

In-School Core Survey

Middle School Questionnaire

2023-2024

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

The survey is **anonymous** and **confidential**. No one will ever be able to connect you with your answers. Your answers are private.

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.

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did 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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Your School Schedule

1. Which of the following best describes your school schedule during the past 30 days?
- A) I went to school in person at my school building for the entire day, Monday through Friday. [In-School Model]
 - B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [Remote Learning Model]

Next, we would like some background information about you.

2. What grade are you in?
- A) 6th grade
 - B) 7th grade
 - C) 8th grade
 - D) 9th grade
 - E) 10th grade
 - F) 11th grade
 - G) 12th grade
 - H) Other grade
 - I) Ungraded
3. What is your gender?
- A) Male
 - B) Female
 - C) Nonbinary
 - D) Something else
4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. Are you transgender?
- A) No, I am not transgender
 - B) Yes, I am transgender
 - C) I am not sure if I am transgender
 - D) Decline to respond
5. Which of the following best describes you?
- A) Straight (not gay)
 - B) Lesbian or Gay
 - C) Bisexual
 - D) Something else
 - E) Not sure
 - F) Decline to respond

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6. What is your race or ethnicity? *(Mark All That Apply.)*
- | | |
|-------------------------------------|--|
| A) American Indian or Alaska Native | E) Native Hawaiian or Pacific Islander |
| B) Asian or Asian American | F) White |
| C) Black or African American | G) Something else |
| D) Hispanic or Latinx | |
7. If you are Asian or Pacific Islander, which groups best describe you? *(Mark All That Apply.)*
If you are **not** of Asian or Pacific Islander background, mark "A) Does not apply."
- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | G) Japanese |
| B) Asian Indian | H) Korean |
| C) Cambodian | I) Laotian |
| D) Chinese | J) Vietnamese |
| E) Filipino | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| F) Hmong | L) Other Asian |
8. If you are Hispanic or Latinx, which groups best describe you? *(Mark All That Apply.)*
If you are **not** of Hispanic or Latinx background, mark "A) Does not apply."
- | |
|--|
| A) Does not apply; I am not Hispanic or Latinx |
| B) Colombian |
| C) Cuban |
| D) Dominican |
| E) Guatemalan |
| F) Honduran |
| G) Mexican |
| H) Puerto Rican |
| I) Salvadoran |
| J) Other Hispanic or Latinx |
9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- | | |
|---|---|
| A) A home with one or more parent or guardian | E) Foster home, group care, or waiting placement |
| B) Other relative's home | F) Hotel or motel |
| C) A home with more than one family | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend's home | H) Other living arrangement |

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10. What is the highest level of education your parents or guardians completed? *(Mark the educational level of the parent or guardian who went the furthest in school.)*
- A) Did not finish high school
 - B) Graduated from high school
 - C) Attended college but did not complete four-year degree
 - D) Graduated from college
 - E) Don't know
11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
12. What language is spoken most of the time in your home?
- A) English
 - B) Spanish
 - C) Mandarin
 - D) Cantonese
 - E) Taiwanese
 - F) Tagalog
 - G) Vietnamese
 - H) Korean
 - I) Arabic
 - J) Other

APPLICABLE FOR NON-ENGLISH LANGUAGE AT HOME. [IF Q12 = B–J]

How well do you understand, speak, read, and write English?

	Very Well	Well	Not Well	Not At All
12A. Understand English	A	B	C	D
12B. Speak English	A	B	C	D
12C. Read English	A	B	C	D
12D. Write English	A	B	C	D

13. Are you in the English Learner Program at school?
- A) No
 - B) Yes
 - C) Don't know

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IF 13 = B, THEN 14; ELSE GO TO 15

14. How many years have you been in the English Learner Program across all schools you've attended?

- A) Less than 3 years
- B) 3 to 4 years
- C) 5 to 6 years
- D) 7 or more years

15. Do you have an IEP (Individualized Education Plan) or get special education services?

- A) No
- B) Yes
- C) Don't know
- D) Prefer not to say

16. What time did you go to bed last night?

- | | |
|-------------------|-------------------|
| A) Before 7:00 pm | E) 10:00–10:59 pm |
| B) 7:00–7:59 pm | F) 11:00–11:59 pm |
| C) 8:00–8:59 pm | G) 12:00–12:59 am |
| D) 9:00–9:59 pm | H) After 1:00 am |

17. Did you eat breakfast today?

- A) No
- B) Yes

18. In the past **30 days**, how often did you miss an entire day of school for any reason?

- | | |
|--|-------------------|
| A) I did not miss any days of school in the past 30 days | C) 2 days |
| B) 1 day | D) 3 or more days |

19. How many days a week do you usually go to your school's afterschool program?

- | | |
|--|-----------|
| A) I do not attend my school's afterschool program | D) 3 days |
| B) 1 day | E) 4 days |
| C) 2 days | F) 5 days |

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The next questions ask about your experiences with school in general.

20. 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 |
21. In the past **30 days**, did you miss a day of school for any of the following reasons? (*Mark All That Apply.*)
- | | |
|---|---|
| A) Does not apply; I didn't miss any school | G) Had to take care of or help a family member or friend |
| B) Illness (feeling physically sick), including problems with breathing or your teeth | H) Wanted to spend time with friends |
| C) Were being bullied or mistreated at school | I) Used alcohol or drugs |
| D) Felt very sad, hopeless, anxious, stressed, or angry | J) Were behind in schoolwork or weren't prepared for a test or class assignment |
| E) Didn't get enough sleep | K) Were bored or uninterested in school |
| F) Didn't feel safe at school or going to and from school | L) Had no transportation to school |
| | M) Other reason |

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

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
22. I feel close to people at this school.	A	B	C	D	E
23. I am happy to be at this school.	A	B	C	D	E
24. I feel like I am part of this school.	A	B	C	D	E
25. The teachers at this school treat students fairly.	A	B	C	D	E
26. I feel safe in my school.	A	B	C	D	E
27. My school is usually clean and tidy.	A	B	C	D	E
28. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
29. Parents feel welcome to participate at this school.	A	B	C	D	E

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	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
30. School staff take parent concerns seriously.	A	B	C	D	E
31. It is hard for me to stay focused when doing my schoolwork.	A	B	C	D	E
32. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
33. I try hard on my schoolwork because I am interested in it.	A	B	C	D	E
34. I work hard to try to understand new things when doing my schoolwork.	A	B	C	D	E
35. I am always trying to do better in my schoolwork.	A	B	C	D	E

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

	Strongly Disagree										Strongly Agree
	0	1	2	3	4	5	6	7	8	9	10
36. School is really boring.	A	B	C	D	E	F	G	H	I	J	K
37. School is worthless and a waste of time.	A	B	C	D	E	F	G	H	I	J	K

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

There is a teacher or some other adult from my school...

	Not At All True	A Little True	Pretty Much True	Very Much True
38. who really cares about me.	A	B	C	D
39. who tells me when I do a good job.	A	B	C	D
40. who notices when I'm not there.	A	B	C	D

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	Not At All True	A Little True	Pretty Much True	Very Much True
41. who always wants me to do my best.	A	B	C	D
42. who checks on how I am feeling.	A	B	C	D
43. who listens to me when I have something to say.	A	B	C	D
44. 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
45. I do interesting activities.	A	B	C	D
46. I help decide things like class activities or rules.	A	B	C	D
47. I do things that make a difference.	A	B	C	D
48. I have a say in how things work.	A	B	C	D
49. I help decide school activities or rules.	A	B	C	D

Alcohol & Other Drugs Module

Form A

These 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, as ordered or prescribed by a doctor.

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

		Years of Age									
		Never	10 or Under	11	12	13	14	15	16	17	18 or Over
X1.	A drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
X2.	Part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
X3.	A vape product such as an e-cigarette (JUUL), vape pen, or mod	A	B	C	D	E	F	G	H	I	J
X4.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F	G	H	I	J
X5.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I	J
X6.	If you drink alcohol, how much do you usually drink?										
	A) I don’t drink alcohol										
	B) Just enough to feel it a little										
	C) Enough to feel it moderately										
	D) Until I feel it a lot or get really drunk										
X7.	Have you used <u>alcoholic beverages, marijuana, or other drugs</u> in the <u>past 12 months</u> for any of the following reasons? (Mark All That Apply.)										
	A) Does not apply, I haven’t used alcohol, marijuana, or other drugs in the past 12 months.										
	B) To experiment (try using)										
	C) To get high										
	D) To have a good time with friends										
	E) To fit in with a group you like										
	F) Because of boredom										
	G) To relax										
	H) To get away from problems										
	I) Because of anger or frustration										
	J) To get through the day										
	K) Because it made you feel better										
	L) To seek deeper insights and understanding										
	M) None of the above										

CALIFORNIA *healthy kids* SURVEY

Alcohol & Other Drugs Module

Form A

X8. How do *most* students at your school who drink alcohol usually get it? (*Mark All That Apply.*)

- A) At school
- B) At parties
- C) At concerts or other social events
- D) At their own home
- E) From adults at friends' homes
- F) From friends or another teenager
- G) Get adults to buy it for them
- H) Buy it themselves from a store
- I) At bars, clubs, or gambling casinos
- J) Other
- K) Don't know

X9. How do *most* kids at your school who use marijuana usually get it? (*Mark All That Apply.*)

- A) At school
- B) At parties
- C) At concerts or other social events
- D) At their own home
- E) From an adult acquaintance
- F) From friends or another teenager
- G) Buy it at a marijuana dispensary
- H) At bars or clubs
- I) Other
- J) Don't know

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

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
X10. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
X11. Trying marijuana once or twice	A	B	C
X12. Using marijuana <u>once a month or more regularly</u>	A	B	C
X13. During the past <u>12 months</u> , have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?			
A) No			
B) Yes			
X14. During the past <u>12 months</u> , have you heard, read, or watched any messages about not using alcohol or drugs?			
A) No			
B) Yes			

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Alcohol & Other Drugs Module

Form A

How wrong do your parents or guardians feel it would be if you did the following?

	Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X15. Take one or two drinks of alcohol nearly every day	A	B	C	D
X16. Smoke tobacco	A	B	C	D
X17. Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X18. Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X19. Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

How wrong would your close friends feel it would be if you did the following?

	Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X20. Take one or two drinks of alcohol nearly every day	A	B	C	D
X21. Smoke tobacco	A	B	C	D
X22. Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X23. Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X24. Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

X25. During your life, how many times have you ridden in a car driven by someone who had been using alcohol or drug?

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

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Behavioral Health Module

Form B

The first set of questions asks about your family, friends, and neighborhood.

How true do you feel these statements are about your family?

<i>In my home, there is a parent or some other adult who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X1. talks with me about my problems.	A	B	C	D
X2. helps me when I am upset.	A	B	C	D
X3. makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about your friends?

<i>I have a friend my age who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X4. talks with me about my problems.	A	B	C	D
X5. helps me when I am upset.	A	B	C	D
X6. makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about a teacher or other adult at school?

<i>At my school, there is a teacher or other adult who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X7. would understand my problems if I shared them.	A	B	C	D
X8. would be helpful to me if I came to school upset.	A	B	C	D
X9. makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about your feelings at school?

<i>At my school,...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X10. I feel socially accepted.	A	B	C	D
X11. I feel that I matter to others.	A	B	C	D

Behavioral Health Module

Form B

The following questions ask about how safe you feel in your neighborhood and at home where you live.

	Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe
X12. How safe do you feel at home or the place where you live?	A	B	C	D	E
X13. How safe do you feel in the neighborhood where you live?	A	B	C	D	E

These questions ask about how you felt or what you did in the past 30 days.

	Never	1-3 Times a Month	1-2 Times a Week	2-3 Times a Week	Almost Every Day
X14. I got upset easily or got into arguments or physical fights.	A	B	C	D	E
X15. I had trouble concentrating or paying attention.	A	B	C	D	E
X16. I had trouble feeling happiness or love.	A	B	C	D	E
X17. I felt alone even when I was around other people.	A	B	C	D	E
X18. I had trouble going to sleep, woke up often, or had trouble getting back to sleep.	A	B	C	D	E

The next questions ask about your feelings.

	Never	Rarely	Sometimes	Often
X19. How often do you feel lonely?	A	B	C	D
X20. How often do you feel that you are no longer close to anyone?	A	B	C	D

Behavioral Health Module

Form B

- X21.** When everybody around you gets angry, how relaxed can you stay?
- A) Not relaxed at all
 - B) Slightly relaxed
 - C) Somewhat relaxed
 - D) Quite relaxed
 - E) Extremely relaxed
- X22.** How often are you able to control your emotions when you need to?
- A) Almost never
 - B) Once in a while
 - C) Sometimes
 - D) Frequently
 - E) Almost always
- X23.** When things go wrong for you, how calm are you able to remain?
- A) Not calm at all
 - B) Slightly calm
 - C) Somewhat calm
 - D) Quite calm
 - E) Extremely calm

The next questions ask about your feelings about your weight and body shape, dieting, and self-harm behavior.

- X24.** Over the past 30 days, how satisfied have you been with your **weight** and **shape**?
- A) Very Dissatisfied
 - B) Dissatisfied
 - C) Neither Dissatisfied nor Satisfied
 - D) Satisfied
 - E) Very Satisfied
- X25.** 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

IF X25 = A OR X25 = C, GO TO X25A; ELSE GO TO X26

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Behavioral Health Module

Form B

During the past 30 days, please indicate which of the following things you did to lose weight or keep from gaining weight:

	No	Yes
X25a. Exercise	A	B
X25b. Eat less food, fewer calories, or foods low in fat	A	B
X25c. Go without eating for 12 hours or more (also called fasting)	A	B
X25d. Take diet pills, powders, or liquids without a doctor's advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
X25e. Vomit or take laxatives	A	B

X26. During the past 12 months, how many times did you do something to purposely hurt yourself, such as cutting, scratching, or burning yourself?

- A) 0 times
- B) 1 time
- C) 2 or 3 times
- D) 4 or 5 times
- E) 6 or more times

Below is a list of symptoms that students sometimes have.

In the last 2 weeks, how much were you **bothered** by the following physical problems?

	Not at All	A Little	Some	A Lot	A Whole Lot
X27. Stomachaches	A	B	C	D	E
X28. Headaches	A	B	C	D	E
X29. Pains in your lower back	A	B	C	D	E
X30. Feeling faint or dizzy	A	B	C	D	E
X31. Heart beating too fast (even when you are not exercising)	A	B	C	D	E

Behavioral Health Module

Form B

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
X32. I know where to go or who to contact at school for help when I am very sad, stressed, lonely, or depressed.	A	B	C	D
X33. People at my school talk openly about mental health.	A	B	C	D
X34. My school encourages students to take care of their mental health.	A	B	C	D

The next questions ask about when someone you know was having a hard time and feeling very sad, stressed, lonely, or depressed.

If someone my age felt very sad, stressed, lonely, or depressed,...

	Strongly Disagree	Disagree	Agree	Strongly Agree
X35. talking to an adult could help them feel better.	A	B	C	D
X36. kids at my school would be nice to them.	A	B	C	D
X37. If you were feeling very sad, stressed, lonely, or depressed, would you... <i>(Mark All That Apply.)</i>				
A) talk to a teacher or another adult from your school?				
B) talk to your parents or someone else in your family?				
C) get help from a counselor or therapist?				
D) talk to your friends?				
E) be afraid to get help?				
F) not know what to do?				

The next questions ask about talking to a counselor or therapist when feeling very sad, stressed, lonely, or depressed.

- X38. In the past year, did you want to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed?
- A) No
 - B) Yes
 - C) I don't know

Behavioral Health Module

Form B

X39. In the past year, did you get help from a counselor or therapist when you needed it?

- A) Does not apply, I didn't need help.
- B) No, I didn't get help when I needed it.
- C) Yes, I got help when I needed it.

IF X39 = C, GO TO X40; ELSE GO TO X41

X40. In the past year, where did you get help from a counselor or therapist? (*Mark All That Apply.*)

- A) Nowhere
- B) At school (in person, by phone, or online)
- C) From a counselor or therapist not from my school (in person, by phone, or online)
- D) Somewhere else
- E) I don't know

X41. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to get help?

- A) No
- B) Yes
- C) I don't know

X42. If you were very sad, stressed, lonely, or depressed, would any of these things stop you from talking to a counselor or therapist? (*Mark All That Apply.*)

- A) I would not know where to go for help
- B) There isn't anyone I can talk to
- C) They wouldn't understand
- D) People would think there is something wrong with me
- E) My parents might find out
- F) Other students might find out
- G) I wouldn't have a way to pay for it
- H) I wouldn't want to talk to a counselor or therapist
- I) Other reasons
- J) Does not apply, none of these things would stop me from talking to a counselor or therapist.

Military Module

SUPPLEMENT 1

**Here are some questions about you, your family, and the military.
You will be able to answer all of the questions even if no one in
your family is in the military.**

- X1.** Do you have someone in your family (like a parent, grandparent, brother, sister) who is **currently** in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
- X2.** Who in your family is **currently** in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)? *(You can mark more than one answer if you have more than one family member in the military.)*
- A) No one in my family is in the military
 - B) Father
 - C) Mother
 - D) Brother or sister
 - E) Grandparent or other relative
 - F) Don't know

How true is each of these sentences about you and your family?

	Not At All True	A Little True	Pretty Much True	Very Much True
X3. I feel proud of my family.	A	B	C	D
X4. My family is very close, and we support each other.	A	B	C	D
X5. My family gets support from relatives and friends.	A	B	C	D
X6. I feel supported by other families in my community.	A	B	C	D
X7. I feel that I have more responsibilities at home (like chores) than my friends.	A	B	C	D
X8. I have traveled a lot and have seen many interesting places.	A	B	C	D
X9. I am more independent than many of my friends.	A	B	C	D
X10. I know how to solve problems in my life better than most of my friends.	A	B	C	D

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Military Module

SUPPLEMENT 1

How true is each of these sentences about you and your family?

	Not At All True	A Little True	Pretty Much True	Very Much True
X11. I am more interested in volunteering and helping others than are many of my friends.	A	B	C	D
X12. When I grow up, I would like to join the military (Army, Navy, Marines, Air Force, National Guard, or Reserves).	A	B	C	D
X13. Adults in this school respect my family.	A	B	C	D
X14. I have a hard time paying attention in school.	A	B	C	D
X15. My parents help me with my school work.	A	B	C	D
X16. My parents come to school to meet my teachers or to attend events (like parent nights, sports events, plays, or concerts).	A	B	C	D
X17. Other students in school do not really understand my family life.	A	B	C	D
X18. I have a hard time making friends because I have to change schools often.	A	B	C	D

In the last 30 days, how often did you...

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time
X19. feel full of energy?	A	B	C	D	E
X20. feel happy?	A	B	C	D	E
X21. feel like everything is hard to do?	A	B	C	D	E
X22. feel like nothing makes you happy?	A	B	C	D	E
X23. feel proud?	A	B	C	D	E
X24. feel restless, cannot stay still in one place?	A	B	C	D	E
X25. feel good about life?	A	B	C	D	E
X26. feel nervous?	A	B	C	D	E
X27. feel that you do not have much hope?	A	B	C	D	E
X28. feel excited?	A	B	C	D	E
X29. feel like you are not important?	A	B	C	D	E
X30. feel strong?	A	B	C	D	E

Military Module

SUPPLEMENT 1

- X31. In the **last five years**, how many times did you change your school because your family had to move?
- A) I did not change schools
 - B) Once
 - C) Twice
 - D) Three times
 - E) Four times
 - F) More than four times
- X32. If you changed schools, did you have any difficulties because your course credit earned at your previous school was not counted in your new school?
- A) I did not change schools.
 - B) I did not have any problems.
 - C) I had minor problems.
 - D) I had serious problems when I changed schools.

**The next few questions ask about your family and the military
(Army, Navy, Marines, Air Force, National Guard, or Reserves).**

- X33. Do you have someone in your family (like a parent, grandparent, brother, sister) who is in the military now or sometime in the **last 10 years**?
- A) No
 - B) Yes
 - C) Don't know

DISPLAY REMAINING ITEMS IF X33 == YES

- X34. As far as you can remember, how many times in the **last 10 years** did any member of your family leave home and serve (deploy) **outside the USA**?
- A) Never
 - B) Once
 - C) Twice or more
 - D) Don't know

CALIFORNIA *healthy kids* SURVEY

Military Module

SUPPLEMENT 1

How true is each of these sentences?

	Not True	A Little True	Pretty Much True	Very Much True
X35. I feel that my family makes an important sacrifice for our country because we are in the military.	A	B	C	D
X36. The military is doing many things to help my family.	A	B	C	D
X37. I feel that other military families support me and my family.	A	B	C	D
X38. Sometimes I feel that my teachers do not appreciate the sacrifices my family makes for our country because we are in the military.	A	B	C	D
X39. I worry about a family member who is serving in the military outside the USA.	A	B	C	D