



OK PLAY
Project to Learn about ADHD in
Youth

ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OMB No:		Exp Date:	

Health Risk Behavior Survey

HEALTH AND HEALTH RISK BEHAVIOR QUESTIONNAIRE: CHILD Elementary Version

TABLE OF CONTENTS

I. Injury	1
II. Tobacco Use	3
III. Physical Activity	3
IV. Eating	5
V. Sleep Behavior	5
VI. School Performance.....	6

I. Injury

The next questions ask about serious injuries that you had in the past year. We want to know about serious injuries that stopped you from doing things like playing, or that made you need to see a doctor, like a broken bone or a cut that required stitches.

1. How many times were you injured in the past 12 months?

2. In the past twelve months, have you had any of the following injuries? (Check all that apply)
 - 2A. An injury related to playing or having fun (for example, while playing on a bicycle or skateboard)?
 - Yes
 - No
 - 2B. A burn or scald?
 - Yes
 - No
 - 2C. A broken bone?
 - Yes
 - No
 - 2D. An animal bite?
 - Yes
 - No

2E. A poison related injury?

- Yes
- No

2F. A cut or pierce that required stitches?

- Yes
- No

2G. An injury caused by something like a tool or machine?

- Yes
- No

3. How often do you wear a seatbelt when riding in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

4. How often do you cross the street or run out into the street without checking for cars?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

5. How often do you do dangerous thing like jumping off high places?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

6. When you ride a bicycle, how often do you wear a helmet?

- I do not ride a bicycle
- Never
- Rarely
- Sometimes
- Most of the time
- Always

7. When you roller blade or ride a skateboard, how often do you wear protective gear such as a helmet, wrist guards, or knee pads?

- I do not roller blade or ride a skateboard
- Never
- Rarely
- Sometimes
- Most of the time
- Always

8. In the past 12 months, have you carried a weapon, such as a gun, knife, or club on school property?

- Yes
- No

9. Have you ever tried to intentionally hurt yourself?

- Yes
- No

10. If you take medication for ADHD (attention deficit/hyperactivity disorder), do you mostly take it by yourself without supervision?

- I do not take medication for ADHD
- Yes
- No

11. If you take medication for ADHD, who tells you to take your medication every day?

- I do not take medication for ADHD
- My parents always remind me
- Most of the time my parents remind me
- Most of the time I do it on my own
- I always remember it on my own

12. If you take medication for ADHD: In the past 12 months, did you ever give or sell your medication to others?

- I do not take medication for ADHD
- Yes
- No

II. Tobacco Use

13. How old were you when you tried cigarette smoking, even one or two puffs?

- I have never tried cigarette smoking
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old

14. Do you currently smoke on a regular basis (at least once per week)?

- Yes
- No

15. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- Yes
- No

III. Physical Activity

16. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you 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

17. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that did not make you 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

18. During the past 7 days, on how many days did you do exercises to strengthen or tone your 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

19. Do your parent(s) limit the amount of time that you spend watching television?

- Yes
- No

20. On an average school day, how many hours do you usually spend reading for fun(books/magazines/newspapers)?

- I do not read for fun 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

21. On an average school day, how many hours do you watch TV (or DVD/videos)?

- I do 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

22. On an average school day, how many hours do you listen to music (radio/tapes/CDs/MP3s)?

- I do 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

23. On an average school day, how many hours do you play with video or handheld games?

- I do 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

24. On an average school day, how many hours do you use a computer for something that is not school work?

- I do 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

25. On an average school day, how many hours do you use more than one type of media at the same time (like music & computer, or TV & reading)?

- I do 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

26. Do your parent(s) use internet filters or other methods of parental supervision when you are on the Internet or watching television?

- Yes
- No

27. Do you have access to R-rated movies and videos or mature rated video games?

- Yes
- No

28. Are there family rules about what television programs you are allowed to watch?

- Yes
- No

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

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

30. How often do you participate in organized or team sports (include any teams run by your school or community)?

- I do not participate in organized sports
- Daily
- Twice a week
- Weekly
- Every other week
- Once a month
- Less than once a month

31. Compared to other children your age, do you consider yourself:

- 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

IV. Eating

32. 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

V. Sleep Behavior

33. On a typical night, do you have difficulty sleeping?

- Yes
- No

34. Do you snore?

- Yes
- No

35. Are you a restless sleeper?

- Yes
- No

36. Do you wake up during the night?

- Yes
- No

37. How many hours of sleep do you get on a typical night?

- More than 8 hours
- 6-8 hours
- 4-5 hours
- Less than 4 hours

38. Are you sleepy during the day?

- Yes
- No

VI. School Performance

39. Has someone from school or a doctor ever told you that you have a learning disability?

- Yes
- No

40. Do you consider yourself an:

- A student
- B student
- C student
- D student
- F student

41. Do you worry about how you are doing right now or in the future?

- Yes
- No

FOR STUDY USE ONLY

Date
Interviewed

Month

Day

Year

Interviewed
by