

Elementary School Questionnaire

2006-2007

- 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!

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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.