past couple of months
 - It has only happened once or twice
 - 2 or 3 times a month
 - About once a week
 - Several times a week

70. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice
I lied another student in the past couple of months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ent(s) mean of, or teased him way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
of things on him or her from ds, or completely r.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I shoved around, er indoors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alse rumors about ed to make others e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I her because of olor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I her because of her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
comments, or r student(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. During the past 12 months, how many times were you in a physical fight?

- I have not been in a physical fight.
 - 1 time
 - 2 times
 - 3 times
 - 4 times or more

72. The last time you were in a physical fight, with whom did you fight?

- I have not been in a physical fight.
 - A total stranger
 - A parent or other adult family member
 - A brother or sister
 - A boyfriend/girlfriend or date
 - A friend or someone I know
 - Someone not listed above

73. During the past 12 months, how many times were you in a physical fight in which you were injured and treated by a doctor or a nurse?

- I have not been in a physical fight.
 - 0 times injured and treated by a doctor or nurse
 - 1 time
 - 2 times
 - 3 times
 - 4 times or more

74. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club?

I did not carry a weapon during the past 30 days.

- I did not carry a weapon during the past 30 days
 - 1 day
 - 2 to 3 days
 - 4 to 5 days
 - 6 or more days

75. The last time you carried a weapon during the past 30 days, what type of weapon was it?

- I did not carry a weapon during the past 30 days
 - Knife or pocketknife
 - Stick or club
 - Knuckle-brace/brass knuckles
 - Tear gas/pepper spray/Mace
 - Handgun or other firearm
 - Other type, please specify: _____

76. How well off do you think your family is?

- Very well off
 - Quite well off
 - Average
 - Not very well off
 - Not at all well off

77. Do you have your own bedroom for yourself?

- No
 - Yes

78. Does your family own a car, van or truck?

- No
 - Yes, one
 - Yes, two or more

79. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
 - Once
 - Twice
 - More than twice

80. Generally speaking, I feel safe in the area where I live . . .

- Always
 - Most of the time
 - Sometimes
 - Rarely or never

81. Please say how you feel about these statements about the area where you live. (Please mark one circle for each line)

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

a. People say "hello" and often stop to talk to each other in the street.
b. It is safe for younger children to play outside during the day.
c. You can trust people around here.
d. There are good places to spend your free time (e.g., leisure centers, parks, shops).
e. I could ask for help or a favor from neighbors.
f. Most people around here would try to take advantage of you if they got the chance.

86. Have you ever had so much alcohol that you were really drunk?

- No, never
- Yes, once
- Yes, 2-3 times
- Yes, 4-10 times
- Yes, more than 10 times

87. During the past 30 days, how many times did you have five or more drinks on the same occasion?

- 4 or more times
- 3 times
- Twice
- Once
- I have not had 5 or more drinks on the same occasion in this past month
- I have never had 5 or more drinks on the same occasion

88. Have you ever used or taken one or several of these drugs in your life? (Please mark one circle for each line)

40 times or more
20 to 39 times
10 to 19 times
6 to 9 times
3 to 5 times
Once or twice
Never

a. Marijuana (pot, weed)
b. Inhalants (includes huffing or sniffing glue, aerosol cans, or paint to get high)
c. Any other drug

89. Have you ever used or taken one or several of these drugs in the last 12 months? (Please mark one circle for each line)

40 times or more
20 to 39 times
10 to 19 times
6 to 9 times
3 to 5 times
Once or twice
Never

a. Marijuana (pot, weed)
b. Inhalants (includes huffing or sniffing glue, aerosol cans, or paint to get high)
c. Any other drug

82. Have you ever smoked tobacco? (At least one cigarette, cigar, or pipe)

- Yes
- No

83. How often do you smoke tobacco at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not smoke

82. Have you ever used chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- Yes
- No

85. At present, how often do you drink anything alcoholic, such as beer, wine, or spirits like . . . ? Try to include even those times when you only drink a small amount. (Please mark one circle for each line)

Never
Rarely
Every month
Every week
Every day

a. Beer
b. Wine
c. Liquor/Spirits
d. Alcopops (wine coolers, Bacardi Breezers, etc.)

90. At what age did you first do the following things? (If there is something you have not done, choose the "never" category; if there is something you have done, write on the line how old you were.)

- a. Drank alcohol (more than a small amount) Never I was ____ years old
- b. Got drunk Never I was ____ years old
- c. Smoked a cigarette (more than a puff) Never I was ____ years old
- d. Sniffed glue or solvents (inhalants) Never I was ____ years old
- e. Used marijuana Never I was ____ years old

91. What is your father's job? (If he does more than one kind of work, choose the one category at which he spends the most time)

- Professional 1, such as doctor, lawyer, scientist
 Professional 2, such as teacher, librarian, nurse
 Business owner, executive, director
 Technical, such as computer specialist, laboratory technician
 Office worker, such as bookkeeper, office clerk, secretary
 Sales worker, such as insurance agent, store clerk
 Restaurant worker or personal services, such as waiter, housekeeper
 Craftsperson, such as toolmaker, woodworker
 Construction worker, such as carpenter, crane operator
 Mechanic, such as electrician, plumber, machinist
 Factory worker or laborer, such as assembler, janitor
 Transportation, such as bus driver, taxi driver
 Military or security, such as police officer, soldier, fire fighter
 Farm or fishery worker
 He is sick, or retired, or a student
 He takes care of others, or is full-time in the home
 He is unemployed/looking for a job
 Don't know
 Deceased/don't have father
 Other:
write it here _____

92. What is your mother's job? (If she does more than one kind of work, choose the one category at which she spends the most time)

- Professional 1, such as doctor, lawyer, scientist
 Professional 2, such as teacher, librarian, nurse
 Business owner, executive, director
 Technical, such as computer specialist, laboratory technician
 Office worker, such as bookkeeper, office clerk, secretary
 Sales worker, such as insurance agent, store clerk
 Restaurant worker or personal services, such as waitress, housekeeper
 Craftsperson, such as toolmaker, woodworker
 Construction worker, such as carpenter, crane operator
 Mechanic, such as electrician, plumber, machinist
 Factory worker or laborer, such as assembler, janitor
 Transportation, such as bus driver, taxi driver
 Military or security, such as police officer, soldier, fire fighter
 Farm or fishery worker
 She is sick, or retired, or a student
 She takes care of others, or is full-time in the home
 She is unemployed/looking for a job
 Don't know
 Deceased/don't have mother
 Other:
write it here _____

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

**THANK YOU VERY MUCH
FOR YOUR HELP!**

PLEASE DO NOT WRITE IN THIS AREA



2001 World Health Organization

Health Behaviors in School-aged Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write. A computer will record the answers. Answer the questions based on what you really do, think, and feel. There are some questions to describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except question number 6, you should mark only one circle for your answer in the column below the question, as shown here:

EXAMPLE: Are you a boy or a girl?

Boy

Girl

- Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Darken one circle on each line" as shown here:

EXAMPLE: How often do you do each of the following? (Darken one circle on each line)

	Often	Sometimes	Never
a. Swim	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bowl	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
c. Play tennis	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: HRSA Reports Clearance Office, 5600 Fishers Lane, Room 14-22, Rockville, MD 20857. Do not return the completed form to this address.

PLEASE DO NOT WRITE IN THIS AREA



15957

TODAY'S DATE

Month	Day	
<input type="radio"/> October	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> November	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> December	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> January	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> February		<input type="radio"/> 4
<input type="radio"/> March		<input type="radio"/> 5
<input type="radio"/> April		<input type="radio"/> 6
<input type="radio"/> May		<input type="radio"/> 7
		<input type="radio"/> 8
		<input type="radio"/> 9

1. Are you a boy or a girl?

- Boy
 Girl

2. What month were you born?

- | | |
|--------------------------------|------------------------------|
| <input type="radio"/> January | <input type="radio"/> May |
| <input type="radio"/> February | <input type="radio"/> June |
| <input type="radio"/> March | <input type="radio"/> July |
| <input type="radio"/> April | <input type="radio"/> August |

- | |
|---------------------------------|
| <input type="radio"/> September |
| <input type="radio"/> October |
| <input type="radio"/> November |
| <input type="radio"/> December |

3. What year were you born?

- | | |
|----------------------------|----------------------------|
| <input type="radio"/> 1991 | <input type="radio"/> 1987 |
| <input type="radio"/> 1990 | <input type="radio"/> 1986 |
| <input type="radio"/> 1989 | <input type="radio"/> 1985 |
| <input type="radio"/> 1988 | <input type="radio"/> 1984 |

- Other:
Write it here _____

4. What grade are you in?

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> 5th grade | <input type="radio"/> 10th grade |
| <input type="radio"/> 6th grade | <input type="radio"/> 11th grade |
| <input type="radio"/> 7th grade | <input type="radio"/> 12th grade |
| <input type="radio"/> 8th grade | <input type="radio"/> Ungraded |
| <input type="radio"/> 9th grade | |

- Other:
Write it here _____

5. Are you Hispanic or Latino?

- No, I am not Hispanic or Latino.
 Yes, I am Hispanic or Latino.

6. What is your race? (You may choose one answer, or more than one)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

7. What kind of place do you live in?

- Urban area (city)
 Suburban area (near a large city)
 Rural area (not near a large city)

8. Where were you born?

- United States
 Other country: Write it here _____

9. What languages do your parents or other people who are raising you speak at home?

- Only or mostly English
 Only or mostly a language other than English
 English and a language other than English, about equally

10. About how many hours a day do you usually use a computer (for playing games, emailing, chatting or surfing the internet) in your free time? (Please mark one circle for weekdays and one circle for weekend)**Weekdays**

- None at all
 About half an hour a day
 About 1 hour a day
 About 2 hours a day
 About 3 hours a day
 About 4 hours a day
 About 5 hours a day
 About 6 hours a day
 About 7 or more hours a day

Weekend

- None at all
 About half an hour a day
 About 1 hour a day
 About 2 hours a day
 About 3 hours a day
 About 4 hours a day
 About 5 hours a day
 About 6 hours a day
 About 7 or more hours a day

11. How many computers does your family own?

- None
 One
 Two
 More than two

12. Does your family have an internet connection at home?

- Yes
 No

13. At what age did you first use the internet?

- I have never used the internet.

I was _____ years old.

14. How many days each week are you involved in any kind of club or organization (e.g., youth club, swimming/athletics club, choir, dance group, etc.)?

- Every day of the week
 5 or 6 days a week
 3 or 4 days a week
 Once or twice a week
 Less than once a week
 Not at all

Now we'd like to ask you about who you live with. Not everyone lives with both of their parents. Sometimes people live with just one parent, sometimes they have two homes or two families.

15. Please fill in column A for your main or your only home. Fill in column B if you have a second home (not including holiday or summer houses).



Please mark all the people who live here.

Adults:

- Mother
 - Father
 - Stepmother (or father's girlfriend)
 - Stepfather (or mother's boyfriend)
 - Grandmother
 - Grandfather
 - I live in a foster home or children's home
 - Someone or somewhere else:
please write it down _____

Children:

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many brothers?

How many sisters?

16a. Do you stay here .

- All the time
 - Most of the time
 - Half the time



Please mark all the people who live here.

Adults:

- Mother
 - Father
 - Stepmother (or father's girlfriend)
 - Stepfather (or mother's boyfriend)
 - Grandmother
 - Grandfather
 - I live in a foster home or children's home
 - Someone or somewhere else:
please write it down _____

Children:

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many brothers?

How many sisters?

7. What is your mother's highest level of education?

- She did not finish high school
 - She graduated from high school
 - She had some education after high school
 - She graduated from college
 - Don't know

18. What is your father's highest level of education?

- He did not finish high school
 - He graduated from high school
 - He had some education after high school
 - He graduated from college
 - Don't know

19. About how many hours a day do you usually watch television (including videos) in your free time? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

20. About how many hours a day do you usually spend doing homework out of school hours? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Weekend

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.

For these next two questions, add up all the time you spend in physical activity each day.

21. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

22. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

23. How often do you usually have breakfast (more than a glass of milk or fruit juice)? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- I never have breakfast during the weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend

- I never have breakfast during the weekend
- I usually have breakfast on only one day of the weekend (Saturday OR Sunday)
- I usually have breakfast on both weekend days (Saturday AND Sunday)

24. How often do you usually have lunch (midday meal, more than a drink or snack)? (Please mark one circle for weekdays and one circle for weekend)

Weekdays

- I never have lunch during the weekdays
- One day
- Two days
- Three days
- Four days
- Five days

Weekend

- I never have lunch during the weekend
- I usually have lunch on only one day of the weekend (Saturday OR Sunday)
- I usually have lunch on both weekend days (Saturday AND Sunday)

25. How often do you usually have supper (evening meal, more than a drink or snack)? (Please mark one circle for weekdays and one circle for weekend)

- | <u>Weekdays</u> | <u>Weekend</u> |
|---|---|
| <input type="radio"/> I never have supper during the weekdays | <input type="radio"/> I never have supper during the weekend |
| <input type="radio"/> One day | <input type="radio"/> I usually have supper on only one day of the weekend (Saturday OR Sunday) |
| <input type="radio"/> Two days | <input type="radio"/> I usually have supper on both weekend days (Saturday AND Sunday) |
| <input type="radio"/> Three days | |
| <input type="radio"/> Four days | |
| <input type="radio"/> Five days | |

- | <u>Weekdays</u> | <u>Weekend</u> |
|---|---|
| <input type="radio"/> I never have supper during the weekdays | <input type="radio"/> I never have supper during the weekend |
| <input type="radio"/> One day | <input type="radio"/> I usually have supper on only one day of the weekend (Saturday OR Sunday) |
| <input type="radio"/> Two days | <input type="radio"/> I usually have supper on both weekend days (Saturday AND Sunday) |
| <input type="radio"/> Three days | |
| <input type="radio"/> Four days | |
| <input type="radio"/> Five days | |

26. How many times a day do you usually have a snack? (Please mark one circle for weekdays and one circle for weekend)

- | <u>Weekdays</u> | <u>Weekend</u> |
|---|---|
| <input type="radio"/> Rarely or never | <input type="radio"/> Rarely or never |
| <input type="radio"/> Once a day | <input type="radio"/> Once a day |
| <input type="radio"/> Twice a day | <input type="radio"/> Twice a day |
| <input type="radio"/> Three times a day | <input type="radio"/> Three times a day |
| <input type="radio"/> Four times a day | <input type="radio"/> Four times a day |
| <input type="radio"/> Five times a day | <input type="radio"/> Five times a day |
| <input type="radio"/> Six or more times a day | <input type="radio"/> Six or more times a day |

- | <u>Weekdays</u> | <u>Weekend</u> |
|---|---|
| <input type="radio"/> Rarely or never | <input type="radio"/> Rarely or never |
| <input type="radio"/> Once a day | <input type="radio"/> Once a day |
| <input type="radio"/> Twice a day | <input type="radio"/> Twice a day |
| <input type="radio"/> Three times a day | <input type="radio"/> Three times a day |
| <input type="radio"/> Four times a day | <input type="radio"/> Four times a day |
| <input type="radio"/> Five times a day | <input type="radio"/> Five times a day |
| <input type="radio"/> Six or more times a day | <input type="radio"/> Six or more times a day |

27. How many days during an average school week do you eat breakfast or lunch that is provided by your school? (Please mark one circle for breakfast and one circle for lunch)

- | <u>Breakfast</u> | <u>Lunch</u> |
|------------------------------|------------------------------|
| <input type="radio"/> None | <input type="radio"/> None |
| <input type="radio"/> 1 day | <input type="radio"/> 1 day |
| <input type="radio"/> 2 days | <input type="radio"/> 2 days |
| <input type="radio"/> 3 days | <input type="radio"/> 3 days |
| <input type="radio"/> 4 days | <input type="radio"/> 4 days |
| <input type="radio"/> 5 days | <input type="radio"/> 5 days |

- | <u>Breakfast</u> | <u>Lunch</u> |
|------------------------------|------------------------------|
| <input type="radio"/> None | <input type="radio"/> None |
| <input type="radio"/> 1 day | <input type="radio"/> 1 day |
| <input type="radio"/> 2 days | <input type="radio"/> 2 days |
| <input type="radio"/> 3 days | <input type="radio"/> 3 days |
| <input type="radio"/> 4 days | <input type="radio"/> 4 days |
| <input type="radio"/> 5 days | <input type="radio"/> 5 days |

28. How many times a week do you eat or drink . . . ? (Please mark one circle for each line)

Every day, more than once	<input type="radio"/>
Once a day, every day	<input type="radio"/>
5-6 days a week	<input type="radio"/>
2-4 days a week	<input type="radio"/>
Once a week	<input type="radio"/>
Less than once a week	<input type="radio"/>
Never	<input type="radio"/>

- a. Fruits
- b. Vegetables
- c. Sweets (candy, chocolate)
- d. Coke or other soft drinks that contain sugar
- e. Any alcoholic drink
- f. Diet Coke or diet soft drinks
- g. Low fat/semi-skimmed milk
- h. Whole fat milk
- i. Cheese
- j. Other milk products (like yogurt, chocolate milk, pudding)
- k. Cereals (like cornflakes)
- l. White bread
- m. Brown bread
- n. Potato chips
- o. French fries

29. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- Always
- Often
- Sometimes
- Never

30. How much do you weigh without clothes? (In pounds)

Example

Weight		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9



31. How tall are you without shoes?

Example

Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

32. Do you think you are . . . ?

- Very good looking
 - Quite good looking
 - About average
 - Not very good looking
 - Not at all good looking

GIRLS ONLY

33. Have you begun to menstruate (have periods)?

- No, I have not yet begun to menstruate.
 Yes.

I began at the age of _____.

BOYS ONLY

**34. How much hair do you have on your face?
(Mark "yes" or "no" for each line)**

I have no hair on my face. (Go to next question)

Yes No

- a. I have hair on the corners of my upper lip.
 - b. I have hair all over my upper lip.
 - c. I have hair on the upper part of my cheeks and in the middle under my lower lip.
 - d. I have hair along the sides and lower part of my chin.

EVERYONE

35. How often do you brush your teeth?

- More than once a day
 - Once a day
 - At least once a week but not daily
 - Less than once a week
 - Never

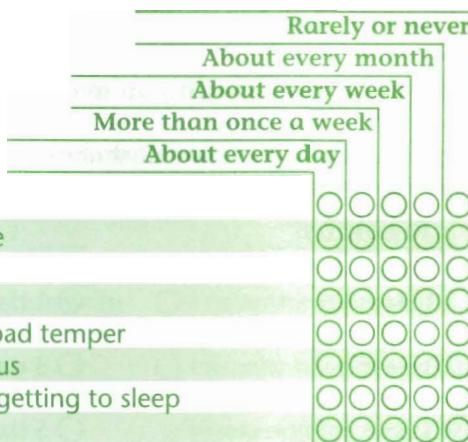
36. At present are you on a diet or doing something else to lose weight?

- No, but my weight is fine
 - No, but I should lose some weight
 - No, because I need to put on weight
 - Yes

37. Do you think your body is . . . ?

- Much too thin
 - A bit too thin
 - About the right size
 - A bit too fat
 - Much too fat

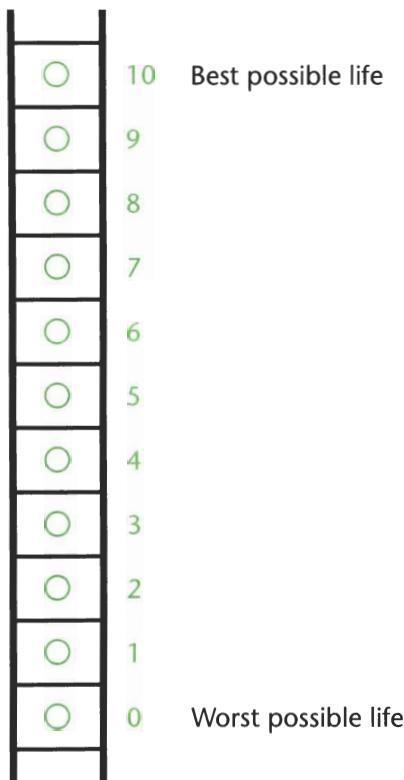
38. In the last 6 months: how often have you had the following . . . ? (Please mark one circle for each line)



39. Would you say your health is . . . ?

- Excellent
 - Good
 - Fair
 - Poor

40. Here is a picture of a ladder. The top of the ladder "10" is the best possible life for you and the bottom "0" is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)



Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following questions are about injuries you may have had during the past 12 months.

41. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- I was not injured in the past 12 months
- 1 time
- 2 times
- 3 times
- 4 times or more

42. How easy is it for you to talk to the following persons about things that really bother you? (Please mark one circle for each line)

	Don't have or see this person	Very difficult	Difficult	Easy	Very easy
a. Father					
b. Stepfather (or mother's boyfriend)					
c. Mother					
d. Stepmother (or father's girlfriend)					
e. Older brother(s)					
f. Older sister(s)					
g. Best friend					
h. Friends of the same sex					
i. Friends of the opposite sex					

43. At present, how many close male and female friends do you have? (Please mark one circle for each column)

Males	Females
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> One	<input type="radio"/> One
<input type="radio"/> Two	<input type="radio"/> Two
<input type="radio"/> Three or more	<input type="radio"/> Three or more

44. How many days a week do you usually spend time with friends right after school?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

45. How many evenings per week do you usually spend out with your friends?

- 0 evenings
- 1 evenings
- 2 evenings
- 3 evenings
- 4 evenings
- 5 evenings
- 6 evenings
- 7 evenings

46. How often do you talk to your friend(s) on the phone or send them text or email messages?

- Rarely or never
- 1 or 2 days a week
- 3 or 4 days a week
- 5 or 6 days a week
- Every day

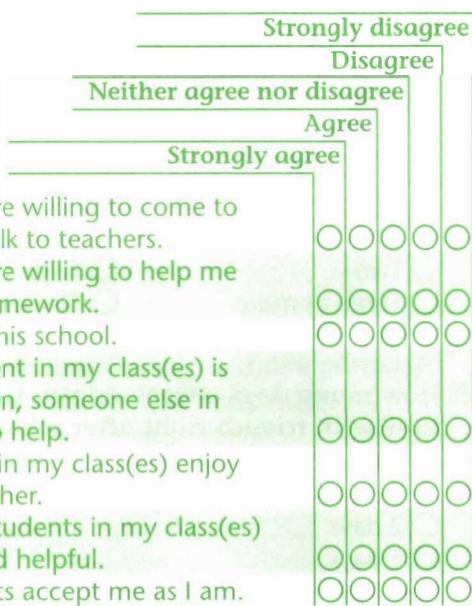
47. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- Very good
- Good
- Average
- Below average

48. How do you feel about school at present?

- I like it a lot.
- I like it a bit.
- I don't like it very much.
- I don't like it at all.

49. Please show how much you agree or disagree with the following statements. (Please mark one circle for each line)



50. How pressured do you feel by the schoolwork you have to do?

- Not at all
- A little
- Some
- A lot

51 In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

52. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

Here are some questions about bullying. We say a student is **BEING BULLIED** when another student, or a group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when they are deliberately left out of things. But it is **NOT BULLYING** when two students of about the same strength or power argue or fight. It is also **not** bullying when the **teasing** is done in a friendly and playful way.

53. How often have you been bullied at school in the past couple of months?

- I haven't been bullied at school in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week



54. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice
I have not been bullied in this way in the past couple of months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. I was called mean names, was made fun of, or teased in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was hit, kicked, pushed, shoved around, or locked indoors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other students told lies or spread false rumors about me and tried to make others dislike me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was made fun of because of my race or color.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was made fun of because of my religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students made sexual jokes, comments, or gestures to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. If you have been bullied at school in the past couple of months, who usually bullies you?

- I haven't been bullied at school in the past couple of months
- 1 boy
- 1 girl
- A group of boys
- A group of girls
- A group of boys and girls

56. How often have you taken part in bullying another student(s) at school in the past couple of months?

- I haven't bullied another student(s) at school in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

57. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice
I have not bullied another student in this way in the past couple of months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. I called another student(s) mean names, made fun of, or teased him or her in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I kept him or her out of things on purpose, excluded him or her from our group of friends, or completely ignored him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hit, kicked, pushed, shoved around, or locked him or her indoors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I told lies or spread false rumors about him or her and tried to make others dislike him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I made fun of him or her because of his or her race or color.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I made fun of him or her because of his or her religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I made sexual jokes, comments, or gestures to another student(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. During the past 12 months, how many times were you in a physical fight?

- I have not been in a physical fight.
- 1 time
- 2 times
- 3 times
- 4 times or more

59. The last time you were in a physical fight, with whom did you fight?

- I have not been in a physical fight.
- A total stranger
- A parent or other adult family member
- A brother or sister
- A boyfriend/girlfriend or date
- A friend or someone I know
- Someone not listed above

60. During the past 12 months, how many times were you in a physical fight in which you were injured and treated by a doctor or a nurse?

- I have not been in a physical fight.
- 0 times injured and treated by a doctor or nurse
- 1 time
- 2 times
- 3 times
- 4 times or more

61. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club?

- I did not carry a weapon during the past 30 days.
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 or more days

62. The last time you carried a weapon during the past 30 days, what type of weapon was it?

- I did not carry a weapon during the past 30 days.
- Knife or pocketknife
- Stick or club
- Knuckle-brace/brass knuckles
- Tear gas/pepper spray/Mace
- Handgun or other firearm
- Other type, please specify: _____

63. How well off do you think your family is?

- Very well off
- Quite well off
- Average
- Not very well off
- Not at all well off

64. Do you have your own bedroom for yourself?

- No
- Yes

65. Does your family own a car, van or truck?

- No
- Yes, one
- Yes, two or more

66. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
- Once
- Twice
- More than twice

67. Generally speaking, I feel safe in the area where I live . . .

- Always
- Most of the time
- Sometimes
- Rarely or never

68. Please say how you feel about these statements about the area where you live. (Please mark one circle for each line)

Strongly disagree

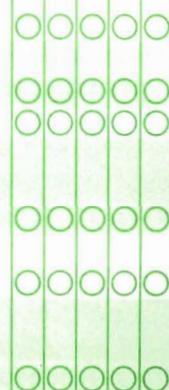
Disagree

Neither agree nor disagree

Agree

Strongly agree

- a. People say "hello" and often stop to talk to each other in the street.
- b. It is safe for younger children to play outside during the day.
- c. You can trust people around here.
- d. There are good places to spend your free time (e.g., leisure centers, parks, shops).
- e. I could ask for help or a favor from neighbors.
- f. Most people around here would try to take advantage of you if they got the chance.



69. Have you ever smoked tobacco? (At least one cigarette, cigar, or pipe)

- Yes
- No

70. How often do you smoke tobacco at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not smoke

71. At present, how often do you drink anything alcoholic, such as beer, wine, or spirits like . . . ? Try to include even those times when you only drink a small amount. (Please mark one circle for each line)

Never

Rarely

Every month

Every week

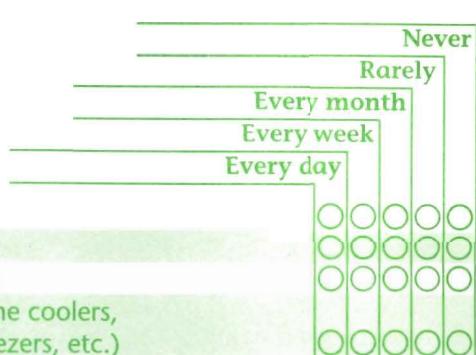
Every day

- a. Beer

- b. Wine

- c. Liquor/Spirits

- d. Alcopops (wine coolers, Bacardi Breezers, etc.)



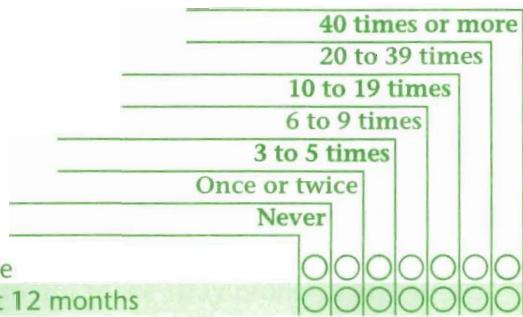
72. Have you ever had so much alcohol that you were really drunk?

- No, never
- Yes, once
- Yes, 2-3 times
- Yes, 4-10 times
- Yes, more than 10 times

73. During the past 30 days, how many times did you have five or more drinks on the same occasion?

- 4 or more times
- 3 times
- Twice
- Once
- I have not had 5 or more drinks on the same occasion in this past month
- I have never had 5 or more drinks on the same occasion

74. Have you ever used inhalants (including huffing or sniffing glue, aerosol cans, or paint) to get high . . .? (Please mark one circle for each line)



a. In your life

b. In the last 12 months

75. At what age did you first do the following things?

(If there is something you have not done, choose the "never" category; if there is something you have done, write on the line how old you were.)

- a. Drank alcohol (more than a small amount) Never I was ____ years old
- b. Got drunk Never I was ____ years old
- c. Smoked a cigarette (more than a puff) Never I was ____ years old
- d. Sniffed glue or solvents (inhalants) Never I was ____ years old

76. What is your father's job? (If he does more than one kind of work, choose the one category at which he spends the most time)

- Professional 1, such as doctor, lawyer, scientist
- Professional 2, such as teacher, librarian, nurse
- Business owner, executive, director
- Technical, such as computer specialist, laboratory technician
- Office worker, such as bookkeeper, office clerk, secretary
- Sales worker, such as insurance agent, store clerk
- Restaurant worker or personal services, such as waiter, housekeeper
- Craftsperson, such as toolmaker, woodworker
- Construction worker, such as carpenter, crane operator
- Mechanic, such as electrician, plumber, machinist
- Factory worker or laborer, such as assembler, janitor
- Transportation, such as bus driver, taxi driver
- Military or security, such as police officer, soldier, fire fighter
- Farm or fishery worker
- He is sick, or retired, or a student
- He takes care of others, or is full-time in the home
- He is unemployed/looking for a job
- Don't know
- Deceased/don't have father
- Other: _____

PLEASE CONTINUE TO NEXT PAGE ➔

77. What is your mother's job? (If she does more than one kind of work, choose the one category at which she spends the most time)

- Professional 1, such as doctor, lawyer, scientist
- Professional 2, such as teacher, librarian, nurse
- Business owner, executive, director
- Technical, such as computer specialist, laboratory technician
- Office worker, such as bookkeeper, office clerk, secretary
- Sales worker, such as insurance agent, store clerk
- Restaurant worker or personal services, such as waitress, housekeeper
- Craftsperson, such as toolmaker, woodworker
- Construction worker, such as carpenter, crane operator
- Mechanic, such as electrician, plumber, machinist
- Factory worker or laborer, such as assembler, janitor
- Transportation, such as bus driver, taxi driver
- Military or security, such as police officer, soldier, fire fighter
- Farm or fishery worker
- She is sick, or retired, or a student
- She takes care of others, or is full-time in the home
- She is unemployed/looking for a job
- Don't know
- Deceased/don't have mother
- Other:

write it here _____

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

**THANK YOU VERY MUCH
FOR YOUR HELP!**



SCHOOL ADMINISTRATOR QUESTIONNAIRE

This questionnaire will be used to assess physical education, nutrition, tobacco, violence, and health programs and policies in your school. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **school administrator** (or the person acting in that capacity) and concerns only activities that occur in this school. Please consult with other people if you are not sure of an answer.
2. Follow the instructions for each question, circling the response which best represents your answer.
3. Write any additional comments you wish to make at the end of the questionnaire.
4. Return the questionnaire, along with the student data, in the envelope provided.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: HRSA Reports Clearance Office, 5600 Fishers Lane, Room 14-22, Rockville, MD 20857. Do not return the completed form to this address.

The following five (5) questions ask about physical education and after school physical activity programs.

1. Is physical education required for students in grades 6 through 10 in this school?
(Circle one response.)

- a. Yes
- b. No \Rightarrow SKIP TO QUESTION 3
- c. Don't know \Rightarrow SKIP TO QUESTION 3

2. Can students be exempted from taking required physical education for any of the following reasons? (Circle "1" for "yes" or "2" for "no" for each reason.)

Yes No

- a. Enrollment in other courses (i.e., math or science).....1.....2
- b. Participation in school sports.....1.....2
- c. Participation in other school activities (i.e., ROTC, marching band, chorus, cheerleading).....1.....2
- d. Participation in community sports activities.....1.....2

3. Does this school offer students opportunities to participate in intramural activities or physical activity clubs? (Circle one response.)

- a. Yes
- b. No \Rightarrow SKIP TO QUESTION 5

4. Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs? (Circle one response.)

- a. Yes
- b. No

5. Outside of school hours or when school is not in session, do children or adolescents use any of your school's activity or athletic facilities for community-sponsored sports teams or physical activity programs? (Circle one response.)

- a. Yes
- b. No

The following twelve (12) questions ask about nutrition-related policies and practices at this school.

6. Can students purchase snack food or beverages from vending machines at school or a school store, canteen, or snack bar? (Circle one response.)

- a. Yes
- b. No \Rightarrow SKIP TO QUESTION 9

- 7. Can students purchase any of the following items from vending machines or at the school store, canteen, or snack bar? (Circle “1” for “yes” or “2” for “no” for each item.)**

Item	Yes	No
a. Chocolate candy.....	1.....	2
b. Other kinds of candy.....	1.....	2
c. Salty snacks that are not low in fat, such as regular potato chips.....	1.....	2
d. Salty snacks that are low in fat, such as pretzels, baked chips, or other low fat chips	1.....	2
e. Fruits or vegetables.....	1.....	2
f. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods.....	1.....	2
g. Soft drinks, sports drinks, or fruit drinks that are not 100% juice	1.....	2
h. 100% fruit juice.....	1.....	2
i. Bottled water.....	1.....	2

- 8. Can students purchase snack food or beverages during the following times? (Circle “1” for “yes” or “2” for “no” for each item.)**

	Yes	No
a. Before classes begin in the morning	1.....	2
b. During any school hours when meals are not being served.....	1.....	2
c. During school lunch periods	1.....	2

- 9. Does this school offer breakfast to students? (Circle one response.)**

- a. Yes
b. No **⇒ SKIP TO QUESTION 11**

- 10. Does this school... (Circle “1” for “yes” or “2” for “no” for each item.)**

	Yes	No
a. Offer a la carte breakfast items to students?	1.....	2
b. Participate in the USDA reimbursable School Breakfast Program?	1.....	2
c. Offer any other breakfast meals to students?	1.....	2

- 11. Does this school offer lunch to students? (Circle one response.)**

- a. Yes
b. No **⇒ SKIP TO QUESTION 13**

- 12. Does this school... (Circle “1” for “yes” or “2” for “no” for each item.)**

	Yes	No
a. Offer a la carte lunch items to students?	1.....	2
b. Participate in the USDA reimbursable School Lunch Program?	1.....	2
c. Offer any other lunch meals to students?	1.....	2

13. Does this school have a cafeteria? (Circle one response.)

- a. Yes
- b. No

14. Currently, does an outside food service management company operate the food service program at this school? (Circle one response.)

- a. Yes
- b. No

15. Which group has primary responsibility for planning the menus for school breakfasts and lunches? (Circle one response.)

- a. Staff working at the district food service office
- b. School staff
- c. Food service management company staff
- d. Fast food company staff
- e. Someone else
- f. No primary group

16. On a typical day, about how many students at this school receive...

(Write in the number of students for each line.)

Students

- a. Free lunches? _____
- b. Reduced-price lunches? _____
- c. Paid lunches, that is, meals sold at full-price? _____

17. On a typical day, about how many students at this school receive...

(Write in the number of students for each line.)

Students

- a. Free breakfast? _____
- b. Reduced-price breakfast? _____
- c. Paid breakfast, that is, meals sold at full-price? _____

The following five (5) questions ask about tobacco use policy at this school.

18. Has this school adopted a policy prohibiting tobacco use by students? (Circle one response.)

- a. Yes
- b. No ⇒ SKIP TO QUESTION 21

19. Does that policy specifically apply during any of the following times? (Circle “1” for “yes” or “2” for “no” for each time.)

- | | Yes | No |
|---------------------------------|--------|----|
| a. During school hours..... | 1..... | 2 |
| b. During non-school hours..... | 1..... | 2 |

20. Does that policy specifically prohibit tobacco use by students in any of the following locations? (Circle “1” for “yes” or “2” for “no” for each location.)

- | | Yes | No |
|---|--------|----|
| a. In school buildings | 1..... | 2 |
| b. On school grounds | 1..... | 2 |
| c. In school buses or other vehicles used to transport students | 1..... | 2 |
| d. At off-campus, school-sponsored events | 1..... | 2 |

21. Has this school adopted a policy prohibiting tobacco use by faculty and staff? (Circle one response.)

- a. Yes
b. No **⇒ SKIP TO QUESTION 23**

22. Does that policy specifically prohibit tobacco use by faculty and staff in any of the following locations? (Circle “1” for “yes” or “2” for “no” for each location.)

- | | Yes | No |
|---|--------|----|
| a. In school buildings | 1..... | 2 |
| b. On school grounds | 1..... | 2 |
| c. In school buses or other vehicles used to transport students | 1..... | 2 |
| d. At off-campus, school-sponsored events | 1..... | 2 |

The following three (3) questions ask about activities to prevent or reduce violence at this school.

23. Does your school have or participate in any of the following programs? (Circle “1” for “yes” or “2” for “no” for each program.)

- | | Yes | No |
|--|--------|----|
| a. A peer mediation program | 1..... | 2 |
| b. A safe-passage to school program | 1..... | 2 |
| c. A program to prevent gang violence..... | 1..... | 2 |
| d. A program to prevent bullying..... | 1..... | 2 |

24. Does your school have a written plan for responding to violence at the school?
(Circle one response.)

- a. Yes
- b. No

25. Does your school implement any of the following safety and security measures?
(Circle “1” for “yes” or “2” for “no” for each measure.)

Measure	Yes	No
a. Require visitors to report to the main office or reception area upon arrival	1.....	2
b. Maintain a “closed campus” where students are not allowed to leave school during the school day, including during lunchtime		
c. Use staff or adult volunteers to monitor school halls during and between classes	1.....	2
d. Routinely conduct bag, desk, or locker checks.....	1.....	2
e. Prohibit students from carrying backpacks or book bags at school.....	1.....	2
f. Require students to wear school uniforms	1.....	2
g. Require students to wear identification badges	1.....	2
h. Use metal detectors.....	1.....	2
i. Have uniformed police, undercover police, or security guards during the regular school day	1.....	2

The next two (2) questions are about school nurses.

A school nurse is any nurse (not including health aides or health techs), whether employed by the school, district, or health department, who provides any standard health services to students at this school. Please include both contracted providers and regular school staff.

26. Is there a part-time or full-time school nurse who provides standard health services to students at this school? (Circle one response.)

- a. Yes
- b. No ⇒ SKIP TO QUESTION 28

27. During the past 30 days, how many hours per week in total have the nurse(s) spent at this school? (Circle one response.)

- a. Fewer than 5 hours
- b. 5 to 10 hours
- c. 11 to 15 hours
- d. 16 to 20 hours
- e. 21 hours or more

The next four (4) questions are about other health service staff.

- 28. Are there part-time or full-time health aides who help provide standard health services to students at this school? (Circle one response.)**
- a. Yes
b. No **⇒ SKIP TO QUESTION 30**
- 29. During the past 30 days, how many hours per week in total have the health aide(s) spent at this school? (Circle one response.)**
- a. Fewer than 5 hours
b. 5 to 10 hours
c. 11 to 15 hours
d. 16 to 20 hours
e. 21 hours or more
- 30. Is there a part-time or full-time school physician or nurse practitioner who provides standard health services to students at this school? (Circle one response.)**
- a. Yes
b. No **⇒ SKIP TO QUESTION 32**
- 31. During the past 30 days, how many hours per week in total have the school physician or nurse practitioner spent at this school? (Circle one response.)**
- a. Fewer than 5 hours
b. 5 to 10 hours
c. 11 to 15 hours
d. 16 to 20 hours
e. 21 hours or more

The next three (3) questions are about health services.

- 32. During the past 12 months, has the school worked on standard school health services activities for students with staff or members from any of the following agencies? (Circle “1” for “yes” or “2” for “no” for each agency.)**

	Yes	No
a. A local health department	1.....	2
b. A local hospital	1.....	2
c. A local mental health or social services agency	1.....	2
d. A health organization, such as the American Heart Association or the American Red Cross	1.....	2
e. A local college or university	1.....	2
f. A local business	1.....	2

33. During the past 12 months, has this school done any of the following activities?
(Circle “1” for “yes” or “2” for “no” for each activity.)

- | | Yes | No |
|---|--------|----|
| a. Provided families with information on the school health services program..... | 1..... | 2 |
| b. Met with a parents’ organization, such as the PTA, to discuss the standard school health services program..... | 1..... | 2 |
| c. Invited family members to tour the standard school health services facilities | 1..... | 2 |

34. Please indicate which of the following services are provided when needed to students as part of standard health services at this school. (Circle “1” for “yes” or “2” for “no” for each service.)

- | | Yes | No |
|--|--------|----|
| a. First aid provided | 1..... | 2 |
| b. CPR (cardiopulmonary resuscitation)..... | 1..... | 2 |
| c. Administration of medications..... | 1..... | 2 |
| d. Prescriptions for medications..... | 1..... | 2 |
| e. Identification or treatment of acute illnesses | 1..... | 2 |
| f. Identification or treatment of chronic illnesses..... | 1..... | 2 |
| g. Case management for students with chronic health conditions, such as asthma or diabetes | 1..... | 2 |
| h. Administration of sports physicals..... | 1..... | 2 |
| i. Identification of or referrals for dental problems..... | 1..... | 2 |
| j. Prenatal care referrals | 1..... | 2 |
| k. Identification or treatment of STIs (sexually transmitted infections)..... | 1..... | 2 |

The following question asks about the presence of a school-based health center.

School-based health center: A health center on school property where students from the school enrolled in the health center can receive primary health care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician’s assistant. Please do not include a traveling or mobile health center.

35. Is there a school-based health center at this school? (Circle one response.)

- a. Yes
- b. No

The following two (2) questions ask about student health screenings that might be conducted at this school. Please think about screenings done in any grade while a student attends this school.

- 36. Are most students from this school screened at the school for any of the following?**
(Circle “1” for “yes” or “2” for “no” for each type of screening.)

	Yes	No
a. Height and weight (or body mass)	1.....	2
b. Hearing problems.....	1.....	2
c. Vision problems	1.....	2
d. Oral health problems.....	1.....	2

- 37. Please indicate what the school does when a student’s screening indicates a potential problem.** (Circle “1” for “yes” or “2” for “no” for each action.)

	Yes	No
a. Notify the student’s parents or guardians	1.....	2
b. Notify the student’s teachers.....	1.....	2
c. Not applicable—no health screenings	1.....	2

The following three (3) questions ask about mental health and social services provided at this school. Please include both contracted providers and regular school staff.

- 38. Are there part-time or full-time guidance counselors, psychologists, or social workers who provide standard mental health or social services to students at this school?** (Circle one response.)

- a. Yes
- b. No \Rightarrow **SKIP TO QUESTION 41**

- 39. During the past 30 days, how many hours per week in total have the guidance counselors, psychologists, and/or social workers spent at this school?** (Circle one response.)

- a. Fewer than 5 hours
- b. 5 to 10 hours
- c. 11 to 15 hours
- d. 16 to 20 hours
- e. 21 hours or more

- 40. Please indicate which of the following mental health or social services are provided when needed to students at the school. Do mental health or social service staff provide... (Circle “1” for “yes” or “2” for “no” for each service.)**

	Yes	No
a. Case management for students with behavioral or social problems	1.....	2
b. Family counseling	1.....	2
c. Group counseling	1.....	2
d. Individual counseling	1.....	2
e. Comprehensive assessment or intake evaluation	1.....	2
f. Peer counseling or mediation	1.....	2
g. Self-help or support groups	1.....	2
h. Alcohol or other drug use treatment	1.....	2
i. Crisis intervention for personal problems	1.....	2
j. Identification of or counseling for mental or emotional disorders, such as anxiety or depression	1.....	2
k. Stress management	2
l. Eating disorders treatment	1.....	2
m. Identification of or referral for physical, sexual, or emotional abuse	1.....	2
n. HIV (human immunodeficiency virus) testing and counseling	1.....	2
o. Assistance with enrolling in WIC or accessing food stamps or food banks	1.....	2
p. Assistance with enrolling in Medicaid or CHIP (Children’s Health Insurance Program)	1.....	2
q. Job readiness skills program	1.....	2

The following question asks about your current position.

- 41. What is your position in this school? (Circle one response.)**

- a. Principal
- b. Assistant or Vice Principal
- c. Other administrator
- d. Other, (specify:)

Thank you for your responses. Please return this questionnaire along with the student questionnaires to ORC Macro.

COMMENTS

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Survey ID			
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1	1	1	1
2	2	2	2
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7	7	7	7
8	8	8	8
9	9	9	9

LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

This questionnaire will be used to assess physical education, nutrition, tobacco, violence, and health programs and policies in your school. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in this school. Please consult with other people if you are not sure of an answer.
2. Follow the instructions for each question, circling the response which best represents your answer.
3. Write any additional comments you wish to make at the end of the questionnaire.
4. Return the questionnaire, along with the student data, in the envelope provided.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: HRSA Reports Clearance Office, 5600 Fishers Lane, Room 14-22, Rockville, MD 20857. Do not return the completed form to this address.

The following nine (9) questions ask about required health education courses (not health education units or lessons integrated into other subject areas) in grades 6 through 10 which are taught as a separate semester-long or quarter-long (half-semester) unit of instruction for which the student receives credit.

1. Is a health education course required for students in grades 6 through 10 in this school? (Circle one response.)
 - a. Yes
 - b. No ⇒ **SKIP TO QUESTION 10**

2. Are teachers in this school required to use any of the following materials in a required health education course for students in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each type of material.)

	Yes	No
a. The National Health Education Standards.....	1.....	2
b. Your state’s curriculum, set of guidelines, or framework	1.....	2
c. Your district’s curriculum, set of guidelines, or framework.....	1.....	2
d. Your school’s curriculum, set of guidelines, or framework	1.....	2
e. Any materials from health organizations, such as the American Red Cross or the American Cancer Society.....	1.....	2
f. A commercially developed student textbook.....	1.....	2
g. A commercially developed teacher’s guide.....	1.....	2

3. During this school year, have teachers in this school tried to increase student knowledge on any of the following topics in a required health education course in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each topic.)

	Yes	No
a. Accident or injury prevention	1.....	2
b. Alcohol or other drug use prevention	1.....	2
c. Dental and oral health	1.....	2
d. Emotional and mental health	1.....	2
e. Growth and development.....	1.....	2
f. Physical activity and fitness.....	1.....	2
g. Tobacco use prevention	1.....	2
h. Bullying prevention	1.....	2
i. Fighting prevention.....	1.....	2
j. Homicide prevention.....	1.....	2
k. Nutrition and dietary behavior.....	1.....	2
l. HIV (Human immunodeficiency virus) prevention.....	1.....	2
m. Human sexuality	1.....	2
n. Pregnancy prevention.....	1.....	2
o. STI (sexually transmitted infection) prevention	1.....	2
p. Suicide prevention	1.....	2

	Yes	No
a. Accident or injury prevention	1.....	2
b. Alcohol or other drug use prevention	1.....	2
c. Dental and oral health	1.....	2
d. Emotional and mental health	1.....	2
e. Growth and development.....	1.....	2
f. Physical activity and fitness.....	1.....	2
g. Tobacco use prevention	1.....	2
h. Bullying prevention	1.....	2
i. Fighting prevention.....	1.....	2
j. Homicide prevention.....	1.....	2
k. Nutrition and dietary behavior.....	1.....	2
l. HIV (Human immunodeficiency virus) prevention.....	1.....	2
m. Human sexuality	1.....	2
n. Pregnancy prevention.....	1.....	2
o. STI (sexually transmitted infection) prevention	1.....	2
p. Suicide prevention	1.....	2

- 4. During this school year, have teachers in this school tried to improve any of the following student skills in a required health education course in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each skill.)**

	Yes	No
a. Analysis of media messages	1.....	2
b. Decision making	1.....	2
c. Goal setting	1.....	2
d. Conflict resolution	1.....	2
e. Resisting peer pressure for unhealthy behaviors (i.e., refusal skills).....	1.....	2
f. Stress management.....	1.....	2

- 5. During this school year, have teachers in this school asked students to participate in any of the following activities as part of a required health education course in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each activity.)**

	Yes	No
a. Perform volunteer work at a hospital, a local health department, or any other community organization that addresses health issues	1.....	2
b. Identify potential injury sites at school, home, or in the community	1.....	2
c. Identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors	1.....	2
d. Complete homework assignments with family members	1.....	2

- 6. During this school year, did teachers in this school teach any of the following tobacco use prevention topics in a required health education course for students in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each topic.)**

	Yes	No
a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer, etc.)....	1.....	2
b. Benefits of not smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, or financial benefits)	1.....	2
c. Risks of cigar or pipe smoking	1.....	2
d. Short- and long-term health consequences of using smokeless tobacco	1.....	2
e. Benefits of not using smokeless tobacco.....	1.....	2
f. Addictive effects of nicotine in tobacco products.....	1.....	2
g. How many young people use tobacco	1.....	2
h. The number of illnesses and deaths related to tobacco use	1.....	2
i. Influence of families on tobacco use	1.....	2
j. Influence of the media on tobacco use.....	1.....	2
k. Social or cultural influences on tobacco use.....	1.....	2

7. **During this school year, did teachers in this school teach any of the following Sexually Transmitted Infection (STI) prevention topics in a required health education course for students in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each topic.)**

Yes No

- a. Abstinence as the most effective method to avoid STI infection1.....2
- b. How STI is transmitted1.....2
- c. How STI affects the human body1.....2
- d. How to correctly use a condom1.....2
- e. Condom efficacy, that is, how well condoms work
and do not work1.....2
- f. Influence of alcohol and other drugs on STI-related
risk behaviors1.....2
- g. Social or cultural influences on STI-related risk behaviors1.....2
- h. The number of young people who get STI1.....2
- i. How to find valid information or services related to STI
or STI testing1.....2

8. **During the school year, did teachers in this school teach any of the following nutrition and dietary topics in a required health education course for students in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each topic.)**

Yes No

- a. The benefits of healthy eating1.....2
- b. The Food Guide Pyramid1.....2
- c. The Dietary Guidelines for Americans1.....2
- d. Using food labels1.....2
- e. Aiming for a healthy weight (balancing food intake and
physical activity)1.....2
- f. Choosing a variety of grains daily, especially whole grains1.....2
- g. Choosing a variety of fruits and vegetables daily1.....2
- h. Choosing a diet low in saturated fat and cholesterol
and moderate in total fat1.....2
- i. Moderating intake of sugars1.....2
- j. Preparing healthy meals and snacks1.....2
- k. Risks of unhealthy weight control practices1.....2
- l. Accepting body size differences1.....2
- m. Eating disorders1.....2

- 9. During this school year, did teachers in this school teach any of the following physical activity topics in a required health education course for students in grades 6 through 10? (Circle “1” for “yes” or “2” for “no” for each topic.)**

	Yes	No
a. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition).....	1.....2	
b. Phases of a workout (i.e., warm-up, workout, and cool down)	1.....2	
c. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity).....	1.....2	
d. Decreasing sedentary activities such as television watching.....	1.....2	
e. Opportunities for physical activity in the community	1.....2	
f. Preventing injury during physical activity.....	1.....2	

The following question asks about tobacco use prevention and cessation programs.

- 10. During this school year, in which of the following grades was information on tobacco use prevention provided? (Circle “1” for “yes,” “2” for “no,” or “3” for “NA” for each grade.)**

	Yes	No	NA (e.g. grade not taught in this school)
a. 6.....	1.....2.....3		
b. 7.....	1.....2.....3		
c. 8	1.....2.....3		
d. 9	1.....2.....3		
e. 10.....	1.....2.....3		

The following question asks about required HIV infection prevention topics taught in a course other than a required health education course.

- 11. Are required Sexually Transmitted Infection (STI) prevention units or lessons taught in any of the following courses in this school? (Circle “1” for “yes,” “2” for “no,” or “3” for “don’t know” for each course.)**

	Yes	No	Don’t Know
a. Science	1.....2.....3		
b. Home economics or family and consumer education	1.....2.....3		
c. Physical education	1.....2.....3		
d. Family life education or life skills	1.....2.....3		
e. Special education	1.....2.....3		

The following three (3) questions ask about coordination of health-related activities between health education teachers and other groups.

- 12. During this school year, have any health education staff worked with any of the following groups on health education activities? (Circle “1” for “yes” or “2” for “no” for each group.)**

	Yes	No
a. Physical education staff	1.....2	
b. Science staff.....	1.....2	
c. Social studies staff	1.....2	
d. Religious education staff.....	1.....2	
e. School health services staff (e.g., nurses)	1.....2	
f. School mental health or social services staff (e.g., psychologists, counselors, social workers)	1.....2	
g. Food service staff.....	1.....2	
h. Community members.....	1.....2	

- 13. Are required health-related units or lessons taught in any of the following courses in this school? (Circle “1” for “yes,” “2” for “no,” or “3” for “don’t know” for each course.)**

	Yes	No	Don’t Know
a. Science	1.....2.....3		
b. Home economics or family and consumer education	1.....2.....3		
c. Physical education	1.....2.....3		
d. Family life education or life skills	1.....2.....3		
e. Special education	1.....2.....3		
f. Social studies	1.....2.....3		
g. Religious education.....	1.....2.....3		

- 14. During this school year, has this school done any of the following activities? (Circle “1” for “yes” or “2” for “no” for each activity.)**

	Yes	No
a. Provided families with information on the health education program.....	1.....2	
b. Met with a parent’s organization such as the PTA to discuss the health education program	1.....2	
c. Invited family members to attend a health education class	1.....2	

The following two (2) questions ask about your staff development training on health education topics and on teaching methods.

- 15. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on any of the following health education topics? (Circle “1” for “yes” or “2” for “no” for each topic.)**

	Yes	No
a. Accident or injury prevention	1.....	2
b. Alcohol or other drug use prevention	1.....	2
c. Tobacco use prevention	1.....	2
d. Bullying prevention	1.....	2
e. Fighting prevention.....	1.....	2
f. Homicide prevention.....	1.....	2
g. Consumer health	1.....	2
h. Dental and oral health	1.....	2
i. Emotional and mental health	1.....	2
j. Growth and development.....	1.....	2
k. Personal hygiene	1.....	2
l. Physical activity and fitness.....	1.....	2
m. Nutrition and dietary behavior.....	1.....	2
n. Pregnancy prevention.....	1.....	2
o. STI (Sexually Transmitted Infection) prevention	1.....	2
p. HIV (Human Immunodeficiency Virus) prevention.....	1.....	2
q. Human sexuality	1.....	2
r. Suicide prevention	1.....	2

- 16. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on any of the following teaching methods? (Circle “1” for “yes” or “2” for “no” for each teaching method.)**

	Yes	No
a. Teaching students of various cultural backgrounds.....	1.....	2
b. Teaching students with limited English proficiency.....	1.....	2
c. Encouraging family or community involvement	1.....	2

The following two (2) questions ask about your professional preparation and current teaching position.

17. What was the major emphasis of your professional preparation? (Circle one response.)

- a. Health and physical education combined
- b. Health education
- c. Physical education
- d. Other education degree
- e. Kinesiology
- h. Exercise science or exercise physiology
- i. Home economics or family and consumer science
- j. Science
- k. Nursing
- l. Counseling
- m. Public health
- n. Other (specify: _____)

18. Including this school year, how many years have you been teaching health education? (Circle one response.)

- a. 1 year
- b. 2 to 5 years
- c. 6 to 9 years
- d. 10 to 14 years
- e. 15 years or more

Thank you for your responses. Please return this questionnaire along with the student questionnaires to ORC Macro.

COMMENTS

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Survey ID			
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7	7	7	7
8	8	8	8
9	9	9	9