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**South Carolina PLAY**  
Project to Learn about ADHD in Youth

ID Number

OMB No: 0920-0747; Exp Date: 7/31/2010

# Health Risk Behavior Survey

(Ages 11-13)

## HEALTH AND HEALTH RISK BEHAVIOR QUESTIONNAIRE:

### PARENT

Middle School Version

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### I. General Information

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

feet

inches

2. When was this measurement taken?

month

day

year

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

pounds

4. When was this measurement taken?

month

day

year

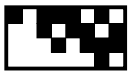
5. Relative to other children, do you consider your child overweight?

☐ Yes☐ No

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

☐ Yes☐ No

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## II. Injury

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

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

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 times

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

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

- ☐ Yes  
☐ No

B. A burn or scald?

- ☐ Yes  
☐ No

C. A broken or fractured bone?

- ☐ Yes  
☐ No

D. An animal bite?

- ☐ Yes  
☐ No

E. A poison related injury?

- ☐ Yes  
☐ No

F. A cut or pierce that required stitches?

- ☐ Yes  
☐ No

G. An injury caused by a piece of machinery?

- ☐ Yes  
☐ No

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

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

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

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

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

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

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

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

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

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

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

- ☐ Yes  
☐ No

15. During the past 12 months, how many times was your child in a physical fight?

- ☐ 0 times  
☐ 1 time  
☐ 2 or 3 times  
☐ 4 or 5 times  
☐ 6 or 7 times  
☐ 8 or 9 times  
☐ 10 or 11 times  
☐ 12 or more times

16. During the past 12 months, has your child been in a physical fight in which he/she was injured and had to be treated by a doctor or nurse?

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

### III. Rule Breaking

18. When was the last time your child stole something worth more than \$50?

- ☐ Within the past month  
☐ Between 1 month and 6 months ago  
☐ Between 6 months and 1 year ago  
☐ Over 1 year ago  
☐ Never

19. When was the last time your child was required to appear in court for something he/she had done?

- ☐ Within the past month  
☐ Between 1 month and 6 months ago  
☐ Between 6 months and 1 year ago  
☐ Over 1 year ago  
☐ Never

20. When was the last time your child was sent to the principal or counselor for disciplinary reasons?

- ☐ Within the past month  
☐ Between 1 month and 6 months ago  
☐ Between 6 months and 1 year ago  
☐ Over 1 year ago  
☐ Never

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

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

### IV. Tobacco/Alcohol/Drug Use

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

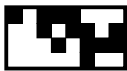
- ☐ He/she has never tried cigarette smoking  
☐ 8 years old or younger  
☐ 9 years old  
☐ 10 years old  
☐ 11 years old  
☐ 12 years old  
☐ 13 years old

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No



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25. To the best of your knowledge, has your child ever had a drink of alcohol other than a few sips?

☐ Yes

☐ No

26. To the best of your knowledge, has your child ever used marijuana?

☐ Yes

☐ No

27. To the best of your knowledge, has your child ever sniffed glue, or breathed the contents of spray cans, or inhaled any paint or sprays to get high?

☐ Yes

☐ No

## V. Physical Activity

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

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

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

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

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

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

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

☐ My child does not read for pleasure on an average school day

☐ Less than 1 hour per day

☐ 1 hour per day

☐ 2 hours per day

☐ 3 hours per day

☐ 4 hours per day

☐ 5 or more hours per day



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

- ☐ Yes  
☐ No

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

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

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

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

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

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

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

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

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

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

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

- ☐ Yes  
☐ No



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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

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

☐ My child does not participate in organized sports

☐ Daily

☐ Twice a week

☐ Weekly

☐ Every other week

☐ Once a month

☐ Less than once a month

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

☐ Much more active than other children

☐ Somewhat more active than other children

☐ About as active as other children

☐ Less active than other children

☐ Much less active than other children

## VI. Dietary Behavior

The following questions ask about food your child ate or drank during the past 7 days. Think about all the meals and snacks your child had from the time your child got up until your child went to bed. Be sure to include food eaten at home, at school, at restaurants, or anywhere else.

44. During the past 7 days, how many times did your family eat a meal together?

☐ Never

☐ Once

☐ Twice

☐ 3 times

☐ 4 times

☐ 5 times

☐ 6 times

☐ 7 or more times

45. Is your child on a special diet?

☐ My child is not on a special diet

☐ Feingold diet

☐ Lactose-restricted

☐ Sugar-restricted

☐ Oligoantigenic

☐ Other, (Specify):

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## VII. Prevention Behavior

46. How often does your child brush his/her teeth?

☐ Daily

☐ 5-6 days a week

☐ 3-4 days a week

☐ 1-2 days a week

☐ Less than once per week

☐ Never



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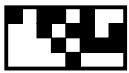
47. About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about your child's health?
- ☐ 6 months ago or less
- ☐ More than 6 months, but not more than 1 year ago
- ☐ More than 1 year, but not more than 3 years ago
- ☐ More than 3 years ago
- ☐ Never
48. When was the last time your child saw a doctor or nurse for a check-up or physical exam when he/she was not sick or injured?
- ☐ 6 months ago or less
- ☐ More than 6 months, but not more than 1 year ago
- ☐ More than 1 year, but not more than 3 years ago
- ☐ More than 3 years ago
- ☐ Never
49. During the past 12 months, how many times has your child gone to a hospital emergency room about his/her health?
- ☐ None
- ☐ 1 time
- ☐ 2-3 times
- ☐ 4-9 times
- ☐ 10-12 times
- ☐ 13 or more times
50. During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about your child's health?
- ☐ Yes
- ☐ No
51. During the past 12 months, have you seen or talked to a minister or member of the clergy about your child's health?
- ☐ Yes
- ☐ No
52. During the past 12 months, have you seen or talked to a chiropractor about your child's health?
- ☐ Yes
- ☐ No
53. During the past 12 months, have you seen or talked to a physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist about your child's health?
- ☐ Yes
- ☐ No
- VIII. Sleep Behavior**
54. On an average night, does your child have difficulty sleeping?
- ☐ Yes
- ☐ No
55. Does your child snore?
- ☐ Yes
- ☐ No
56. Is your child a restless sleeper?
- ☐ Yes
- ☐ No
57. Does your child awaken during the night?
- ☐ Yes
- ☐ No
58. How many hours of sleep does your child get on an average night?
- ☐ More than 8 hours
- ☐ 6-8 hours
- ☐ 4-5 hours
- ☐ Less than 4 hours

ID  
Number

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59. Is your child sleepy during the day?

- ☐ Yes  
☐ No

### IX. Home and School Performance

60. Has a representative from a school or a health professional ever told you that your child has a learning disability?

- ☐ Yes  
☐ No

61. Do you consider your child an:

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

62. Do you have concerns about your child's current and future school performance?

- ☐ Yes  
☐ No

63. During the last year, did your child get poor grades?

- ☐ Yes  
☐ No

64. During the last year, did your child get in trouble with a teacher or principal at school?

- ☐ Yes  
☐ No

65. During the last year, did your family move to a new home or apartment?

- ☐ Yes  
☐ No

66. During the last year, has your family had a new baby come into the family?

- ☐ Yes  
☐ No

67. During the last year, has anyone moved out of your home?

- ☐ Yes  
☐ No

68. During the last year, did a family member die?

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

### X. Communication

74. How much have you spoken to your child about not smoking?

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





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75. How much have you spoken to your child about not drinking?

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

76. How much have you spoken to your child about not using drugs?

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

77. How much have you spoken to your child about birth control?

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

78. How much have you spoken to your child about sexually transmitted diseases?

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

**FOR STUDY USE ONLY**

ID Number

Date Interviewed

Month

Day

Year

Interviewed By