### **Attachment 1: Data Collection Instruments**

Student Survey: Grade 10
 Student Survey: Grades 7-8-9
 Student Survey: Grade 6

OMB No.: 0925-0557 Expiration Date: 01/31/2009

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### 2009–10 Health Behaviors in School Age Children Survey

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write. A computer will record the answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

#### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the <u>one answer</u> that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only <u>one</u> circle for your answer in the column below the question, as shown here:

EXAMPLE:	Are you a boy or a girl?
	○ Boy
	● Girl

• Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Darken one circle on <u>each</u> line" as shown here:

EXAMPLE: How often do you do each of the following: (Darken one circle on each line)

	Often	Sometimes	Never
a. Swim	0	0	
<b>b.</b> Bowl	$\bigcirc$	•	$\bigcirc$
<b>c.</b> Play Tennis	•	$\circ$	$\bigcirc$

### **TODAY'S DATE**

Month	Da	ay
O October	00	00
O November	O 1	O 1
O December	O 2	O 2
O January	○3	○3
○ February		O 4
○ March		O 5
O April		06
○ May		07
		08
		O 9

	<ul><li>○ January</li><li>○ February</li><li>○ March</li><li>○ April</li><li>○ May</li></ul>	<b>O</b> 3	03 04 05 06 07 08 09		
0	e you a boy or a Boy Girl	girl?			
000	Feb (	you born O May O June O July O Aug	1?	○ Sept ○ Oct ○ Nov ○ Dec	
0	1990 (	ou born? 01992 01993 01994		○ 1995 ○ 1996	8. <b>Do yo</b> ○ Mu ○ A k ○ Ab ○ A k
000	11 (12 (12 (12 (12 (12 (12 (12 (12 (12 (	) ) ) ) ) ) ) )		○ 16 ○ 17 or older	9. Abou play (Play
$\circ$		u in? O Grade 8 O Grade 9		○ Grade 10	time? circle
0	h <b>at do you consi</b> Hispanic or Latin Not Hispanic or L	0	ethnici	ty to be?	<u>Week</u> ○ No ○ Ab a o
(Ma O I O I O I	at do you consider all that apply) Black or African A White Asian American Indian of Native Hawaiian of	merican or Alaska I	Native		O Ab O Ab O Ab O Ab O Ab ho

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

0	10	Best possible life
0	9	
0	8	
0	7	
0	6	
0	5	
0	4	
0	3	
0	2	
0	1	
0	0	Worst possible life

ou think your body is...?

- uch too thin
- bit too thin out the right size
- bit too fat
- uch too fat

it how many hours a day do you usually games on a computer or games console station, Xbox, GameCube etc.) in your free ? (Please mark one circle for weekdays and one for weekend)

Weekdays	Weekend
O None at all	O None at all
O About half an hour	O About half an hour
a day	a day
O About 1 hour a day	O About 1 hour a day
O About 2 hours a day	O About 2 hours a day
O About 3 hours a day	O About 3 hours a day
O About 4 hours a day	O About 4 hours a day
O About 5 hours a day	O About 5 hours a day
O About 6 hours a day	O About 6 hours a day
$\bigcirc$ About 7 or more	$\bigcirc$ About 7 or more
hours a day	hours a day

(Please mark one circle for weekdays and one circle for weekend) Weekdays Weekend O None at all O None at all O About half an hour O About half an hour a day a day O About 1 hour a day O About 1 hour a day O About 2 hours a day O About 2 hours a day O About 3 hours a day O About 3 hours a day O About 4 hours a day O About 4 hours a day O About 5 hours a day O About 5 hours a day O About 6 hours a day O About 6 hours a day O About 7 or more O About 7 or more hours a day hours a day 11. How well off do you think your family is? O Very well off O Quite well off O Average O Not very well off O Not at all well off 12. How many computers does your family own? O None O One O Two O More than two 13. Do you have your own bedroom for yourself?  $\bigcirc$  No O Yes 14. Does your family own a car, van or truck?  $\bigcirc$  No O Yes, one O Yes, two or more 15. During the past 12 months, how many times did you travel away on vacation with your family? O Not at all O Once O Twice O More than twice

10. About how many hours a day do you usually use a computer for chatting on-line, internet,

emailing, homework etc. in your free time?

All families are different (for example, not everyone lives with both their parents. Sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Adults  Mother	
O Father O Stepmother (or	father's girlfriend)
O Stepfather (or n	nother's boyfriend)
<ul><li>○ Grandmother</li><li>○ Grandfather</li></ul>	
_	home or children's home
○ Someone or so down their relat	mewhere else: please write
down then relat	ιοπειτή το γου
<u>Children</u>	
<b>D</b> I I	
-	•
(including half, ste	any brothers and sisters live here ep or foster brothers and sisters number or write 0 (zero) if there
(including half, ste	ep or foster brothers and sisters

17. Do you have <u>another ho</u> such as the case when y		Physical activity is any activity that increases your
separated or divorced?	our parents are	heart rate and makes you get out of breath some
O No - GO TO QUESTION	18	of the time. Physical activity can be done in sports,
O Yes		school activities, playing with friends, or walking to
How often do you stay	there?	school.
☐ Half the time		
$\square$ Regularly but less th	nan half the time	Some examples of physical activity are running,
☐ At weekends		brisk walking, rollerblading, biking, dancing,
$\square$ Sometimes		skateboarding, swimming, soccer, basketball,
$\square$ Hardly ever		football, & surfing.
		,
Please <u>mark all</u> the peop	ole who live there:	For this next question, add up all the time you
<u>Adults</u>		spent in physical activity each day.
O Mother		
O Father	. 15	
O Stepmother (or father's		19. Over the past 7 days, on how many days were
O Stepfather (or mother's	s boyfriend)	you physically active for a total of at least 60
<ul><li>○ Grandmother</li><li>○ Grandfather</li></ul>		minutes per day?
O I live in a foster home o	or children's home	$\bigcirc$ 0 days $\bigcirc$ 4 days
Someone or somewhe		○ 1 day ○ 5 days
down their relationship		◯ 2 days
down their relationship	to you	$\bigcirc$ 3 days $\bigcirc$ 7 days
Children Please say how many brot	hers and sisters live here	20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?  ○ Every day ○ 4 to 6 times a week ○ 2 to 3 times a week ○ Once a week
(including half, step or fost		Once a month
Please write in the number		<ul><li>Less than once a month</li><li>Never</li></ul>
are none.	(,,	○ Never
How many	How many	21. OUTSIDE SCHOOL HOURS: How many HOURS
•	sisters?	a week do you usually exercise in your free time
		so much that you get out of breath or sweat?
18. About how many hours	s a day do you usually	○ None
watch television (inclu	• • •	About half an hour
in your free time? (Plea	- 1	O About 1 hour
weekdays and one circle f		O About 2 to 3 hours
		<ul><li>○ About 4 to 6 hours</li><li>○ 7 hours or more</li></ul>
Weekdays	<u>Weekend</u>	O 7 hours or more
O None at all	O None at all	22. How long does it usually take you to travel to
O About half an hour	O About half an hour	school from your home? (Please mark one circle only)
a day	a day	O Less than 5 minutes
O About 1 hour a day	O About 3 hours a day	O 5-15 minutes
O About 2 hours a day	O About 2 hours a day	15-30 minutes
O About 4 hours a day	O About 4 hours a day	○ 30 minutes to 1 hour
<ul><li>○ About 4 hours a day</li><li>○ About 5 hours a day</li></ul>	O About 4 hours a day O About 5 hours a day	O More than 1 hour
O About 6 hours a day	O About 6 hours a day	
O About 7 or more	O About 7 or more	
hours a day	hours a day	

23. On a typical day is the MAIN part of your trip TO school made by? (Please mark one circle only)  Walking Bicycle Bus, train, tram, underground or boat Car, motorcycle or moped Other means	28. How often do you have an evening meal together with your mother or father?  Never Less than once a week 1-2 days a week 3-4 days a week 5-6 days a week Every day
<ul> <li>24. On a typical day is the MAIN part of your trip FROM school made by? (Please mark one circle only)  <ul> <li>Walking</li> <li>Bicycle</li> <li>Bus, train, tram, underground or boat</li> <li>Car, motorcycle or moped</li> <li>Other means</li> </ul> </li> <li>25. How often do you usually have breakfast (more than a glass of milk or fruit juice)?  (Please mark one circle for weekdays and one circle for weekend)</li> </ul>	29. Where do you usually eat your mid-day meal on schooldays?  At school At home At someone else's home In a snack-bar, fast food restaurant, café Somewhere else: Please write down where: I never eat a mid-day meal  30. How often do you eat a snack while you?
Weekdays  ○ I never have breakfast during weekdays ○ One day ○ Two days ○ Three days ○ Four days ○ Five days ○ Five days ○ Saturday AND Sunday ○ I never have breakfast during the weekend ○ I usually have breakfast on both weekend days (Saturday AND Sunday)	Less than once a week  1-2 days a week  3-4 days a week  5-6 days a week  Every day  a. Watch TV (including videos and DVDs)?  b. Work or play on a computer or games console?
26. How many times a week do you usually eat or drink? (Please mark one circle for each line)  Never  Less than once a week  Once a week  2-4 days a week  Once a day, every day  Every day, more than once  a. Fruits  b. Vegetables  c. Sweets (candy or chocolate)  d. Coke or other soft drinks that contain sugar  27. How often do you have breakfast together with your mother or father?  Never  Less than once a week  1-2 days a week  3-4 days a week  5-6 days a week  Every day	31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?  Never Rarely (less than once a month) Once a month Once a week 2-3 times a month Once a week 5 or more days a week 5 or more days a week  32. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you? Always Often Sometimes Never

## 33. How much do you weigh without clothes? (In pounds)

Example

_	Weight		
1	5	2	
○ 0 ● 1 ○ 2 ○ 3	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○ 6 ○ 7 ○ 8	○ 0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8	

	Weight	
0 0 1 0 2 0 3	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8	0 0 1 0 2 3 0 4 0 5 0 6 0 7 8 9

### 34. How tall are you without shoes?

Example

Feet	Inches
5	2
0 0 1 0 2 0 3 0 4 • 5 0 6 0 7	○ 0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11

Feet	Inches
0 0 0 1 0 2 0 3 0 4 0 5 0 6 0 7	0 0 1 02 03 04 05 06 07 08 09 010

35.	When	did	vou	last	weigh	yoursel	$\mathbf{f}$

- O Within the last week
- O Within the last month
- O Within the last 6 months
- O More than 6 months ago

#### 36. When did you last measure your height?

- O Within the last week
- O Within the last month
- O Within the last 6 months
- O More than 6 months ago

### 37. At present are you on a diet or doing something else to lose weight?

- O No, my weight is fine
- O No, but I should lose some weight
- O No, because I need to put on weight
- O Yes

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what <u>your</u> feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please check one box for each line.)

	I do not agree at al				ıll	
		D	isa	gre	ee	
	Neither agree or	disa	ıgr	ee		
		Agr	ee			
	Strongly ag	ree				
a.	I am frustrated with my physical					
	appearance	0	0	0	0	0
<b>b.</b>	I am satisfied with my appearance	0	0	0	0	
c.	I hate my body	0	0	0	0	
d.	I feel comfortable with my body	0	0	0	0	
e.	I feel anger toward my body	0	0	0	0	0
f.	I like my appearance in spite of					
	its imperfections	0	0	0	0	0

#### **GIRLS ONLY**

39. Have you	begun to menstruate	(have periods)	)?
--------------	---------------------	----------------	----

- O No, I have not yet begun to menstruate
- Yes, I have begun to menstruate.
   Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months.
   I began at the age of \_\_\_\_\_\_ years and months.

\_\_\_\_

#### **BOYS ONLY**

- 40. Have you begun to grow hair on your face?
  - O Not yet started
  - O Barely started
  - O Definitely underway
  - O Seems completed

### 41. How often do you brush your teeth?

- O More than once a day
- Once a day
- O At least once a week but not daily
- O Less than once a week
- O Never

<b>42.</b> In the last 6 months: how often have you had the following? (Please mark one circle for each line)	45c.Does your long-term illness, disability or medical condition affect your attendance and
A1	participation at school?
About every day About every week	O I do not have a long-term illness, disability or
More than once a week	medical condition  O Yes
About every month	O No
Rarely or never	○ NO
	46. Thinking about last week
a. Headache	
b. Stomach-ache	Extremely/Always
c. Back ache	Very/Very often
d. Feeling low	Moderately/Quite often Slightly/Seldom
e. Irritability or bad temper	Not at all/Never
f. Feeling nervous	
g. Difficulties in getting to sleep	a. Have you felt fit and well?
h. Feeling dizzy	<b>b.</b> Have you felt full of energy?
	c. Have you felt sad?
43. During the last month have you taken any	d. Have you felt lonely?
medicine or tablets for the following?	e. Have you had enough time for
Yes, more	yourself?
No Yes than once	f. Have you been able to do the
a. Headache	things that you want to do in your
b. Stomach-ache	free time?
c. Difficulties in	g. Have your parent(s) treated you
getting to sleep	fairly?
d. Nervousness	<b>h.</b> Have you had fun with your friends? $\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$
e. Allergy	i. Have you got on well at school?
f. Something else	j. Have you been able to pay
1. Something else	attention?
<b>44. Would you say your health is?</b> (Please mark one circle)	Many young people get hurt or injured from activi-
○ Excellent ○ Fair	ties such as playing sports or fighting with others at
O Good O Poor	different places such as the street or home. Injuries
	can include being poisoned or burned. Injuries
45a.Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD, or cerebral palsy) that has been diagnosed by a doctor?	do not include illnesses such as Measles or the Flu. The following questions are about injuries you may have had during the past 12 months.
○ No	
○ Yes	47. During the past 12 months, how many times
If Yes, please write what they are.	were you injured and had to be treated by a
	doctor or nurse?
45b.Do you take medicine for your long-term illness, disability or medical condition?  ○ I do not have a long-term illness, disability or medical condition  ○ Yes ○ No	<ul> <li>○ I was not injured in the past 12 months</li> <li>○ 1 time</li> <li>○ 2 times</li> <li>○ 3 times</li> <li>○ 4 times or more</li> </ul>

48. How easy is it for you to talk to the following
persons about things that really bother you?
(Please mark one circle for each line)

			Ve	ery	ea	sy
				Eas	sy	
		Dif	fic	ılt		
	Very	diffic	ult			
	Don't have or see this p	erson				
a.	Father			0	0	0
b.	Stepfather (or mother's boyfriend	d) (C			0	
c.	Mother	C		0	0	
d.	Stepmother (or father's girlfriend	)			0	$ \circ $
e.	Elder brother (s)				0	
f.	Elder sister (s)			0	0	
g.	Best friend				0	
h.	Friends of the same sex			0	0	0
i.	Friends of the opposite sex					$\bigcirc$

49. How much does your mother (or female guardian) really know about...?

		She knows a lo			ot
		She knows a l	itt	le	
	She doesn	't know anythin	ıg		
	Don't have/see mother/guardian				
a.	Who your friends are	0	0	0	
b.	How you spend your mone	y	0	0	0
c.	Where you are after school	0	0	0	0
d.	Where you go at night	0	0	0	0
e.	What you do with your free	time 🔘	0	0	0

50. How much does your father (or male guardian) really know about...?

		He knows a lot			ot
		He knows a	litt	le	
	He doesn	't know anythir	ıg		
	Don't have/see fa	ther/guardian			
a.	Who your friends are	0	0	0	0
b.	How you spend your mone	у		0	0
c.	Where you are after school	0		0	0
d.	Where you go at night	0		0	0
e.	What you do with your free	time O	0	0	0

51. My parent/guardian	(Please	mark	one	circle	for
each line)					

	each line)					
		Almost always				
		Sometimes				
			Almost nev	er		
а	. Helps me	as much as I need	1			
	•	o the things I like			0	0
	. Is loving	g	g	O	0	0
		nds my problems a	and worries		0	0
		to make my own c		0		0
f.		ontrol everything I			$\circ$	
		like a baby	40			
_		e feel better when	Lam upset		$\bigcirc$	
	· manes in	. reer better when	ram apsec	•	. •	
	next to the	ips in your family number that best of have very good related the have very bad related the have	describes your feationships in our	eeli fan	ing.	
53.		t, how many close you have? (Pleas				:h
	Males		Females			
	○ None		○ None			
	One	•	◯ One			
	○ Two		○ Two			
	O Three o	r more	O Three or mo	re		
54.	O More or Older th	of the friends in less your same ag nan you (by one gr r than you (by one	ge (same grade) rade or more)			
55.		y days a week do friends right afte		peı	ıd	

56. How many evenings per week do you usually	61. Here are some statements about the students
spend out with your friends?	in your class(es). Please show how much you
O 0 evenings	agree or disagree with each one. (Please mark
01	one circle for each line)
O 2	, , , , , , , , , , , , , , , , , , ,
$\overline{\bigcirc}$ 3	Strongly agree
O 4	Agree
O 5	Neither agree nor disagree
06	Disagree
7 evenings	Strongly disagree
© 7 everinings	Strongry disagree
57. How often do you talk to your friend(s) on	a. The students in my class(es) enjoy
the phone or send them text messages or have	being together
	<b>b.</b> Most of the students in my class(es)
contact through the internet?	·
O Rarely or never	are kind and helpful
O 1 or 2 days a week	c. Other students accept me as I am
3 or 4 days a week	
○ 5 or 6 days a week	62. How pressured do you feel by the schoolwork
○ Every day	you have to do?
58. Your group of friends is well accepted by your	O Not at all
parents?	O A little
O Almost always	○ Some
O Sometimes	○ A lot
Never, almost never	
O They haven't met your group of friends	
O mey haven't met your group or menus	Here are some questions about bullying. We say a
FO In view eminion what does view along too show(s)	student is BEING BULLIED when another student, or
59. <u>In your opinion</u> , what does your class teacher(s)	a group of students, say or do nasty and unpleasant
think about your school performance compared	
to your classmates?	things to him or her. It is also bullying when a stu-
O Very good	dent is teased repeatedly in a way he or she does
O Good	not like or when he or she is deliberately left out of
○ Average	things. But it is NOT BULLYING when two students
O Below average	of about the same strength or power argue or fight.
	It is also <u>not</u> bullying when a student is teased in a
60. How do you feel about school at present?	friendly and playful way.
O I like it a lot	Inchary and playrar way.
O I like it a bit	
O I don't like it very much	
O I don't like it at all	63. How often have you been bullied at school in
O I don't like it at all	the past couple of months?
	O I haven't been bullied at school the past couple
	of months
	It has only happened once or twice
	2 or 3 times a month
	O About once a week
	Several times a week
	Several tillies a week

64. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week					ek
	About once a week					
	2 or 3 times a			th		
	Only once or t		ce			
	I have not been bullied in th					
	way in the past couple of month	ns 1				
a.	I was called mean names, was made	_	_			_
	fun of, or teased in a hurtful way		O	O	$\cup$	O
b.	Other students left me out of things					
	on purpose, excluded me from their					
	group of friends, or completely					
	ignored me	0	0	0	0	0
c.	I was hit, kicked, pushed, shoved					
	around, or locked indoors	0	0	0	0	0
d.	Other students told lies or spread					
	false rumors about me and tried to					
	make others dislike me	0	0	0	0	0
e.	I was bullied with mean names and					
	comments about my race or color	0	0		0	0
f.	I was bullied with mean names and					
	comments about my religion.	0	0	0	0	0
g.	Other students made sexual jokes,					
	comments, or gestures to me	0	0	0	0	0
h.	I was bullied using a computer or					
	e-mail messages or pictures	0	0	0	0	0
i.	I was bullied using a cell phone	0	0	0	0	0

65. How often have you taken part in bullying another student(s) at school in the past couple of months?

of months?
O I haven't bullied another student(s) at school in
the past couple of months
O It has only happened once or twice
O 2 or 3 times a month
O About once a week
O Several times a week

66. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

		Corroral tir	<b>n</b> 0	_	0.1		<b>1</b> 2
		Several times a week About once a week			εκ 		
	2 00	3 times a n				÷K.	
		once or tw			L11 		
	I have not bullied anothe		_	=			
	this way in the past couple						
	uns way in the past couple						
a.	I called another student(s)	mean					
	names, and made fun of, or	teased					
	him or her in a hurtful way			$\supset$	0	0	0
<b>b.</b>	I kept another student(s) or	ut of					
	things on purpose, exclude	d him					
	or her from my group of frie	ends, or					
	completely ignored him or	her		C	0	0	0
c.	I hit, kicked, pushed, shoved	around,					
	or locked another student(s)	indoors (		C	0	0	0
d.	I spread false rumors about	another					
	student(s) and tried to make	e others					
	dislike him or her			C		0	0
e.	I bullied another student(s)						
	mean names and commen	ts about					
	his or her race or color			C	0	0	0
f.	I bullied another student(s)	with					
	mean names and commen	ts about					
	his or her religion			C	0	0	0
g.	I made sexual jokes, comm	ents, or					
	gestures to another studen	t(s)		$\subset$	0	0	0
h.	I was bullied using a compu	uter or					
	e-mail messages or picture	s		C	0	0	0
i.	I bullied another student(s)	using a					
	cell phone			C	0	0	0

67.	During the past 12 months	, ho	wn	nany	times
	were you in a physical figh	t?			

I have not been in a physical fight
1 time
2 times
3 times
4 times or more

68. The last time you were in a physical fight during the past 12 months, with whom did you fight?

I have not been in a physical fight in the past 12 months
 A total stranger
 A parent or other adult family member
 A brother or sister
 A boyfriend/girlfriend or date
 A friend or someone I know

 $\bigcirc$  Someone not listed above

59. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club?  O I did not carry a weapon during the past 30 days	74. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line.)
○ 1 day ○ 2 to 3 days	Never
○ 4 to 5 days	Once or twice
○ 6 or more days	3-5 times
o o or more days	6-9 times
70. The last time you carried a weapon during the past 30 days, what type of weapon was it?  O I did not carry a weapon during the past 30 days O Knife or pocketknife O Stick or club O Knuckle-brace/brass knuckles O Tear gas/pepper spray/Mace O Handgun or other firearm	a. Smoked cigarettes b. Drunk alcohol c. Been drunk
Other type, please specify:	75. How frequently have you smoked cigarettes
	during the LAST 30 DAYS?
71. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)  ○ No ○ Yes  72. How often do you smoke tobacco at present?	<ul> <li>○ Not at all</li> <li>○ Less than 1 cigarette per week</li> <li>○ Less than 1 cigarette per day</li> <li>○ 1-5 cigarettes per day</li> <li>○ 6-10 cigarettes per day</li> <li>○ 11-20 cigarettes per day</li> <li>○ More than 20 cigarettes per day</li> </ul>
O Every day	
At least once a week, but not every day     Less than once a week	76. How many of your friends would you estimate
○ I do not smoke	None
73. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)  Every day  Every week  Every month Rarely	A few Some Most All  a. Smoke cigarettes b. Drink alcohol c. Get drunk at least once a week d. Smoke/use marijuana, (pot, weed, hash, joint) e. Carry a weapon, such as gun, knife, or club
Never	
a. Beer b. Wine c. Liquor/Spirits d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade) e. Any other drink that contains alcohol	<ul> <li>77. Have you ever had so much alcohol that you were really drunk?</li> <li>No, never</li> <li>Yes, once</li> <li>Yes, 2-3 times</li> <li>Yes, 4-10 times</li> <li>Yes, more than 10 times</li> </ul>
<ul> <li>○ At least once a week, but not every day</li> <li>○ Less than once a week</li> <li>○ I do not smoke</li> <li>73. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)</li> <li>Every day</li></ul>	a. Smoke cigarettes b. Drink alcohol c. Get drunk at least once a week d. Smoke/use marijuana,

78. At what age did you first do the following things? (If there is something you have not done, choose the 'never' category)	81. FATHER—Does your father have a job?  O No O Don't know O Yes O Don't have or don't see father
<ul> <li>a. Drink alcohol (more than a small amount)</li> <li>Never</li> <li>I was years old (Write in the box how old you were)</li> <li>b. Get drunk</li> </ul>	If YES, please say in what place he works (for example: hospital, bank, restaurant)
<ul> <li>○ Never</li> <li>○ I was years old (Write in the box how old you were)</li> <li>c. Smoke a cigarette (more than a puff)</li> <li>○ Never</li> </ul>	Please write down exactly what job he does there (for example: teacher, bus driver)
79. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)  Never Once or twice	If NO, why does your father not have a job?  (Please mark the circle that best describes the situation)  O He is sick, or retired, or a student O He is looking for a job O He takes care of others, or is full-time in the home O I don't know
3-5 times 6-9 times 10-19 times 20-39 times	82. MOTHER—Does your mother have a job?  O No O Don't know O Yes O Don't have or don't see mother
a. In your life b. In the last 12 months	If YES, please say in what place she works (for example: hospital, bank, restaurant)
<ul> <li>c. In the last 30 days</li> <li>80. Have you ever taken one or several of these drugs in the last 12 months? (Please mark one circle for each line)</li> </ul>	Please write down exactly what job she does there (for example: teacher, bus driver)
Never Once or twice 3-5 times 6-9 times 10-19 times 20-39 times 40 times or more	If NO, why does your mother not have a job?  (Please mark the circle that best describes the situation)  She is sick, or retired, or a student  She is looking for a job  She takes care of others, or is full-time in the home  I don't know
a. Ecstasy b. Amphetamines (meth, ice, glass, speed)	83. Were you born in the United States?  O Yes O No
c. Opiates (heroin, morphine, smack) d. Medication to get high	84. Which country was your mother born?  ODon't know
e. Cocaine  f. Glue or solvents  g. Baltok	85. Which country was your father born?
h. LSD i. Anabolic steroids j. Other drug Which one?	ODon't know  86. What language do you most often speak at home?

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!

7-8-9

OMB No.: 0925-0557 Expiration Date: 01/31/2009

### 2009–10 Health Behaviors in School Age Children Survey

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write. A computer will record the answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only <u>one</u> circle for your answer in the column below the question, as shown here:

EXAMPLE:	Are you a boy or a girl?
	○ Boy
	● Girl

• Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Darken one circle on <u>each</u> line" as shown here:

**EXAMPLE:** How often do you do each of the following: (Darken one circle on each line)

		Often	Sometimes	Never
a.	Swim	0	0	•
b.	Bowl	$\bigcirc$	•	$\bigcirc$
c.	Play Tennis	•	$\bigcirc$	$\bigcirc$

### **TODAY'S DATE**

Month	Da	ay
O October	00	00
O November	O 1	O 1
O December	O 2	O 2
O January	○3	○3
○ February		O 4
○ March		O 5
O April		06
○ May		07
		08
		O 9

	<ul><li>○ January</li><li>○ February</li><li>○ March</li><li>○ April</li><li>○ May</li></ul>	<b>O</b> 3	03 04 05 06 07 08 09			
0	e you a boy or a Boy Girl	girl?				
000	Feb (	you born O May O June O July O Aug	1?	○ Sept ○ Oct ○ Nov ○ Dec		
0	1990 (	ou born? 01992 01993 01994		○ 1995 ○ 1996	8. <b>Do yo</b> ○ Mu ○ A k ○ Ab ○ A k	
000	11 (12 (12 (12 (12 (12 (12 (12 (12 (12 (	) ) ) ) ) ) ) )		○ 16 ○ 17 or older	9. Abou play (Play	
$\circ$		u in? O Grade 8 O Grade 9		○ Grade 10	time? circle	
0	What do you consider your ethnicity to be?  ○ Hispanic or Latino ○ Not Hispanic or Latino					
(Ma O I O I O I	6. What do you consider your race to be?  (Mark all that apply)  Black or African American  White Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Other					

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

0	10	Best possible life
0	9	
0	8	
0	7	
0	6	
0	5	
0	4	
0	3	
0	2	
0	1	
0	0	Worst possible life

ou think your body is...?

- uch too thin
- bit too thin out the right size
- bit too fat
- uch too fat

it how many hours a day do you usually games on a computer or games console station, Xbox, GameCube etc.) in your free ? (Please mark one circle for weekdays and one for weekend)

Weekdays	Weekend
O None at all	O None at all
O About half an hour	O About half an hour
a day	a day
O About 1 hour a day	O About 1 hour a day
O About 2 hours a day	O About 2 hours a day
O About 3 hours a day	O About 3 hours a day
O About 4 hours a day	O About 4 hours a day
O About 5 hours a day	O About 5 hours a day
O About 6 hours a day	O About 6 hours a day
$\bigcirc$ About 7 or more	$\bigcirc$ About 7 or more
hours a day	hours a day

(Please mark one circle for weekdays and one circle for weekend) Weekdays Weekend O None at all O None at all O About half an hour O About half an hour a day a day O About 1 hour a day O About 1 hour a day O About 2 hours a day O About 2 hours a day O About 3 hours a day O About 3 hours a day O About 4 hours a day O About 4 hours a day O About 5 hours a day O About 5 hours a day O About 6 hours a day O About 6 hours a day O About 7 or more O About 7 or more hours a day hours a day 11. How well off do you think your family is? O Very well off O Quite well off O Average O Not very well off O Not at all well off 12. How many computers does your family own? O None O One O Two O More than two 13. Do you have your own bedroom for yourself?  $\bigcirc$  No O Yes 14. Does your family own a car, van or truck?  $\bigcirc$  No O Yes, one O Yes, two or more 15. During the past 12 months, how many times did you travel away on vacation with your family? O Not at all O Once O Twice O More than twice

10. About how many hours a day do you usually use a computer for chatting on-line, internet,

emailing, homework etc. in your free time?

All families are different (for example, not everyone lives with both their parents. Sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Adults  Mother	
O Father O Stepmother (or	father's girlfriend)
O Stepfather (or n	nother's boyfriend)
<ul><li>○ Grandmother</li><li>○ Grandfather</li></ul>	
_	home or children's home
○ Someone or so down their relat	mewhere else: please write
down then relat	ιοπειτή το γου
<u>Children</u>	
<b>D</b> I I	
-	•
(including half, ste	any brothers and sisters live here ep or foster brothers and sisters number or write 0 (zero) if there
(including half, ste	ep or foster brothers and sisters

such as the case when your parents are separated or divorced?  No - GO TO QUESTION 18  Yes  How often do you stay there?  Half the time  Regularly but less than half the time  At weekends  Sometimes  Hardly ever	heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.  Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.
Please mark all the people who live there:  Adults  Mother  Father  Stepmother (or father's girlfriend)	For this next question, <u>add up</u> all the time you spent in physical activity each day.  19. Over the <u>past 7 days</u> , on how many days were
<ul> <li>Stepfather (or mother's boyfriend)</li> <li>Grandmother</li> <li>Grandfather</li> <li>I live in a foster home or children's home</li> <li>Someone or somewhere else: please write down their relationship to you</li> </ul>	you physically active for a total of at least 60 minutes per day?  O days O 1 day O 2 days O 2 days O 3 days O 7 days
Children Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.	20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?  O Every day O 4 to 6 times a week O 12 to 3 times a week O once a week O once a month O Less than once a month Never
How many How many brothers? sisters?  18. About how many hours a day do you usually watch tolevision (including sides and DVD)	
watch television (including videos and DVDs in your free time? (Please mark one circle for weekdays and one circle for weekend)  Weekdays  Weekend	O About 1 hour O About 2 to 3 hours O About 4 to 6 hours O 7 hours or more
<ul> <li>○ None at all</li> <li>○ About half an hour a day</li> <li>○ About 1 hour a day</li> <li>○ About 2 hours a day</li> <li>○ About 2 hours a day</li> <li>○ About 3 hours a day</li> <li>○ About 3 hours a day</li> <li>○ About 4 hours a day</li> <li>○ About 4 hours a day</li> <li>○ About 5 hours a day</li> <li>○ About 6 hours a day</li> <li>○ About 7 or more hours a day</li> </ul>	O 15-30 minutes O 30 minutes to 1 hour

17. Do you have <u>another home</u> or <u>another family</u>,

23. On a typical day is the MAIN part of your trip TO school made by? (Please mark one circle only)  Walking Bicycle Bus, train, tram, underground or boat Car, motorcycle or moped Other means	28. How often do you have an evening meal together with your mother or father?  Never Less than once a week 1-2 days a week 3-4 days a week 5-6 days a week Every day
<ul> <li>24. On a typical day is the MAIN part of your trip FROM school made by? (Please mark one circle only)  <ul> <li>Walking</li> <li>Bicycle</li> <li>Bus, train, tram, underground or boat</li> <li>Car, motorcycle or moped</li> <li>Other means</li> </ul> </li> <li>25. How often do you usually have breakfast (more than a glass of milk or fruit juice)?  (Please mark one circle for weekdays and one circle for weekend)</li> </ul>	29. Where do you usually eat your mid-day meal on schooldays?  At school At home At someone else's home In a snack-bar, fast food restaurant, café Somewhere else: Please write down where:  I never eat a mid-day meal  30. How often do you eat a snack while you?
Weekdays  ○ I never have breakfast during weekdays ○ One day ○ Two days ○ Three days ○ Four days ○ Five days ○ Five days ○ Saturday AND Sunday ○ I never have breakfast during the weekend ○ I usually have breakfast on only one day of the weekend (Saturday OR Sunday)	Less than once a week  1-2 days a week  3-4 days a week  5-6 days a week  Every day  a. Watch TV (including videos and DVDs)  b. Work or play on a computer
26. How many times a week do you usually eat or drink? (Please mark one circle for each line)  Never  Less than once a week  Once a week  2-4 days a week  Once a day, every day  Every day, more than once  a. Fruits  b. Vegetables  c. Sweets (candy or chocolate)  d. Coke or other soft drinks that contain sugar  27. How often do you have breakfast together with your mother or father?  Never  Less than once a week  1-2 days a week  3-4 days a week  5-6 days a week  Every day	31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?  Never Rarely (less than once a month) Once a month Once a week 2-4 days a week 5 or more days a week  32. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you? Always Often Sometimes Never

## 33. How much do you weigh without clothes? (In pounds)

Example

шипри		
	Weight	
1	5	2
○ 0 ● 1 ○ 2 ○ 3	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○ 6 ○ 7 ○ 8 ○ 9	0 0 1 2 0 3 0 4 0 5 0 6 0 7 8 9

	Weight	
0 0 1 0 2 0 3	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8	0 0 1 0 2 3 0 4 0 5 6 0 7 8 9

### 34. How tall are you without shoes?

Example

Feet	Inches
5	2
○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○ 6 ○ 7	0 0 1 • 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10

Feet	Inches
0 0 0 1 0 2 0 3 0 4 0 5 0 6 0 7	0 0 1 02 03 04 05 06 07 08 09 010

0 =	T A 71	1 • 1		1 .	. 1	1	m
35	When	$\alpha_{1}\alpha_{1}$	7/O11	Lact	WAIGH	VALITER	11
JJ.	AAHCH	uiu	you	Iust	WCIKII	yoursel	

- O Within the last week
- O Within the last month
- O Within the last 6 months
- O More than 6 months ago

### 36. When did you last measure your height?

- O Within the last week
- O Within the last month
- O Within the last 6 months
- O More than 6 months ago

### 37. At present are you on a diet or doing something else to lose weight?

- O No, my weight is fine
- O No, but I should lose some weight
- O No, because I need to put on weight
- O Yes

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what <u>your</u> feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please check one box for each line.)

	I do not agree at a					
		D	isa	gre	ee	
	Neither agree or	lisa	gr	ee		
		\gr	ee			
	Strongly agr	ee				
a.	I am frustrated with my physical					
	appearance	0	0	0	0	
<b>b</b> .	I am satisfied with my appearance		0	0	0	0
c.	I hate my body	0	0	0	0	0
d.	I feel comfortable with my body	0	0	0	0	0
e.	I feel anger toward my body	0	0	0	0	0
f.	I like my appearance in spite of					
	its imperfections	0	0	0	0	0

#### **GIRLS ONLY**

	39. Have you	begun to menstruate	(have	periods	)?
--	--------------	---------------------	-------	---------	----

- O No, I have not yet begun to menstruate
- Yes, I have begun to menstruate. Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months.

I began at the age of \_\_\_\_\_ years and \_\_\_\_ months.

#### **BOYS ONLY**

40	Have you	hegun	tο	OTOM	hair	Λn	VOIIT	face	2

- O Not yet started
- O Barely started
- O Definitely underway
- O Seems completed

### 41. How often do you brush your teeth?

- O More than once a day
- Once a day
- O At least once a week but not daily
- O Less than once a week
- O Never

<b>42.</b> In the last 6 months: how oft following? (Please mark one	•	47. Does your long-term illness, disabile medical condition affect your attention at school?			
_	About every day	participation at school?  O I do not have a long-term illness, disability or			
_	About every week	medical condition	isability of		
	an once a week	O Yes			
	every month	O No			
Rarely	y or never				
a. Headache					
<b>b.</b> Stomach-ache		48. Thinking about last week			
c. Back ache		E 400	1 /41		
d. Feeling low			emely/Always Very often		
		Moderately/Qui			
e. Irritability or bad temper		Slightly/Se			
f. Feeling nervous		Not at all/Nev			
g. Difficulties in getting to sleep		C 1. C. 1. 112			
<b>h.</b> Feeling dizzy		a. Have you felt fit and well?			
		<b>b.</b> Have you felt full of energy?			
42 During the last month have	vou talvan anv	c. Have you felt sad?			
43. During the last month have medicine or tablets for the fo	•	d. Have you felt lonely?			
medicine of tablets for the fo	onowings	e. Have you had enough time for			
	Yes, more	yourself?			
<u>N</u>	<u>Io Yes than once</u>	f. Have you been able to do the			
<b>a.</b> Headache		things that you want to do in your			
<b>b.</b> Stomach-ache		free time?			
c. Difficulties in		g. Have your parent(s) treated you			
getting to sleep (		fairly?			
		h. Have you had fun with your friends?			
		i. Have you got on well at school?			
<u> </u>		j. Have you been able to pay			
1. Joinetiming cisc		attention?			
		attention:			
44. Would you say your health is	s? (Please mark				
one circle)		Manusana a sala sat bust as inius d			
○ Excellent ○	Fair	Many young people get hurt or injured			
$\bigcirc$ Good	Poor	ties such as playing sports or fighting w			
		different places such as the street or ho	-		
45. Do you have a long-term illn		can include being poisoned or burned.	-		
or medical condition (like di		do not include illnesses such as Measle			
asthma, allergy, ADHD or cer	1 0,	The following questions are about injur	res you may		
has been diagnosed by a doo	ctor?	have had during the past 12 months.			
○ No					
O Yes					
If Yes, please write what they a	re.	49. During the past 12 months, how m	•		
		were you injured and had to be tre	ated by a		
46. Do you take medicine for yo	ur lang tarm illnagg	doctor or nurse?	_		
disability or medical condition		O I was not injured in the past 12 mo	nths		
O I do not have a long-term ill		O 1 time			
medical condition	micss, disability Of	○ 2 times ○ 3 times			
O Yes		0 4 times or more			
○ No		4 times of more			

50. H	ow easy is it for	r you to talk to	the following
pe	ersons about th	ings that really	y bother you?
(P	lease mark one d	circle for each lin	1e)

			Ve	ry	eas	sy
				Eas	sy	
		Diff	icu	ılt		
		Very difficu	ılt			
	Don't have or see	this person				
a.	Father	0	0	0	0	0
b.	Stepfather (or mother's boy	friend) 🔘	0	0		0
c.	Mother	0	0	0	0	0
d.	Stepmother (or father's girlf	riend) 🔘	0	0		0
e.	Elder brother (s)	0	0	0	0	0
f.	Elder sister (s)	0	0	0	0	0
g.	Best friend	0	0	0		0
h.	Friends of the same sex	0	0	0	0	0
i.	Friends of the opposite sex	0	0	0	0	0

## 51. How much does your mother (or female guardian) really know about...?

	She knows a lo			ot	
		She knows a	itt	le	
	She doesn	't know anythir	ıg		
	Don't have/see mo	ther/guardian			
a.	Who your friends are	0	0	0	0
b.	How you spend your mone	ey O	0	0	0
c.	Where you are after school	0	0	0	0
d.	Where you go at night	0	0	0	0
e.	What you do with your free	time O	0	0	0

# 52. How much does your father (or male guardian) really know about...?

			He kı	nov	NS	a 1	ot
			He knows	<b>a</b> 1	itt	le	
	H	e doesn	't know anyt	hin	ıg		
	Don't have	e/see fa	ther/guardia	an			
a.	Who your friends a	re		0	0	0	0
b.	How you spend you	ır mone	у	0		0	0
c.	Where you are after	r school		0		0	0
d.	Where you go at nig	ght		0		0	0
e.	What you do with y	our free	time	0	0	0	0

53. My parent/guardian	(Please	mark	one	circle	for
each line)					

eac	h line)					
			Almost	alv	vay	7S
			Sometimes			
			Almost nev	er		
a H	elns me	as much as I need	4			
	-	o the things I like			0	0
	loving	o the things the	dollig			0
		nds my problems	and worrios			0
		to make my own				0
		,				
		ontrol everything	100			
_		like a baby	. 1			
n. M	akes me	e feel better wher	ı ı am upset	O	O	
rel	ationsh et to the 10 We 9 8 7 6 5 4 3 2	I, how satisfied a ips in your fami number that best have very good relative where were been been been been been been been b	ly? (Mark one c describes your f ationships in our	ircli eeli fan	nily	
frie		t, how many clos you have? (Plea				:h
<u>Ma</u>	ıles		<u>Females</u>			
	None		○ None			
	One		One			
	Two		○ Two			
O	Three o	r more	O Three or mo	re		
0	More or Older th	of the friends in less your same a nan you (by one g r than you (by on	ge (same grade rade or more)			
tim O O O	ne with 0 days 1 2 3	y days a week do friends right aft		pei	nd	

58. How many evenings per week do you usually	63. Here are some statements about the students
spend out with your friends?	in your class(es). Please show how much you
O 0 evenings	agree or disagree with each one. (Please mark
01	one circle for each line)
O 2	, ,
O3	Strongly agree
O 4	Agree
O 5	Neither agree nor disagree
06	Disagree
7 evenings	Strongly disagree
© 7 everinings	Strongry disagree
59. How often do you talk to your friend(s) on	a. The students in my class(es) enjoy
the phone or send them text messages or have	being together
<del>-</del>	<b>b.</b> Most of the students in my class(es)
contact through the internet?	, , , , , , , , , , , , , , , , , , , ,
O Rarely or never	are kind and helpful
O 1 or 2 days a week	c. Other students accept me as I am
3 or 4 days a week	
○ 5 or 6 days a week	64. How pressured do you feel by the schoolwork
○ Every day	you have to do?
60. Your group of friends is well accepted by your	O Not at all
parents?	O A little
O Almost always	○ Some
O Sometimes	○ A lot
Never, almost never	
They haven't met your group of friends	
o mey naven emeryour group or menus	Here are some questions about bullying. We say a
61. <u>In your opinion</u> , what does your class teacher(s)	student is BEING BULLIED when another student, or
	a group of students, say or do nasty and unpleasant
think about your school performance compared	
to your classmates?	things to him or her. It is also bullying when a stu-
O Very good	dent is teased repeatedly in a way he or she does
○ Good	not like or when he or she is deliberately left out of
O Average	things. But it is NOT BULLYING when two students
O Below average	of about the same strength or power argue or fight.
	It is also <u>not</u> bullying when a student is teased in a
62. How do you feel about school at present?	friendly and playful way.
○ I like it a lot	
○ I like it a bit	
O I don't like it very much	
O I don't like it at all	65. How often have you been bullied at school in
o radireline leacan	the past couple of months?
	O I haven't been bullied at school the past couple
	of months
	O It has only happened once or twice
	2 or 3 times a month
	About once a week
	Several times a week
	Several tillies a week

66. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several t	tim	es	a v	ve	ek
	About on	ce	a١	vee	ek	
	2 or 3 times a			th		
	Only once or t		ce			
	I have not been bullied in th					
	way in the past couple of month	ns 1				
a.	I was called mean names, was made					0
	fun of, or teased in a hurtful way		Μ	$  \cup  $	$\cup$	$\cup$
b.	Other students left me out of things					
	on purpose, excluded me from their					
	group of friends, or completely					
	ignored me	0	0	0	0	0
c.	I was hit, kicked, pushed, shoved					
	around, or locked indoors	0	0	0	0	0
d.	Other students told lies or spread					
	false rumors about me and tried to					
	make others dislike me	0	0	0	0	0
e.	I was bullied with mean names and					
	comments about my race or color	0	0	0	0	0
f.	I was bullied with mean names and					
	comments about my religion.	0	0	0	0	0
g.	Other students made sexual jokes,					
	comments, or gestures to me	0	0	0	0	0
h.	I was bullied using a computer or					
	e-mail messages or pictures	0	0	0	0	0
i.	I was bullied using a cell phone	0	0	0	0	0

67. How often have you taken part in bullying another student(s) at school in the past couple of months?

of months?
O I haven't bullied another student(s) at school in
the past couple of months
O It has only happened once or twice
O 2 or 3 times a month
O About once a week
O Several times a week

68. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

		Several ti	im	es	a v	vee	ek
	A	bout one	ce	a v	vee	ek	
	2 or 3	times a	m	ont	th		
		nce or tv		ce			
	I have not bullied another						
	this way in the past couple	of month	S				
a.	I called another student(s) m						
	names, and made fun of, or t	eased					
	him or her in a hurtful way		0	$\circ$	0	0	0
b.	I kept another student(s) out	of					
	things on purpose, excluded						
	or her from my group of frier						
	completely ignored him or h	er	0	0	0	0	0
c.	I hit, kicked, pushed, shoved a	round,					
	or locked another student(s) is	ndoors.	0	0	0	0	0
d.	I spread false rumors about a	nother					
	student(s) and tried to make of	others					
	dislike him or her		0	0	0	0	0
e.	I bullied another student(s) v	vith					
	mean names and comments	about					
	his or her race or color		0	0	0	0	0
f.	I bullied another student(s) v	vith					
	mean names and comments	about					
	his or her religion		0	0	0	0	0
g.	I made sexual jokes, commer	nts, or					
	gestures to another student(	s)	0	$\circ$	0	0	0
h.	I was bullied using a comput	er or					
	e-mail messages or pictures		0	0	0	0	0
i.	I bullied another student(s) u	ısing a					
	cell phone		0	0	0	0	0

69. During the past 12 months, how many times were you in a physical fight?

$\bigcirc$	I have not been in a physical fight
$\bigcirc$	1 time
$\bigcirc$	2 times
$\bigcirc$	3 times
$\circ$	4 times or more

70. The last time you were in a physical fight during the past 12 months, with whom did you fight?

O I have not been in a physical fight in the past
12 months
O A total stranger
O A parent or other adult family member
O A brother or sister
O A boyfriend/girlfriend or date
O A friend or someone I know
O Someone not listed above

71. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club?  O I did not carry a weapon during the past 30 days  O 1 day	76. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line.)
2 to 3 days	Never
○ 4 to 5 days	Once or twice
○ 6 or more days	3-5 times
,	6-9 times
72. The last time you carried a weapon during the	10-19 times
past 30 days, what type of weapon was it?	20-39 times
O I did not carry a weapon during the past 30 days	40 times or more
○ Knife or pocketknife	a. Smoked cigarettes
O Stick or club	b. Drunk alcohol
○ Knuckle-brace/brass knuckles	c. Been drunk
<ul><li>Tear gas/pepper spray/Mace</li><li>Handgun or other firearm</li></ul>	
Other type, please specify:	
o other type, prease specify	77. How frequently have you smoked cigarettes
	during the LAST 30 DAYS?
73. Have you ever smoked tobacco? (At least one	O Not at all
cigarette, cigar or pipe)	O Less than 1 cigarette per week
O No	O Less than 1 cigarette per day
○ Yes	$\bigcirc$ 1-5 cigarettes per day $\bigcirc$ 6-10 cigarettes per day
	11-20 cigarettes per day
74. How often do you smoke tobacco at present?	More than 20 cigarettes per day
O Every day	o more anan zo algarettos per day
O At least once a week, but not every day	78. How many of your friends would you
C Less than once a week	estimate
O I do not smoke	None
75 At august how often de way dried anything	A few
75. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like,	Some
Vodka or rum? Try to include even those times	Most
when you only drink a small amount (e.g. one	A11
or two sips). (Please mark one circle for each line)	a. Smoke cigarettes
<del></del>	b. Drink alcohol
Every day	c. Get drunk at least once a week
Every week	d. Smoke/use marijuana,
Every month	(pot, weed, hash, joint)
Rarely	e. Carry a weapon, such as gun, knife,
Never	or club
a. Beer	
<b>b.</b> Wine	79. Have you ever had so much alcohol that you
c. Liquor/Spirits	were really drunk?
d. Pre-mixed drinks (for example,	○ No, never
Smirnoff Ice, Bacardi Breezer,	○ Yes, once
Mike's Hard Lemonade)	O Yes, 2-3 times
e. Any other drink that contains alcohol	○ Yes, 4-10 times
	$\bigcirc$ Yes, more than 10 times

80. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)	82. MOTHER—Does your mother have a job?  O No  O Don't know
nasinsii, jointy: (Tieuse mark one circle for each tine)	Yes Opon't have or don't see mother
Never	O les O don't have of don't see mother
Once or twice	If YES, please say in what place she works
3-5 times	(for example: hospital, bank, restaurant)
6-9 times	
10-19 times 20-39 times	
40 times or more	Please write down exactly what job she does
	there (for example: teacher, bus driver)
a. In your life	
b. In the last 12 months	If NO, why does your mother not have a job?
c. In the last 30 days	(Please mark the circle that best describes the situation)
	She is sick, or retired, or a student
01 PATTIED D	○ She is looking for a job
81. FATHER—Does your father have a job?  O No  O Don't know	She takes care of others, or is full-time in the home
O Yes O Don't have or don't see father	O I don't know
O les O Don't have of don't see father	
If YES, please say in what place he works	O2 More way have in United Chates?
(for example: hospital, bank, restaurant)	83. Were you born in United States?  O Yes
	O No
Please write down exactly what job he does	
there (for example: teacher, bus driver)	
there (for example, teacher, bus driver)	84. Which country was your mother born?
If NO, why does your father not have a job?	ODon't know
(Please mark the circle that best describes the situation)	
O He is sick, or retired, or a student	
<ul><li>He is looking for a job</li><li>He takes care of others, or is full-time in the home</li></ul>	85. Which country was your father born?
O I don't know	
C. don't know	○Don't know
	86. What language do you most often speak at

This is the end of the survey.

home?

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!

### 2009–10 Health Behaviors in School Age Children Survey

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write. A computer will record the answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the <u>one answer</u> that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only <u>one</u> circle for your answer in the column below the question, as shown here:

<b>EXAMPLE:</b>	Are you a boy or a girl?
	○ Boy
	● Girl

• Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Darken one circle on <u>each</u> line" as shown here:

EXAMPLE: How often do you do each of the following: (Darken one circle on each line)

		Often	Sometimes	Never
a.	Swim	0	0	
b.	Bowl	$\bigcirc$	•	$\bigcirc$
c.	Play Tennis	•	$\bigcirc$	$\bigcirc$

### **TODAY'S DATE**

Month	Day			
○ October	00	$\bigcirc$ 0		
O November	O 1	O 1		
O December	O 2	O 2		
O January	○3	○ 3		
○ February		O 4		
○ March		○ 5		
O April		O 6		
○ May		O 7		
		08		
		○9		

	O March O April O May		<ul><li>5</li><li>6</li><li>7</li><li>8</li><li>9</li></ul>	
1.	Are you a boy or ○ Boy ○ Girl	a girl?		
2.	What month wer ○ Jan ○ Feb ○ Mar ○ Apr	re you born O May O June O July O Aug	1?	○ Sept ○ Oct ○ Nov ○ Dec
3a.	What year were ○1989 ○1990 ○1991	you born? ○1992 ○1993 ○1994		○ 1995 ○ 1996
3b.	How old are you ○10 or younger ○11 ○12			○ 16 ○ 17 or older
4.	What grade are : ○ Grade 6 ○ Grade 7			○ Grade 10
5.	What do you con O Hispanic or Lan O Not Hispanic or	tino	ethnici	ty to be?
	What do you con: (Mark all that app  Black or African  White Asian  American India  Native Hawaiiai  Other	ly) American n or Alaska I	Native	

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

0	10	Best possible life
0	9	
0	8	
0	7	
0	6	
0	5	
0	4	
0	3	
0	2	
0	1	
0	0	Worst possible life

8.	Do you think your body is?
	O Much too thin
	O A bit too thin
	O About the right size
	O A bit too fat
	O Much too fat

9. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time? (Please mark one circle for weekdays and one circle for weekend)

Weekdays	Weekend
O None at all	O None at all
O About half an hour	O About half an hour
a day	a day
O About 1 hour a day	O About 1 hour a day
O About 2 hours a day	O About 2 hours a day
O About 3 hours a day	O About 3 hours a day
O About 4 hours a day	O About 4 hours a day
O About 5 hours a day	O About 5 hours a day
O About 6 hours a day	O About 6 hours a day
O About 7 or more	O About 7 or more
hours a day	hours a day

(Please mark one circle for weekdays and one circle for weekend) Weekdays Weekend O None at all O None at all O About half an hour O About half an hour a day a day O About 1 hour a day O About 1 hour a day O About 2 hours a day O About 2 hours a day O About 3 hours a day O About 3 hours a day O About 4 hours a day O About 4 hours a day O About 5 hours a day O About 5 hours a day O About 6 hours a day O About 6 hours a day O About 7 or more O About 7 or more hours a day hours a day 11. How well off do you think your family is? O Very well off O Quite well off O Average O Not very well off O Not at all well off 12. How many computers does your family own? O None O One O Two O More than two 13. Do you have your own bedroom for yourself?  $\bigcirc$  No O Yes 14. Does your family own a car, van or truck?  $\bigcirc$  No O Yes, one O Yes, two or more 15. During the past 12 months, how many times did you travel away on vacation with your family? O Not at all O Once O Twice O More than twice

10. About how many hours a day do you usually use a computer for chatting on-line, internet,

emailing, homework etc. in your free time?

All families are different (for example, not everyone lives with both their parents. Sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Adults  Mother	
O Father O Stepmother (or	father's girlfriend)
O Stepfather (or n	nother's boyfriend)
<ul><li>○ Grandmother</li><li>○ Grandfather</li></ul>	
_	home or children's home
○ Someone or so down their relat	mewhere else: please write
down then relat	ιοπειτή το γου
<u>Children</u>	
<b>D</b> I I	
-	•
(including half, ste	any brothers and sisters live here ep or foster brothers and sisters number or write 0 (zero) if there
(including half, ste	ep or foster brothers and sisters

17. Do you have another home or another family, such as the case when your parents are separated or divorced?  No - GO TO QUESTION 18  Yes  How often do you stay there?  Half the time Regularly but less than half the time At weekends Sometimes Hardly ever	Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.  Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.  For this next question, add up all the time you
Please <u>mark all</u> the people who live there:	spent in physical activity each day.
Adults  Mother  Father  Stepmother (or father's girlfriend)  Stepfather (or mother's boyfriend)  Grandmother  Grandfather  I live in a foster home or children's home  Someone or somewhere else: please write	19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?  O days O days O days O 5 days O 2 days O 3 days O 7 days
Children Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none. How many brothers? sisters?	<ul> <li>20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?  <ul> <li>Every day</li> <li>4 to 6 times a week</li> <li>2 to 3 times a week</li> <li>Once a week</li> <li>Once a month</li> <li>Less than once a month</li> <li>Never</li> </ul> </li> <li>21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat?  <ul> <li>None</li> <li>About half an hour</li> <li>About 1 hour</li> <li>About 2 to 3 hours</li> <li>About 4 to 6 hours</li> </ul> </li> </ul>
in your free time? (Please mark one circle for weekdays and one circle for weekend)  Weekdays  None at all About half an hour a day About 1 hour a day About 2 hours a day About 3 hours a day About 4 hours a day About 5 hours a day About 6 hours a day About 7 or more hours a day	<ul> <li>○ 7 hours or more</li> <li>22. How long does it usually take you to travel to school from your home? (Please mark one circle only)</li> <li>○ Less than 5 minutes</li> <li>○ 5-15 minutes</li> <li>○ 15-30 minutes</li> <li>○ 30 minutes to 1 hour</li> <li>23. On a typical day is the MAIN part of your trip TO school made by? (Please mark one circle only)</li> <li>○ Walking</li> <li>○ Bicycle</li> <li>○ Bus, train, tram, underground or boat</li> <li>○ Car, motorcycle or moped</li> <li>○ Other means</li> </ul>

24. On a typical day is the MAIN part of your trip FROM school made by? (Please mark one circle only)  Walking Bicycle Bus, train, tram, underground or boat Car, motorcycle or moped Other means		hung hom O Al O O	gry b e. H ways ften omet ever	ecau low o	people guse thereoften do	e is no es thi	ot eno is hap	ugh foo	od at you?
25. How often do you usually have breakfast (more than a glass of milk or fruit juice)?		pour	ıds)		·	Ü			`
(Please mark one circle for weekdays and one circle		Example		ight				Weight	<u> </u>
for <u>weekend</u> )		1		5	2				
Weekdays Weekend		00		0	00		0	O 0	00
<ul> <li>○ I never have breakfast during weekdays</li> <li>○ One day</li> <li>○ Two days</li> <li>○ Three days</li> <li>○ Four days</li> <li>○ Five days</li> <li>○ I never have breakfast during the weekend</li> <li>○ I usually have breakfast on only one day of the weekend (Saturday OR Sunday)</li> <li>○ I usually have breakfast on both weekend days (Saturday AND Sunday)</li> </ul>		1 0 2 0 3		) 1 ) 2 ) 3 ) 4 ) 5 ) 6 ) 7 ) 8 ) 9	○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9		01 02 03	0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9	01 02 03 04 05 06 07 08
26. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?	30		tall mple		you witl	out s	shoes?		
ONever		-	eet	Inc			Fee	t Incl	ıes
<ul><li>Rarely (less than once a month)</li><li>Once a month</li></ul>			5		2				
2-3 times a month			0 0 1				00		
<ul><li>○ Once a week</li><li>○ 2-4 days a week</li></ul>			2		2		02		2
○ 5 or more days a week			) 3 ) 4	0			03		
27. How many times a week do you usually eat or			5		5		05		5
drink? (Please mark one circle for each line)			) 6 ) 7	0			06		
Never			,		8				8
Less than once a week					9				-
Once a week  2-4 days a week					11			ŏ	
5-6 days a week Once a day, every day Every day, more than once  a. Fruits b. Vegetables c. Sweets (candy or chocolate) d. Coke or other soft drinks that contain sugar		○ W ○ W ○ M ○ M 2. Whe ○ W ○ W	ithin ithin ithin ore t <b>n dio</b> ithin ithin	the the han the the the the the the	I last we last wee last mon last 6 month I last me last wee last 6 mo 6 month	k onths onths os ago easur k onths	e you		t <b>?</b>

<ul> <li>33. At present are you on a diet or doing something else to lose weight?</li> <li>No, my weight is fine</li> <li>No, but I should lose some weight</li> <li>No, because I need to put on weight</li> <li>Yes</li> </ul>	37. How often do you brush your teeth?  ○ More than once a day ○ Once a day ○ At least once a week but not daily ○ Less than once a week ○ Never
34. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what your feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please mark one circle for each line.)  I do not agree at all  Disagree  Neither agree or disagree Agree	38. In the last 6 months: how often have you had the following? (Please mark one circle for each line)  About every day About every week More than once a week About every month Rarely or never  a. Headache b. Stomach-ache c. Back ache d. Feeling low
a. I am frustrated with my physical appearance b. I am satisfied with my appearance c. I hate my body d. I feel comfortable with my body e. I feel anger toward my body f. I like my appearance in spite of its imperfections	e. Irritability or bad temper  f. Feeling nervous g. Difficulties in getting to sleep h. Feeling dizzy  39. During the last month have you taken any medicine or tablets for the following?  Yes, Yes, more No Once than once
GIRLS ONLY  35. Have you begun to menstruate (have periods)?  O No, I have not yet begun to menstruate  O You I have begun to menstruate. Please indicate.	a. Headache b. Stomach-ache c. Difficulties in getting to sleep
O Yes, I have begun to menstruate. Please indicate the age you were when you began to	d. Nervousness O O O e. Allergy O O
menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months.  I began at the age of years and months.  BOYS ONLY  36. Have you begun to grow hair on your face?  Not yet started Barely started Definitely underway Seems completed	f. Something else   40. Would you say your health is? (Please mark one circle)  Excellent  Good  Fair  Poor  41. Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?  No
	○ Yes If Yes, please write what they are.

42. Do you take medicine for your long disability or medical condition?  ○ I do not have a long-term illness, destruction  ○ Yes ○ No		45. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?  O I was not injured in the past 12 months O 1 time O 2 times O 3 times				
<ul> <li>43. Does your long-term illness, disabi medical condition affect your attemparticipation at school?</li> <li>I do not have a long-term illness, demedical condition</li> <li>Yes</li> <li>No</li> </ul>	ndance and	46. How easy is it for you to talk to the follow persons about things that really bother you (Please mark one circle for each line)				
44			Easy Difficult			
44. Thinking about last week		Very di				
Extre	emely/Always	Don't have or see this per				
	/Very often	a. Father				
Moderately/Qui		<b>b.</b> Stepfather (or mother's boyfriend)				
Slightly/Se Not at all/Ne		c. Mother				
Not at all/Ne	ver	d. Stepmother (or father's girlfriend)				
a. Have you felt fit and well?		e. Elder brother (s)				
<b>b.</b> Have you felt full of energy?		f. Elder sister (s)	00000			
c. Have you felt sad?		g. Best friend				
d. Have you felt lonely?		h. Friends of the same sex				
e. Have you had enough time for		i. Friends of the opposite sex	00000			
yourself?		1. Thends of the opposite sex				
f. Have you been able to do the						
things that you want to do in your		47. How much does your mother (or f	emale			
free time?		guardian) really know about?				
<b>g.</b> Have your parent(s) treated you		St	ne knows a lot			
fairly?			ows a little			
h. Have you had fun with your friends?		She doesn't know				
i. Have you got on well at school?		Don't have/see mother/gua	ardian			
j. Have you been able to pay		a. Who your friends are				
attention?		<b>b.</b> How you spend your money	0000			
		c. Where you are after school				
		d. Where you go at night	0000			
Many young people get hurt or injured ties such as playing sports or fighting v different places such as the street or ho can include being poisoned or burned. do not include illnesses such as Measle	with others at ome. Injuries . Injuries	e. What you do with your free time	0000			

The following questions are about injures you may

have had during the past 12 months.

He knows a lott He knows a lott He knows a little He doesn't know anything Don't have/see father/guardian a. Who your friends are	48. How much does your father (or male guardian)	52. How many evenings per week do you usually
He knows a little He doesn't know anything Don't have/see father/guardian a. Who your friends are b. How you spend your money	really know about?	spend out with your friends?
He doesn't know anything Don't have/see father/guardian a. Who your friends are b. How you spend your money c. Where you are after school d. Where you go at night e. What you do with your free time  49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.) 10 We have very good relationships in our family 9 8 7 7 6 6 5 4 9 8 7 7 6 6 5 4 9 8 7 7 6 6 6 5 9 4 9 8 9 7 7 6 9 8 9 8 9 7 9 6 9 8 9 8 9 7 9 6 9 8 9 8 9 7 9 6 9 8 9 8 9 7 9 6 9 8 9 8 9 7 9 8 9 8 9 7 9 8 9 8 9 7 9 8 9 8 9 7 9 8 9 8 9 7 9 8 9 8 9 7 9 8 9 8 9 8 9 7 9 8 9 8 9 8 9 8 9 8 9 8 9 7 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8		
Don't have/see father/guardian a. Who your friends are b. How you spend your money c. Where you are after school d. Where you go at night e. What you do with your free time c. What you do with your free time velationships in your family? (Mark one circle next to the number that best describes your feelings.) 10 We have yery good relationships in our family 9 8 8 7 6 6 5 5 0 4 3 3 0 2 0 1 0 We have yery bad relationships in our family 50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males None One One One One One One One One One O		
b. How your friends are  b. How you spend your money  c. Where you are after school  d. Where you go at night  e. What you do with your free time  49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.)  10 We have very good relationships in our family  9 8  7 7  6 0  5 4  9 1  0 We have very bad relationships in our family  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males  Females  None  One  One  One  Two  Three or more  51. How many days a week do you usually spend time with friends right after school?  1 2  3 3  4 4  5 6  6 6  5 7  6 6  6 7  8 7  8 7  8 7  8 7  8 7  8		
b. How you spend your money c. Where you are after school d. Where you go at night e. What you do with your free time  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  49. In general, how satisfied are you with the relationships in your family?  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males  Females  None  None  One  One  Two  One  Two  One  One  One  Two  One  One  Two  One  Three or more  Strongly sagree  Neither agree nor disagree  Strongly disagree  a. The students in my class(es) enjoy being together  b. Most of the students in my class(es)  Thom you family?  57. How pressured do you feel by the schoolwork you have to do?  Not at all  A little  Some	Don't have/see father/guardian	
b. How you spend your money c. Where you are after school d. Where you are after school e. What you do with your free time e. What you do with your free time  49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings) 10 We have very good relationships in our family 9 8 7 6 6 5 4 9 10 We have very good relationships in our family 9 8 7 7 6 6 6 6 6 6 6 7 8 Arely or never 1 or 2 days a week 2 or 3 days a week 5 or 6 days a week 1 Every day  54. In vour opinion, what does your class teacher(s) think about your school performance compared to your classmates? Wery good Average  54. In vour opinion, what does your class teacher(s) think about your school performance compared to your classmates? Wery good Good Average  8 elow average  55. How do you feel about school at present? I like it a lot I like it at all  6 Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  57. How pressured do you feel by the schoolwork you have to do? Not at all A little Some	a. Who your friends are	○5
c. Where you go at night e. What you do with your free time e. What you do with your free time e. What you do with your free time 49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.)  10 We have very good relationships in our family 8 8 7 6 6 5 6 6 5 6 4 3 3 2 2 1 1 0 We have very bad relationships in our family 9 88 7 7 6 6 5 6 6 5 6 6 7 6 7 6 7 6 8 7 7 6 9 8 8 7 7 6 9 8 8 7 7 6 9 8 8 7 7 6 9 8 9 8 9 7 7 6 9 8 9 8 9 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8		O 6
d. Where you go at night e. What you do with your free time e. What you do with your free time  49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.)  10. We have yery good relationships in our family 9		$\bigcirc$ 7 evenings
e. What you do with your free time  49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.) 10 We have very good relationships in our family 9 8 7 7 6 6 5 5 4 4 3 3 2 2 1 1 0 We have very bad relationships in our family  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males	,	
49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.)  10 We have very good relationships in our family  8	, , ,	
49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings.)    10   We have very good relationships in our family   9   8   8   7   7   6   6   5   6   4   9   8   7   6   6   9   9   8   9   9   8   9   9   9   9	e. What you do with your nee time	_
relationships in your family? (Mark one circle next to the number that best describes your feelings.)  10 We have very good relationships in our family  8	49. In general, how satisfied are you with the	l _
next to the number that best describes your feelings.)  10 We have very good relationships in our family  8  77  66  55  4  33  22  10  0 We have very bad relationships in our family  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males  Females  None  One  Two  Three or more  51. How many days a week do you usually spend time with friends right after school?  0 days  1  2  3 or 4 days a week  5 of 6 days a week do you feel about school at present?  I like it a bit  Ol don't like it		
10   We have very good relationships in our family   9   8   7   6   6   5   6   6   5   6   6   6   5   6   6		
Severy day    Severy day   Severy day	_	
50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males Females None None One One Two Three or more  51. How many days a week do you usually spend time with friends right after school? 0 days 1 0 0 days 5 0 6 days  54. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates? Very good Good Average Below average  55. How do you feel about school at present? Ilike it a bit I don't like it tery much I don't like it very much I don't like it at all  56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  Strongly agree Neither agree nor disagree Disagree Disagree  The students in my class(es) enjoy being together  Disagree  The students in my class(es) or are kind and helpful Cother students accept me as I am  57. How pressured do you feel by the schoolwork you have to do? Not at all A little Some		
think about your school performance compared to your classmates?  Very good Good Average Below average  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males Pemales None One Two Three or more  51. How many days a week do you usually spend time with friends right after school? O days 1		C Every day
think about your school performance compared to your classmates?  Very good Good Average Below average  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males Pemales None One One Two Three or more  11. How many days a week do you usually spend time with friends right after school? Odays 1 2 3 4 5 6 days  think about your school performance compared to your classmates? Very good Good Average Below average  55. How do you feel about school at present? I like it a lot I like it a lot I like it a lot I don't like it very much I don't like it at all  66. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  Strongly agree Neither agree nor disagree Disagree Strongly disagree a. The students in my class(es) enjoy being together  b. Most of the students in my class(es) are kind and helpful c. Other students accept me as I am  57. How pressured do you feel by the schoolwork you have to do? Not at all A little Some	07	54. In your opinion, what does your class teacher(s)
to your classmates?  Very good Good Average Below average  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males Pemales None One One Two Three or more  51. How many days a week do you usually spend time with friends right after school?  O days  1  2  3  4  5  6 days  to your classmates? Very good Average Below average  55. How do you feel about school at present? Ilike it a lot Ilike it a lot Ilike it a lot Ilike it at all  66. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  Strongly agree  Agree  Neither agree nor disagree Disagree  Strongly disagree  a. The students in my class(es) enjoy being together  b. Most of the students in my class(es) are kind and helpful c. Other students accept me as I am  57. How pressured do you feel by the schoolwork you have to do? Not at all A little Some		
Very good   Good   Average		
Good   Average		1
↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑		
O We have very bad relationships in our family  50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males Females ○ None ○ None ○ One ○ One ○ Two ○ Three or more  51. How many days a week do you usually spend time with friends right after school? ○ 0 days ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 days  54. ○ 5 ○ 6 days  ○ 6 days  ○ 6 days  ○ 7. How pressured do you feel about school at present? ○ I like it a lot ○ I like it a bit ○ I don't like it at all ○ 1 like it a lot ○ I like it a bit ○ I don't like it at all ○ 56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  Strongly agree  Agree Neither agree nor disagree  Disagree  Strongly disagree  a. The students in my class(es) enjoy being together  b. Most of the students in my class(es) are kind and helpful c. Other students accept me as I am ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○		○ Average
50. At present, how many close male and female friends do you have? (Please mark one circle each column)  Males Females  None One One Two Three or more  51. How many days a week do you usually spend time with friends right after school?  O days  1 2 3 4 55 6 days  55. How do you feel about school at present?  I like it a lot I like it a bit I don't like it at all  56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  Strongly agree  Agree Neither agree nor disagree  Disagree  Strongly disagree  a. The students in my class(es) enjoy being together  b. Most of the students in my class(es) are kind and helpful c. Other students accept me as l am  57. How pressured do you feel by the schoolwork you have to do?  Not at all A little Some	<u> </u>	O Below average
Strongly agree    Agree   Nome   Strongly disagree	O We have <u>very bad</u> relationships in our family	_
○ A lot	friends do you have? (Please mark one circle each column)  Males None One One Two Three or more  51. How many days a week do you usually spend time with friends right after school? O days O as O as O days O as O days O 5	Ollike it a lot Ollike it a bit Oldon't like it very much Oldon't like it at all  56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)  Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree  Strongly disagree  a. The students in my class(es) enjoy being together b. Most of the students in my class(es) are kind and helpful c. Other students accept me as I am  57. How pressured do you feel by the schoolwork you have to do? Onot at all On A little On Some
		○ A lot

Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also <u>not</u> bullying when a student is teased in a friendly and playful way.

5	58. How often have you been bullied at school in						
	the past couple of months?  O I haven't been bullied at school the past couple					j	
	(	of months  It has only happened once or twice	,				
		$\bigcirc$ 2 or 3 times a month					
		O About once a week					
	(	Several times a week					
59. How often have you been bullied at school in the							
_		past couple of months in the ways li					
		Please mark one circle for each line)					
		Several t	im	es	аı	vee	ek
		About on	ce	a v	vee	ek	
		2 or 3 times a	m	on	th		
		Only once or t		ce			
		I have not been bullied in th					
		way in the past couple of month	<b>1</b> S				
	a.	I was called mean names, was made					
		fun of, or teased in a hurtful way					
	b.	Other students left me out of things					
		on purpose, excluded me from their					
		group of friends, or completely					
		ignored me					
	c.	I was hit, kicked, pushed, shoved					
		around, or locked indoors	0	0	0		
	d.	Other students told lies or spread					
		false rumors about me and tried to					
		make others dislike me	0	0	0		
	e.	I was bullied with mean names and					
		comments about my race or color		0	0	0	
	f.	I was bullied with mean names and					
		comments about my religion	0				
	g.	Other students made sexual jokes,					
	-	comments, or gestures to me		0	0	0	
	h.	I was bullied using a computer or					

e-mail messages or picturesi. I was bullied using a cell phone

<ul> <li>60. How often have you taken part in bullying another student(s) at school in the past couple of months? <ul> <li>I haven't bullied another student(s) at school in the past couple of months</li> <li>It has only happened once or twice</li> <li>2 or 3 times a month</li> <li>About once a week</li> <li>Several times a week</li> </ul> </li> <li>61. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for</li> </ul>									
	e	ach line)		01.	•		_		. 1
			_	Several t					}K
			2 or	3 times a				-K	
		_		once or t					
		I have not bullied a	nothe	r student i	in				
		this way in the past	couple	of month	ıs				
		I called another stude names, and made fur him or her in a hurtfu I kept another studer	n of, or ıl way	teased	0	0	0	0	0
	υ.	things on purpose, ex or her from my group completely ignored h	xclude o of frie	d him ends, or	0	0	0	0	
	c.	I hit, kicked, pushed, s	hoved	around,					
		or locked another stud	dent(s)	indoors	0	0	0	0	
	d.	I spread false rumors a student(s) and tried to dislike him or her			0	0	0	0	0
		I bullied another stud mean names and cor his or her race or cold	mment or	s about	0	0	0	0	0
	f.	I bullied another stud mean names and cor his or her religion			0	0	0	0	0
		I made sexual jokes, ogestures to another s	tuden	t(s)	0	0	0	0	0
	h.	I was bullied using a e-mail messages or p	-		0	0	0	0	0

i. I bullied another student(s) using a

cell phone

were you in a physical fight?  I have not been in a physical fight  1 time  2 times  3 times  4 times or more  63. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)  No  Yes	during the LAST 30 DAYS?  Not at all Less than 1 cigarette per week Less than 1 cigarette per day 1-5 cigarettes per day 6-10 cigarettes per day More than 20 cigarettes per day More than 20 rigarettes would you estimate
64. How often do you smoke tobacco at present?  Every day  At least once a week, but not every day  Less than once a week  I do not smoke  65. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)  Every day  Every week  Every week  Every month	a. Smoke cigarettes b. Drink alcohol c. Get drunk at least once a week d. Smoke/use marijuana,     (pot, weed, hash, joint) e. Carry a weapon, such as gun, knife,     or club
a. Beer b. Wine c. Liquor/Spirits d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade) e. Any other drink that contains alcohol  66. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line.)  Never Once or twice	were really drunk?  No, never Yes, once Yes, 2-3 times Yes, 4-10 times Yes, more than 10 times  70. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)  Never Once or twice 3-5 times 6-9 times 10-19 times 20-39 times 40 times or more  a. In your life
3-5 times 6-9 times 10-19 times 20-39 times 40 times or more  a. Smoked cigarettes b. Drunk alcohol c. Been drunk	b. In the last 12 months c. In the last 30 days

71. FATHER—Does your father have a job?  O No O Don't know O Yes O Don't have or don't see father	73. Were you born in the United States?  O Yes  No
If YES, please say in what place he works (for example: hospital, bank, restaurant)	74. Which country was your mother born?
Please write down exactly what job he does there (for example: teacher, bus driver)	○Don't know
If NO, why does your father not have a job? (Please mark the circle that best describes the situation)	75. Which country was your father born?
<ul> <li>He is sick, or retired, or a student</li> <li>He is looking for a job</li> <li>He takes care of others, or is full-time in the home</li> <li>I don't know</li> </ul>	ODon't know
72. MOTHER—Does your mother have a job?  O No O Don't know O Yes O Don't have or don't see mother	76. What language do you most often speak at home?
If YES, please say in what place she works (for example: hospital, bank, restaurant)	
Please write down exactly what job she does there (for example: teacher, bus driver)	
If NO, why does your mother not have a job?  (Please mark the circle that best describes the situation)  ○ She is sick, or retired, or a student  ○ She is looking for a job  ○ She takes care of others, or is full-time in the home  ○ I don't know	

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!