



11543



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

ID Number

Three sets of two-digit input boxes for 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)?

Two sets of two-digit input boxes for height measurement

feet inches

2. When was this measurement taken?

Input boxes for month, day, and year

month day year

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

Three-digit input box for weight

pounds

4. When was this measurement taken?

Input boxes for month, day, and year

month day year

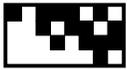
5. Relative to other children, do you consider your child overweight?

- 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.

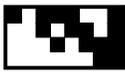
7. How many times was your child injured in the past 12 months?

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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



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):

VII. Prevention Behavior

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

Daily

5-6 days a week

3-4 days a week

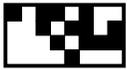
1-2 days a week

Less than once per week

Never



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



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

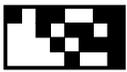
73. During the last year, has your child had to hide someplace because of shootings in your neighborhood?

- 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

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Date Interviewed

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Month

Day

Year

Interviewed By

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