

Core Module

High School Questionnaire

2013–2014

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

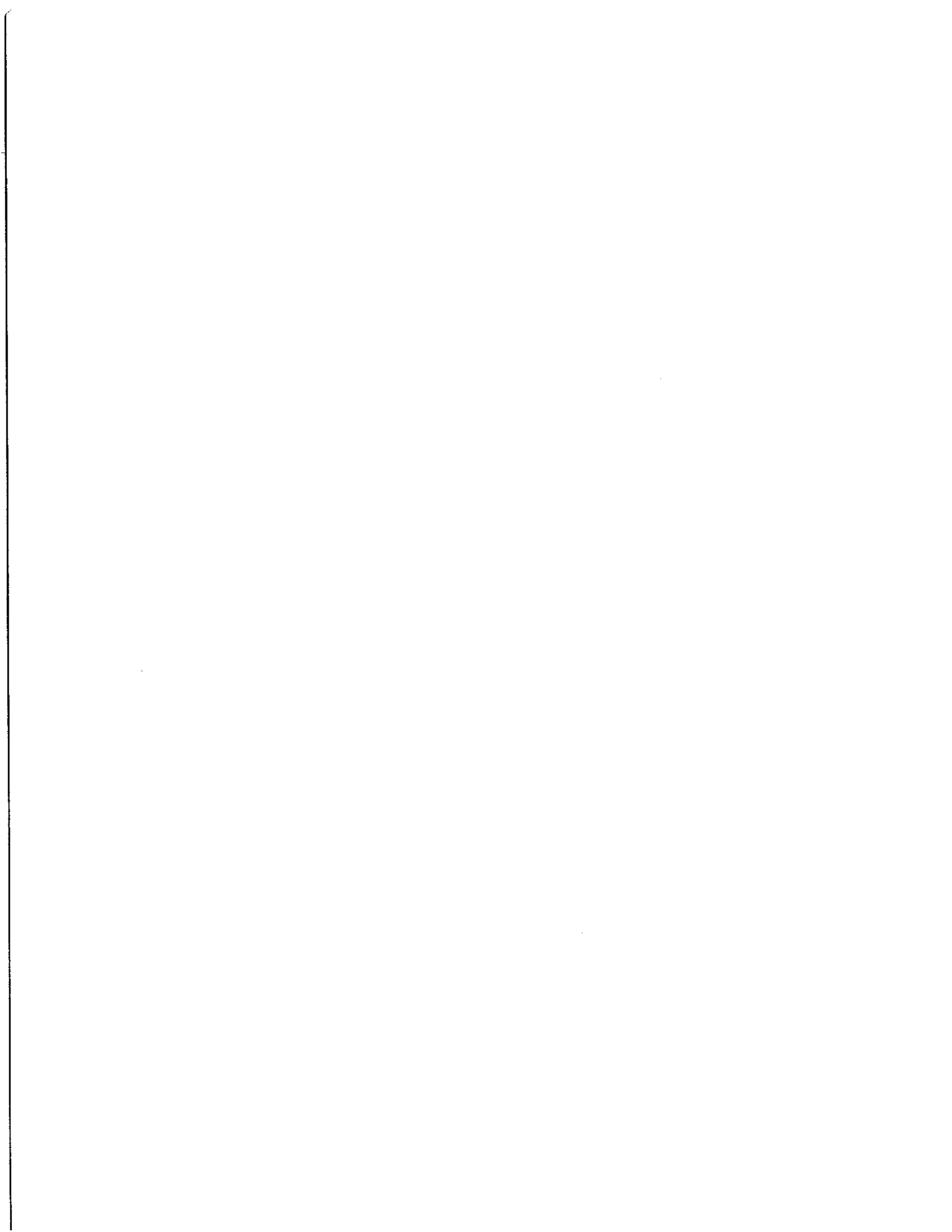
You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

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

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

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

Thank you for taking this survey!



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

- A1. Fill in the bubble for the letter "B."
A2. Fill in the bubble for the letter "G."

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. Are you of Hispanic or Latino origin?
A) No
B) Yes
- A7. What is your race?
A) American Indian or Alaska Native
B) Asian
C) Black or African American
D) Native Hawaiian or Pacific Islander
E) White
F) Mixed (two or more) races

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A8. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)

If you are not of Asian/Pacific Islander background, mark "A. Does not apply."

- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean |
| B) Asian Indian | I) Laotian |
| C) Cambodian | J) Vietnamese |
| D) Chinese | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino | L) Other Asian |
| F) Hmong | |
| G) Japanese | |

A9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.

- | | |
|--|---|
| A) A home with one or more parents 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 |

A10. What is the highest level of education your parents completed? (*Mark the educational level of the parent who went the furthest in school.*)

- | | |
|---|---------------------------|
| A) Did not finish high school | D) Graduated from college |
| B) Graduated from high school | E) Don't know |
| C) Attended college but did not complete four-year degree | |

A11. 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 |

A12. During the past 12 months, about how many times did you skip school or cut classes?

- | | |
|----------------|--------------------------|
| A) 0 times | D) Once a month |
| B) 1-2 times | E) Once a week |
| C) A few times | F) More than once a week |

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A13. In the past 30 days, did you miss school for any of the following reasons? (*Mark All That Apply.*)

- A) Does not apply, I didn't miss any school
- B) Illness (feeling physically sick), including problems with breathing or your teeth
- C) Felt very sad, hopeless, anxious, stressed, or angry
- D) Didn't get enough sleep
- E) Didn't feel safe at school
- F) Had to work
- G) Had to take care of or help a family member or friend
- H) Wanted to spend time with friends out of school
- I) Alcohol or drug use
- J) Behind in schoolwork or not prepared for a test or class assignment.
- K) Bored with or uninterested in school
- L) Was suspended
- M) Other reason

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

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Disagree Nor Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>
A14. I feel close to people at this school.	A	B	C	D	E
A15. I am happy to be at this school.	A	B	C	D	E
A16. I feel like I am part of this school.	A	B	C	D	E
A17. The teachers at this school treat students fairly.	A	B	C	D	E
A18. I feel safe in my school.	A	B	C	D	E
A19. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
A20. I try hard at school because I am interested in my work.	A	B	C	D	E
A21. I work hard to try to understand new things at school.	A	B	C	D	E
A22. I am always trying to do better in my schoolwork.	A	B	C	D	E

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

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

	Not At All True	A Little True	Pretty Much True	Very Much True
A23. who really cares about me.	A	B	C	D
A24. who tells me when I do a good job.	A	B	C	D
A25. who notices when I'm not there.	A	B	C	D
A26. who always wants me to do my best.	A	B	C	D
A27. who listens to me when I have something to say.	A	B	C	D
A28. 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
A29. I do interesting activities.	A	B	C	D
A30. I help decide things like class activities or rules.	A	B	C	D
A31. I do things that make a difference.	A	B	C	D

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

Keep the following definitions in mind.

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

		Number of Times					7 or More Times
		0 Times	1 Time	2 Times	3 Times	4–6 Times	
A32.	A whole cigarette	A	B	C	D	E	F
A33.	Smokeless tobacco (dip, chew, or snuff such as Redman™, Skoal™, or Beechnut™)	A	B	C	D	E	F
A34.	An electronic cigarette or any other nicotine delivery device	A	B	C	D	E	F
A35.	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
A36.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
A37.	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
A38.	Cocaine, Methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
A39.	Derbisol (DB, derbs, dirt)	A	B	C	D	E	F
A40.	Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
A41.	Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™), tranquilizers, or sedatives (Xanax™, Ativan™)	A	B	C	D	E	F
A42.	Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M’s)	A	B	C	D	E	F
A43.	Ritalin™ or Adderall™ (JJE, R-ball, Skippy) or other prescription stimulant	A	B	C	D	E	F
A44.	Cold/Cough Medicines (Triple-C’s, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines	A	B	C	D	E	F
A45.	Any other drug, or pill, or medicine to get “high” or for other than medical reasons	A	B	C	D	E	F

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

		Number of Times					
		0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
A46.	very drunk or sick after drinking alcohol?	A	B	C	D	E	F
A47.	"high" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
A48.	drunk on alcohol or "high" on drugs <u>on school property</u> ?	A	B	C	D	E	F

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

		Years of Age									
		Never	10 or Under	11	12	13	14	15	16	17	18 or Over
A49.	Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
A50.	Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
A51.	Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
A52.	Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
A53.	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
A54.	cigarettes?	A	B	C	D	E	F
A55.	smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
A56.	an electronic cigarette or any other nicotine delivery device?	A	B	C	D	E	F
A57.	one drink of alcohol?	A	B	C	D	E	F
A58.	five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
A59.	marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A60.	inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
A61.	prescription pain medications to get "high" or for reasons other than prescribed (such as Vicodin™, OxyContin™, Percodan™, Ritalin™, Adderall™, Xanax™)?	A	B	C	D	E	F
A62.	any other drug, pill, or medicine to get "high" or for other than medical reasons?	A	B	C	D	E	F
A63.	two or more drugs at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

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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
A64. smoke cigarettes?	A	B	C	D	E	F
A65. use smokeless tobacco?	A	B	C	D	E	F
A66. have at least one drink of alcohol?	A	B	C	D	E	F
A67. smoke marijuana?	A	B	C	D	E	F
A68. use any other illegal drug or pill to get "high"?	A	B	C	D	E	F

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	
A69. Smoke cigarettes occasionally	A	B	C	D
A70. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A71. Drink alcohol occasionally	A	B	C	D
A72. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A73. Smoke marijuana occasionally	A	B	C	D
A74. 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
A75. Cigarettes	A	B	C	D	E
A76. Alcohol	A	B	C	D	E
A77. Marijuana	A	B	C	D	E

A78. How do you feel about someone your age smoking one or more packs of cigarettes a day?

- A) Neither approve or disapprove
- B) Somewhat disapprove
- C) Strongly disapprove

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

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
A79. cigarettes?	A	B	C	D	E
A80. alcohol?	A	B	C	D	E
A81. marijuana?	A	B	C	D	E

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- A82. 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

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

- A83. 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

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

		<u>Happened on School Property</u>			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More</u>
A84.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A85.	been afraid of being beaten up?	A	B	C	D
A86.	been in a physical fight?	A	B	C	D
A87.	had mean rumors or lies spread about you?	A	B	C	D
A88.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
A89.	been made fun of because of your looks or the way you talk?	A	B	C	D
A90.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A91.	been offered, sold, or given an illegal drug?	A	B	C	D
A92.	damaged school property on purpose?	A	B	C	D
A93.	carried a gun?	A	B	C	D
A94.	carried any other weapon (such as a knife or club)?	A	B	C	D
A95.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A96.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
A97.	been threatened with harm or injury?	A	B	C	D
A98.	been made fun of, insulted, or called names?	A	B	C	D

CALIFORNIA *healthy kids* SURVEY

Core Module

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

- | | 0 Times | 1 Time | 2 to 3 Times | 4 or More |
|--|---------|--------|--------------|-----------|
| A99. Your race, ethnicity, or national origin | A | B | C | D |
| A100. Your religion | A | B | C | D |
| A101. Your gender (being male or female) | A | B | C | D |
| A102. Because you are gay or lesbian or someone thought you were | A | B | C | D |
| A103. A physical or mental disability | A | B | C | D |
| A104. Any other reason | A | B | C | D |
- A105. During the past **12 months**, how many times did other students spread mean rumors or lies about you on the internet (i.e. Facebook™, MySpace™, email, instant message)?
- A) 0 times (never)
 - B) 1 time
 - C) 2–3 times
 - D) 4 or more times
- A106. Do you consider yourself a member of a gang?
- A) No
 - B) Yes
- A107. 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
- A108. During the past **12 months**, did you ever seriously consider attempting suicide?
- A) No
 - B) Yes
- A109. Did you eat breakfast today?
- A) No
 - B) Yes
- A110. 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

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- A111. Is your father, mother, or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
- A112. Which of the following best describes you? (*Mark All That Apply.*)
- A) Heterosexual (straight)
 - B) Gay or Lesbian or Bisexual
 - C) Transgender
 - D) Not sure
 - E) Decline to respond

Tobacco Module

SUPPLEMENT 1

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

- W1. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A) No
 - B) Yes
- W2. Did you ever smoke to control your weight?
- A) No
 - B) Yes
- W3. 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
- W4. Have you smoked 100 cigarettes in your life?
- A) No
 - B) Yes
- W5. 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
- W6. During the past 30 days, on how many days did you smoke any cigars, cigarillos, or little cigars (Swishers™, Black&Mild™, or Prime Times™)?
- 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

Tobacco Module

SUPPLEMENT 1

- W7. If you now smoke cigarettes, would you like to quit smoking?
 A) I don't smoke cigarettes; does not apply
 B) No
 C) Yes
- W8. If you are currently using tobacco, how likely are you to try to quit?
 A) Definitely will
 B) Probably will
 C) May or may not
 D) Probably will not
 E) Definitely will not
- W9. 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
- W10. How much control do you have over whether you quite using tobacco?
 A) No control at all
 B) A little control
 C) Medium control
 D) A lot of control
 E) Total control

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
W11. Go to a special group or class	A	B	C
W12. Talk to an adult at your school about how to quit	A	B	C
W13. Talk to a peer helper about how to quit	A	B	C

- W14. 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

Tobacco Module

SUPPLEMENT 1

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

	No	Yes	Not Sure
W15. Have lessons about tobacco and its effects on the body	A	B	C
W16. Practice different ways to refuse or say "no" to tobacco offers	A	B	C

W17. 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

W18. 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
W19. Smoking makes kids look grown up.	A	B	C	D
W20. Smoking makes your teeth yellow.	A	B	C	D
W21. Smoking is cool.	A	B	C	D
W22. Smoking makes you smell bad.	A	B	C	D
W23. Smoking helps you make friends.	A	B	C	D
W24. Smoking is bad for your health.	A	B	C	D
W25. Smoking helps you relax.	A	B	C	D
W26. Smoking helps control your weight.	A	B	C	D

W27. 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

W28. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco?

- A) No
- B) Yes

Tobacco Module

SUPPLEMENT 1

- W29. During the past 12 months, how many times did you see smoking in movies?
- | | |
|------------|--------------------|
| A) 0 times | D) 3 times |
| B) 1 time | E) 4–6 times |
| C) 2 times | F) 7 or more times |
- W30. Think about a group of 100 students (about three classrooms) in your grade. About how many students do you think smoke cigarettes at least once a month?
- | | |
|-------|--------|
| A) 0 | G) 60 |
| B) 10 | H) 70 |
| C) 20 | I) 80 |
| D) 30 | J) 90 |
| E) 40 | K) 100 |
| F) 50 | |