

Elementary School Survey**2007-2008**

This survey is voluntary. You do not have to complete this survey, but we hope that you will. We need your help!

Your answers will improve health programs.

Do not write your name on this form or on the answer sheet. No one but you will know how you answer these questions.

Please mark only one answer for each question on the answer sheet. Fill in the bubbles neatly with a #2 pencil. Please do not write on the survey questionnaire.

Please read every question carefully. Mark one choice on your answer sheet for each question.

Thank you for taking this survey!

First, write your SCHOOL NAME on the top of the answer sheet.

1. **Fill in the bubble for number “2.”**

2. **How old are you?**
 - A) 7 years old, or younger than 7
 - B) 8 years old
 - C) 9 years old
 - D) 10 years old
 - E) 11 years old
 - F) 12 years old
 - G) 13 years old, or older than 13

3. **Are you female or male?**
 - A) Female
 - B) Male

4. **What grade are you in?**
 - A) 3rd grade
 - B) 4th grade
 - C) 5th grade
 - D) 6th grade

5. **During the past year, how many times have you moved (changed where you live)?**
 - A) 0 times
 - B) 1 time
 - C) 2 or more times

6. **Did you eat breakfast this morning?**
 - A) No
 - B) Yes

7. **When you ride in a car do you wear a seat belt?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
8. **When you ride a bicycle do you wear a helmet?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
 - E) I do not ride a bicycle

The next questions ask about your school.

9. **Do you feel close to people at school?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
10. **Are you happy to be at this school?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
11. **Do you feel like you are part of this school?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

12. Do teachers treat students fairly at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
13. Do you help make class rules or choose things to do at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
14. Do the teachers and other grown-ups at school care about you?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
15. Do the teachers and other grown-ups at school tell you when you do a good job?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
16. How well do you do in your schoolwork?
- A) I'm one of the best students
 - B) I do better than most students
 - C) I do about the same as others
 - D) I don't do as well as most others
17. Do the teachers and other grown-ups at school listen when you have something to say?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

18. Do the teachers and other grown-ups at school believe that you can do a good job?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
19. Do you do things to be helpful at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
20. Do you plan to go to college or some other school after high school?
- A) No
 - B) Yes

Here are questions about events that may happen at school and after school.

21. During the past year, how many times have you hit or pushed other kids at school when you were not playing around?
- A) 0 times
 - B) 1 time
 - C) 2 times
 - D) 3 or more times
22. During the past year, how many times have you spread mean rumors or lies about other kids at school?
- A) 0 times
 - B) 1 time
 - C) 2 times
 - D) 3 or more times

23. Do other kids hit or push you at school when they are not just playing around?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
24. Do other kids at school spread mean rumors or lies about you?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
25. During the past year, did you ever bring a gun or knife to school?
- A) No
 - B) Yes
26. During the past year, have you ever seen another kid with a gun or knife at school?
- A) No
 - B) Yes
27. Are you home alone after school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
28. Do you feel safe at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

29. Do you feel safe outside of school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

The next questions are about cigarettes, alcohol, and other drugs.

30. Have you ever smoked a cigarette?

- A) No
- B) Yes, I smoked part of a cigarette, like one or two puffs
- C) Yes, I smoked a whole cigarette

31. Have you ever chewed tobacco or snuff (dip)?

- A) No
- B) Yes

32. Have you ever drunk beer, wine, or other alcohol?

- A) No
- B) Yes, I drank one or two sips
- C) Yes, I drank a full glass

33. Have you ever sniffed something through your nose to get “high?”

- A) No
- B) Yes

34. Have you ever smoked any marijuana (pot, grass, weed)?

- A) No
- B) Yes
- C) I don't know what marijuana is

35. Have you ever used alcohol or an illegal drug like marijuana before school or at school?

- A) No
- B) Yes

36. Do you think smoking cigarettes is bad for a person's health?
- A) No, not bad
 - B) Yes, a little bad
 - C) Yes, very bad
37. Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health?
- A) No, not bad
 - B) Yes, a little bad
 - C) Yes, very bad
38. Do you think using marijuana (pot, grass, weed) is bad for a person's health?
- A) No, not bad
 - B) Yes, a little bad
 - C) Yes, very bad
 - D) I don't know what marijuana is
39. In the past month, did you drink any beer, wine, or other alcohol?
- A) No
 - B) Yes, I drank one or two sips
 - C) Yes, I drank a full glass
40. In the past month, did you smoke a cigarette?
- A) No
 - B) Yes

Below are questions about your health and things you might do.

41. Do you try to understand how other people feel?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

42. Do you feel bad when someone else gets their feelings hurt?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
43. Do you know where to go for help with a problem?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
44. Do you try to work out your problems by talking or writing about them?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
45. Do you try to do your best?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
46. Do you have goals and plans for the future?
- A) No
 - B) Yes
47. Do you think you are too skinny, about right, or too fat?
- A) Too skinny
 - B) About right
 - C) Too fat

48. Are you doing anything to try to lose weight?
- A) No
 - B) Yes
49. Have other kids at school ever teased you about what your body looks like?
- A) No
 - B) Yes
50. How many days each week do you exercise, dance, or play sports?
- A) 0 days
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days
 - G) 6 or 7 days
51. When not exercising, do you ever have trouble breathing (for example, shortness-of-breath, wheezing, or a sense of tightness in your chest)?
- A) No
 - B) Yes
52. Has a parent or some other adult ever told you that you have asthma?
- A) No
 - B) Yes
53. Yesterday, how much time did you spend watching TV or playing video games?
- A) None, I didn't watch TV yesterday
 - B) Less than 1 hour
 - C) About 1 hour
 - D) About 2 hours
 - E) 3 or more hours

The next two questions ask about your friends.

54. **Do your best friends get into trouble?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
55. **Do your best friends try to do the right thing?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Here are questions about your home.

56. **Does a parent or some other grown-up at home care about your schoolwork?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
57. **Does a parent or some other grown-up at home believe that you can do a good job?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
58. **Does a parent or some other grown-up at home want you to do your best?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

59. Does a parent or some other grown-up at home listen when you have something to say?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
60. Do you help at home?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
61. Do you get to make rules or choose things to do at home?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
62. Did you understand the questions on this survey?
- A) No, none of them
 - B) Yes, some of them
 - C) Yes, most of them
 - D) Yes, all of them
63. Did you answer the questions on this survey honestly and truthfully?
- A) No, none of them
 - B) Yes, some of them
 - C) Yes, most of them
 - D) Yes, all of them
64. What language do you usually speak at home?
- A) English (or mostly English)
 - B) Spanish (or mostly Spanish)
 - C) Other