

## Core Module

### Middle School Questionnaire

2018-2019

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about bullying and violence.

**You do not have to answer these questions**, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

**Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.**

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did something), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

**Thank you for taking this survey!**

CALIFORNIA *healthy kids* SURVEY  
Core Module

**Begin by writing your school's name at the top of the answer sheet.**

1. Fill in the bubble for the letter "M."
2. Fill in the bubble for the letter "L."

**Next, we would like some background information about you.**

3. What is your sex?  
A) Male  
B) Female
4. What grade are you in?  
A) 6th grade  
B) 7th grade  
C) 8th grade  
D) 9th grade  
E) 10th grade  
F) 11th grade  
G) 12th grade  
H) Other grade  
I) Ungraded
5. Are you of Hispanic or Latino origin?  
A) No  
B) Yes
6. What is your race?  
A) American Indian or Alaska Native  
B) Asian  
C) Black or African American  
D) Native Hawaiian or Pacific Islander  
E) White  
F) Mixed (two or more) races

## Core Module

7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*) If you are not of Asian/Pacific Islander background, mark "A) Does not apply."
- |   |  |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean  |
| B) Asian Indian                                       | I) Laotian   |
| C) Cambodian  | J) Vietnamese  |
| D) Chinese  | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino   | L) Other Asian   |
| F) Hmong  |  |
| G) Japanese   |  |
8. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- |  |   |
|--|---|
| A) A home with one or more parent or guardian    | F) Hotel or motel   |
| B) Other relative's home                         | G) Shelter, car, campground, or other transitional or temporary housing |
| C) A home with more than one family              | H) Other living arrangement   |
| D) Friend's home                                 |   |
| E) Foster home, group care, or waiting placement |   |
9. What is the highest level of education your parents or guardians completed? (*Mark the educational level of the parent or guardian who went the furthest in school.*)
- A) Did not finish high school
  - B) Graduated from high school
  - C) Attended college but did not complete four-year degree
  - D) Graduated from college
  - E) Don't know
10. Do you receive free or reduced-price lunches at school? (*Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.*)
- A) No
  - B) Yes
  - C) Don't know
11. In the past **three years**, were you part of the Migrant Education Program or did your family move to find seasonal or temporary work in agriculture or fishing?
- A) No
  - B) Yes
  - C) Don't know

CALIFORNIA *healthy kids* SURVEY  
 Core Module

12. What language is spoken most of the time in your home?
- |              |               |
|--------------|---------------|
| A) English   | F) Tagalog    |
| B) Spanish   | G) Vietnamese |
| C) Mandarin  | H) Korean     |
| D) Cantonese | I) Other      |
| E) Taiwanese |               |

*How well do you understand, speak, read, and write English?*

	Very Well	Well	Not Well	Not At All
13. Understand English	A	B	C	D
14. Speak English	A	B	C	D
15. Read English	A	B	C	D
16. Write English	A	B	C	D

17. How many days a week do you usually go to your school's afterschool program?
- |           |           |
|-----------|-----------|
| A) 0 days | E) 4 days |
| B) 1 day  | F) 5 days |
| C) 2 days |           |
| D) 3 days |           |

18. During the past **12 months**, how would you describe the grades you mostly received in school?
- |                |                |
|----------------|----------------|
| A) Mostly A's  | E) Mostly C's  |
| B) A's and B's | F) C's and D's |
| C) Mostly B's  | G) Mostly D's  |
| D) B's and C's | H) Mostly F's  |

19. In the past **30 days**, how often did you miss an entire day of school for any reason?
- |   |                   |
|---|-------------------|
| A) I did not miss any days of school<br>in the past 30 days | C) 2 days         |
| B) 1 day  | D) 3 or more days |

## Core Module

20. In the past **30 days**, did you miss a day of school for any of the following reasons? (*Mark All That Apply.*)

- |   |   |
|---|---|
| A) Does not apply; I didn't miss any school   | G) Had to take care of or help a family member or friend                        |
| B) Illness (feeling physically sick), including problems with breathing or your teeth | H) Wanted to spend time with friends  |
| C) Were being bullied or mistreated at school   | I) Used alcohol or drugs  |
| D) Felt very sad, hopeless, anxious, stressed, or angry                               | J) Were behind in schoolwork or weren't prepared for a test or class assignment |
| E) Didn't get enough sleep  | K) Were bored or uninterested in school   |
| F) Didn't feel safe at school or going to and from school                             | L) Had no transportation to school  |
|   | M) Other reason   |

21. During the past **12 months**, about how many times did you skip school or cut classes?

- |                 |                          |
|-----------------|--------------------------|
| A) 0 times      | E) Twice a month         |
| B) 1–2 times    | F) Once a week           |
| C) A few times  | G) More than once a week |
| D) Once a month |                          |

*How strongly do you agree or disagree with the following statements?*

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
22. I feel close to people at this school.	A	B	C	D	E
23. I am happy to be at this school.	A	B	C	D	E
24. I feel like I am part of this school.	A	B	C	D	E
25. The teachers at this school treat students fairly.	A	B	C	D	E
26. I feel safe in my school.	A	B	C	D	E
27. My school is usually clean and tidy.	A	B	C	D	E
28. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
29. Parents feel welcome to participate at this school.	A	B	C	D	E
30. School staff take parent concerns seriously.	A	B	C	D	E
31. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
32. I try hard at school because I am interested in my work.	A	B	C	D	E
33. I work hard to try to understand new things at school.	A	B	C	D	E
34. I am always trying to do better in my schoolwork.	A	B	C	D	E

Core Module

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

*At my school, there is a teacher or some other adult...*

	Not At All True	A Little True	Pretty Much True	Very Much True
35. who really cares about me.	A	B	C	D
36. who tells me when I do a good job.	A	B	C	D
37. who notices when I'm not there.	A	B	C	D
38. who always wants me to do my best.	A	B	C	D
39. who listens to me when I have something to say.	A	B	C	D
40. who believes that I will be a success.	A	B	C	D

*At school,...*

	Not At All True	A Little True	Pretty Much True	Very Much True
41. I do interesting activities.	A	B	C	D
42. I help decide things like <b>class</b> activities or rules.	A	B	C	D
43. I do things that make a difference.	A	B	C	D
44. I have a say in how things work.	A	B	C	D
45. I help decide <b>school</b> activities or rules.	A	B	C	D

## Core Module

The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get “high” or for reasons other than medical, as ordered or prescribed by a doctor.

### Keep the following definitions in mind:

- One drink of **ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded,” “stoned,” or “wasted”) or for purposes other than prescribed by a doctor.

During your *life*, how many times have you used the following?

		Number of Times					
		0	1	2	3	4-6	7 or More
		Times	Time	Times	Times	Times	Times
46.	A cigarette, even one or two puffs	A	B	C	D	E	F
47.	A whole cigarette	A	B	C	D	E	F
48.	Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
49.	Electronic cigarettes, e-cigarettes, or other vaping device such as juul, e-hookah, hookah pens, or vape pens	A	B	C	D	E	F
50.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
51.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
52.	Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
53.	Derbisol	A	B	C	D	E	F
54.	Any other drug, pill, or medicine to get “high” or for reasons other than medical	A	B	C	D	E	F

## Core Module

During your life, how many times have you been...

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4-6 Times</u>	<u>7 or More Times</u>
55. very drunk or sick after drinking alcohol?	A	B	C	D	E	F
56. "high" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
57. drunk on alcohol or "high" on drugs <u>on school property</u> ?	A	B	C	D	E	F

During your life, how many times have you used marijuana in any of the following ways:

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4-6 Times</u>	<u>7 or More Times</u>
58. Smoke it?	A	B	C	D	E	F
59. In an electronic or e-cigarette or other vaping device?	A	B	C	D	E	F
60. Eat or drink it in products made with marijuana?	A	B	C	D	E	F

During the past 30 days, on how many days did you use...

	<u>0 Days</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3-9 Days</u>	<u>10-19 Days</u>	<u>20-30 Days</u>
	61. cigarettes?	A	B	C	D	E
62. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
63. electronic cigarettes, e-cigarettes, or other vaping device such as juul, e-hookah, hookah pens, or vape pens?	A	B	C	D	E	F
64. one or more drinks of alcohol?	A	B	C	D	E	F
65. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
66. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
67. inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
68. any other drug, pill, or medicine to get "high" or for reasons other than medical?	A	B	C	D	E	F



Core Module

*During the past 30 days, on how many days on school property did you use...*

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
69. cigarettes?	A	B	C	D	E	F
70. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
71. electronic cigarettes, e-cigarettes, or other vaping device such as juul, e-hookah, hookah pens, or vape pens?	A	B	C	D	E	F
72. at least one drink of alcohol?	A	B	C	D	E	F
73. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
74. any other drug, pill, or medicine to get "high" or for reasons other than medical?	A	B	C	D	E	F

*How much do people risk harming themselves physically and in other ways when they do the following?*

	<u>How Much Risk or Harm</u>			
	<u>Great</u>	<u>Moderate</u>	<u>Slight</u>	<u>None</u>
75. Smoke cigarettes occasionally	A	B	C	D
76. Smoke 1 or more packs of cigarettes each day	A	B	C	D
77. Use e-cigarettes (electronic) or vaping device occasionally	A	B	C	D
78. Use e-cigarettes or vaping devices several times a day (100 puffs or more)	A	B	C	D
79. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
80. Have five or more drinks of alcohol once or twice a week	A	B	C	D
81. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
82. Use marijuana daily	A	B	C	D

## Core Module

*How difficult is it for students in your grade to get any of the following if they really want them?*

		<u>Very Difficult</u>	<u>Fairly Difficult</u>	<u>Fairly Easy</u>	<u>Very Easy</u>	<u>Don't Know</u>
83.	Cigarettes	A	B	C	D	E
84.	E-cigarettes (electronic) or vaping device	A	B	C	D	E
85.	Alcohol	A	B	C	D	E
86.	Marijuana	A	B	C	D	E
87.	In your <u>life</u> , how many times have you ridden in a car driven by someone who had been using alcohol or drugs?					
	A) Never					
	B) 1 time					
	C) 2 times					
	D) 3 to 6 times					
	E) 7 or more times					

**Next are questions about violence, safety, harassment, & bullying on school property.**

88. How safe do you feel when you are at school?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe
89. In a normal week, how many days are you home after school for at least one hour without an adult there?
- A) Never
  - B) 1 day
  - C) 2 days
  - D) 3 days
  - E) 4 days
  - F) 5 days

Core Module

During the past 12 months, how many times on school property have you...

		<u>Happened on School Property</u>			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
90.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
91.	been afraid of being beaten up?	A	B	C	D
92.	been in a physical fight?	A	B	C	D
93.	had mean rumors or lies spread about you?	A	B	C	D
94.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
95.	been made fun of because of your looks or the way you talk?	A	B	C	D
96.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
97.	been offered, sold, or given an illegal drug?	A	B	C	D
98.	damaged school property on purpose?	A	B	C	D
99.	carried a gun?	A	B	C	D
100.	carried any other weapon (such as a knife or club)?	A	B	C	D
101.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
102.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
103.	been threatened with harm or injury?	A	B	C	D
104.	been made fun of, insulted, or called names?	A	B	C	D

## Core Module

During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength or power quarrel or fight.]

		<u>Happened on School Property</u>			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
105.	Your race, ethnicity, or national origin	A	B	C	D
106.	Your religion	A	B	C	D
107.	Your gender	A	B	C	D
108.	Because you are gay or lesbian or someone thought you were	A	B	C	D
109.	A physical or mental disability	A	B	C	D
110.	You are an immigrant or someone thought you were	A	B	C	D
111.	Any other reason	A	B	C	D
112.	During the past <b>12 months</b> , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?				
	A) 0 times (never)				
	B) 1 time				
	C) 2-3 times				
	D) 4 or more times				
113.	Do you consider yourself a member of a gang?				
	A) No				
	B) Yes				
114.	During the past <b>12 months</b> , did you ever feel so sad or hopeless almost every day for <b>two weeks or more</b> that you stopped doing some usual activities?				
	A) No				
	B) Yes				
115.	During the past <b>12 months</b> , did you ever seriously consider attempting suicide?				
	A) No				
	B) Yes				
116.	Did you eat breakfast today?				
	A) No				
	B) Yes				

## Core Module

117. On an average school night, how many hours of sleep do you get?
- A) 4 or less hours
  - B) 5 hours
  - C) 6 hours
  - D) 7 hours
  - E) 8 hours
  - F) 9 hours
  - G) 10 or more hours
118. How many questions in this survey did you answer honestly?
- A) All of them
  - B) Most of them
  - C) Only some of them
  - D) Hardly any
119. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
  - B) Yes
  - C) Don't know
120. Which of the following best describes you?
- A) Straight (not gay)
  - B) Gay or Lesbian
  - C) Bisexual
  - D) I am not sure yet
  - E) Something else
  - F) Decline to respond
121. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- A) No, I am not transgender
  - B) Yes, I am transgender
  - C) I am not sure if I am transgender
  - D) Decline to respond

