



**OK PLAY**  
Project to Learn about ADHD in  
Youth

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OMB No: ??? Exp Date: ???
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# Health Risk Behavior Survey

## HEALTH AND HEALTH RISK BEHAVIOR QUESTIONNAIRE: CHILD Middle School Version

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## 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.

- How many times were you injured in the past 12 months?  
\_\_\_\_\_
- In the past twelve months, have you had any of the following injuries? (Check all that apply).
  - An injury related to playing or having fun (for example, while playing on a bicycle or skateboard)?  
 Yes  
 No
  - A burn or scald?  
 Yes  
 No
  - A broken bone?  
 Yes  
 No
  - 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 things 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. In the past 12 months, have you been in a physical fight?

- Yes
- No

10. In the past 12 months, have you been in a physical fight in which you were hurt and had to be treated by a doctor or a nurse?

- Yes
- No

11. Have you ever tried to intentionally hurt yourself?

- Yes
- No

## II. Rule Breaking

**These next few questions are very sensitive and ask about breaking rules and laws. You can choose not to answer any of these questions. Remember these questions are private and we will not tell your parents how you answer.**

12. When was the last time you stole something worth more than \$50?
- Within the past month
  - Between 1 month and 6 months ago
  - Between 6 months and 1 year ago
  - Over 1 year ago
  - Never

13. When was the last time you were required to appear in court for something you had done?
- Within the past month
  - Between 1 month and 6 months ago
  - Between 6 months and 1 year ago
  - Over 1 year ago
  - Never

14. When was the last time you were sent to the principal or counselor for disciplinary reasons?
- Within the past month
  - Between 1 month and 6 months ago
  - Between 6 months and 1 year ago
  - Over 1 year ago
  - Never

15. If you take medication for ADHD (attention deficit/hyperactivity disorder), do you mostly take it yourself without supervision?
- Yes
  - No
  - I do not take medication for ADHD

16. If you take medication for ADHD, who tells you to take your medication?
- 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
  - I do not take medication for ADHD

17. If you take prescription medication for ADHD: In the past 12 months, did you ever give or sell your medication to others?
- Yes
  - No
  - I do not take medication for ADHD

### III. Tobacco/Alcohol/Drug Use

**These next few questions are very sensitive and ask you about drug use. You can choose not to answer any of these questions. Remember these questions are private and we will not tell your parents how you answer.**

18. How old were you when you tried cigarette smoking, even one or two puffs?
- I have never tried cigarette smoking
  - 8 years old
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
19. Do you currently smoke on a regular basis (at least once per week)?
- Yes
  - No
20. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- Yes
  - No
21. Have you ever had a drink of alcohol, other than a few sips?
- Yes
  - No

22. Have you ever used marijuana (also called grass, pot, weed)?

- Yes
- No

23. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- Yes
- No

## IV. Physical Activity

24. 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

25. 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

26. 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

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

- Yes
- No

28. 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

29. 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

30. 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

31. 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

32. 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

33. 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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

37. 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

38. 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

39. 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

## V. Eating

40. 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

## VI. Sleep Behavior

41. On a typical night, do you have trouble sleeping?

- Yes
- No

42. Do you snore?

- Yes
- No

43. Are you a restless sleeper?

- Yes
- No

44. Do you wake up during the night?

- Yes
- No

45. 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

46. Are you sleepy during the day?

- Yes
- No

## VII. School Performance

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

- Yes
- No

48. Do you consider yourself an:

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

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

- Yes
- No

## VIII. Communication

50. How much have your parent(s) spoken with you about not smoking?

- Not at all
- Somewhat
- A moderate amount
- A great deal

51. How much have your parent(s) spoken with you about not drinking?

- Not at all
- Somewhat
- A moderate amount
- A great deal

52. How much have your parent(s) spoken with you about not using drugs?

- Not at all
- Somewhat
- A moderate amount
- A great deal

53. How much have your parent(s) spoken with you about birth control?

- Not at all
- Somewhat
- A moderate amount
- A great deal

54. How much have your parent(s) spoken with you about sexually transmitted diseases?

- Not at all
- Somewhat
- A moderate amount
- A great deal

### FOR STUDY USE ONLY

Date Interviewed

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Interviewed by

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ID Number 

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HRB-CM

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