

## Core Module

### Middle School Questionnaire

2013–2014

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about bullying and violence.

**You do not have to answer these questions**, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

**Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.**

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to *“Mark All That Apply.”*

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do something?), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

**Thank you for taking this survey!**

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**Begin by writing your school's name at the top of the answer sheet.**

1. Fill in the bubble for the letter "A."
2. Fill in the bubble for the letter "G."

**Next, we would like some background information about you.**

3. **How old are you?**

A) 10 years old or younger	F) 15 years old
B) 11 years old	G) 16 years old
C) 12 years old	H) 17 years old
D) 13 years old	I) 18 years old or older
E) 14 years old	
4. **What is your sex?**

A) Male	
B) Female	
5. **What grade are you in?**

A) 6th grade	F) 11th grade
B) 7th grade	G) 12th grade
C) 8th grade	H) Other grade
D) 9th grade	I) Ungraded
E) 10th grade	
6. **Are you of Hispanic or Latino origin?**

A) No	
B) Yes	
7. **What is your race?**

A) American Indian or Alaska Native	D) Native Hawaiian or Pacific Islander
B) Asian	E) White
C) Black or African American	F) Mixed (two or more) races

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8. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)  
If you are not of Asian/Pacific Islander background, mark "A. Does not apply."
- |   |  |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean  |
| B) Asian Indian                                       | I) Laotian   |
| C) Cambodian  | J) Vietnamese  |
| D) Chinese  | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino   | L) Other Asian   |
| F) Hmong  |  |
| G) Japanese   |  |
9. What is the highest level of education your parents completed? (*Mark The Educational Level Of The Parent Who Went The Furthest In School.*)
- |   |                           |
|---|---------------------------|
| A) Did not finish high school                             | D) Graduated from college |
| B) Graduated from high school                             | E) Don't know             |
| C) Attended college but did not complete four-year degree |                           |
10. During the past 12 months, how would you describe the grades you mostly received in school?
- |                |                |
|----------------|----------------|
| A) Mostly A's  | E) Mostly C's  |
| B) A's and B's | F) C's and D's |
| C) Mostly B's  | G) Mostly D's  |
| D) B's and C's | H) Mostly F's  |
11. During the past 12 months, about how many times did you skip school or cut classes?
- |                |                          |
|----------------|--------------------------|
| A) 0 times     | D) Once a month          |
| B) 1-2 times   | E) Once a week           |
| C) A few times | F) More than once a week |
12. In the past 30 days, did you miss school for any of the following reasons? (*Mark All That Apply.*)
- |   |   |
|---|---|
| A) Does not apply, I didn't miss any school   | H) Wanted to spend time with friends who don't go to your school                |
| B) Illness (feeling physically sick), including problems with breathing or your teeth | I) Wanted to use alcohol or drugs   |
| C) Felt very sad, hopeless, anxious, stressed, or angry                               | J) Were behind in schoolwork or weren't prepared for a test or class assignment |
| D) Didn't get enough sleep  | K) Were bored with or uninterested in school                                    |
| E) Didn't feel safe at school   | L) Were suspended   |
| F) Had to work  | M) Other reason   |
| G) Had to take care of or help a family member or friend                              |   |

CALIFORNIA *healthy kids* SURVEY  
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*How strongly do you agree or disagree with the following statements?*

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
13. I feel close to people at this school.	A	B	C	D	E
14. I am happy to be at this school.	A	B	C	D	E
15. I feel like I am part of this school.	A	B	C	D	E
16. The teachers at this school treat students fairly.	A	B	C	D	E
17. I feel safe in my school.	A	B	C	D	E
18. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
19. I try hard at school because I am interested in my work.	A	B	C	D	E
20. I work hard to try to understand new things at school.	A	B	C	D	E
21. I am always trying to do better in my schoolwork.	A	B	C	D	E

**Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.**

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

	Not At All True	A Little True	Pretty Much True	Very Much True
22. who really cares about me.	A	B	C	D
23. who tells me when I do a good job.	A	B	C	D
24. who notices when I'm not there.	A	B	C	D
25. who always wants me to do my best.	A	B	C	D
26. who listens to me when I have something to say.	A	B	C	D
27. who believes that I will be a success.	A	B	C	D

*At school, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
28. I do interesting activities.	A	B	C	D
29. I help decide things like class activities or rules.	A	B	C	D
30. I do things that make a difference.	A	B	C	D

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**The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications to get “high” or for reasons other than medical (*without a doctor’s order*).**

**Keep the following definitions in mind.**

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded”, “stoned”, or “wasted”) or for purposes other than they were prescribed by a doctor.

*During your life, how many times have you used the following substances?*

		<u>Number of Times</u>					
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4–6</u>	<u>7 or</u>
		<u>Times</u>	<u>Time</u>	<u>Times</u>	<u>Times</u>	<u>Times</u>	<u>More</u>
							<u>Times</u>
31.	A cigarette, even one or two puffs	A	B	C	D	E	F
32.	A whole cigarette	A	B	C	D	E	F
33.	Smokeless tobacco (dip, chew, or snuff such as Redman™, Skoal™, or Beechnut™)	A	B	C	D	E	F
34.	An electronic cigarette or any other nicotine delivery device	A	B	C	D	E	F
35.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
36.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
37.	Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
38.	Derbisol (DB, derbs, dirt)	A	B	C	D	E	F

*During your life, how many times have you been ...*

		<u>Number of Times</u>					
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4–6</u>	<u>7 or</u>
		<u>Times</u>	<u>Time</u>	<u>Times</u>	<u>Times</u>	<u>Times</u>	<u>More</u>
							<u>Times</u>
39.	very drunk or sick after drinking alcohol?	A	B	C	D	E	F
40.	“high” (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
41.	drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

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*About how old were you the first time you did any of these things?*

		<u>Years of Age</u>									
		<u>Never</u>	<u>10 or Under</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18 or Over</u>
42.	Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
43.	Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
44.	Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
45.	Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
46.	Used any other illegal drug or pill to get "high"	A	B	C	D	E	F	G	H	I	J

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

		<u>0 Days</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3-9 Days</u>	<u>10-19 Days</u>	<u>20-30 Days</u>
47.	cigarettes?	A	B	C	D	E	F
48.	smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
49.	an electronic cigarette or any other nicotine delivery device?	A	B	C	D	E	F
50.	one drink of alcohol?	A	B	C	D	E	F
51.	five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
52.	marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
53.	inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
54.	any other drug, pill, or medicine to get "high" or for other than medical reasons?	A	B	C	D	E	F

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

		<u>0 Days</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3-9 Days</u>	<u>10-19 Days</u>	<u>20-30 Days</u>
55.	smoke cigarettes?	A	B	C	D	E	F
56.	use smokeless tobacco?	A	B	C	D	E	F
57.	have at least one drink of alcohol?	A	B	C	D	E	F
58.	smoke marijuana?	A	B	C	D	E	F
59.	use any other illegal drug or pill to get "high"?	A	B	C	D	E	F

CALIFORNIA *healthy kids* SURVEY  
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*How much do people risk harming themselves physically and in other ways when they do the following?*

		How Much Risk or Harm			
		Great	Moderate	Slight	None
60.	Smoke cigarettes occasionally	A	B	C	D
61.	Smoke 1–2 packs of cigarettes each day	A	B	C	D
62.	Drink alcohol occasionally	A	B	C	D
63.	Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
64.	Smoke marijuana occasionally	A	B	C	D
65.	Smoke marijuana once or twice a week	A	B	C	D

*How difficult is it for students in your grade to get any of the following substances if they really want them?*

		Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
66.	Cigarettes	A	B	C	D	E
67.	Alcohol	A	B	C	D	E
68.	Marijuana	A	B	C	D	E

69. How do you feel about someone your age smoking one or more packs of cigarettes a day?

- A) Neither approve nor disapprove
- B) Somewhat disapprove
- C) Strongly disapprove

70. In your life, how many times have you ridden in a car driven by someone who had been drinking alcohol?

- A) Never
- B) 1 time
- C) 2 times
- D) 3 to 6 times
- E) 7 or more times

**Next are questions about violence, safety, harassment, & bullying on school property.**

71. How safe do you feel when you are at school?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

CALIFORNIA *healthy kids* SURVEY  
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72. In a normal week, how many days are you home after school for at least one hour without an adult there?
- A) Never
  - B) 1 day
  - C) 2 days
  - D) 3 days
  - E) 4 days
  - F) 5 days

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

		<u>Happened on School Property</u>			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
73.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
74.	been afraid of being beaten up?	A	B	C	D
75.	been in a physical fight?	A	B	C	D
76.	had mean rumors or lies spread about you?	A	B	C	D
77.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
78.	been made fun of because of your looks or the way you talk?	A	B	C	D
79.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
80.	been offered, sold, or given an illegal drug?	A	B	C	D
81.	damaged school property on purpose?	A	B	C	D
82.	carried a gun?	A	B	C	D
83.	carried any other weapon (such as a knife or club)?	A	B	C	D
84.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
85.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
86.	been threatened with harm or injury?	A	B	C	D
87.	been made fun of, insulted, or called names?	A	B	C	D



Core Module

During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength quarrel or fight.]

	0 Times	1 Time	2 to 3 Times	4 or More Times
88. Your race, ethnicity, or national origin	A	B	C	D
89. Your religion	A	B	C	D
90. Your gender (being male or female)	A	B	C	D
91. Because you are gay or lesbian or someone thought you were	A	B	C	D
92. A physical or mental disability	A	B	C	D
93. Any other reason	A	B	C	D
94. During the past <b>12 months</b> , how many times did other students spread mean rumors or lies about you on the internet (i.e., Facebook™, MySpace™, email, instant message)?				
	A) 0 times (never)	B) 1 time	C) 2–3 times	D) 4 or more times
95. Do you consider yourself a member of a gang?				
	A) No	B) Yes		
96. During the past <b>12 months</b> , did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?				
	A) No	B) Yes		
97. Did you eat breakfast today?				
	A) No	B) Yes		
98. How many questions in this survey did you answer honestly?				
	A) All of them	B) Most of them	C) Only some of them	D) Hardly any

## Core Module

99. Is your father, mother, or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
  - B) Yes
  - C) Don't know
100. Which of the following best describes you? (*Mark All That Apply.*)
- A) Heterosexual (straight)
  - B) Gay or Lesbian or Bisexual
  - C) Transgender
  - D) Not sure
  - E) Decline to respond

Physical Health & Nutrition Module

SUPPLEMENT 1

**This section contains questions about physical activity, diet, and general health.**

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

		<u>Number of Days</u>							
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
		A	B	C	D	E	F	G	H
W1.	exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.)								
W2.	participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.)								
W3.	do exercises to strengthen or tone your muscles? (For example, push-ups, sit-ups, or weight lifting.)								

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

		<u>Number of Times</u>					5 Or More
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	F
		A	B	C	D	E	F
W4.	drink milk or eat yogurt? (In any form, including in cereal.)						
W5.	drink soda pop?						
W6.	drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)						
W7.	eat french fries, potato chips, or other fried potatoes?						
W8.	eat fruit? (Do not count fruit juice.)						
W9.	eat vegetables? (Include salads and nonfried potatoes.)						
W10.	Has a doctor ever told you or your parent/guardian that you have asthma? A) No B) Yes C) Don't know						
W11.	Which of the following are you trying to do about your weight? A) Lose weight B) Gain weight C) Stay the same weight D) I am not trying to do anything about my weight						

Physical Health & Nutrition Module

SUPPLEMENT 1

*During the past 30 days, did you do any of the following things to lose weight or to keep from gaining weight?*

		No	Yes
W12.	Exercise	A	B
W13.	Eat less food, fewer calories, or foods low in fat	A	B
W14.	Go without eating for 24 hours or more (also called fasting)	A	B
W15.	Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast.)	A	B
W16.	Vomit or take laxatives	A	B
W17.	How do you describe your weight?		
	A) Very underweight	D) Slightly overweight	
	B) Slightly underweight	E) Very overweight	
	C) About the right weight		
W18.	On an average school day, how many hours do you watch TV or play video games?		
	A) I do not watch TV on an average school day	E) 3 hours	
	B) Less than 1 hour	F) 4 hours	
	C) 1 hour	G) 5 hours or more	
	D) 2 hours		
W19.	During the past 12 months, on how many sports teams did you play? (Include school-sponsored and any other sports teams.)		
	A) 0 teams	C) 2 teams	
	B) 1 team	D) 3 or more teams	
W20.	How often do you wear a seat belt when riding in a car driven by someone else?		
	A) Never	D) Most of the time	
	B) Rarely	E) Always	
	C) Sometimes		
W21.	When you rode a bicycle during the past 12 months, how often did you wear a helmet?		
	A) I did not ride a bicycle during the past 12 months	D) Sometimes wore a helmet	
	B) Never wore a helmet	E) Most of the time wore a helmet	
	C) Rarely wore a helmet	F) Always wore a helmet	

## Physical Health & Nutrition Module

### SUPPLEMENT 1

- W22. In an average week, on how many days do you have physical activity in your physical education class (P.E. or gym)?
- |           |           |
|-----------|-----------|
| A) 0 days | D) 3 days |
| B) 1 day  | E) 4 days |
| C) 2 days | F) 5 days |
- W23. During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports?
- |                         |                         |
|-------------------------|-------------------------|
| A) I do not take P.E.   | D) 21 to 30 minutes     |
| B) Less than 10 minutes | E) More than 30 minutes |
| C) 10 to 20 minutes     |                         |
- W24. During the past 12 months, did you have a regular check up with a doctor when you were not sick or injured?
- |        |
|--------|
| A) No  |
| B) Yes |
- W25. During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?
- |        |
|--------|
| A) No  |
| B) Yes |
- W26. During the past 7 days, how many days did you take a vitamin?
- |                |                |
|----------------|----------------|
| A) 0 days      | D) 5 to 6 days |
| B) 1 to 2 days | E) Daily       |
| C) 3 to 4 days |                |
- W27. During the past 12 months, have you had an episode of asthma or an asthma attack?
- |        |
|--------|
| A) No  |
| B) Yes |
- W28. During the past 12 months, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?
- |        |
|--------|
| A) No  |
| B) Yes |
- W29. During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?
- |        |
|--------|
| A) No  |
| B) Yes |

## Physical Health & Nutrition Module

### SUPPLEMENT 1

- W30. During the past 12 months, have you used a medicine (an inhaler, puffer, or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?
- A) No
  - B) Yes
- W31. During the past 30 days, about how many days each week have you had a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
- A) Never
  - B) 2 days a week or less
  - C) More than 2 days each week, but not every day
  - D) Every day
- W32. During the past 30 days, about how many nights did you wake up because of a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
- A) Never
  - B) 2 nights in the last 30 days or less
  - C) 3 or 4 nights in the last 30 days
  - D) More than 4 nights in the last 30 days, but not every night
  - E) Every night or almost every night

Physical Health & Nutrition Module

SUPPLEMENT 1

**How tall are you without your shoes on?**

Write your height in feet and inches in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you are 4 feet 9 inches tall, you would answer the question as follows:

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

If you are 5 feet 0 inches tall, you would answer the question as follows:

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

**How much do you weigh without your shoes on?**

Write your weight in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you weigh 87 pounds, you would answer the question as follows:

Weight		
0	8	7
<input checked="" 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 checked="" type="radio"/> 7
<input type="radio"/> 8	<input checked="" type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

If you weigh 102 pounds, you would answer the question as follows:

Weight		
1	0	2
<input type="radio"/> 0	<input checked="" 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 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