

Core Module

Middle School Questionnaire

2019-2020

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!

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 "A."

Next, we would like some background information about you.

3. 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
4. What is your gender?
 - A) Male
 - B) Female
5. 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
6. Are you of Hispanic or Latino origin?
 - A) No
 - B) Yes
7. 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

8. 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 | |
9. 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 | |
10. 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
11. 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
12. 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

Core Module

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

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

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

18. 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

19. How many days a week do you usually go to your school's afterschool program?

- A) I do not attend my school's afterschool program
- B) 1 day
- C) 2 days
- D) 3 days
- E) 4 days
- F) 5 days

20. During the past 12 months, how would you describe the grades you mostly received in school?

- A) Mostly A's
- B) A's and B's
- C) Mostly B's
- D) B's and C's
- E) Mostly C's
- F) C's and D's
- G) Mostly D's
- H) Mostly F's

21. 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 in the past 30 days
- B) 1 day
- C) 2 days
- D) 3 or more days

Core Module

22. 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
 - B) Illness (feeling physically sick), including problems with breathing or your teeth
 - C) Were being bullied or mistreated at school
 - D) Felt very sad, hopeless, anxious, stressed, or angry
 - E) Didn't get enough sleep
 - F) Didn't feel safe at school or going to and from school
 - G) Had to take care of or help a family member or friend
 - H) Wanted to spend time with friends
 - I) Used alcohol or drugs
 - J) Were behind in schoolwork or weren't prepared for a test or class assignment
 - K) Were bored or uninterested in school
 - L) Had no transportation to school
 - M) Other reason
23. During the past **12 months**, about how many times did you skip school or cut classes?
- A) 0 times
 - B) 1–2 times
 - C) A few times
 - D) Once a month
 - E) Twice a month
 - F) Once a week
 - G) More than once a week

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

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
24. I feel close to people at this school.	A	B	C	D	E
25. I am happy to be at this school.	A	B	C	D	E
26. I feel like I am part of this school.	A	B	C	D	E
27. The teachers at this school treat students fairly.	A	B	C	D	E
28. I feel safe in my school.	A	B	C	D	E
29. My school is usually clean and tidy.	A	B	C	D	E
30. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
31. Parents feel welcome to participate at this school.	A	B	C	D	E
32. School staff take parent concerns seriously.	A	B	C	D	E
33. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
34. I try hard at school because I am interested in my work.	A	B	C	D	E
35. I work hard to try to understand new things at school.	A	B	C	D	E
36. 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
37. who really cares about me.	A	B	C	D
38. who tells me when I do a good job.	A	B	C	D
39. who notices when I'm not there.	A	B	C	D
40. who always wants me to do my best.	A	B	C	D
41. who listens to me when I have something to say.	A	B	C	D
42. 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
43. I do interesting activities.	A	B	C	D
44. I help decide things like class activities or rules.	A	B	C	D
45. I do things that make a difference.	A	B	C	D
46. I have a say in how things work.	A	B	C	D
47. I help decide school 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.
- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.

Core Module

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

	<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>
48. A cigarette, even one or two puffs	A	B	C	D	E	F
49. A whole cigarette	A	B	C	D	E	F
50. Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
51. Vape products	A	B	C	D	E	F
52. 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
53. Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
54. 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
55. Derbisol	A	B	C	D	E	F
56. 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...

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
57. very drunk or sick after drinking alcohol ?	A	B	C	D	E	F
58. “high” (loaded, stoned, or wasted) from using drugs ?	A	B	C	D	E	F
59. drunk on alcohol or “high” on drugs on school property ?	A	B	C	D	E	F

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

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
60. Smoke it?	A	B	C	D	E	F
61. In a vaping device (vape pens, mods, portable vaporizers)?	A	B	C	D	E	F
62. 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...

	0	1	2	3-9	10-19	20-30
	Days	Day	Days	Days	Days	Days
63. cigarettes ?	A	B	C	D	E	F
64. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
65. vape products ?	A	B	C	D	E	F
66. one or more drinks of alcohol?	A	B	C	D	E	F
67. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
68. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
69. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
70. 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 ...

	0 <u>Days</u>	1 <u>Day</u>	2 <u>Days</u>	3-9 <u>Days</u>	10-19 <u>Days</u>	20-30 <u>Days</u>
71. smoke cigarettes?	A	B	C	D	E	F
72. use smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
73. vape?	A	B	C	D	E	F
74. have at least one drink of alcohol?	A	B	C	D	E	F
75. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
76. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
77. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	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>
78. Smoke cigarettes occasionally	A	B	C	D
79. Smoke 1 or more packs of cigarettes each day	A	B	C	D
80. Use vape products occasionally	A	B	C	D
81. Use vape products several times a day (100 puffs or more)	A	B	C	D
82. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
83. Have five or more drinks of alcohol once or twice a week	A	B	C	D
84. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
85. 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?

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
86. Cigarettes	A	B	C	D	E
87. Vape products	A	B	C	D	E
88. Alcohol	A	B	C	D	E
89. Marijuana	A	B	C	D	E
90. Does your school have a policy that bans tobacco use and vaping on school property and at school sponsored events? A) No B) Yes C) Don't know					
91. During 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.

92. 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
93. 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>
		A	B	C	D
94.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
95.	been afraid of being beaten up?	A	B	C	D
96.	been in a physical fight?	A	B	C	D
97.	had mean rumors or lies spread about you?	A	B	C	D
98.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
99.	been made fun of because of your looks or the way you talk?	A	B	C	D
100.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
101.	been offered, sold, or given an illegal drug?	A	B	C	D
102.	damaged school property on purpose?	A	B	C	D
103.	carried a gun?	A	B	C	D
104.	carried any other weapon (such as a knife or club)?	A	B	C	D
105.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
106.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
107.	been threatened with harm or injury?	A	B	C	D
108.	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.]

		Happened on School Property			
		0 Times	1 Time	2 to 3 Times	4 or More Times
109.	Your race, ethnicity, or national origin	A	B	C	D
110.	Your religion	A	B	C	D
111.	Your gender	A	B	C	D
112.	Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
113.	A physical or mental disability	A	B	C	D
114.	You are an immigrant or someone thought you were	A	B	C	D
115.	Any other reason	A	B	C	D
116.	During the past 12 months , 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				
117.	Do you consider yourself a member of a gang?				
	A) No				
	B) Yes				
118.	During the past 12 months , did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?				
	A) No				
	B) Yes				
119.	During the past 12 months , did you ever seriously consider attempting suicide?				
	A) No				
	B) Yes				
120.	Did you eat breakfast today?				
	A) No				
	B) Yes				

Core Module

121. 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
122. 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

DRAFT

10/4/2019

California Healthy Kids Survey: Ventura County Module, AY 2019/20

DRAFT

10/4/2019

This section asks a few more questions about school, tobacco, alcohol and other drugs, and other health issues. Please keep in mind that your individual answers are confidential and will never be shared with your teachers, parents, peers, or anyone else.

- X1. Do you have an IEP (Individualized Education Plan) or get special education services?
 A) No
 B) Yes
 C) I don't know
 D) Prefer not to say
- X2. Please mark which, if any, of the services you receive or participate in **at school**. (Mark all that apply)
 A) Occupational Therapy (OT) at school
 B) Physical Therapy (PT) at school
 C) Speech/Language Therapy at school
 D) None of these
 E) Prefer not to say

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

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
X3. Teachers and other adults at this school treat all students with respect.	A	B	C	D	E
X4. Teachers and other adults encourage me to work hard in school so I can be successful in college or at the job I choose.	A	B	C	D	E
X5. Teachers and other adults work hard to help me with schoolwork when I need it.	A	B	C	D	E
X6. Teachers show how classroom lessons are important and helpful to me in real life.	A	B	C	D	E
X7. This school promotes academic success for all students.	A	B	C	D	E
X8. This school makes it clear how students are expected to act.	A	B	C	D	E
X9. Students in this school respect each other's differences (for example, gender, race, culture, sexual orientation)	A	B	C	D	E

How true do you feel these statements are?

	Not at All True	A Little True	Pretty Much True	Very Much True
X10. This school helps students resolve conflicts with one another.	A	B	C	D
X11. This school encourages students to understand how others think and feel.	A	B	C	D

X12. I have an adult at school I can talk to about my problems.	A	B	C	D
X13. I know who to go to at school for help when I am sad, stressed, or depressed.	A	B	C	D
X14. I have high goals and expectations for myself.	A	B	C	D
X15. I plan to go to college or some other school/career program after high school.	A	B	C	D

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

Students at my school feel safe . . .	Strongly Disagree	Disagree	Agree	Strongly Agree
X16. in classrooms	A	B	C	D
X17. during on-campus lunch	A	B	C	D
X18. in the bathrooms	A	B	C	D
X19. during passing periods	A	B	C	D
X20. in the locker rooms	A	B	C	D
X21. at after school activities	A	B	C	D

X22. During the **past 12 months**, on how many days did you have a lesson on alcohol, tobacco, and other drugs in school?

- A) None; I had no lessons about alcohol, tobacco, or other drugs in school
- B) 1–3 days
- C) 4-6 days
- D) 7 or more

X23. If you are currently using tobacco products, including smoking cigarettes or any electronic vaping devices such as Juul or other vaping products, how likely are you to try to quit?

- A) I don't currently smoke tobacco or Juul/vape
- B) Definitely will try to quit
- C) Probably will try to quit
- D) May or may not try to quit
- E) Probably will not try to quit
- F) Definitely will not try to quit

X24. In your opinion, how likely is it that a student would find help at your school to stop using cigarettes or any electronic vaping devices, such as Juul or other vaping products?

- A) Not likely
- B) Somewhat likely
- C) Likely

If you smoked or vaped tobacco during the **past 12 months**, did you do any of the following things **at school** to get help to quit using?

	I Did Not Use Tobacco	No	Yes
X25. Talk to an adult at school about how to quit	A	B	C
X26. Talk to a peer helper about how to quit	A	B	C

The next questions ask about when you or someone you know was having a hard time and feeling sad, stressed, or depressed.

X27. If I was having a hard time and feeling sad, stressed, or depressed, I would... *(Mark all that apply)*

- A) Talk to a teacher or another adult at school
- B) Talk to my parents or someone else in my family
- C) Get help from a counselor, doctor or therapist
- D) Talk to my friends
- E) Not know what to do

If someone my age felt sad, stressed, or depressed...

	Not at All True	A Little True	Pretty Much True	Very Much True
X28. Talking to an adult could help them feel better.	A	B	C	D
X29. Kids at my school would be nice to them.	A	B	C	D

If I were sad, stressed, or depressed...

	Not at All True	A Little True	Pretty Much True	Very Much True
X30. I would be afraid to ask for help.	A	B	C	D
X31. I would feel bad about myself if I made the choice to get help.	A	B	C	D

The next questions ask about talking to an “adult professional,” like a doctor, counselor, or therapist

X32. In the past year, did you want to talk to an adult professional about feeling sad, stressed, or depressed?

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

X33. In the past year, did you get help from an adult professional to talk about your feelings when you needed it?

- A) No, I didn't get help
- B) Yes, I got help
- C) Does not apply; I didn't need help

X34. In the past year, how often did you get help from an adult professional when you needed it?

- A) Always
- B) Sometimes
- C) Never
- D) Does not apply; I didn't need help

X35. In the past year, where did you get help from a counselor, doctor, or therapist about your feelings?

- A) At school
- B) At a counselor, doctor, or therapist's office not at school
- C) Somewhere else
- D) I didn't get help when I needed it
- E) Does not apply; I didn't need help

- X36. In the past year, did someone at school refer or connect you to a counselor, doctor, or therapist outside of school?
- A) No
 - B) Yes
 - C) I don't know
 - D) Does not apply; I didn't need help
- X37. If you were sad, stressed, or depressed, would any of these things stop you from talking to an adult professional? *(Mark all that apply)*
- A) I don't know where to go for help
 - B) There isn't anyone I can talk to
 - C) They wouldn't understand
 - D) People would think there's something wrong with me
 - E) My parents might find out
 - F) Other students might find out
 - G) I don't have a way to pay for it
 - H) Other
 - I) Nothing would stop me from talking to an adult professional
- X38. When did you last visit a dentist to get your teeth checked, cleaned, or have work done on them?
- A) I've never been to a dentist to have my teeth checked
 - B) Within the last year
 - C) More than 1 year ago
 - D) More than two years ago
 - E) I don't know/remember