

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT



California Healthy Kids Survey  
2009-10

High School  
English Version

## ◆ Module A ◆

## High School Questionnaire

2009-2010

This survey asks about your behavior, experiences, and attitudes related to health, well-being, and schooling. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it.

**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.**

- A1. Fill in the bubble for the letter H.
- A2. Fill in the bubble for the number 3.

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

- A3. 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            |                          |
- A4. What is your sex?
- |           |  |
|-----------|--|
| A) Male   |  |
| B) Female |  |
- A5. 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 |                |
- A6. How do you describe yourself? (*Mark All That Apply.*)
- |   |                                      |
|---|--------------------------------------|
| A) American Indian or Alaska Native         | E) Hispanic or Latino/Latina         |
| B) Native Hawaiian or Pacific Islander      | F) White or Caucasian (non-Hispanic) |
| C) Asian or Asian American                  | G) Other                             |
| D) Black or African American (non-Hispanic) |                                      |
- A7. 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 | G) Korean  |
| B) Asian Indian                                       | H) Laotian   |
| C) Cambodian  | I) Vietnamese  |
| D) Chinese  | J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander |
| E) Filipino   | K) Other Asian   |
| F) Japanese   |  |

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- A8. If you are Hispanic or Latino/Latina, which groups best describe you? (*Mark All That Apply.*) If you are **not** of Hispanic background, mark “A. Does not apply.”
- A) Does not apply; I am not Hispanic or Latino/Latina
  - B) Central American
  - C) South American
  - D) Cuban
  - E) Mexican
  - F) Puerto Rican
  - G) Other Hispanic
- A9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home. (*Mark All That Apply.*)
- A) A home with both parents
  - B) A home with only one parent
  - C) Other relative’s home
  - D) A home with more than one family
  - E) Friend’s home
  - F) Foster home, group care, or waiting placement
  - G) Hotel or motel
  - H) Migrant housing
  - I) Shelter
  - J) On the street (no fixed housing), car or van, park campground or abandoned building
  - K) Other transitional or temporary housing
  - L) Other living arrangement
- A10. In the past three years, were you part of the Migrant Education Program or did your family move to find work in agriculture?
- A) Yes
  - B) No
  - C) Don’t know

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

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

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Disagree Nor Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>
A11. I feel close to people at this school.	A	B	C	D	E
A12. I am happy to be at this school.	A	B	C	D	E
A13. I feel like I am part of this school.	A	B	C	D	E
A14. The teachers at this school treat students fairly.	A	B	C	D	E
A15. I feel safe in my school.	A	B	C	D	E

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

	Not At All True	A Little True	Pretty Much True	Very Much True
A16. who really cares about me.	A	B	C	D
A17. who tells me when I do a good job.	A	B	C	D
A18. who notices when I'm not there.	A	B	C	D
A19. who always wants me to do my best.	A	B	C	D
A20. who listens to me when I have something to say.	A	B	C	D
A21. 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
A22. I do interesting activities.	A	B	C	D
A23. I help decide things like class activities or rules.	A	B	C	D
A24. I do things that make a difference.	A	B	C	D

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

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

	Not At All True	A Little True	Pretty Much True	Very Much True
A25. who really cares about me.	A	B	C	D
A26. who tells me when I do a good job.	A	B	C	D
A27. who notices when I am upset about something.	A	B	C	D
A28. who believes that I will be a success.	A	B	C	D
A29. who always wants me to do my best.	A	B	C	D
A30. whom I trust.	A	B	C	D

*Outside of my home and school, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
A31. I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
A32. I am involved in music, art, literature, sports, or a hobby.	A	B	C	D
A33. I help other people.	A	B	C	D
A34. Did you eat breakfast today? A) No B) Yes				

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs *without a doctor's order* (prescription for medical reasons).

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, including pills and medications, used to get “high”(“loaded”, “stoned”, or “wasted”) other than alcohol or tobacco.

During your life, how many times have you used or tried the following substances without a doctor's order?

		Number of Times					
		0 times	1 time	2 times	3 times	4-6 times	7 or more times
A35.	A whole cigarette	A	B	C	D	E	F
A36.	Smokeless tobacco (dip, chew or snuff such as Redman™, Skoal™, or Beechnut™)	A	B	C	D	E	F
A37.	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
A38.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
A39.	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
A40.	Cocaine (any form, coke, crack, rock, base, snort)	A	B	C	D	E	F
A41.	Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
A42.	Derbisol (DB, derbs, dirt)	A	B	C	D	E	F
A43.	LSD or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
A44.	Ecstasy (E, X, EXTC, MDMA)	A	B	C	D	E	F
A45.	Heroin (smack, junk, China white, black tar)	A	B	C	D	E	F
A46.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F

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*During your life, how many times have you used or tried the following pills or medications without a doctor's order (to get "high" or "stoned")?*

	Number of Times					
	0 times	1 time	2 times	3 times	4-6 times	7 or more times
A47. Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™)	A	B	C	D	E	F
A48. Barbiturates (Seconol™, Nembutol™, Amital™, reds, yellow jackets)	A	B	C	D	E	F
A49. Tranquilizers, or sedatives, (tranks, libs, Xanax™, Valium™, Ativan™, Librium™, Klonopin™, benzodiazepine (benzos))	A	B	C	D	E	F
A50. Cold/Cough Medicines (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough)	A	B	C	D	E	F
A51. Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M's)	A	B	C	D	E	F
A52. Ritalin™ or Adderall™ (JIF, R-ball, Skippy, the smart drug)	A	B	C	D	E	F

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

	Number of Times					
	0 times	1 time	2 times	3 times	4-6 times	7 or more times
A53. very drunk or sick after drinking alcohol?	A	B	C	D	E	F
A54. "high" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
A55. drunk on alcohol or "high" on drugs <u>on school property</u> ?	A	B	C	D	E	F

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

	Never	Years of Age									
		10 or under	11	12	13	14	15	16	17	18 or over	
A56. Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J	
A57. Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J	
A58. Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J	
A59. Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J	
A60. Used any other illegal drug, or pill to get "high"	A	B	C	D	E	F	G	H	I	J	

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

	0 days	1 day	2 days	3-9 days	10-19 days	20-30 days
A61. cigarettes?	A	B	C	D	E	F
A62. smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
A63. at least one drink of alcohol?	A	B	C	D	E	F
A64. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
A65. marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A66. inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
A67. cocaine (any form, coke, crack, rock, base, snort)?	A	B	C	D	E	F
A68. methamphetamine or amphetamines (meth, speed, crystal, crank, ice)?	A	B	C	D	E	F
A69. ecstasy, LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E	F
A70. any other illegal drug or pill to get "high"?	A	B	C	D	E	F
A71. two or more drugs at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

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

	0 days	1 day	2 days	3-9 days	10-19 days	20-30 days
A72. smoke cigarettes?	A	B	C	D	E	F
A73. have at least one drink of alcohol?	A	B	C	D	E	F
A74. smoke marijuana?	A	B	C	D	E	F
A75. use any other illegal drug or pill to get "high"?	A	B	C	D	E	F
A76. How do you like to drink alcohol?						
A) I don't drink alcohol						
B) Just a sip or two						
C) Enough to feel it a little						
D) Enough to feel it moderately						
E) Until I feel it a lot or get really drunk						
A77. If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?						
A) I don't use drugs						
B) Not high at all						
C) A little high						
D) Moderately high						
E) Really high or wasted						



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

	Great	How Much Risk or Harm		None
		Moderate	Slight	
A78. Smoke cigarettes occasionally	A	B	C	D
A79. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A80. Drink alcohol occasionally	A	B	C	D
A81. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A82. Smoke marijuana occasionally	A	B	C	D
A83. 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
	A84. Cigarettes	A	B	C	D
A85. Alcohol	A	B	C	D	E
A86. Marijuana	A	B	C	D	E

*Think about a group of 100 students (about three classrooms) in your grade. About how many students have done the following?*

	Number of Students										
	0 (none)	10	20	30	40	50 (half)	60	70	80	90	100 (all)
A87. Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K
A88. Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K
A89. During your <u>life</u> , how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?											
A) Never											
B) 1 time											
C) 2 times											
D) 3 to 6 times											
E) 7 or more times											

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A90. Has using alcohol, marijuana, or other drugs ever caused *you* to have any of the following problems? (*Mark All That Apply.*)

- A) Doesn't apply; I never used alcohol or drugs
- B) Have problems with emotions, nerves, or mental health
- C) Get into trouble or have problems with the police
- D) Have money problems
- E) Miss school
- F) Have problems with schoolwork
- G) Fight with other kids
- H) Damage a friendship
- I) Physically hurt or injure yourself
- J) Have unwanted or unprotected sex
- K) Forget what happened or pass out
- L) Have any other problems
- M) I've used alcohol or drugs but never had any problems

*How do you feel about someone your age doing the following?*

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A91. Smoking one or more packs of cigarettes a day	A	B	C
A92. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
A93. Trying marijuana or hashish once or twice	A	B	C
A94. Using marijuana once a month or more	A	B	C
A95. Carrying a weapon to school	A	B	C

A96. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?

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

A97. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (*Mark All That Apply.*)

- A) Does not apply; I have not used alcohol or drugs
- B) Found you had to increase how much you use to have the same effect as before
- C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs
- D) Used alcohol or drugs a lot more than you intended
- E) Used alcohol or drugs when you were alone (by yourself)
- F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)
- G) Often didn't feel OK unless you had something to drink or used a drug
- H) Thought about reducing (cutting down) or stopping use
- I) Told yourself you were not going to use but found yourself using anyway
- J) Spoke with someone about reducing or stopping use
- K) Attended counseling, a program, or group to help you reduce or stop use
- L) I use alcohol or drugs but have not experienced any of these things

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- A98. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?
- A) Yes  
B) No
- A99. During the past 12 months, have you heard, read, or watched any messages about not using alcohol, tobacco, or drugs?
- A) Yes  
B) No

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

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

	Happened on School Property			
	0 times	1 time	2 to 3 times	4 or more
A100. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A101. been afraid of being beaten up?	A	B	C	D
A102. been in a physical fight?	A	B	C	D
A103. had mean rumors or lies spread about you?	A	B	C	D
A104. had sexual jokes, comments, or gestures made to you?	A	B	C	D
A105. been made fun of because of your looks or the way you talk?	A	B	C	D
A106. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A107. been offered, sold, or given an illegal drug?	A	B	C	D
A108. damaged school property on purpose?	A	B	C	D
A109. carried a gun?	A	B	C	D
A110. carried any other weapon (such as a knife or club)?	A	B	C	D
A111. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A112. seen someone carrying a gun, knife, or other weapon?	A	B	C	D

## ◆ Module A ◆

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

	0 times	1 time	2 to 3 times	4 or more
A113. Your race, ethnicity, or national origin	A	B	C	D
A114. Your religion	A	B	C	D
A115. Your gender (being male or female)	A	B	C	D
A116. Because you are gay or lesbian or someone thought you were	A	B	C	D
A117. A physical or mental disability	A	B	C	D
A118. Any other reason	A	B	C	D
A119. 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				
A120. During the past 12 months, 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				
A121. Do you consider yourself a member of a gang?				
A) No				
B) Yes				
A122. During the past <b>12 months</b> , did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?				
A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months				
B) No				
C) Yes				
A123. 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				

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- A124. During the past 12 months, did you ever seriously consider attempting suicide?
- A) No
  - B) Yes
- A125. During the past 12 months, how would you describe the grades you mostly received in school?
- A) Mostly A's
  - B) A's and B's
  - C) Mostly B's
  - D) B's and C's
  - E) Mostly C's
  - F) C's and D's
  - G) Mostly D's
  - H) Mostly F's
- A126. During the past 12 months, about how many times did you skip school or cut classes?
- A) 0 times
  - B) 1-2 times
  - C) A few times
  - D) Once a month
  - E) Once a week
  - F) More than once a week
- A127. 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

▼ Module B ▼

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

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

		Not At All True	A Little True	Pretty Much True	Very Much True
B1.	I have goals and plans for the future.	A	B	C	D
B2.	I plan to graduate from high school.	A	B	C	D
B3.	I plan to go to college or some other school after high school.	A	B	C	D
B4.	I know where to go for help with a problem.	A	B	C	D
B5.	I try to work out problems by talking or writing about them.	A	B	C	D
B6.	I can work out my problems.	A	B	C	D
B7.	I can do most things if I try.	A	B	C	D
B8.	I can work with someone who has different opinions than mine.	A	B	C	D
B9.	There are many things that I do well.	A	B	C	D
B10.	I feel bad when someone gets their feelings hurt.	A	B	C	D
B11.	I try to understand what other people go through.	A	B	C	D
B12.	When I need help, I find someone to talk with.	A	B	C	D
B13.	I enjoy working together with other students my age.	A	B	C	D
B14.	I stand up for myself without putting others down.	A	B	C	D
B15.	I try to understand how other people feel and think.	A	B	C	D
B16.	There is a purpose to my life.	A	B	C	D
B17.	I understand my moods and feelings.	A	B	C	D
B18.	I understand why I do what I do.	A	B	C	D

**How true are these statements about your FRIENDS?**

*I have a friend about my own age ...*

		Not At All True	A Little True	Pretty Much True	Very Much True
B19.	who really cares about me.	A	B	C	D
B20.	who talks with me about my problems.	A	B	C	D
B21.	who helps me when I'm having a hard time.	A	B	C	D

▼ Module B ▼

*My friends ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
B22. get into a lot of trouble.	A	B	C	D
B23. try to do what is right.	A	B	C	D
B24. do well in school.	A	B	C	D

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

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

	Not At All True	A Little True	Pretty Much True	Very Much True
B25. who expects me to follow the rules.	A	B	C	D
B26. who is interested in my school work.	A	B	C	D
B27. who believes that I will be a success.	A	B	C	D
B28. who talks with me about my problems.	A	B	C	D
B29. who always wants me to do my best.	A	B	C	D
B30. who listens to me when I have something to say.	A	B	C	D

*At home ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
B31. I do fun things or go fun places with my parents or other adults.	A	B	C	D
B32. I do things that make a difference.	A	B	C	D
B33. I help make decisions with my family.	A	B	C	D

▲ Module C ▲

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

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

	0 Times	1-2 Times	A Few Times	Once A Month	Once A Week	A Few Times A Week	Once Or More A Day
C1. An alcoholic drink	A	B	C	D	E	F	G
C2. Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F	G
C3. Inhalants (things you sniff, huff, or breathe to get high)	A	B	C	D	E	F	G
C4. Cocaine (coke, crack, rock, base, snort)	A	B	C	D	E	F	G
C5. LSD or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F	G
C6. Ecstasy (E, X, EXTC, MDMA)	A	B	C	D	E	F	G
C7. Any other illegal drug or pill to get "high"	A	B	C	D	E	F	G
C8. Two or more drugs at the same time (for example, alcohol with marijuana, cocaine with PCP, ecstasy with mushrooms)	A	B	C	D	E	F	G
C9. During the past <u>12 months</u> , have you taken any steroids (roids) to build up muscle or increase performance or endurance?							
A) None, have used no steroids							
B) Some, have taken a few times							
C) Regularly, have been on a program of steroid use							
C10. During the past <u>12 months</u> , did you use any banned performance-enhancing supplement that claims to build muscle or increase strength or endurance (andro, ephedrine, DHEA)?							
A) No							
B) Some, have taken a few times							
C) Regularly, have been on a program of supplement use							

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

	Does Not Apply, Never Used	0 Times	1 Time	2-3 Times	4 Or More Times
C11. alcohol?	A	B	C	D	E
C12. marijuana?	A	B	C	D	E



## ▲ Module C ▲

- C13. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol *or* other drug use?
- A) No, I never used alcohol or other drugs
  - B) No, but I do use alcohol or other drugs
  - C) Yes, I have felt that I needed help
- C14. In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?
- A) Very likely
  - B) Likely
  - C) Not likely
  - D) Don't know
- C15. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using or possessing alcohol or other drugs?
- A) Very likely
  - B) Likely
  - C) Not likely
  - D) Don't know
- C16. How do *most* kids at your school who drink alcohol usually get it? (*Mark All That Apply.*)
- A) At school
  - B) At parties or events outside school
  - C) At their own home
  - D) From adults at friends' homes
  - E) From friends or another teenager
  - F) Get adults to buy it for them
  - G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart)
  - H) At bars, clubs, or gambling casinos
  - I) Other
  - J) Don't know
- C17. During the past 12 months, have you gambled (bet) for money or valuables, in any of the following ways? (*Mark All That Apply.*)
- A) I have not gambled (bet) in the past 12 months
  - B) Card games (such as poker, blackjack)
  - C) Personal skill games (such as pool, darts, coin tossing)
  - D) Betting on sports teams
  - E) Lottery (scratch cards or numbers)
  - F) Bingo
  - G) Dice games
  - H) Gambling machines (slots, video poker)
  - I) Horse racing
  - J) Online gambling
  - K) Gambled (bet) in some other way
- C18. During the past 12 months, how many times have you gambled (bet) for money or valuables in any way?
- A) I have not gambled (bet) in the past 12 months
  - B) 1 time
  - C) 2 or 3 times
  - D) 4 to 9 times
  - E) 10 or more times

▲ Module C ▲

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

	0 Times	1 Time	2 - 3 Times	4 Or More Times
C19. sold drugs to someone?	A	B	C	D
C20. been in a physical fight?	A	B	C	D
C21. been in a physical fight between groups of kids?	A	B	C	D
C22. used any weapon to threaten or bully someone?	A	B	C	D

C23. How safe do you feel in the **neighborhood** where you live?

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

C24. During the past 30 days, on how many days did you not go to school because you felt unsafe at school or on your way to or from school?

- A) 0 days
- B) 1 day
- C) 2 or 3 days
- D) 4 or more days

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

	0 Days	1 Day	2 Or More Days
C25. a gun?	A	B	C
C26. any other weapon (such as a knife or club)?	A	B	C
C27. any weapon (gun, knife, or club) on school property?	A	B	C

C28. During the past 12 months, did you ever seriously consider attempting suicide?

- A) No
- B) Yes

C29. During the past 12 months, did you make a plan about how you would attempt suicide?

- A) No
- B) Yes

C30. During the past 12 months, how many times did you actually attempt suicide?

- A) 0 times
- B) 1 time
- C) 2 or 3 times
- D) 4 or more times

## ▲ Module C ▲

- C31. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A) I did not attempt suicide in the past 12 months
  - B) No
  - C) Yes
- C32. Have you ever been forced to have sexual intercourse when you did not want to?
- A) No
  - B) Yes

## ● Module D ●

**This section contains questions about tobacco use, attitudes, and your experiences with tobacco education at school.**

- D1. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A) No
  - B) Yes
- D2. Did you ever smoke to control your weight?
- A) No
  - B) Yes
- D3. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- A) I did not smoke cigarettes during the past 30 days
  - B) Less than 1 cigarette per day
  - C) 1 cigarette per day
  - D) 2 to 5 cigarettes per day
  - E) 6 to 10 cigarettes per day
  - F) 11 to 20 cigarettes per day
  - G) More than 20 cigarettes per day
- D4. Have you smoked 100 cigarettes in your life?
- A) No
  - B) Yes
- D5. If you smoked cigarettes during the past 30 days, how did you usually get them? (Select only one response.)
- A) I did not smoke cigarettes in the past 30 days
  - B) I bought them in a store such as a convenience store, supermarket, or gas station
  - C) I bought them from a vending machine
  - D) I gave someone else money to buy them for me
  - E) I borrowed (or bummed) them from someone else
  - F) I took them from a store or family member
  - G) A friend gave them to me
  - H) A person 18 years or older gave them to me
  - I) Other people gave them to me
  - J) I got them some other way
- D6. During the past 30 days, on how many days did you smoke any cigars, cigarillos, or little cigars?
- A) 0 days
  - B) 1 to 2 days
  - C) 3 to 5 days
  - D) 6 to 9 days
  - E) 10 to 19 days
  - F) 20 to 30 days
- D7. If you now smoke cigarettes, would you like to quit smoking?
- A) I don't smoke cigarettes; does not apply
  - B) No
  - C) Yes

● Module D ●

D8. How many times have you tried to quit smoking cigarettes?

- A) I don't smoke cigarettes; does not apply
- B) 0 times
- C) 1 time
- D) 2 to 3 times
- E) 4 or more times

*If you used tobacco during the past 12 months, did you do any of the following things at school to get help to quit using?*

	I did not use tobacco	No	Yes
D9. Go to a special group or class	A	B	C
D10. Talk to an adult at your school about how to quit	A	B	C
D11. Talk to a peer helper about how to quit	A	B	C

D12. How hard would it be for you to refuse or say "no" to a friend who offered you a cigarette to smoke?

- A) Very hard
- B) Hard
- C) Easy
- D) Very easy

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

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

D15. How likely do you think it is that you will smoke one or more cigarettes in the next year?

- A) I am sure it will not happen
- B) It probably will not happen
- C) There is an even chance (50-50) that it will happen
- D) It probably will happen
- E) It will happen for sure

D16. About how many adults you know smoke cigarettes?

- A) None of them
- B) Some
- C) Many
- D) Most or all

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

	Very much agree	Agree	Disagree	Very much disagree
D17. Smoking makes kids look grown up.	A	B	C	D
D18. Smoking makes your teeth yellow.	A	B	C	D
D19. Smoking is cool.	A	B	C	D
D20. Smoking makes you smell bad.	A	B	C	D
D21. Smoking helps you make friends.	A	B	C	D
D22. Smoking is bad for your health.	A	B	C	D
D23. Smoking helps you relax.	A	B	C	D
D24. Smoking helps control your weight.	A	B	C	D

■ Module E ■

**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
E1.	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.)								
E2.	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.)								
E3.	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>					
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5 or more</u>
		A	B	C	D	E	F
E4.	Drink milk or eat yogurt? (In any form, including in cereal.)						
E5.	Drink soda pop?						
E6.	Drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)						
E7.	Eat french fries, potato chips, or other fried potatoes?						
E8.	Eat fruit? (Do not count fruit juice.)						
E9.	Eat vegetables? (Include salads and nonfried potatoes.)						
E10.	Has a doctor ever told you or your parent/guardian that you have asthma?						
	A) No						
	B) Yes						
	C) Don't know						

■ Module E ■

E11. Which of the following are you trying to do about your weight?

- A) Lose weight
- B) Gain weight
- C) Stay the same weight
- D) I am not trying to do anything about my weight

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

	No	Yes
E12. Exercise	A	B
E13. Eat less food, fewer calories, or foods low in fat	A	B
E14. Go without eating for 24 hours or more (also called fasting)	A	B
E15. Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast)	A	B
E16. Vomit or take laxatives	A	B

E17. How do you describe your weight?

- |                           |                        |
|---------------------------|------------------------|
| A) Very underweight       | D) Slightly overweight |
| B) Slightly underweight   | E) Very overweight     |
| C) About the right weight |                        |

E18. 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 | D) 2 hours         |
| B) Less than 1 hour                           | E) 3 hours         |
| C) 1 hour                                     | F) 4 hours         |
|   | G) 5 hours or more |

E19. 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 |

E20. 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 |                     |

## ■ Module E ■

- E21. 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  
B) Never wore a helmet  
C) Rarely wore a helmet  
D) Sometimes wore a helmet  
E) Most of the time wore a helmet  
F) Always wore a helmet
- E22. 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  
B) 1 day  
C) 2 days  
D) 3 days  
E) 4 days  
F) 5 days
- E23. 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.  
B) Less than 10 minutes  
C) 10 to 20 minutes  
D) 21 to 30 minutes  
E) More than 30 minutes
- E24. 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
- E25. During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?
- A) No  
B) Yes
- E26. During the past 7 days, how many days did you take a vitamin?
- A) 0 times  
B) 1 to 2 days  
C) 3 to 4 days  
D) 5 to 6 days  
E) Daily
- E27. Have you ever been taught about AIDS or HIV infection at school?
- A) No  
B) Yes  
C) Not sure
- E28. During the past 12 months, have you had an episode of asthma or an asthma attack?
- A) No  
B) Yes



## ■ Module E ■

- E29. 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
- E30. 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
- E31. 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
- E32. 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
- E33. 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

■ Module E ■

**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

★ Module F ★

**This section asks about sexual knowledge, opinions, and behavior.  
You will be able to answer that you never had sexual intercourse.**

- F1. About what percent of students in your school grade do you think ever had sexual intercourse? (For example, you might think about how many in a group of 100 students or three classrooms.)
- A) 0 percent (None)
  - B) 10 percent
  - C) 20 percent
  - D) 30 percent
  - E) 40 percent
  - F) 50 percent (Half)
  - G) 60 percent
  - H) 70 percent
  - I) 80 percent
  - J) 90 percent
  - K) 100 percent (All)

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

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

*In the past 6 months, have you talked with your parents or other adults in your family about ...*

	No	Yes
F4. What your parents think about teenagers having sex?	A	B
F5. Your questions about sex?	A	B
F6. Reasons why you shouldn't have sex at your age?	A	B
F7. How your life would change if you became a father or mother while you're a teenager?	A	B
F8. Birth control?	A	B
F9. AIDS/HIV and other sexually transmitted diseases?	A	B
F10. How likely do you think it is that you will choose to have sexual intercourse one or more times in the next year?		
A) I am sure it will not happen	D)	It probably will happen
B) It probably will not happen	E)	It will happen for sure
C) There is an even chance (50-50) that it will or won't happen		
F11. Have you ever had sexual intercourse?		
A) No		
B) Yes		

**If you just answered “No” to question F11, you do not have to answer the rest of the questions in Section F. If you answered “Yes” please continue.**

## ★ Module F ★

- F12. How old were you when you had sexual intercourse for the first time?**
- A) I have never had sexual intercourse
  - B) 11 years old or younger
  - C) 12 years old
  - D) 13 years old
  - E) 14 years old
  - F) 15 years old
  - G) 16 years old
  - H) 17 years old or older
- F13. During your life, with how many people have you had sexual intercourse?**
- A) I have never had sexual intercourse
  - B) 1 person
  - C) 2 people
  - D) 3 people
  - E) 4 people
  - F) 5 people
  - G) 6 or more people
- F14. During the past three months, with how many people did you have sexual intercourse?**
- A) I have never had sexual intercourse
  - B) I had sexual intercourse, but not during the past 3 months
  - C) 1 person
  - D) 2 people
  - E) 3 people
  - F) 4 people
  - G) 5 people
  - H) 6 or more people
- F15. Did you drink alcohol or use drugs before you had sexual intercourse the last time?**
- A) I have never had sexual intercourse
  - B) No
  - C) Yes
- F16. The last time you had sexual intercourse, did you or your partner use a condom?**
- A) I have never had sexual intercourse
  - B) No
  - C) Yes
- F17. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?**
- A) I have never had sexual intercourse
  - B) No method was used to prevent pregnancy
  - C) Birth control pills
  - D) Condoms
  - E) Depo-provera or other injectables
  - F) Withdrawal
  - G) Some other method
  - H) Not sure
- F18. How many times have you been pregnant or gotten someone pregnant?**
- A) 0 times
  - B) 1 time
  - C) 2 or more times
  - D) Not sure
- F19. Have you ever been forced to have sexual intercourse when you did not want to?**
- A) No
  - B) Yes

## + Module G +

Please answer these questions under Section G of your answer sheet

*How strongly do you agree or disagree with the following statements?*

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
G1. Teachers and other adults at this school treat all students with respect	A	B	C	D	E
G2. Teachers and other adults encourage me to work hard in school so I can be successful in college or at the job I choose.	A	B	C	D	E
G3. The teachers and other adults work hard to help me with my schoolwork when I need it.	A	B	C	D	E
G4. Teachers show how classroom lessons are important and helpful to me in real life	A	B	C	D	E
G5. Teachers give me a chance to take part in classroom discussions or activities	A	B	C	D	E
G6. The books and lessons in my classes include examples of my race or ethnic background.	A	B	C	D	E
G7. All students are treated fairly when they break school rules.	A	B	C	D	E
G8. I have been disrespected or mistreated by an adult at this school because of my race, ethnicity, or nationality.	A	B	C	D	E
G9. There is a lot of tension in this school between different cultures, races, or ethnicities	A	B	C	D	E
G10. The schoolyard and buildings are clean and in good condition.	A	B	C	D	E

## Module H

(Answer under the DASM Section on the front of your answer sheet.)

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

- H1. How safe do you feel in the neighborhood where you live?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe
- H2. Where do you usually go right after school is over? (Mark only ONE answer.)
- A) Your home, or another home (such as a friend, relative, or neighbor), with an adult there
  - B) Your home, or another home, without an adult there
  - C) A park or recreation program
  - D) A community, volunteer, or church group
  - E) Stay at school for an after-school program
  - F) Stay at school for an extra class, tutoring, or activity such as band, sports, or a club
  - G) To a job
  - H) Some other place
- H3. What do you usually do after school is over? (Mark ALL that you do for about one hour or more.)
- A) Do your schoolwork (homework or studying)
  - B) Get help with your schoolwork from an adult (such as a tutor)
  - C) Take private classes or lessons such as art, music, or dance
  - D) Play or practice a sport
  - E) Hang out with friends (talking, playing games, going to the mall or a movie)
  - F) Watch TV or play video games
  - G) Do religious activities or get religious instruction
  - H) Work at a job
  - I) Other

## Module H

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

H4. Please mark whether you agree with each of the following statements. (Mark ALL that are true for you.)

- A) My school doesn't have an after-school program.
- B) I don't know if my school has an after-school program.
- C) I wish my school had an after-school program.
- D) I don't know much about the after-school program.
- E) It has activities that we usually don't have during the school day.
- F) The after-school program doesn't interest me.
- G) It is a safe place to be after school.
- H) It helps you with schoolwork.
- I) The students that attend it really like it.
- J) I do not attend, but I would like to.

H5. In a normal school week, how many days do you usually go to your school's after-school program in the afternoon?

- A) Does not apply, my school doesn't have an after-school program
- B) 0 days
- C) 0 days, but I would like to go to an after-school program
- D) 1 day
- E) 2 days
- F) 3 days
- G) 4 days
- H) 5 days