

◆ Module A ◆

**High School Questionnaire**

**2009-2010**

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

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

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

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

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

**Thank you for taking this survey!**

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

A1. Fill in the bubble for the letter H.

A2. Fill in the bubble for the number 3.

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

A3. How old are you?

- |                            |                          |
|----------------------------|--------------------------|
| A) 10 years old or younger | F) 15 years old          |
| B) 11 years old            | G) 16 years old          |
| C) 12 years old            | H) 17 years old          |
| D) 13 years old            | I) 18 years old or older |
| E) 14 years old            |                          |

A4. What is your sex?

- A) Male
- B) Female

A5. What grade are you in?

- |               |                |
|---------------|----------------|
| A) 6th grade  | F) 11th grade  |
| B) 7th grade  | G) 12th grade  |
| C) 8th grade  | H) Other grade |
| D) 9th grade  | I) Ungraded    |
| E) 10th grade |                |

A6. How do you describe yourself? (*Mark All That Apply.*)

- |   |                                      |
|---|--------------------------------------|
| A) American Indian or Alaska Native         | E) Hispanic or Latino/Latina         |
| B) Native Hawaiian or Pacific Islander      | F) White or Caucasian (non-Hispanic) |
| C) Asian or Asian American                  | G) Other                             |
| D) Black or African American (non-Hispanic) |                                      |

A7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*) If you are **not** of Asian/Pacific Islander background, mark "A. Does not apply."

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

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

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

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

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

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

	Not At All True	A Little True	Pretty Much True	Very Much True
A16. who really cares about me.	A	B	C	D
A17. who tells me when I do a good job.	A	B	C	D
A18. who notices when I'm not there.	A	B	C	D
A19. who always wants me to do my best.	A	B	C	D
A20. who listens to me when I have something to say.	A	B	C	D
A21. who believes that I will be a success.	A	B	C	D

*At school, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
A22. I do interesting activities.	A	B	C	D
A23. I help decide things like class activities or rules.	A	B	C	D
A24. I do things that make a difference.	A	B	C	D

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

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

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

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

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

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

Keep the following definitions in mind.

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance, including pills and medications, used to get “high”(“loaded”, “stoned”, or “wasted”) other than alcohol or tobacco.

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

	Number of Times					
	0 times	1 time	2 times	3 times	4-6 times	7 or more times
A35. A whole cigarette	A	B	C	D	E	F
A36. Smokeless tobacco (dip, chew or snuff such as Redman™, Skoal™, or Beechnut™)	A	B	C	D	E	F
A37. One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
A38. Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
A39. Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
A40. Cocaine (any form, coke, crack, rock, base, snort)	A	B	C	D	E	F
A41. Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
A42. Derbisol (DB, derbs, dirt)	A	B	C	D	E	F
A43. LSD or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
A44. Ecstasy (E, X, EXT, MDMA)	A	B	C	D	E	F
A45. Heroin (smack, junk, China white, black tar)	A	B	C	D	E	F
A46. Any other illegal drug or pill to get “high”	A	B	C	D	E	F

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

	<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>
A47. <b>Prescription pain killers</b> (Vicodin™, OxyContin™, Percodan™, Lortab™)	A	B	C	D	E	F
A48. <b>Barbiturates</b> (Seconol™, Nembutol™, Amital™, reds, yellow jackets)	A	B	C	D	E	F
A49. <b>Tranquilizers, or sedatives</b> , (tranks, libs, Xanax™, Valium™, Ativan™, Librium™, Klonopin™, benzodiazepine (benzos))	A	B	C	D	E	F
A50. <b>Cold/Cough Medicines</b> (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough)	A	B	C	D	E	F
A51. <b>Diet Pills</b> (Didrex, Dexedrine, Zinadrine, Skittles, M&M's)	A	B	C	D	E	F
A52. <b>Ritalin™ or Adderall™</b> (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>
A53. <b>very drunk or sick after drinking alcohol?</b>	A	B	C	D	E	F
A54. <b>"high" (loaded, stoned, or wasted) from using drugs?</b>	A	B	C	D	E	F
A55. <b>drunk on alcohol or "high" on drugs <u>on school property</u>?</b>	A	B	C	D	E	F

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

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

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

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

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

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

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

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

*How difficult is it for students in your grade to get any of the following substances if they really want them?*

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
A84. Cigarettes	A	B	C	D	E
A85. Alcohol	A	B	C	D	E
A86. Marijuana	A	B	C	D	E

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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 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>
A113. Your race, ethnicity, or national origin	A	B	C	D
A114. Your religion	A	B	C	D
A115. Your gender (being male or female)	A	B	C	D
A116. Because you are gay or lesbian or someone thought you were	A	B	C	D
A117. A physical or mental disability	A	B	C	D
A118. Any other reason	A	B	C	D

A119. How safe do you feel when you are at school?

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

A120. During the past 12 months, how many times did other students spread mean rumors or lies about you on the internet (i.e. Facebook™, MySpace™, email, instant message)?

- A) 0 times (never)
- B) 1 time
- C) 2-3 times
- D) 4 or more times

A121. Do you consider yourself a member of a gang?

- A) No
- B) Yes

A122. During the past 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

A123. 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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- A124. During the past 12 months, did you ever seriously consider attempting suicide?
- A) No
  - B) Yes
- A125. During the past 12 months, how would you describe the grades you mostly received in school?
- A) Mostly A's
  - B) A's and B's
  - C) Mostly B's
  - D) B's and C's
  - E) Mostly C's
  - F) C's and D's
  - G) Mostly D's
  - H) Mostly F's
- A126. During the past 12 months, about how many times did you skip school or cut classes?
- A) 0 times
  - B) 1-2 times
  - C) A few times
  - D) Once a month
  - E) Once a week
  - F) More than once a week
- A127. How many questions in this survey did you answer honestly?
- A) All of them
  - B) Most of them
  - C) Only some of them
  - D) Hardly any

# CALIFORNIA *healthy kids* SURVEY

## + Module G +

### ‘Closing The Achievement Gap’

Please answer these questions under Section G of your answer sheet

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

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