



OK PLAY
Project to Learn about ADHD in
Youth

ID Number

OMB No: ?? Exp Date: ???

Health Risk Behavior Survey

HEALTH AND HEALTH RISK BEHAVIOR QUESTIONNAIRE: PARENT Elementary School Version

TABLE OF CONTENTS

I. General Information	1
II. Injury	2
III. Tobacco/Alcohol/Drug Use	3
IV. Physical Activity	3
V. Dietary Behavior	6
VI. Prevention Behavior	6
VII. Sleep Behavior	7
VIII. School Performance	7

I. General Information

1. How tall is your child without shoes on (in feet and inches)?

feet inches

2. When was this measurement taken?

month day year

3. How much does your child weigh without shoes on (in pounds)?

pounds

4. When was this measurement taken?

month day year

5. Relative to other children, do you consider your child overweight?

- Yes
- No

6. Relative to other children, do you consider your child underweight?

- Yes
- No

II. Injury

The following questions ask about significant injuries that your child experienced in the past year. Injuries should be included if they required medical attention, resulted in limitations in the child's day-to-day activities (including play), or that the child considered bothersome for more than a day. Examples of such injuries include a broken bone or a cut that required stitches.

7. How many times was your child injured in the past 12 months?

--	--	--

8. In the past twelve months, has your child suffered any of the following injuries? (Fill in all that apply).

A. An injury related to a recreational activity (for example, while playing on a bicycle or skateboard)?

- Yes
 No

B. A burn or scald?

- Yes
 No

C. A broken or fractured bone?

- Yes
 No

D. An animal bite?

- Yes
 No

E. A poison related injury?

- Yes
 No

F. A cut or pierce that required stitches?

- Yes
 No

G. An injury caused by a piece of machinery?

- Yes
 No

9. How often does your child refuse to wear a seat belt when riding in a car?

- Never
 Rarely
 Sometimes
 Most of the time
 Always

10. How often does your child cross the street or run out into the street without checking for cars?

- Never
 Rarely
 Sometimes
 Most of the time
 Always

11. How often does your child do dangerous things like jumping off high places?

- Never
 Rarely
 Sometimes
 Most of the time
 Always

12. When your child rides a bicycle, how often does he/she wear a helmet?

- He/she does not ride a bicycle
 Never
 Rarely
 Sometimes
 Most of the time
 Always

13. When your child roller blades or rides a skateboard, how often does he/she wear protective gear such as a helmet, wrist guards, or knee pads?

- He/she does not roller blade or ride a skateboard
- Never
- Rarely
- Sometimes
- Most of the time
- Always

14. In the past 12 months, have you been called into school because your child was caught carrying a weapon, such as a gun, knife, or club?

- Yes
- No

15. To the best of your knowledge, has your child ever tried to intentionally hurt him or herself?

- Yes
- No

16. If your child takes prescription medication for ADHD (attention deficit/hyperactivity disorder): In the past 12 months, did he/she ever give or sell his/her medication to others?

- Yes
- No
- My child does not take medication for ADHD

III. Tobacco/Alcohol/Drug Use

17. To the best of your knowledge, how old was your child when he/she tried cigarette smoking, even one or two puffs?

- He/she has never tried cigarette smoking
- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old

18. To the best of your knowledge, does your child currently smoke on a regular basis (at least once per week)?

- Yes
- No

19. To the best of your knowledge, has your child ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- Yes
- No

VI. Physical Activity

20. On how many of the past 7 days did your child exercise or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

21. On how many of the past 7 days did your child exercise or participate in physical activity for at least 20 minutes that did not make him/her sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

22. On how many of the past 7 days did your child do exercises to strengthen or tone his/her muscles, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

23. On an average school day, how many hours does your child usually spend reading for pleasure (books/magazines/newspapers)?

- My child does not read for pleasure on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

24. Do you limit the amount of time that your child spends watching television?

- Yes
- No

25. On an average school day, how many hours does your child watch TV or DVD/videos?

- My child does not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

26. On an average school day, how many hours does your child listen to music (radio, tapes, CDs, MP3s)?

- My child does not listen to music on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

27. On an average school day, how many hours does your child play with video or handheld games?

- My child does not play with video games on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

28. On an average school day, how many hours does your child use a computer for something that is not school work?

- My child does not use a computer for something that is not school work on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

29. On an average school day, how many hours does your child use more than one type of media at the same time (like music and computer, or TV and reading)?

- My child does not use more than one type of media on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

30. Do you use internet filters or other methods of parental supervision when your child is on the Internet or watching television?

- Yes
- No

31. Does your child have access to R-rated movies and videos or mature rated video games?

- Yes
- No

32. Are there family rules about what TV programs your child is allowed to watch?

- Yes
- No

33. In an average week when your child is in school, on how many days does your child go to physical education (PE) classes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

34. How often does your child participate in organized or team sports?

- My child does not participate in organized sports
- Daily
- Twice a week
- Weekly
- Every other week
- Once a month
- Less than once a month

35. Relative to other children his/her age, do you consider your child:

- Much more active than other children
- Somewhat more active than other children
- About as active as other children
- Less active than other children
- Much less active than other children

V. Dietary Behavior

36. During the past 7 days, how many times did your family eat a meal together?
- Never
 - Once
 - Twice
 - 3 times
 - 4 times
 - 5 times
 - 6 times
 - 7 or more times
37. Is your child on a special diet?
- My child is not on a special diet
 - Feingold diet
 - Lactose-restricted
 - Sugar-restricted
 - Oligoantigenic
 - Other, (Specify):
-

VI. Prevention Behavior

38. How often does your child brush his/her teeth?
- Daily
 - 5-6 days a week
 - 3-4 days a week
 - 1-2 days a week
 - Less than once per week
 - Never
39. About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about your child's health?
- 6 months ago or less
 - More than 6 months, but not more than 1 year ago
 - More than 1 year, but not more than 3 years ago
 - More than 3 years ago
 - Never

40. When was the last time your child saw a doctor or nurse for a check-up or physical exam when he/she was not sick or injured?
- 6 months ago or less
 - More than 6 months, but not more than 1 year ago
 - More than 1 year, but not more than 3 years ago
 - More than 3 years ago
 - Never
41. During the past 12 months, how many times has your child gone to a hospital emergency room about his/her health?
- None
 - 1 time
 - 2-3 times
 - 4-9 times
 - 10-12 times
 - 13 or more times
42. During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about your child's health?
- Yes
 - No
43. During the past 12 months, have you seen or talked to a minister or member of the clergy about your child's health?
- Yes
 - No
44. During the past 12 months, have you seen or talked to a chiropractor about your child's health?
- Yes
 - No

45. During the past 12 months, have you seen or talked to a physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist about your child's health?
- Yes
 - No

VII. Sleep Behavior

46. On an average night, does your child have difficulty sleeping?
- Yes
 - No
47. Does your child snore?
- Yes
 - No
48. Is your child a restless sleeper?
- Yes
 - No
49. Does your child awaken during the night?
- Yes
 - No
50. How many hours of sleep does your child get on an average night?
- More than 8 hours
 - 6-8 hours
 - 4-5 hours
 - Less than 4 hours
51. Is your child sleepy during the day?
- Yes
 - No

VIII. School Performance

52. Has a representative from a school or a health professional ever told you that your child has a learning disability?
- Yes
 - No

53. Do you consider your child an:
- A student
 - B student
 - C student
 - D student
 - F student

54. Do you have concerns about your child's current and future school performance?
- Yes
 - No
55. During the last year, did your child get poor grades?
- Yes
 - No
56. During the last year, did your child get in trouble with a teacher or principal at school?
- Yes
 - No
57. During the last year, did your family move to a new home or apartment?
- Yes
 - No
58. During the last year, has your family had a new baby come into the family?
- Yes
 - No
59. During the last year, has anyone moved out of your home?
- Yes
 - No
60. During the last year, did a family member die?
- Yes
 - No

61. During the last year, did another relative or friend who was close to your child die?

- Yes
- No

62. During the last year, has a family member become seriously ill, injured badly, and/or had to stay at the hospital?

- Yes
- No

63. During the last year, has someone else your child knows, other than a member of your family, been beaten, attacked, or really hurt by others?

- Yes
- No

64. During the last year, has your child been afraid to go outside and play, or have you made your child stay inside because of gangs or drugs in your neighborhood?

- Yes
- No

65. During the last year, has your child had to hide someplace because of shootings in your neighborhood?

- Yes
- No

FOR STUDY USE ONLY

Date Interviewed

--	--	--	--	--	--	--	--	--	--

Interviewed by

--	--	--