

**AUBURN UNION SCHOOL DISTRICT**  
**CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY**  
**2008-2009 SCHOOL YEAR**

Dear Parent or Guardian,

Your child is being asked to be a part of our school's Healthy Kids Survey sponsored by the California Department of Education. This is a very important survey that will help promote better health among our youth and combat problems such as drug abuse and violence. *Your child does not have to take the survey. Participation is voluntary and requires your permission.*

**Survey Content.** The survey gathers information on behaviors such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; and environmental and individual strengths and assets. You may examine the questionnaire in the school office, District Office, or at your district's website: [www.auburn.k12.ca.us](http://www.auburn.k12.ca.us)

**It is Voluntary.** Students who agree to participate with your permission only have to answer the questions they want to answer and they may stop taking it at any time.

**It is Anonymous.** No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

**Administration.** The survey will be administered in [DATE OF SURVEY ADMINISTRATION]. It will take about one class period to complete (about 50 minutes).

**Potential Risks.** There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in seven years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

**For Further Information.** The survey was developed by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, you may call your school or Denise Lino at 745-8814.

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### **CHKS Parent Consent Form**

Please check below whether you grant permission, sign, and return this form to the teacher who distributed it within three days:

I *give permission* for my child to be in the Healthy Kids Survey.

I *do not give permission* for my child to be in the Healthy Kids Survey.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child's name is: \_\_\_\_\_

(Please Print)

**THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT!!!**

AUBURN UNION SCHOOL DISTRICT  
**CONSENTIMIENTO PARA PARTICIPAR EN LA ENCUESTA  
CALIFORNIA HEALTHY KIDS  
AÑO ESCOLAR 2008-2009**

Estimado padre, madre o guardián:

Se le está pidiendo a su niño que forme parte de nuestra Encuesta Healthy Kids patrocinada por el Departamento de Educación de California. Esta es una encuesta de suma importancia que ayudará a promover una mejor salud entre nuestros jóvenes y a combatir problemas como el abuso de drogas y la violencia. *Su niño no tiene que completar la encuesta. La participación es voluntaria y se requiere su permiso.*

**Contenido de la encuesta.** La encuesta recolecta información sobre comportamientos como la actividad física y los hábitos alimenticios; sobre el alcohol, el tabaco y otros usos de drogas; sobre la seguridad en las escuelas; y sobre los puntos fuertes y los valores relacionados con el ambiente y el individuo. Usted puede examinar el cuestionario en la oficina de la escuela, o en el sitio web de su distrito: [www.auburn.k12.ca.us](http://www.auburn.k12.ca.us)

**La participación es voluntaria.** Los alumnos que participan sólo tienen que responder a las preguntas que quieran contestar y pueden dejar de realizar la encuesta en cualquier momento.

**La encuesta es anónima.** Ningún nombre será registrado o adjuntado a las formas o a la información de la encuesta. Los resultados se darán a conocer únicamente para análisis bajo controles confidenciales estrictos.

**Administración.** La encuesta será administrada el día [DATE OF SURVEY ADMINISTRATION]. Tomará aproximadamente un período de clase para completar (unos 50 minutos).

**Riesgos potenciales.** No se conoce ningún riesgo de daños físicos para su niño. Los riesgos nocivos de tipo psicológico o social son muy pequeños. No se ha reportado ninguno en los siete años que se ha administrado la encuesta. En casos poco comunes, algunas preguntas podrían hacerlo sentir incómodo. Los servicios de consejería de la escuela estarán disponibles para responder a cualquier pregunta personal que pudiera surgir.

**Para obtener más información.** La encuesta fue desarrollada por WestEd, una institución educativa sin fines de lucro. Si tiene alguna pregunta sobre esta encuesta o sobre sus derechos, llame al oficina de la escuela.

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**Forma de Consentimiento de los Padres para participar en la Encuesta CHKS**

Por favor, indique abajo si usted otorga su permiso, firme y regrese esta forma en los siguiente tres días al maestro que la haya distribuido:

\_\_\_ *Doy mi permiso* para que mi hijo complete la Encuesta Healthy Kids.

\_\_\_ *No doy mi permiso* para que mi hijo complete la Encuesta Healthy Kids.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

El nombre de mi hijo es: \_\_\_\_\_  
(Use letra de molde)

¡GRACIAS POR COMPLETAR Y REGRESAR ESTE CONSENTIMIENTO!

## Elementary School Survey

### Bilingual 2008-2009

- This survey is voluntary. You do not have to complete this survey, but we hope that you will. We need your help!
- Your answers will improve health programs.
- Please do not write your name on this form or the answer sheet. No one but you will know how you answer these questions.
- Please mark only one answer for each question on the answer sheet. Fill in the bubbles neatly with a #2 pencil. Please do not write on the survey questionnaire.
- Please read every question carefully. Mark one choice on your answer sheet for each question.
- Esta encuesta es voluntaria. No tienes que participar, pero esperamos que nos ayudes. ¡Necesitamos tu ayuda!
- Tus respuestas ayudarán a mejorar programas de salud.
- No escribas tu nombre en este papel ni en la hoja de respuestas. Nadie más que tú sabrá cómo contestaste las preguntas.
- Por favor marque solo una respuesta por cada pregunta en la hoja de respuestas. Llena bien las casillas redondas con un lápiz #2. No escribas en el cuestionario de la encuesta.
- Lea cada pregunta con cuidado. Marque una respuesta por cada pregunta en la hoja de respuestas.

**Thank you for taking this survey!**

**¡Gracias por participar en esta encuesta!**

First, write your **SCHOOL NAME** on the top of the answer sheet.

Primero escriba el nombre de tu escuela en la parte superior de la hoja de respuestas.

1. Fill in the bubble for number "3."
2. How old are you?
  - A) 7 years old, or younger than 7
  - B) 8 years old
  - C) 9 years old
  - D) 10 years old
  - E) 11 years old
  - F) 12 years old
  - G) 13 years old, or older than 13
3. Are you female or male?
  - A) Female
  - B) Male
4. What grade are you in?
  - A) 3rd grade
  - B) 4th grade
  - C) 5th grade
  - D) 6th grade
5. During the past year, how many times have you moved (changed where you live)?
  - A) 0 times
  - B) 1 time
  - C) 2 or more times
6. Did you eat breakfast this morning?
  - A) No
  - B) Yes

1. Llena la casilla redonda del número "3."
2. ¿Cuántos años tienes?
  - A) 7 años de edad, o menos de 7 años
  - B) 8 años
  - C) 9 años
  - D) 10 años
  - E) 11 años
  - F) 12 años
  - G) 13 años o mayor de 13 años
3. ¿Eres niña o niño?
  - A) Niña
  - B) Niño
4. ¿En qué grado estás?
  - A) 3
  - B) 4
  - C) 5
  - D) 6
5. ¿Cuántas veces has cambiado de domicilio (cambiado de casa) durante el año pasado?
  - A) 0 veces
  - B) 1 vez
  - C) 2 o más veces
6. ¿Desayunaste hoy?
  - A) No
  - B) Sí

7. **When you ride in a car do you wear a seat belt?**
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
8. **When you ride a bicycle do you wear a helmet?**
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
  - E) I do not ride a bicycle
7. **Quando viajas en un auto, ¿usas el cinturón de seguridad?**
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
8. **¿Cuándo montas en bicicleta, ¿usas casco?**
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
  - E) No monto en bicicleta

**The next questions ask about your school.**

**Las próximas son preguntas acerca de tu escuela.**

9. **Do you feel close to people at school?**
- A) No, never.
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
10. **Are you happy to be at this school?**
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
9. **¿Te sientes en confianza con personas en la escuela?**
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
10. **¿Estas feliz de estar en esta escuela?**
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre

11. Do you feel like you are part of this school?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
12. Do teachers treat students fairly at school?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
13. Do you help make class rules or choose things to do at school?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
14. Do the teachers and other grown-ups at school care about you?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
15. Do the teachers and other grown-ups at school tell you when you do a good job?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
11. ¿Te sientes que formas parte de esta escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
12. ¿Los maestros son justos con los estudiantes en esta escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
13. ¿Ayudas a decidir las reglas en tu clase o a escoger las actividades en la escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
14. ¿Te aprecian los maestros y los otros adultos en la escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
15. Cuando haces un trabajo bien, ¿te felicitan los maestros y otros adultos en la escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre

16. How well do you do in your schoolwork?  
A) I'm one of the best students  
B) I do better than most students  
C) I do about the same as others  
D) I don't do as well as most others
17. Do the teachers and other grown-ups at school listen when you have something to say?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
18. Do the teachers and other grown-ups at school believe that you can do a good job?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
19. Do you do things to be helpful at school?  
A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
20. Do you plan to go to college or some other school after high school?  
A) No  
B) Yes
16. ¿Cómo te va en tus estudios?  
A) Soy uno de los mejores estudiantes  
B) Me va mejor que a la mayoría  
C) Me va igual que los demás  
D) No me va tan bien como a la mayoría
17. ¿Cuando quieres decir algo, ¿te escuchan los maestros y otros adultos en la escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
18. ¿Creen los maestros y otros adultos en la escuela que tú puedes hacer bien las cosas que quieres hacer?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
19. ¿Haces algo para ayudar en la escuela?  
A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
20. ¿Piensas ir a un colegio o otra escuela después de terminar la secundaria?  
A) No  
B) Sí

Here are questions about events that may happen at school and after school.

Estos son preguntas con respecto a cosas que pueden suceder durante o después de la escuela.

21. During the past year, how many times have you hit or pushed other kids at school when you were not playing around?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 or more times
22. During the past year, how many times have you spread mean rumors or lies about other kids at school?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 or more times
23. Do other kids hit or push you at school when they are not just playing around?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
24. Do other kids at school spread mean rumors or lies about you?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
21. Durante el año pasado, ¿cuántas veces le pegaste tú o le diste tú un empujón a un compañero o compañera de escuela sin estar jugando?
- A) 0 veces
  - B) 1 vez
  - C) 2 veces
  - D) 3 o más veces
22. Durante el año pasado, ¿cuántas veces dijiste tú malos rumores acerca de compañeros o compañeras en tu escuela?
- A) 0 veces
  - B) 1 vez
  - C) 2 veces
  - D) 3 o más veces
23. ¿Te han pegado o empujado tus compañeros o compañeras cuando no estaban jugando?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
24. ¿Hablan mal de ti o dicen mentiras acerca de ti tus compañeros o compañeras?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre

25. During the past year, did you ever bring a gun or knife to school?
- A) No  
B) Yes
26. During the past year, have you ever seen another kid with a gun or knife at school?
- A) No  
B) Yes
27. Are you home alone after school?
- A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
28. Do you feel safe at school?
- A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
29. Do you feel safe outside of school?
- A) No, never  
B) Yes, some of the time  
C) Yes, most of the time  
D) Yes, all of the time
25. Durante el año pasado, ¿has llevado alguna vez una pistola o un cuchillo a la escuela?
- A) No  
B) Sí
26. Durante el año pasado, ¿has visto a un compañero o una compañera en la escuela con una pistola o cuchillo?
- A) No  
B) Sí
27. ¿Te quedas solo/a en la casa después de llegar de la escuela?
- A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
28. ¿Te sientes seguro/a en la escuela?
- A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre
29. ¿Te sientes seguro/a fuera de la escuela?
- A) No, nunca  
B) Sí, a veces  
C) Sí, casi siempre  
D) Sí, siempre

**The next questions are about cigarettes, alcohol, and other drugs.**

**Las siguientes preguntas tienen que ver con los cigarrillos, las bebidas alcohólicas y otras drogas.**

30. Have you ever smoked a cigarette?  
A) No  
B) Yes, I smoked part of a cigarette, like one or two puffs  
C) Yes, I smoked a whole cigarette
30. ¿Has fumado alguna vez un cigarrillo?  
A) No  
B) Sí, fumé parte de un cigarrillo, como una o dos bocanadas  
C) Sí, he fumado todo un cigarrillo
31. Have you ever chewed tobacco or snuff (dip)?  
A) No  
B) Yes
31. ¿Has usado alguna vez tabaco de mascar o snuff (dip)?  
A) No  
B) Sí
32. Have you ever drunk beer, wine, or other alcohol?  
A) No  
B) Yes, I drank one or two sips  
C) Yes, I drank a full glass
32. ¿Alguna vez has tomado cerveza, vino o otra bebida alcohólica?  
A) No  
B) Sí, tomé uno o dos sorbitos  
C) Sí, me tomé una copa completa
33. Have you ever sniffed something through your nose to get "high?"  
A) No  
B) Yes
33. ¿Alguna vez has aspirado por la nariz algo para drogarte?  
A) No  
B) Sí
34. Have you ever smoked any marijuana (pot, grass, weed)?  
A) No  
B) Yes  
C) I don't know what marijuana is
34. ¿Alguna vez has fumado marihuana (mota, yerba, pot, grass, weed)?  
A) No  
B) Sí  
C) Yo no sé lo que es la marihuana
35. Have you ever used alcohol or an illegal drug like marijuana before school or at school?  
A) No  
B) Yes
35. ¿Alguna vez has tomado bebidas alcohólicas o drogas ilegales como la marihuana antes de ir a la escuela o mientras estabas en la escuela?  
A) No  
B) Sí

36. Do you think smoking cigarettes is bad for a person's health?
- A) No, not bad  
B) Yes, a little bad  
C) Yes, very bad
37. Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health?
- A) No, not bad  
B) Yes, a little bad  
C) Yes, very bad
38. Do you think using marijuana (pot, grass, weed) is bad for a person's health?
- A) No, not bad  
B) Yes, a little bad  
C) Yes, very bad  
D) I don't know what marijuana is
39. In the past month, did you drink any beer, wine, or other alcohol?
- A) No  
B) Yes, I drank one or two sips  
C) Yes, I drank a full glass
40. In the past month, did you smoke a cigarette?
- A) No  
B) Yes
36. ¿Piensas que el fumar cigarrillos es malo para la salud de uno?
- A) No, no es malo  
B) Sí, es un poco malo  
C) Sí, es muy malo
37. ¿Piensas que el uso de alcohol es malo para la salud de uno?
- A) No, no es malo  
B) Sí, es un poco malo  
C) Sí, es muy malo
38. ¿Piensas que el uso de mariguana (pot, grass, weed) es malo para la salud de uno?
- A) No, no es malo  
B) Sí, es un poco malo  
C) Sí, es muy malo  
D) No sé qué es la mariguana
39. Durante el mes pasado, ¿tomaste cerveza, vino o algun otra bebida alcohólica?
- A) No  
B) Sí, tomé uno o dos sorbitos  
C) Sí, me tomé una copa completa
40. Durante el mes pasado, ¿fumaste un cigarro?
- A) No  
B) Sí

The next questions are about your health and things you might do.

Las siguientes preguntas son sobre tu salud y cosas que haces.

41. Do you try to understand how other people feel?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
42. Do you feel bad when someone else gets their feelings hurt?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
43. Do you know where to go for help with a problem?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
44. Do you try to work out your problems by talking or writing about them?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
45. Do you try to do your best?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
41. ¿Tratas de comprender lo sentimientos de otras personas?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
42. ¿Te sientes triste cuando una persona sufre porque lo han ofendido?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
43. ¿Sabes a dónde puedes ir para encontrar ayuda con un problema?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
44. ¿Tratas de resolver tus problemas hablando o escribiendo acerca de ellos?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
45. ¿Tratas de hacer lo mejor que puedas?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre

46. Do you have goals and plans for the future?  
A) No  
B) Yes
47. Do you think you are too skinny, about right, or too fat?  
A) Too skinny  
B) About right  
C) Too fat
48. Are you doing anything to try to lose weight?  
A) No  
B) Yes
49. Have other kids at school ever teased you about what your body looks like?  
A) No  
B) Yes
50. How many days each week do you exercise, dance, or play sports?  
A) 0 days  
B) 1 day  
C) 2 days  
D) 3 days  
E) 4 days  
F) 5 days  
G) 6 or 7 days
46. ¿Tienes metas y planes para el futuro?  
A) No  
B) Sí
47. ¿Crees que estás muy flaco/a, que estás más o menos bien de peso, o que estás muy gordo/a?  
A) Muy flaco/a  
B) Más o menos bien  
C) Muy gordo/a
48. ¿Estás tratando de perder peso?  
A) No  
B) Sí
49. ¿Alguna vez tus compañeros o compañeras de la escuela te han hecho bromas acerca de tu cuerpo?  
A) No  
B) Sí
50. ¿Cuántos días durante la semana haces ejercicio, bailas o practicas algún deporte?  
A) 0 días  
B) 1 día  
C) 2 días  
D) 3 días  
E) 4 días  
F) 5 días  
G) 6 ó 7 días

51. When not exercising, do you ever have trouble breathing (for example, shortness-of-breath, wheezing, or a sense of tightness in your chest)?

- A) No
- B) Yes

52. Has a parent or some other adult ever told you that you have asthma?

- A) No
- B) Yes

53. Yesterday, how much time did you spend watching TV or playing video games?

- A) None, I didn't watch TV yesterday
- B) Less than 1 hour
- C) About 1 hour
- D) About 2 hours
- E) 3 or more hours

51. ¿Cuando no haces ejercicio, ¿sientes dificultad para respirar (por ejemplo, te falta la respiración, jadeas o sientes el pecho apretado)?

- A) No
- B) Sí

52. ¿Te ha dicho tu papá, tu mamá o otro adulto que sufres de asma?

- A) No
- B) Sí

53. ¿Cuánto tiempo pasaste ayer mirando la televisión o jugando juegos de video?

- A) No, ayer no miré la television
- B) Menos de 1 hora
- C) Cerca de 1 hora
- D) Cerca de 2 horas
- E) 3 o más horas

**The next two questions ask about your friends.**

**Las dos preguntas siguientes tienen que ver con tus amistades.**

54. Do your best friends get into trouble?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

54. ¿Se meten en problemas tus mejores amigos y amigas?

- A) No, nunca
- B) Sí, a veces
- C) Sí, casi siempre
- D) Sí, siempre

55. Do your best friends try to do the right thing?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

55. ¿Tratan de hacer lo correcto tus mejores amigos y amigas?

- A) No, nunca
- B) Sí, a veces
- C) Sí, casi siempre
- D) Sí, siempre

Here are questions about your home.

Las siguientes preguntas tienen que ver con tu casa.

56. Does a parent or some other grown-up at home care about your schoolwork?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
57. Does a parent or some other grown-up at home believe that you can do a good job?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
58. Does a parent or some other grown-up at home want you to do your best?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
59. Does a parent or some other grown-up at home listen when you have something to say?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
56. ¿Se interesa tu papá, tu mamá o otro adulto en tu casa por tus estudios?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
57. ¿Cree tu papá, tu mamá o otro adulto en tu casa que puedes hacer las cosas bien?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
58. ¿Quiere tu papá, tu mamá o otro adulto en tu casa que hagas lo mejor que puedas en todo?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
59. ¿Te escucha tu papá, tu mamá o otro adulto en tu casa cuando quieres decir algo?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre

60. Do you help at home?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
60. ¿Ayudas en la casa?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
61. Do you get to make rules or choose things to do at home?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
61. ¿Puedes ayudar a decidir reglas o actividades en tu casa?
- A) No, nunca
  - B) Sí, a veces
  - C) Sí, casi siempre
  - D) Sí, siempre
62. Did you understand the questions on this survey?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them
62. ¿Comprendiste las preguntas de esta encuesta?
- A) No, ninguna
  - B) Sí, algunas
  - C) Sí, casi todas
  - D) Sí, todas
63. Did you answer the questions on this survey honestly and truthfully?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them
63. ¿Contestaste las preguntas de esta encuesta honestamente y con la verdad?
- A) No, ninguna
  - B) Sí, algunas
  - C) Sí, casi todas
  - D) Sí, todas
64. In which language did you read and answer the questions on this survey?
- A) Mostly English
  - B) Mostly Spanish
  - C) Both
64. ¿En cual idioma leíste y contestaste las preguntas de esta encuesta?
- A) Más en inglés
  - B) Más en español
  - C) Los dos

**Thank you for taking this survey!**

**¡Gracias por tomar parte en esta encuesta!**

## ◆ Module A ◆

## Middle School Questionnaire

2008-09

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!**

## ◆ Module A ◆

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

- A1. Fill in the bubble for the letter "M."  
 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  
 B) 11 years old  
 C) 12 years old  
 D) 13 years old  
 E) 14 years old  
 F) 15 years old  
 G) 16 years old  
 H) 17 years old  
 I) 18 years old or older
- A4. What is your sex?  
 A) Male  
 B) Female
- A5. 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
- A6. How do you describe yourself? (*Mark All That Apply.*)  
 A) American Indian or Alaska Native  
 B) Native Hawaiian or Pacific Islander  
 C) Asian or Asian American  
 D) Black or African American (non-Hispanic)  
 E) Hispanic or Latino/Latina  
 F) White or Caucasian (non-Hispanic)  
 G) Other
- 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  
 B) Asian Indian  
 C) Cambodian  
 D) Chinese  
 E) Filipino  
 F) Japanese  
 G) Korean  
 H) Laotian  
 I) Vietnamese  
 J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander  
 K) Other Asian

◆ Module A ◆

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. 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

**Next, 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>
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

◆ Module A ◆

*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, ...*

	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				

## ◆ Module A ◆

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 ...

		<u>Number of Times</u>					
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4-6</u>	<u>7 or</u>
		<u>times</u>	<u>time</u>	<u>times</u>	<u>times</u>	<u>times</u>	<u>more</u>
							<u>times</u>
A34.	a cigarette, even one or two puffs?	A	B	C	D	E	F
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.	derbisol (DB, derbs, or dirt)?	A	B	C	D	E	F
A41.	any other illegal drug or pill to get "high"?	A	B	C	D	E	F

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

		<u>Number of Times</u>					
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4-6</u>	<u>7 or</u>
		<u>times</u>	<u>time</u>	<u>times</u>	<u>times</u>	<u>times</u>	<u>more</u>
							<u>times</u>
A42.	very drunk or sick after drinking alcohol?	A	B	C	D	E	F
A43.	"high" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
A44.	drunk on alcohol or "high" on drugs on school property?	A	B	C	D	E	F

◆ Module A ◆

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

		Years of Age									
		Never	10 or under	11	12	13	14	15	16	17	18 or over
A45.	Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
A46.	Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
A47.	Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
A48.	Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
A49.	Used any other illegal drug or pill to get "high"	A	B	C	D	E	F	G	H	I	J

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

		0 days	1 day	2 days	3-9 days	10-19 days	20-30 days
A50.	cigarettes?	A	B	C	D	E	F
A51.	smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
A52.	at least one drink of alcohol?	A	B	C	D	E	F
A53.	five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
A54.	marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A55.	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
A56.	any other illegal drug or pill to get "high"?	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
A57.	smoke cigarettes?	A	B	C	D	E	F
A58.	have at least one drink of alcohol?	A	B	C	D	E	F
A59.	smoke marijuana?	A	B	C	D	E	F
A60.	use any other illegal drug or pill to get "high"?	A	B	C	D	E	F

During the past 12 months, ...

		No	Yes
A61.	have you talked with at least one of your parents [or guardians] about the dangers of tobacco, alcohol, or drug use?	A	B
A62.	have you heard, read, or watched any messages about not using alcohol, tobacco, or drugs?	A	B

◆ Module A ◆

A63. 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

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

	How Much Risk or Harm			
	Great	Moderate	Slight	None
A64. Smoke cigarettes occasionally	A	B	C	D
A65. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A66. Drink alcohol occasionally	A	B	C	D
A67. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A68. Smoke marijuana occasionally	A	B	C	D
A69. 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
	A70. Cigarettes	A	B	C	D
A71. Alcohol	A	B	C	D	E
A72. 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 (half)	50	60	70	80	90	100 (all)
A73. Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K
A74. Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K

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

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
	A75. Smoking one or more packs of cigarettes a day	A	B
A76. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
A77. Trying marijuana or hashish once or twice	A	B	C
A78. Using marijuana once a month or more	A	B	C
A79. Carry a weapon to school	A	B	C

## ◆ Module A ◆

- A80. How do you think your close friends would feel about your smoking one or more packs of cigarettes a day?
- A) Neither approve nor disapprove
  - B) Somewhat disapprove
  - C) Strongly disapprove
- A81. In your life, how many times have you ridden in a car driven by someone who had been drinking alcohol?
- A) Never
  - B) 1 time
  - C) 2 times
  - D) 3 to 6 times
  - E) 7 or more times

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

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

	0 times	1 time	2 to 3 times	4 or more
	A	B	C	D
A82. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A83. been afraid of being beaten up?	A	B	C	D
A84. been in a physical fight?	A	B	C	D
A85. had mean rumors or lies spread about you?	A	B	C	D
A86. had sexual jokes, comments, or gestures made to you?	A	B	C	D
A87. been made fun of because of your looks or the way you talk?	A	B	C	D
A88. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A89. been offered, sold, or given an illegal drug?	A	B	C	D
A90. damaged school property on purpose?	A	B	C	D
A91. carried a gun?	A	B	C	D
A92. carried any other weapon (such as a knife or club)?	A	B	C	D
A93. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A94. 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.]*

	<u>0 times</u>	<u>1 time</u>	<u>2 to 3 times</u>	<u>4 or more</u>
A95. Your race, ethnicity, or national origin	A	B	C	D
A96. Your religion	A	B	C	D
A97. Your gender (being male or female)	A	B	C	D
A98. Because you are gay or lesbian or someone thought you were	A	B	C	D
A99. A physical or mental disability	A	B	C	D
A100. Any other reason	A	B	C	D

A101. How safe do you feel when you are at school?

- A) Very safe
- B) Safe
- C) Neither safe or unsafe
- D) Unsafe
- E) Very unsafe

A102. In a normal week, how many days are you home after school for at least one hour without an adult there?

- A) Never
- B) 1 day
- C) 2 days
- D) 3 days
- E) 4 days
- F) 5 days

## ◆ Module A ◆

- A103. Do you consider yourself a member of a gang?
- A) No
  - B) Yes
- A104. 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
- A105. 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
- A106. 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
- A107. 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
- A108. 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 ▼

*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 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 C ▲

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

	<u>0 Times</u>	<u>1 Time</u>	<u>2-3 Times</u>	<u>4 Or More Times</u>
C7. been in a physical fight?	A	B	C	D
C8. been in a physical fight between groups of kids?	A	B	C	D
C9. used any weapon to threaten or bully someone?	A	B	C	D

C10. 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

C11. 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 ...*

	<u>0 Days</u>	<u>1 Day</u>	<u>2 Or More Days</u>
C12. a gun?	A	B	C
C13. any other weapon (such as a knife or club)?	A	B	C
C14. any weapon (gun, knife, or club) on school property?	A	B	C

▲ 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?*

	<u>0</u> <u>Times</u>	<u>1-2</u> <u>Times</u>	<u>A</u> <u>Few</u> <u>Times</u>	<u>Once</u> <u>A</u> <u>Month</u>	<u>Once</u> <u>A</u> <u>Week</u>	<u>A</u> <u>Few</u> <u>Times</u> <u>A</u> <u>Week</u>	<u>Once</u> <u>A</u> <u>Day</u> <u>Or</u> <u>More</u>
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. Any other illegal drug or pill to get "high" (such as methamphetamine, cocaine, LSD, ecstasy, downers)	A	B	C	D	E	F	G

C5. **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

C6. **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 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 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 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>
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.)	A	B	C	D	E	F	G	H
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.)	A	B	C	D	E	F	G	H
E3.	Do exercises to strengthen or tone your muscles? (For example, push-ups, sit-ups, or weight lifting.)	A	B	C	D	E	F	G	H

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

■ Module E ■

*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 days  
B) 1 to 2 days  
C) 3 to 4 days  
D) 5 to 6 days  
E) Daily
- E27. During the past 12 months, have you had an episode of asthma or an asthma attack?
- A) No  
B) Yes
- E28. 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

■ Module E ■

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

