



28023



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 14+)

HEALTH AND HEALTH RISK BEHAVIOR QUESTIONNAIRE: PARENT High School Version

TABLE OF CONTENTS

- I. General Information.....1
- II. Injury.....2
- III. Rule Breaking.....3
- IV. Tobacco/Alcohol/Drug Use.....4
- V. Physical Activity.....5
- VI. Dietary Behavior.....7
- VII. Prevention Behavior.....8
- VIII. Sleep Behavior.....8
- IX. Home and School Performance.....9
- X. Communication.....10

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, labeled 'feet' and 'inches'

2. When was this measurement taken?

Input boxes for month (two digits), day (two digits), and year (four digits)

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

Three-digit input box for weight measurement, labeled 'pounds'

4. When was this measurement taken?

Input boxes for month (two digits), day (two digits), and year (four digits)

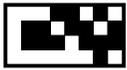
5. Relative to other children, do you consider your child overweight?

- Yes
- No

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

- Yes
- No

Public reporting burden of this collection of information is estimated to average 22 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 information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333: ATTN: PRA (OMB No: 0920-0747).



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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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?

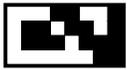
- Never
 Rarely
 Sometimes
 Most of the time
 Always

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

- 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

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

- Yes
 No

III. Rule Breaking

19. 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

20. 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

21. 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

22. When was the last time your child was fired from a job?

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

23. 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

24. 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

25. To the best of your knowledge, how old was your child when he/she smoked a whole cigarette for the first time?

- He/she has never smoked a whole cigarette
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

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

- Yes
- No

27. 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

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

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

- Yes
- No

29. How old was your child when he/she had his/her first drink of alcohol other than a few sips?

- My child has never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

30. During the past 30 days, on how many days did your child have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

31. During the past 30 days, on how many days did your child have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20 or more days



The next 2 questions ask about marijuana use. Marijuana is also called grass or pot.

32. To the best of your knowledge, has your child ever used marijuana?
- Yes
 No
33. How old was your child when he/she tried marijuana for the first time?
- My child has never tried marijuana
 8 years old or younger
 9 or 10 year old
 11 or 12 years old
 13 or 14 years old
 15 or 16 years old
 17 years old or older

The next 3 questions ask about other drugs.

34. 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
35. To the best of your knowledge, has your child ever used any drugs, including illegal drugs, to get high?
- Yes
 No
36. During the past 12 months, has anyone offered, sold, or given your child an illegal drug on school property?
- Yes
 No

The next 3 questions ask about sexual behavior.

37. To the best of your knowledge, has your child ever had sexual intercourse?
- Yes
 No

38. To the best of your knowledge, is your child sexually active?

- Yes
 No

39. How many times has your child been pregnant or gotten someone pregnant?

- My child has never had sexual intercourse
 1 time
 2 or more times

V. Physical Activity

40. 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

41. 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



42. 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
43. 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
44. Do you limit the amount of time that your child spends watching television?
- Yes
 - No
45. 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
46. 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 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
47. 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
48. 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



49. 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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

53. 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

54. 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

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

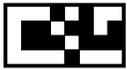
- Much more active than other children
- Somewhat more active than other children
- About as active as other children
- Less active than other children
- Much less active than other children

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.

56. 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



57. 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

58. 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
59. 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
60. 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
61. 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
62. 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
63. 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
64. During the past 12 months, have you seen or talked to a chiropractor about your child's health?
- Yes
 - No
65. 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

66. On an average night, does your child have difficulty sleeping?
- Yes
 - No



67. Does your child snore?

- Yes
 No

68. Is your child a restless sleeper?

- Yes
 No

69. Does your child awaken during the night?

- Yes
 No

70. 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

71. Is your child sleepy during the day?

- Yes
 No

IX. Home and School Performance

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

- Yes
 No

73. Do you consider your child an:

- A student
 B student
 C student
 D student
 F student

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

83. 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



28023

84. 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

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

- Yes
- No

X. Communication

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

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

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

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

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

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

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

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

90. 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

Date Interviewed

Month

Day

Year

Interviewed By