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. Bowl	\bigcirc	•	\bigcirc
c. Play Tennis	•	0	\bigcirc

TODAY'S DATE

0,	February March April May	04 05 06 07 08 09		
1. Are you O Boy O Girl	a boy or a girl?	•		
2. What m O Jan O Feb O Mar O Apr	onth were you	ay ne y	○ Sept○ Oct○ Nov○ Dec	
3a. What ye ○1989 ○1990 ○1991	ear were you bo 0199 0199 0199	92 93	○ 1995 ○ 1996	8. Do you O Muc O A bi O Abc O A bi
3b. How old	l are you? younger		○ 16 ○ 17 or older	O Mud 9. About play g
4. What gr O Grade O Grade	_	ade 8	○ Grade 10	(Plays time? circle f
O Hispa	o you consider y nic or Latino lispanic or Latino		ity to be?	<u>Weeko</u> ○ Nor ○ Abo a da
(Mark all O Black o O White O Asian O Americ	you consider yo that apply) or African Americ can Indian or Ala Hawaiian or Oth	can aska Native		O Abo

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...?

- Much too thin
- A bit too thinAbout 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
\bigcirc About 7 or more	\bigcirc About 7 or more
hours a day	hours a day

(Please mark one circle for <u>weekaays</u> and one circle for <u>weekend)</u>	or live with Jik
Weekdays Weekend	Know abo
O None at all	
O About half an hour O About half an hour	
a day a day	16. Please a
O About 1 hour a day O About 1 hour a day	where y
O About 2 hours a day O About 2 hours a day	<u>all</u> the p
O About 3 hours a day O About 3 hours a day	
O About 4 hours a day O About 4 hours a day	<u>Adults</u>
O About 5 hours a day O About 5 hours a day	O Moth
O About 6 hours a day O About 6 hours a day	O Fathe
O About 7 or more O About 7 or more	O Stepr
hours a day hours a day	O Stepf
,	O Grand
11. How well off do you think your family is?	O Grand
O Very well off	O I live i
O Quite well off	○ Some
O Average	down
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 More than two 13. Do you have your own bedroom for yourself? No O Yes	Children Please sa (includir Please w are none
14. Does your family own a car, van or truck?	How ma brothers
○ No	
○ 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? ○ Not at all ○ Once ○ Twice ○ 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 Father Stepmother (or father) Stepfather (or mother) Grandmother Grandfather I live in a foster hom Someone or somew down their relationsh	er's boyfriend) e or children's home here else: <i>please write</i>
(including half, step or	prothers and sisters live here foster brothers and sisters)
Please write in the num are none.	nber or write 0 (zero) if there
How many brothers?	How many 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	ple who live there:	For this next question, <u>add up</u> all the time you
<u>Adults</u>		spent in physical activity each day.
O Mother		The state of the s
○ Father		
Stepmother (or father):		19. Over the past 7 days, on how many days were
Stepfather (or mother):	s boyfriend)	you physically active for a total of at least <u>60</u>
O Grandmother		minutes per day?
○ Grandfather	an als II does not a la serva	○ 0 days ○ 4 days
O I live in a foster home o		○ 1 day ○ 5 days
O Someone or somewhe		○ 2 days ○ 6 days
down their relationship	to you	○ 3 days ○ 7 days
•	ter brothers and sisters). er or write 0 (zero) if there How many	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 ○ Once a month ○ Less than once a month ○ Never 21. OUTSIDE SCHOOL HOURS: How many HOURS
brothers?	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	• •	O None
watch television (inclu		○ About half an hour○ About 1 hour
in your free time? (Ple	•	About 1 hours About 2 to 3 hours
<u>weekdays</u> and one circle f	for <u>weekend)</u>	About 2 to 3 hours O About 4 to 6 hours
1.1	*** 1 1	7 hours or more
Weekdays	Weekend	
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 ○ About 1 hour a day	a day ○ About 1 hour a day	O Less than 5 minutes
O About 2 hours a day	O About 1 hours a day	○ 5-15 minutes
O About 3 hours a day	O About 3 hours a day	○ 15-30 minutes
O About 4 hours a day	O About 4 hours a day	O 30 minutes to 1 hour
O About 5 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
 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 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) 	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 ○ Sunday ○ I usually have breakfast on only one day of the weekend (Saturday OR Sunday) ○ 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 Alamana 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

Ехитріе	
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	vours	elf?

- 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 all						111
	Disagree						
	Neither agree or disagree						
_		Ag	_	e			
	Str	ongly agre	9				
a. I am frustrate	ed with my phy	/sical					
appearance		(\supset	0	0	0	0
b. I am satisfied	d with my appe	arance		0	0	0	0
c. I hate my bo	dy	(0	0	\circ	0
d. I feel comfor	table with my	body		0	0	0	0
e. I feel anger t	oward my bod	y		0	0	0	0
f. I like my app	earance in spit	e of					
its imperfect	tions	(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.

_____11101

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

42. In the last 6 months: how often have you had the following? (<i>Please mark one circle for each line</i>)			45c.Does your long-term illness, disability or medical condition affect your attendance and participation at school?				d	
	Ab	out every day				hility or		
-		every week	medical condition	sabii	ity	Oi		
More th			O Yes					
	every n		O No					
	y or nev							
a. Headache			46. Thinking about last week					
b. Stomach-ache			Extrer	nely	/A	lw	ays	
c. Back ache			Very/\	Very	oft	ten	ı	
d. Feeling low			Moderately/Quit			1		
e. Irritability or bad temper			Slightly/Sel		L			
f. Feeling nervous			Not at all/Neve	er				
g. Difficulties in getting to sleep)		a. Have you felt fit and well?					
h. Feeling dizzy	,		b. Have you felt full of energy?					
n. Teeling dizzy			c. Have you felt sad?					
			,					
43. During the last month have	you tal	ken any	d. Have you felt lonely?			1		
medicine or tablets for the f	ollowir	ıg?	e. Have you had enough time for					
		Voc. more	yourself?		C		C	
,	No Yes	Yes, more than once	f. Have you been able to do the					
-			things that you want to do in your					
		0	free time?) C		C	
		\bigcirc	g. Have your parent(s) treated you					
c. Difficulties in			fairly?				olc	
3 3 .	\circ	O	h. Have you had fun with your friends?					
	0	\bigcirc	i. Have you got on well at school?				olc	
3,	\circ	\circ	j. Have you been able to pay					
f. Something else	\circ	\circ	attention?					
44. Would you say your health i		(Please mark	Many young people get hurt or injured t					
	Fair		ties such as playing sports or fighting wi					
○ Good C	Poor		different places such as the street or hor		-		5S	
45a.Do you have a long-term illn or medical condition (like d asthma, allergy, ADHD, or co has been diagnosed by a do	iabetes erebral	, arthritis,	can include being poisoned or burned. do not include illnesses such as Measles The following questions are about injuri have had during the past 12 months.	or tl	he	FΙι		
○ No								
○ Yes			47. During the past 12 months, how ma					
If Yes, please write what they a	ıre.		were you injured and had to be trea	ted	by	a		
			doctor or nurse?					
45b.Do you take medicine for you illness, disability or medical ○ I do not have a long-term if medical condition ○ Yes ○ No	condit	ion?	 ○ I was not injured in the past 12 mor ○ 1 time ○ 2 times ○ 3 times ○ 4 times or more 	iths				
3 110								

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

		Very easy					
		Easy					
		Diff	icu	ılt			
	Very	diffict	ılt				
	Don't have or see this p	erson					
a.	Father	0	0	0	0	0	
b.	Stepfather (or mother's boyfrience	I)	0	0	0	0	
c.	Mother	0	0	0	0	0	
d.	Stepmother (or father's girlfriend) 0	0	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	0	
h.	Friends of the same sex	0	0	0	0	0	
i.	Friends of the opposite sex	0	0	0	0	0	

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

		She knows a lo				
		She knows a little				
	She doesn't know anything					
	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 lo				
		He knows a little				
	He doesn	't know anythir	ıg			
	Don't have/see fa	ther/guardian				
a.	. Who your friends are		0	0	0	
b.	How you spend your mone	у		0	0	
c.	Where you are after school	\circ		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 a	alw	vay	'S
		-	Somet	im	es	
			Almost nev	er		
а	. Helps me	as much as I need	ı		0	0
	•	o the things I like		\circ	\bigcirc	$^{\circ}$
	. Is loving		9	O	$^{\circ}$	0
		nds my problems	and worries	O	\bigcirc	O
		to make my own c		O		0
f.		ontrol everything I		O	$^{\circ}$	O
		like a baby	0.0	0	$\overline{\mathbb{C}}$	$\overline{\bigcirc}$
_		e feel better when	Lam upset		\bigcirc	\bigcirc
			· a a.psec	<u> </u>		
	next to the	ips in your famil number that best of have very good rela	describes your fe ationships in our	eli fan	ing.	
53.		t, how many close you have? (Pleas				h
	Males		Females			
	○ None		○ None			
	One		○ One			
	○ Two		○ Two			
	O Three o	r more	\bigcirc 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 spend out with your friends? ○ 0 evenings ○ 1 ○ 2	61. 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)
○3	Strongly agree
O 4	Agree
O 5	Neither agree nor disagree
06	Disagree
\bigcirc 7 evenings	Strongly 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
contact through the internet?	b. Most of the students in my class(es)
O Rarely or never	are kind and helpful
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	
○ Every day	62. How pressured do you feel by the schoolwork
•	you have to do?
58. Your group of friends is well accepted by your	O Not at all
parents?	○ A little ○ Some
O Almost always	O A lot
O Sometimes	C Niot
O Never, almost never	
○ They haven't met your group of friends	Here are some questions about bullying. We say a
	Here are some questions about bullying. We say a student is BEING BULLIED when another student, or
59. <u>In your opinion</u> , what does your class teacher(s)	,
think about your school performance compared	a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a stu-
to your classmates?	dent is teased repeatedly in a way he or she does
○ Very good ○ 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.
O below average	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	incliary and playful way.
O I like it a bit	
O I don't like it very much	60. How often have you have builted at ash as in
O I don't like it at all	63. How often have you been bullied at school in the past couple of months?
	☐ I haven't been bullied at school the past couple
	of months
	It has only happened once or twice
	O 2 or 3 times a month
	O About once a week
	○ Several times 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	m	on	th		
	Only once or t		ce			
	I have not been bullied in th					
	way in the past couple of month	ns				
a.	I was called mean names, was made					
	fun of, or teased in a hurtful way	$ \circ $	$ \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

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

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)

6	each line)						
		Several ti	m	es	a v	vee	ek
		About onc	e	a v	vee	ek	
	2 or 3	3 times a 1	n	ont	th		
		once or tw	_	ce			
	I have not bullied another						
	this way in the past couple	of months	S				
a.	I called another student(s) m	nean					
	names, and made fun of, or t	teased					
	him or her in a hurtful way		\supset	0	0	0	0
b .	I kept another student(s) out	t of					
	things on purpose, excluded	l him					
	or her from my group of frie	nds, or					
	completely ignored him or h	ner (\supset	0	0	0	0
c.	I hit, kicked, pushed, shoved a	around,					
	or locked another student(s)	indoors	ار	0	0	0	0
d.	I spread false rumors about a	nother					
	student(s) and tried to make	others					
	dislike him or her		\supset	0	0	0	0
e.	I bullied another student(s) v	with					
	mean names and comments	about					
	his or her race or color		\supset	0	0	0	0
f.	I bullied another student(s) v	with					
	mean names and comments	about					
	his or her religion		\supset	0	0	0	0
g.	I made sexual jokes, comme	nts, or					
	gestures to another student	(s)	\supset	\circ	0	0	0
h.	I was bullied using a comput	ter or					
	e-mail messages or pictures		\bigcirc	0	0	0	0
i.	I bullied another student(s) u	using a					
	cell phone		\supset	0	0	0	0

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

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

68. 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
○ A total stranger
O A parent or other adult family member
O A brother or sister
○ A boyfriend/girlfriend or date
O A friend or someone I know
O Someone not listed above

69. 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	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		
O Knuckle-brace/brass knuckles	c. Been drunk		
○ Tear gas/pepper spray/Mace			
Other type places are sifty			
Other type, please specify:	75. How frequently have you smoked cigarettes		
	during the LAST 30 DAYS?		
T1 II 1 1 0 (4.1)	O Not at all		
71. Have you ever smoked tobacco? (At least one	C Less than 1 cigarette per week		
cigarette, cigar or pipe)	O Less than 1 cigarette per day		
O No	○ 1-5 cigarettes per day ○ 6-10 cigarettes per day		
○ Yes	11-20 cigarettes per day		
70 How often do you smalle take see at myseemt?	More than 20 cigarettes per day		
72. How often do you smoke tobacco at present?	a more man to digarettes per day		
Every dayAt least once a week, but not every day	76. How many of your friends would you		
O Less than once a week	estimate		
O I do not smoke	None		
	A few		
73. At present, how often do you drink anything	Some		
alcoholic, such as beer, wine or hard liquor like,	Most		
Vodka or rum? Try to include even those times	All		
when you only drink a small amount (e.g. one	a. Smoke cigarettes		
or two sips). (Please mark one circle for each line)			
	c. Get drunk at least once a week d. Smoke/use marijuana,		
Every day			
Every week	(pot, weed, hash, joint) e. Carry a weapon, such as gun, knife,		
Every month	or club		
Rarely Never			
a. Beer	77. Have you ever had so much alcohol that you		
b. Wine 0000	were really drunk?		
c. Liquor/Spirits	O No, never		
d. Pre-mixed drinks (for example,	O Yes, once		
Smirnoff Ice, Bacardi Breezer,	O Yes, 2-3 times		
Mike's Hard Lemonade)	O Yes, 4-10 times		
e. Any other drink that contains alcohol	○ Yes, more than 10 times		
,			

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
 a. Drink alcohol (more than a small amount) Never I was years old (Write in the box how old you were) b. Get drunk 	If YES, please say in what place he works (for example: hospital, bank, restaurant)
 ○ Never ○ I was years old (Write in the box how old you were) c. Smoke a cigarette (more than a puff) ○ Never 	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)
 c. In the last 30 days 80. Have you ever taken one or several of these drugs in the last 12 months? (Please mark one single for each line) 	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? ODon't know
h. LSD i. Anabolic steroids j. Other drug Which one?	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	•	\circ	\circ

TODAY'S DATE

0,	February March April May	04 05 06 07 08 09		
1. Are you O Boy O Girl	a boy or a girl?	•		
2. What m O Jan O Feb O Mar O Apr	onth were you	ay ne y	○ Sept○ Oct○ Nov○ Dec	
3a. What ye ○1989 ○1990 ○1991	ear were you bo 0199 0199 0199	92 93	○ 1995 ○ 1996	8. Do you O Muc O A bi O Abc O A bi
3b. How old	l are you? younger		○ 16 ○ 17 or older	O Mud 9. About play g
4. What gr O Grade O Grade	_	ade 8	○ Grade 10	(Plays time? circle f
What do you consider your ethnicity to be?Hispanic or LatinoNot Hispanic or Latino				<u>Weeko</u> ○ Nor ○ Abo a da
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				O Abo

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...?

- Much too thin
- A bit too thinAbout 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
\bigcirc About 7 or more	\bigcirc About 7 or more
hours a day	hours a day

for <u>weekend)</u>	or <u>weekaays</u> and one circle	or live with July know abo
Weekdays	Weekend	Kilow abo
○ None at all ○ About half an hour	○ None at all ○ About half an hour	16. Please a
a day	_ a day	where y
O About 1 hour a day	O About 1 hour a day	all the p
About 2 hours a day	About 2 hours a day	an the p
O About 3 hours a day	O About 3 hours a day	
O About 4 hours a day	O About 4 hours a day	<u>Adults</u>
O About 5 hours a day	O About 5 hours a day	O Moth
O About 6 hours a day	O About 6 hours a day	☐ Fathe
O About 7 or more	O About 7 or more	○ Stepn
hours a day	hours a day	○ Stepfa
11 CC 1 .1	. 1 . 6 . 1 . 6	○ Grand
11. How well off do you th	ink your family is?	○ Grand
O Very well off		O I live i
O Quite well off		down
O Average		down
Not very well offNot at all well off		
12. How many computers	door your family own?	
O None	does your failing own:	
O One		-
O Two		C. T. T.
O More than two		Children
S More than two		Please sa
10 D 1	1 4 C	(includir
13. Do you have your own	bedroom for	,
yourself?		Please w
○ No		are none
○ Yes		
14. Does your family own	a car, van or truck?	How ma brothers
○ No		
O Yes, one		
\bigcirc Yes, two or more		
O Not at all O Once	nths, how many times did cation with your family?	
O Twice		
O More than twice		
		1

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 ○ Father	
	father's girlfriend)
	mother's boyfriend)
O Grandmother	, , ,
O Grandfather	
_	home or children's home
	mewhere else: <i>please write</i>
down their relat	ionship to you
	any brothers and sisters live he ep or foster brothers and sister
Please say how made (including half, ste	
Please say how made (including half, steen Please write in the	ep or foster brothers and sister

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 <u>mark all</u> the people who live there: Adults Mother Father Stepmother (or father's girlfriend)	For this next question, add up all the time you spent in physical activity each day.
 Stepfather (or mother's boyfriend) Grandmother Grandfather I live in a foster home or children's home Someone or somewhere else: please write down their relationship to you 	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 1 day O 5 days O 2 days O 3 days O 7 days
Children Please say how many brothers and sisters live he (including half, step or foster brothers and sister Please write in the number or write 0 (zero) if the are none.	s). Once a month
How many brothers? sisters? 18. About how many hours a day do you usua	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? None
watch television (including videos and DV in your free time? (Please mark one circle for weekdays and one circle for weekend) Weekdays Weekend	(Ds) About half an hour
 ○ 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 5 hours a day ○ About 6 hours a day ○ About 7 or more hours a day ○ About 7 or more hours a day 	ay day day day day day day day day day d

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
 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 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) 	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 Weekend ○ I never have breakfast during the weekend ○ I usually have breakfast on only one day of the	Less than once a week 1-2 days a week 3-4 days a week 5-6 days a week
 ○ Two days ○ Three days ○ Four days ○ Five days ○ Five days ○ Sunday ○ I usually have breakfast on both weekend days (Saturday AND Sunday) 	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	31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)? O Never Rarely (less than once a month)
5-6 days a week Once a day, every day Every day, more than once a. Fruits b. Vegetables c. Sweets (candy or chocolate)	Once a month 2-3 times 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
 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 	hungry because there is not enough food at home. How often does this happen to you? O Always Often Sometimes Never
○ 3-4 days a week ○ 5-6 days a week ○ Every day	

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 0 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 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10

35.	When	did	vou	last	weigh	ı yoursel	lf?
00.	***	uiu	,	IUUL	** CIVI	i yourbe	

- 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 all					ıll
		D	isa	gre	ee	
	Neither agree or	disa	gr	ee		
		Agr	ee			
	Strongly ag	ree				
a. I am frustrated	with my physical					
appearance		0	0	0	0	0
b. I am satisfied wi	ith my appearance	0	0	0	0	0
c. I hate my body		0	0	0	0	
d. I feel comfortab	le with my body	0	0	0	0	
e. I feel anger tow	ard my body	0	0	0	0	0
f. I like my appear	ance in spite of					
its imperfection	ıs	0	0	0	0	0

GIRLS ONLY

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

- O No, I have not yet begun to menstruate
- O 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

	(Please mark one circle for each line) medical condition affect your attendance and			nd			
		Aboı	ıt every day	1 1	:+.,	۰	
	Ab				ity	or	
More							
				.			
Haadacha							
				48. Thinking about last week			
				P 41	/ 4 1		_
							ys
]]	
	l			Not at all/Never			
	ieep						
Feeling dizzy							
							C
Duning the lest menth he	****	. 401.0		·			C
•	•		•				C
ineutenic of tablets for th	ic ion	Ownig	, •				
			Yes, more	,			C
			_	- ,			
	0	\circ	\bigcirc	free time?			C
c. Difficulties in				g. Have your parent(s) treated you			
getting to sleep	\circ	\circ	\circ	•			C
d. Nervousness	0	\circ	\bigcirc	h. Have you had fun with your friends? \bigcirc			C
e. Allergy	0	\circ	\circ	i. Have you got on well at school?			C
f. Something else	0	\circ	\circ	j. Have you been able to pay			
				attention?			C
	th is	? (Please mark				
_	○ Fa	ir					
	\bigcirc Pc	or		. , , , ,			
				•	-		5
				<u> </u>			
		-	alsy) that		ou n	пау	'
•	docto	r?		have had during the past 12 months.			
	01/ 250				_		
+7. During the past 12 months, now many times							
					by	a	
Do vou take medicine for	r vour	long-	term illness.				
			,				
-			ability or				
medical condition		-,	-,	_			
				-			
○ Yes				O 4 times or more			
○ Yes ○ No				O 4 times or more			
	More About Rail Headache Stomach-ache Back ache Feeling low Irritability or bad temper Feeling nervous Difficulties in getting to so Feeling dizzy During the last month hamedicine or tablets for the stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else Would you say your heal one circle) Stomach-ache circle) Stomach-ache circle) Stomach-ache condition (like asthma, allergy, ADHD on has been diagnosed by a No Yes If Yes, please write what the Do you take medical condition I do not have a long-termedical condition I do not have a long-termedical condition	Ab More than About ever Rarely of Headache Stomach-ache Back ache Feeling low Irritability or bad temper Feeling nervous Difficulties in getting to sleep Feeling dizzy During the last month have your medicine or tablets for the follow a. Headache b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else Would you say your health is one circle) Excellent Good Face Do you have a long-term illness or medical condition (like diablasthma, allergy, ADHD or cerel has been diagnosed by a doctoon of Yes If Yes, please write what they are. Do you take medicine for your disability or medical condition I do not have a long-term illnes medical condition	About every more and the circle for the About every more and the About	Stomach-ache Back ache Feeling low Irritability or bad temper Feeling nervous Difficulties in getting to sleep Feeling dizzy During the last month have you taken any medicine or tablets for the following? Yes, more No Yes than once a. Headache b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else Would you say your health is? (Please mark one circle) Excellent Good Poor 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.	About every day About every week About every month Rarely or never About every month Rarely or never About every month Rarely or never About every month About every meek About every month About every meek About every month About every meek About every meek About every meek About every meek About every month About every meek About every meek About every meek About every meek About every month About every meek About	About every day About every week More than once a week About every month Rarely or never Headache	More than once a week About every week About every week About every week About every month Rarely or never Headache

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)

			Very easy					
	_		Easy					
			D	iff	icu	llt		
			Very diff	icu	ılt			
	Don't have	or see	this perso	n				
a.	Father			0	0	0	0	0
b.	Stepfather (or mothe	er's boy	/friend)	0	0	0	0	0
c.	Mother			0	0	0	0	0
d.	Stepmother (or fathe	er's girl	friend)	0	0	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	0
h.	Friends of the same	sex		0	0	0	0	0
i.	Friends of the oppos	ite sex		0	0	0	0	0

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

She knows a lo					
	She knows a l	itt	le		
She doesn	i't know anythin	ıg			
Don't have/see mother/guardian					
Who your friends are	0	0	0	0	
How you spend your mone	ey O	0	0	0	
Where you are after school	0	0	0	0	
Where you go at night	0	0	0	0	
What you do with your free	e time	0	0	0	
	Don't have/see mo Who your friends are How you spend your mone Where you are after school Where you go at night	She knows a language She doesn't know anything Don't have/see mother/guardian Who your friends are Ohow you spend your money Ohom Where you are after school	She knows a litt She doesn't know anything Don't have/see mother/guardian Who your friends are How you spend your money Where you are after school Where you go at night	She knows a little She doesn't know anything Don't have/see mother/guardian Who your friends are How you spend your money Where you are after school Where you go at night	

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

			He knows a lot				
			He knows	a l	itt	le	
		He doesn	't know anytl	hin	ıg		
	Don't h	ave/see fa	ther/guardia	ın			
a.	Who your friends	are			0	0	0
b.	How you spend y	our mone	у	0	0	0	0
c.	Where you are af	ter school		\circ	0	0	0
d.	Where you go at	night			0	0	0
e.	What you do witl	n your free	time	0	0	0	0

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

	each line)					
			Almost	alv	vay	'S
			Somet	im	es	
			Almost nev	er		
a	. Helps me	as much as I need	d			0
		o the things I like		0	O	O
	Is loving	. .	· · · J		0	0
		nds my problems	and worries	0	0	0
		to make my own o		0	Ô	Ō
f.		ontrol everything		O	0	Ō
		like a baby		0	Ô	Ō
_		e feel better when	I am upset	0	O	Ō
			· a apset		•	
	next to the 10 We 9 8 7 6 5 4 3 2 1	ips in your famil number that best have very good relatives wery bad relatives wery bad relatives.	describes your fa ationships in our	eeli fan	ing. nily	
55.		, how many clos you have? (Pleas				:h
	Males		Females			_
	○ None		○ None			
	○ One		○ One			
	O Two	r mara	○ Two ○ Three or mo	ro		
	O Three o	rmore	O Three or mo	re		
56.	O More or Older th	of the friends in less your same ag nan you (by one g r than you (by one	ge (same grade) rade or more)			
57.		y days a week do friends right afte		peı	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
O 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
-	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 $ \bigcirc \bigcirc \bigcirc \bigcirc $
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.
O I like it a lot	Inchesy and playral way.
O 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 Taom time reacan	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
	1

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 times a week					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		\bigcirc	\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
f.	I was bullied with mean names and	_		_		_
	comments about my religion.		0			0
g.	Other students made sexual jokes,			_		_
0	comments, or gestures to me		0		0	0
h.	I was bullied using a computer or					
	e-mail messages or pictures				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?
\bigcirc I haven't bullied another student(s) at school i
the past couple of months
○ It has only happened once or twice
2 or 3 times a month
○ About once a week
○ 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 tin	ies	a v	vee	ek
		About once	аv	vee	ek	
		3 times a m		th		
		once or twi	ce			
	I have not bullied another					
	this way in the past couple	of months				
a.	I called another student(s) m					
	names, and made fun of, or t					
	him or her in a hurtful way			0	\circ	0
b.	I kept another student(s) out					
	things on purpose, excluded					
	or her from my group of frier					
	completely ignored him or h	-		0	0	0
c.	I hit, kicked, pushed, shoved a	•				
	or locked another student(s) i	indoors. \square		0	0	0
d.	I spread false rumors about a					
	student(s) and tried to make	others				
	dislike him or her	C		0	0	0
e.	I bullied another student(s) v					
	mean names and comments	about				
	his or her race or color			0	\circ	0
f.	I bullied another student(s) v					
	mean names and comments					
	his or her religion	C			0	0
g.	I made sexual jokes, comme			_	_	
	gestures to another student				\circ	\circ
h.	I was bullied using a comput	ter or				
	e-mail messages or pictures	C	9		\circ	\circ
i.	I bullied another student(s) ι	using a				
	cell phone	C		0	0	O

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

I have not been in a physical fight
1 time
2 times
3 times
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
○ A total stranger
O A parent or other adult family member
O A brother or sister
○ 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
Tear gas/pepper spray/MaceHandgun or other firearm	
Other type, please specify:	
o other type, pieuse speeny.	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 than 20 eigerettes per day
At least once a week, but not every day	78. How many of your friends would you
O Less than once a week	estimate
○ I do not smoke	None
	A few
75. At present, how often do you drink anything	Some
alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times	Most
when you only drink a small amount (e.g. one	All
or two sips). (Please mark one circle for each line)	a. Smoke cigarettes
of two sipsy. (I touse mark one entitle for each time)	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. Wine	79. Have you ever had so much alcohol that you
c. Liquor/Spirits	were really drunk?
d. Pre-mixed drinks (for example,	O 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
masmism, joint): (Please mark one circle for each line)	Yes Open't have or don't see mother
Never	O res O Don't have or 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	(for example, hospital, bank, restaurant)
10-19 times	
20-39 times	Please write down exactly what job she does
40 times or more	there (for example: teacher, bus driver)
a. In your life	
b. In the last 12 months	
c. In the last 30 days	If NO, why does your mother not have a job?
	(Please mark the circle that best describes the situation)
	O She is sick, or retired, or a student
04 THEFT D	O She is looking for a job
81. FATHER—Does your father have a job?	O She takes care of others, or is full-time in the home
O No O Don't know	O I don't know
○ Yes ○ Don't have or don't see father	
If YES, please say in what place he works	
(for example: hospital, bank, restaurant)	83. Were you born in United States?
(for enumpies nospital, band, restaurant)	○ Yes
	○ No
Please write down exactly what job he does	
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	
O He is looking for a job	85. Which country was your father born?
O He takes care of others, or is full-time in the home	
○ I don't know	ODon'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:

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. Swin	า	0	0	
b. Bow		\bigcirc		\bigcirc
c. Play	Tennis	•	\circ	\circ

TODAY'S DATE

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

		-		04 05 06 07 08 09	
1.	Are you a O Boy O Girl	a boy or a	girl?		
2.	What mo ○ Jan ○ Feb ○ Mar ○ Apr	((you borr O May O June O July O Aug	1?	○ Sept ○ Oct ○ Nov ○ Dec
3a.	What yea ○1989 ○1990 ○1991	(ou born? ○1992 ○1993 ○1994		○ 1995 ○ 1996
3Ъ.	How old ○10 or yo ○11 ○12		○13 ○14 ○15		○ 16 ○ 17 or olde
4.	What gra	6 (o u in? O Grade 8 O Grade 9		○ Grade 10
5.	OHispan	you cons nic or Latin spanic or I	0	ethnici	ty to be?
	What do y (Mark all t O Black or O White O Asian O America O Native I	hat apply) African A an Indian (merican or Alaska	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 y	ou thii	ık your	body	is?
----	------	---------	---------	------	-----

- O Much too thin
- A bit too thinAbout 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

for <u>weekend)</u>	r <u>weekaays</u> ana one circle	or live with July or live with know abo
Weekdays	Weekend	Kilow abo
O None at all	O None at all	
O About half an hour	O About half an hour	16 Dl
a day	a day	16. Please a
O About 1 hour a day	O About 1 hour a day	where y
O About 2 hours a day	O About 2 hours a day	<u>all</u> the p
O About 3 hours a day	O About 3 hours a day	
O About 4 hours a day	O About 4 hours a day	<u>Adults</u>
About 5 hours a day	O About 5 hours a day	○ Moth
O About 6 hours a day	O About 6 hours a day	○ Fathe
O About 7 or more	\bigcirc About 7 or more	○ Stepn
hours a day	hours a day	○ Stepfa
		○ Grand
11. How well off do you th	ink your family is?	Grand
O Very well off		☐ I live i
O Quite well off		○ Some
O Average		down
\bigcirc Not very well off		
O Not at all well off		
12. How many computers on None	does your family own?	
O One		- ACT
O Two		
O More than two		<u>Childrer</u>
		Please sa
12 Do you have your our	hadroom for	(includir
13. Do you have your own yourself?	bearoom for	
		Please w
		are none
○ Yes		
14. Does your family own a	a car, van or truck?	How ma brothers
O Yes, one		
O Yes, two or more		
O les, two of more		
15. During the past 12 more you travel away on vac Not at all Once Twice More than twice	nths, how many times did ation with your family?	
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 ○ Father	
	r father's girlfriend)
	mother's boyfriend)
O Grandmother	, ,
O Grandfather	
_	r home or children's home
	omewhere else: please write
aown their reid	tionship to you
	nany brothers and sisters live he tep or foster brothers and sister
Please say how m (including half, st	
Please say how m (including half, st	tep or foster brothers and sister

17. Do you have another home or another family, such as the case when your parents are separated or divorced? O No - GO TO QUESTION 18 O 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
down their relationship to you 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?	 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 Once a month Less than once a month Never 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? None About half an hour About 2 to 3 hours About 4 to 6 hours
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 ○ About 7 or more hours a day ○ About 7 or more hours a day	 ○ 7 hours or more 22. How long does it usually take you to travel to school from your home? (Please mark one circle only) ○ Less than 5 minutes ○ 5-15 minutes ○ 15-30 minutes ○ 30 minutes to 1 hour 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

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		hun hom O A O C O S O N	gry 1 ne. I lway often ome lever	becau How of times		e is n oes th	not eno nis hap	ugh fo	ood at you?
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)		9. How pour	nds) e		o you w	eigh		it cloth Weigh	Ì
for <u>weekend</u>)		1		5	2				
Weekdays ○ I never have breakfast during weekdays ○ One day ○ Two days ○ Three days ○ Four days ○ Five days ○ Five days ○ Five days ○ Caturday AND Sunday ○ Saturday ○ Saturday AND Sunday		○ 0 ● 1 ○ 2 ○ 3		00 1 2 3 4 5 6 7 8 9	○ 0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9		○ 0 ○ 1 ○ 2 ○ 3	00 01 02 03 04 05 06 07 08	00 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)? O Never Rarely (less than once a month)	3	Exc	v tal umple Feet 5	Inc	you wit	hout	shoes?		ches
 ○ Once a month ○ 2-3 times a month ○ Once a week ○ 2-4 days a week ○ 5 or more days a week 		(0 1 0 2 0 3 0 4	0000	1 2 3		0102		0 0 0 1 0 2 0 3 3 0 4
27. 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			● 5 ○ 6 ○ 7		6 7 8		05) 5) 6) 7) 8) 9) 10
a. Fruits b. Vegetables c. Sweets (candy or chocolate) d. Coke or other soft drinks that contain sugar		○ W ○ W ○ M ○ W ○ W	Vithii Vithii Vithii Vore P n d i Vithii	n the n the than did you n the n the	u last w last wee last mor last 6 m 6 month u last m last wee last mor last 6 m	k onth onths os ago easu k onth	s o re you	lf?	
		_			6 month				

 33. At present are you on a diet or doing something else to lose weight? No, my weight is fine No, but I should lose some weight No, because I need to put on weight Yes 	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 Neither agree or disagree Strongly agree 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	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 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
e. I feel anger toward my body f. I like my appearance in spite of its imperfections	medicine or tablets for the following? Yes, Yes, more No Once than once
	a. Headache
GIRLS ONLY	b. Stomach-ache
35. Have you begun to menstruate (have periods)?	c. Difficulties in
O No, I have not yet begun to menstruate	getting to sleep
O Yes, I have begun to menstruate. Please indicate	d. Nervousness
the age you were when you began to menstruate. For example, if you began 3 months	e. Allergy
after your 13th birthday you would indicate the age of 13 years and 3 months. I began at the age of years and months.	f. Something else
BOYS ONLY	O Good O Poor
36. Have you begun to grow hair on your face? O Not yet started O Barely started O Definitely underway O Seems completed	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-term illness, disability or medical condition? I do not have a long-term illness, disability or medical condition Yes No 43. Does your long-term illness, disability or medical condition affect your attendance and participation at school? I do not have a long-term illness, disability or medical condition Yes 	 45. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse? I was not injured in the past 12 months 1 time 2 times 3 times 4 times or more 46. 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)
○ No	Very easy
	Easy
44. Thinking about last week	Difficult
F	Very difficult
Extremely/Always Very/Very often	Don't have or see this person
Moderately/Quite often	a. Father
Slightly/Seldom	b. Stepfather (or mother's boyfriend)
Not at all/Never	c. Mother
a. Have you felt fit and well?	d. Stepmother (or father's girlfriend)
b. Have you felt full of energy?	e. Elder brother (s)
c. Have you felt sad?	f. Elder sister (s)
d. Have you felt lonely?	g. Best friend
e. Have you had enough time for	h. Friends of the same sex
yourself?	i. Friends 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 female
free time?	guardian) really know about?
g. Have your parent(s) treated you	She knows a lot
fairly?	She knows a little
h. Have you had fun with your friends?	She doesn't know anything
i. Have you got on well at school?	Don't have/see mother/guardian
j. Have you been able to pay	a. Who your friends are
attention?	b. How you spend your money
	c. Where you are after school
	d. Where you go at night
Many young people get hurt or injured from activi-	e. What you do with your free time
ties such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu.	

The following questions are about injures you may

have had during the past 12 months.

48. How much does your father (or male guardian) really know about?	52. How many evenings per week do you usually spend out with your friends?
	l = =
He knows a lot	○ 0 evenings ○ 1
He knows a little	$\bigcirc 2$
He doesn't know anything	\bigcirc 3
Don't have/see father/guardian	04
a. Who your friends are	○5
b. How you spend your money	O6
c. Where you are after school	\bigcirc 7 evenings
d. Where you go at night	
e. What you do with your free time	53. How often do you talk to your friend(s) on
c. What you do with your free time	the phone or send them text messages or have
49. In general, how satisfied are you with the	contact through the internet?
relationships in your family? (Mark one circle	O Rarely or never
next to the number that best describes your feelings.)	0 1 or 2 days a week
○ 10 We have <u>very good</u> relationships in our family	○ 3 or 4 days a week ○ 5 or 6 days a week
9	© Every day
08	C Every day
O ₇	54. <u>In your opinion</u> , what does your class teacher(s)
○6	think about your school performance compared
O 5	to your classmates?
O 4	O Very good
O 3	O Good
○ 2 ○ 1	○ Average
○ 0 We have <u>very bad</u> relationships in our family	○ Below average
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	55. How do you feel about school at present? O I like it a lot O I like it a bit O I don't like it very much O 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 Strongly disagree O O O O being together b. Most of the students in my class(es) enjoy being together c. Other students accept me as I am 57. How pressured do you feel by the schoolwork you have to do? O Not at all O A little O Some
	O 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.

58. How often have you been bullied at school in

	 the past couple of months? 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 About once a week 					į	
	(Several times a week					
59. 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					ek
		About o				2 k 1	
		2 or 3 times Only once or			tn 		
		I have not been bullied in t]			
		way in the past couple of mon	ths				
	a.	I was called mean names, was made fun of, or teased in a hurtful way					0
	Ъ.	Other students left me out of things			_		
		on purpose, excluded me from their					
		group of friends, or completely					
		ignored me			0		
	c.	I was hit, kicked, pushed, shoved					
		around, or locked indoors	0	0	0	0	\circ
	d.	Other students told lies or spread					
		false rumors about me and tried to					
		make others dislike me	0	0	0	0	O
	e.						
	•	comments about my race or color		0	0	0	O
	f.	I was bullied with mean names and					
		comments about my religion					
	g.	Other students made sexual jokes, comments, or gestures to me					
	h	I was bullied using a computer or					
	11.	e-mail messages or pictures	0			0	0

i. I was bullied using a cell phone

6	((How often have you taken part in be another student(s) at school in the of months? I haven't bullied another student(s) the past couple of months It has only happened once or twice 2 or 3 times a month About once a week Several times a week	pa: at	st (coı	-	
6	1. I a	How often have you bullied another school in the past couple of more ways listed below? (Please mark one each line)	ıth	s iı	n t	he	(s)
		Several t	tim	es	a v	vee	ek
		About on					
		2 or 3 times a	m	ont	th		
		Only once or t		ce			
		I have not bullied another student					
		this way in the past couple of month	hs				
	a.	I called another student(s) mean names, and made fun of, or teased him or her in a hurtful way	0	0	0	0	0
	h.	I kept another student(s) out of					
	υ.	things on purpose, excluded him					
		or her from my group of friends, or					
		completely ignored him or her					
	C	I hit, kicked, pushed, shoved around,					
	C.	or locked another student(s) indoors					
	.1	. ,					
	a.	I spread false rumors about another					
		student(s) and tried to make others					
		dislike him or her				\cup	
	e.	I bullied another student(s) with					
		mean names and comments about					
	c	his or her race or color	0	0			
	f.	I bullied another student(s) with					
		mean names and comments about					
	_	his or her religion					
	g.	I made sexual jokes, comments, or					
	1.	gestures to another student(s)	\mathbb{P}				
	11.	I was bullied using a computer or					

e-mail messages or picturesi. 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 per day 68. How many of your friends would you estimate
	None
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 month Rarely Never a. Beer b. Wine c. Liquor/Spirits	A few Some Most All a. Smoke cigarettes b. Drink alcohol c. Get drunk at least once a week d. Smoke/use marijuana,
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade) e. Any other drink that contains alcohol	70. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line) Never Once or twice
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 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	3-5 times 6-9 times 10-19 times 20-39 times 40 times or more a. In your life 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? ○ 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?
He is sick, or retired, or a studentHe is looking for a jobHe takes care of others, or is full-time in the homeI don't know	○Don'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!