

◆ Module A ◆

High School Questionnaire**2007-08**

This is a survey about school and health-related behaviors, experiences, and attitudes. 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 will be able to answer whether or not you have done or experienced any of these things

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs.

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. 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 2.

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) Shelter
 - I) On the street (no fixed housing), car or van, park campground or abandoned building
 - J) Migrant housing
 - K) Other transitional or temporary housing
 - L) Other living arrangement

Please mark how TRUE you feel the next 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>
A10. I feel close to people at this school.	A	B	C	D	E
A11. I am happy to be at this school.	A	B	C	D	E
A12. I feel like I am part of this school.	A	B	C	D	E
A13. The teachers at this school treat students fairly.	A	B	C	D	E
A14. I feel safe in my school.	A	B	C	D	E

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

	<u>Not At All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
A15. Who really cares about me.	A	B	C	D
A16. Who tells me when I do a good job.	A	B	C	D
A17. Who notices when I'm not there.	A	B	C	D
A18. Who always wants me to do my best.	A	B	C	D
A19. Who listens to me when I have something to say.	A	B	C	D
A20. Who believes that I will be a success.	A	B	C	D

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At school...

	Not At All True	A Little True	Pretty Much True	Very Much True
A21. I do interesting activities.	A	B	C	D
A22. I help decide things like class activities or rules.	A	B	C	D
A23. 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
A24. Who really cares about me.	A	B	C	D
A25. Who tells me when I do a good job.	A	B	C	D
A26. Who notices when I am upset about something.	A	B	C	D
A27. Who believes that I will be a success.	A	B	C	D
A28. Who always wants me to do my best.	A	B	C	D
A29. Whom I trust.	A	B	C	D

Outside of my home and school, I do these things...

	Not At All True	A Little True	Pretty Much True	Very Much True
A30. I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
A31. I am involved in music, art, literature, sports or a hobby.	A	B	C	D
A32. I help other people.	A	B	C	D
A33. Did you eat breakfast today?				
A) No				
B) Yes				

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The next questions ask about use of alcohol, tobacco, marijuana, and other drugs without a doctor’s prescription for medical reasons.

Keep the following definitions in mind.

- One drink of alcohol means drinking one regular size can or bottle of beer, 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, you use to get “high”.

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

		Number of times					
		0 times	1 time	2 times	3 times	4-6 times	7 or more times
A34.	A whole cigarette?	A	B	C	D	E	F
A35.	Smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D	E	F
A36.	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
A37.	Marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A38.	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
A39.	Cocaine (any form, coke, crack, rock, base, snort)?	A	B	C	D	E	F
A40.	Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice)?	A	B	C	D	E	F
A41.	Derbisol (DB, derbs, dirt)?	A	B	C	D	E	F
A42.	LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E	F
A43.	Ecstasy (E, X, EXTC, MDMA)?	A	B	C	D	E	F
A44.	Heroin (smack, junk, China white, black tar)?	A	B	C	D	E	F
A45.	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 orders (to get "high" or "stoned")?

		<u>Number of times</u>					
		<u>0 times</u>	<u>1 time</u>	<u>2 times</u>	<u>3 times</u>	<u>4-6 times</u>	<u>7 or more times</u>
A46.	Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™, etc.)?	A	B	C	D	E	F
A47.	Barbiturates (Seconol™, Nembutol™, Amital™, reds, yellow jackets, etc.)?	A	B	C	D	E	F
A48.	Tranquilizers, or sedatives, (tranks, libs, Xanax™, Valium™, Ativan™, Librium™, Klonopin™, etc.), bezodiazepine (benzos)?	A	B	C	D	E	F
A49.	Cold/Cough Medicines to get "high" (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough, etc.)?	A	B	C	D	E	F
A50.	Diet Pills to get high (Didrex, Dexedrine, Zinadrine, skittles, M&M's)?	A	B	C	D	E	F
A51.	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...

		<u>Number of times</u>					
		<u>0 times</u>	<u>1 time</u>	<u>2 times</u>	<u>3 times</u>	<u>4-6 times</u>	<u>7 or more times</u>
A52.	Very drunk or sick after drinking alcohol?	A	B	C	D	E	F
A53.	"High" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
A54.	Drunk on alcohol or "high" on drugs on school property?	A	B	C	D	E	F

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 older</u>
A55.	Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
A56.	Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
A57.	Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
A58.	Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
A59.	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
A60. Cigarettes?	A	B	C	D	E	F
A61. Smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
A62. At least one drink of alcohol?	A	B	C	D	E	F
A63. Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
A64. Marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A65. Inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
A66. Cocaine (any form, coke, crack, rock, base, snort)?	A	B	C	D	E	F
A67. Methamphetamine or amphetamines (meth, speed, crystal, crank, ice)?	A	B	C	D	E	F
A68. Ecstasy, LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E	F
A69. Any other illegal drug or pill to get "high"?	A	B	C	D	E	F
A70. Two or more drugs at the same time (for example, alcohol with marijuana, or cocaine with PCP)?	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
A71. Smoke cigarettes?	A	B	C	D	E	F
A72. Have at least one drink of alcohol?	A	B	C	D	E	F
A73. Smoke marijuana?	A	B	C	D	E	F
A74. Use any other illegal drug or pill to get "high"?	A	B	C	D	E	F
A75. How do you usually 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						
A76. 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	
A77. Smoke cigarettes occasionally	A	B	C	D
A78. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A79. Drink alcohol occasionally	A	B	C	D
A80. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A81. Smoke marijuana occasionally	A	B	C	D
A82. 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
	A83. Cigarettes	A	B	C	D
A84. Alcohol	A	B	C	D	E
A85. 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)
A86. Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K
A87. Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K
A88. During your life, 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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A89. 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) Get into trouble in 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?

	<u>Neither Approve Nor Disapprove</u>	<u>Somewhat Disapprove</u>	<u>Strongly Disapprove</u>
A90. Smoking one or more packs of cigarettes a day?	A	B	C
A91. Having one or two drinks of any alcoholic beverage nearly every day?	A	B	C
A92. Trying marijuana or hashish once or twice?	A	B	C
A93. Using marijuana once a month or more?	A	B	C
A94. Carrying a weapon to school?	A	B	C

A95. 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

A96. 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) Didn't like the way you felt when you were not "high" or drunk
- 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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- A97. 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
- A98. 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
A99.	Been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A100.	Been afraid of being beaten up?	A	B	C	D
A101.	Been in a physical fight?	A	B	C	D
A102.	Had mean rumors or lies spread about you?	A	B	C	D
A103.	Had sexual jokes, comments, or gestures made to you?	A	B	C	D
A104.	Been made fun of because of your looks or the way you talk?	A	B	C	D
A105.	Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A106.	Been offered, sold, or given an illegal drug?	A	B	C	D
A107.	Damaged school property on purpose?	A	B	C	D
A108.	Carried a gun?	A	B	C	D

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
A109.	Carried any other weapon, such as a knife or club?	A	B	C	D
A110.	Been threatened or injured with a weapon (gun, knife, club etc)?	A	B	C	D
A111.	Seen someone carrying a gun, knife, or other weapon?	A	B	C	D

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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 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
A112. Your race, ethnicity, or national origin	A	B	C	D
A113. Your religion	A	B	C	D
A114. Your gender (being male or female)	A	B	C	D
A115. Because you are gay or lesbian or someone thought you were	A	B	C	D
A116. A physical or mental disability	A	B	C	D
A117. Any other reason	A	B	C	D

A118. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis?

- A) More likely
- B) Less likely
- C) Would make no difference

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. Do you consider yourself a member of a gang?

- A) No
- B) Yes

A121. During the past 12 months, 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

A122. During the past 12 months, 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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- A123. 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
- A124. 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
- A125. 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 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						

California Healthy Kids Survey

◆ Section G ◆

Santa Clara County Public Health High School Module G

This section contains questions about health-related behaviors and attitudes. Although some of the questions in this section may be similar to questions asked in the previous section, they are different.

The first few questions deal with the use of alcohol and other drugs and about behavior relating to safety. Please answer all questions. Even if you have never tried alcohol or drugs, you will be able to answer that you never used.

G1. How old were you when you had your first drink of alcohol other than a few sips?

- | | |
|--|--------------------------|
| A) I have never had a drink of alcohol other than a few sips | E) 13 or 14 years old |
| B) 8 years old or younger | F) 15 or 16 years old |
| C) 9 or 10 years old | G) 17 years old or older |
| D) 11 or 12 years old | |

G2. How old were you when you tried marijuana for the first time?

- | | |
|---------------------------------|--------------------------|
| A) I have never tried marijuana | E) 13 or 14 years old |
| B) 8 years old or younger | F) 15 or 16 years old |
| C) 9 or 10 years old | G) 17 years old or older |
| D) 11 or 12 years old | |

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

	0 times	1 time	2 or 3 times	4 or more times
G3. Been in a physical fight?	A	B	C	D
G4. Been in a physical fight in which you were injured and had to be treated by a doctor or nurse?	A	B	C	D

California Healthy Kids Survey

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G5. During the past **30 days**, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- A) Never (0 times)
- B) 1 time
- C) 2 or 3 times
- D) 4 or 5 times
- E) 6 or more times

G6. During the past **30 days**, how many times did you **drive** a car or other vehicle when you had been drinking alcohol?

- A) Never (0 times)
- B) 1 time
- C) 2 or 3 times
- D) 4 or 5 times
- E) 6 or more times

G7. If you bought cigarettes in a store during the past **30 days**, were you ever asked to show proof of your age?

- A) I never bought cigarettes
- B) No
- C) Yes

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

G8. During the past **12 months**, did you ever **seriously** consider attempting suicide?

- A) No
- B) Yes

G9. During the past **12 months**, did you make a plan about how you would attempt suicide?

- A) No
- B) Yes

California Healthy Kids Survey

◆ Section G ◆

G10. 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

G11. 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

These questions are about physical activity, diet, and general health.

G12. 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
G13. Exercise	A	B
G14. Eat less food, fewer calories, or foods low in fat	A	B
G15. Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast.)	A	B
G16. Vomit or take laxatives	A	B

G17. How do **you** describe your weight?

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

California Healthy Kids Survey

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G18. During the past 12 months, have you ever had an episode of asthma or an asthma attack?

- A) No
- B) Yes

G19. 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

G20. 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
- 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

G21. On an average school day, how many hours do you watch TV or play video games?

- A) I do not watch TV or play video games during an average school day
- B) Less than 1 hour
- C) 1 hour
- D) 2 hours
- E) 3 hours
- F) 4 hours
- G) 5 or more hours

G22. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- | | |
|-----------|-----------|
| A) 0 days | D) 3 days |
| B) 1 day | E) 4 days |
| C) 2 days | F) 5 days |

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G23. How often do you wear a seat belt when **riding in** a car driven by someone else?

- A) Never
- B) Rarely
- C) Sometimes
- D) Most of the time
- E) Always

G24. 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

G25. 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

G26. During the past **12 months**, did you visit a dentist for an examination, teeth cleaning or dental work?

- A) No
- B) Yes

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These questions deal with sexual behavior. Please answer all questions whether or not you have ever had sexual intercourse. For each question you will be able to answer you never had sexual intercourse.

G27. How old were you when you had sexual intercourse for the first time?

- | | |
|--|--------------------------|
| A) I have never had sexual intercourse | E) 14 years old |
| B) 11 years old or younger | F) 15 years old |
| C) 12 years old | G) 16 years old |
| D) 13 years old | H) 17 years old or older |

G28. During the past **three months**, with how many people did you have sexual intercourse?

- | | |
|---|---------------------|
| A) I have never had sexual intercourse | D) 2 people |
| B) I had sexual intercourse, but not during the past 3 months | E) 3 people |
| C) 1 person | F) 4 people |
| | G) 5 people |
| | H) 6 or more people |

G29. 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

G30. 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

G31. 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

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G32. 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

G33. 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
- B) It probably will not happen
- C) There is an even chance (50-50) that it will or won't happen
- D) It probably will happen
- E) It will happen for sure

G34. Have you **ever** been forced to have sexual intercourse when you did not want to?

- A) No
- B) Yes

The following questions are about tobacco use, attitudes, and your experiences with tobacco education at school.

G35. How old were you when you smoked a whole cigarette for the first time?

- A) I have never smoked a whole cigarette.
- B) 8 years old or younger
- C) 9 or 10 years old
- D) 11 or 12 years old
- E) 13 or 14 years old
- F) 15 or 16 years old
- G) 17 years old or older

G36. During the past **30 days**, on how many days did you smoke 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

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G37. Have you **ever** smoked cigarettes daily, that is, at least one cigarette every day for **30 days**?

- A) No
- B) Yes

G38. 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 | D) 2 to 5 cigarettes per day |
| B) Less than 1 cigarette per day | E) 6 to 10 cigarettes per day |
| C) 1 cigarette per day | F) 11 to 20 cigarettes per day |
| | G) More than 20 cigarettes per day |

G39. During the **past 12 months**, did you ever try to quit smoking cigarettes?

- A) I did not smoke during the past 12 months
- B) Yes
- C) No

G40. 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 them from someone else
- F) I stole them
- G) A friend gave them to me
- H) Other people gave them to me
- I) I got them some other way