

## **Healthy Kids Colorado Survey**

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Throughout the survey you will see some questions with possible responses, big NO!, no, yes, or big YES!.

NO! means definitely not true for you, no means mostly not true for you, yes means mostly true for you, and YES! means definitely true for you.

Example: Chocolate is the best ice cream flavor.

O NO!

yes

OYES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true,

## **Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:
- $\bigcirc$  A  $\bigcirc$  B  $\bigcirc$  C  $\bigcirc$  D

PLEASE DO NOT WRITE IN THIS AREA

If you change your answer, erase your old answer completely.



١.	now old are you?
	O 12 years old or younger O 13 years old
	○ 14 years old ○ 15 years old
	O 16 years old O 17 years old
	18 years old or older
2.	What is your sex?
	○ Female. ○ Male

6. How tall are you without your shoes on? Directions: Write your height in the shaded blank boxes. Fill in the natching oval below ach number.

Height

7. How much do you weigh without your shoes on? Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

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Weight

<u>eet</u> ****	Inches	-	Pounds
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- 3. In what grade are you?
  - 9th grade 10th grade

  - 11th grade
  - O 12th grade
  - Ungräded or other grade
- 4. Are you Hispanic or Latino?
  - O Yes
  - $\bigcirc$  No
- 5. What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - O Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

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8. What is the language you use most often at home?

- C English
- Spanish
- Another language

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	9. Which of the following best describes you?  Heterosexual (straight) Gay or lesbian Bisexual Not sure  The next 4 questions ask about safety.  10. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?  O times 1 time 2 or 3 times 4 or 5 times 6 or more times  11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?  I did not drive a car or other vehicle during the past 30 days 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times  12. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana?  0 times 1 time 2 or 3 times 4 or 5 times 6 or more times  1 time 2 or 3 times 6 or more times	17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?  O times O times O times O times O times O for 7 times O sor 9 times O 10 or 11 times O 12 or more times  18. During the past 12 months, how many times were you in a physical fight? O times O times O times O times O times O to or 7 times O sor 9 times O times O times O to or 11 times O to or 12 or more times  19. During the past 12 months, how many times did someone you were dating or going out with physically hurf you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.) O tide not date or go out with anyone during the past 12 months O times O ti
	13. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana?  O I did not drive a car or other vehicle during the past 30 days O 0 times O 1 time O 2 or 3 times O 4 or 5 times O 6 or more times  The next 7 questions ask about violence-related behaviors.	The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.
	14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?  O 0 days O 1 day O 2 or 3 days O 4 or 5 days O 6 or more days  15. During the past 30 days, on how many days did you	21. During the past 12 months, have you ever been bullied on school property?  Yes No  22. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or
	carry a weapon such as a gun, knife, or club on school property?  O days O 1 day O 2 or 3 days O 4 or 5 days O 6 or more days  16. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? O days O days O 1 day	texting.)  Yes No  The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.  23. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a
- V	○ 2 or 3 days ○ 4 or 5 days ○ 6 or more days	row that you stopped doing some usual activities? ○ Yes ○ No

<ul> <li>24. During the past 12 months, did you ever seriously consider attempting suicide?  Yes  No</li> <li>25. During the past 12 months, did you make a plan about how you would attempt suicide?  Yes  No</li> </ul>	32. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?  O 0 days O 1 or 2 days O 3 to 5 days O 6 to 9 days O 10 to 19 days All 30 days
26. During the past 12 months, how many times did you actually attempt suicide?  ○ 0 times ○ 1 time ○ 2 or 3 times ○ 4 or 5 times ○ 6 or more times	33. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?  One isk
27. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  ○ I did not attempt suicide during the past 12 months ○ Yes ○ No	34. How wrong do your parents or guardians feel it would be for you to smoke cigarettes?  Overy wrong Owrong A little bit wrong Not wrong at all  35. How wrong would most adults in your neighborhood,
The next 8 questions ask about tobacco use.	or the area around where you live, think it is for <b>kids</b> your age to smoke cigarettes?  O Very wrong  Wrong
<ul> <li>28. How old were you when you smoked a whole cigarette for the first time?</li> <li>○ I have never smoked a whole cigarette</li> <li>○ 8 years old or younger</li> <li>○ 9 or 10 years old</li> <li>○ 11 or 12 years old</li> <li>○ 13 or 14 years old</li> </ul>	A little bit wrong Not wrong at all  The next 18 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
O 13 of 14 years old	III unima far valiniana sumaaaa
<ul> <li>15 or 16 years old</li> <li>17 years old or older</li> <li>29. During the past 30 days, on how many days did you smoke cigarettes?</li> <li>0 days</li> <li>1 or 2 days</li> <li>3 to 5 days</li> <li>0.6 to 9 days</li> </ul>	wine for religious purposes.  36. During your life, on how many days have you had at least one drink of alcohol?  0 days 0 1 or 2 days 0 3 to 9 days 0 10 to 19 days 0 20 to 39 days
<ul> <li>17 years old or older</li> <li>29. During the past 30 days, on how many days did you smoke cigarettes?</li> <li>0 days</li> <li>1 or 2 days</li> </ul>	36. During your life, on how many days have you had at least one drink of alcohol?  O days O 1 or 2 days O 3 to 9 days

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## The next 14 questions ask about marijuana use. Marijuana also is called grass or pot.

54. During your life, how many times have you used marijuana?
<ul> <li>○ 0 times</li> <li>○ 1 or 2 times</li> <li>○ 3 to 9 times</li> <li>○ 10 to 19 times</li> <li>○ 20 to 39 times</li> <li>○ 40 to 99 times</li> <li>○ 100 or more times</li> </ul>
55. How old were you when you tried marijuana for the first time?
<ul> <li>○ I have never tried marijuana</li> <li>○ 8 years old or younger</li> <li>○ 9 or 10 years old</li> <li>○ 11 or 12 years old</li> <li>○ 13 or 14 years old</li> <li>○ 15 or 16 years old</li> <li>○ 17 years old</li> </ul>
56. During the past 30 days, how many times did you use marijuana?
<ul> <li>○ 0 times</li> <li>○ 1 or 2 times</li> <li>○ 3 to 9 times</li> <li>○ 10 to 19 times</li> <li>○ 20 to 39 times</li> <li>○ 40 or more times</li> </ul>
<ol> <li>During the past 30 days, how did you most often use marijuana? (Select only one response.)</li> </ol>
<ul> <li>○ I did not use marijuana during the past 30 days</li> <li>○ I smoked it</li> <li>○ I ate it (in an edible, candy, tincture or other food)</li> <li>○ I used a vaporizer</li> <li>○ I consumed it in some other way</li> </ul>
58. If you wanted to get some marijuana, how easy would it be for you to get some?
<ul><li>○ Very hard</li><li>○ Sort of hard</li><li>○ Sort of easy</li><li>○ Very easy</li></ul>
<ol><li>During the past 30 days, how did you usually get the marijuana that you used? (Select only one response.)</li></ol>
<ul> <li>I did not use marijuana during the past 30 days</li> <li>I got it at a public event such as a party, bar, club, restaurant, concert, or sporting event</li> </ul>
I got it from someone with a Medical Marijuana License (Card) Someone gave it to me I took it from a family member I got it at school I got it some other way
60. During the past 30 days, how many times did you use marijuana on school property?
<ul> <li>○ 0 times</li> <li>○ 1 or 2 times</li> <li>○ 3 to 9 times</li> <li>○ 10 to 19 times</li> <li>○ 20 to 39 times</li> <li>○ 40 or more times</li> </ul>
61. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana once or twice?
<ul><li>○ No risk</li><li>○ Slight risk</li><li>○ Moderate risk</li><li>○ Great risk</li></ul>

62. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?
<ul><li>○ No risk</li><li>○ Slight risk</li><li>○ Moderate risk</li><li>○ Great risk</li></ul>
63. How wrong do you think it is for someone your age to use marijuana?  O Very wrong O Wrong A little bit wrong Not wrong at all
64. How wrong do your parents or guardians feel it would be for you to use marijuana?
<ul><li>Very wrong</li><li>Wrong</li><li>A little bit wrong</li><li>Not wrong at all</li></ul>
65. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to use marijuana?
<ul><li>○ Very wrong</li><li>○ Wrong</li><li>○ A little bit wrong</li><li>○ Not wrong at all</li></ul>
66. If a kid used marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?  O NO!  O no
O yes O YES!
67. Do you know anyone with a Medical Marijuana License or Card (for example a friend or family member)?  ○ Yes ○ No ○ Not Sure
The next 10 questions ask about other drugs
68. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? ○ 0 times
<ul> <li>○ 1 or 2 times</li> <li>○ 3 to 9 times</li> <li>○ 10 to 19 times</li> <li>○ 20 to 39 times</li> <li>○ 40 or more times</li> </ul>
69. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high? <ul> <li>0 times</li> </ul>
○ 1 or 2 times ○ 3 to 9 times ○ 10 to 19 times ○ 20 to 39 times ○ 40 or more times
70. During your life, how many times have you used heroin (also called smack, junk, or China White)?
○ 0 times ○ 1 or 2 times ○ 3 to 9 times ○ 10 to 19 times ○ 20 to 39 times

71. During your life, how many times have you used methamphetamines (also called speed, crystal, craor ice)?	79. During the past 30 days, where did you <b>most often</b> see or hear advertisements or messages about <b>preventing</b> use of tobacco, alcohol, or other drugs? (Select only <b>one</b> response.)
☐ 1 or 2 times ☐ 3 to 9 times ☐ 10 to 19 times ☐ 20 to 39 times ☐ 40 or more times	<ul> <li>☐ I did not see or hear any advertisements or messages about preventing use of alcohol, tobacco, or other drugs</li> <li>☐ On a sign or billboard</li> <li>☐ In a TV or radio ad</li> <li>☐ At a sporting event or sports stadium</li> </ul>
72. During your life, how many times have you used ecstasy (also called MDMA)?  0 times 1 or 2 times 3 to 9 times	<ul> <li>○ At school</li> <li>○ In a magazine or newspaper</li> <li>○ On the internet</li> <li>○ In another place</li> </ul>
O 10 to 19 times O 20 to 39 times O 40 or more times	80. During the past 12 months, how often did you hear, read, or watch an advertisement promoting or encouraging tobacco, alcohol, or other drug use?
73. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) withou doctor's prescription?  0 times 1 or 2 times	<ul> <li>A lot</li> <li>Sometimes</li> <li>Hardly ever</li> <li>Never</li> <li>Not sure</li> </ul>
○ 3 to 9 times ○ 10 to 19 times ○ 20 to 39 times ○ 40 or more times	81. During the past 30 days, where did you <b>most often</b> see or hear advertisements or messages <b>promoting or encouraging</b> the use of tobacco, alcohol, or other drugs? (Select only <b>one</b> response.)
74. During your life, how many times have you taken steroid pills or shots without a doctor's prescription  0 times  1 or 2 times  3 to 9 times  10 to 19 times  20 to 39 times  40 or more times	<ul> <li>I did not see or hear any advertisements or messages promoting the use of alcohol, tobacco or other drugs</li> <li>○ On a sign or billboard</li> <li>○ In a TV or radio ad</li> <li>○ At a sporting event or sports stadium</li> <li>○ At school</li> <li>○ In a magazine or newspaper</li> <li>○ On the internet</li> </ul>
75. If you wanted to get a drug like cocaine, LSD, amphetamines, or any other illegal drug, how easy would it be for you to get some?	in another place
<ul><li>◯ Very hard</li><li>◯ Sort of hard</li><li>◯ Sort of easy</li><li>◯ Very easy</li></ul>	The next 7 questions ask about sexual behavior.
76. During the past 12 months, has anyone offered, sold or given you an illegal drug on school property?  Yes  No	82. Have you ever had sexual intercourse?
77. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?  Yes No No Not Sure	83. How old were you when you had sexual intercourse for the first time?  I have never had sexual intercourse  11 years old or younger  12 years old  13 years old  14 years old
The next 4 questions ask about advertisements the may have heard or seen related to tobacco, alcoholother drug use.	15 years old 16 years old
78. During the past 12 months, how often did you hear, read, or watch an advertisement about preventing tobacco, alcohol, or other drug use?  A lot Sometimes Hardly ever Never Not sure	84. During your life, with how many people have you had sexual intercourse?  I have never had sexual intercourse  1 person  2 people  3 people  4 people  5 people  6 or more people

85. During the past 3 months, with how many people did you have sexual intercourse?  I have never had sexual intercourse I have had sexual intercourse, but not during the past 3 months  1 person 2 people 3 people 4 people 5 people 6 or more people	92. During the past 7 days, how many times did you eat vegetables?  O I did not eat vegetables during the past 7 days O 1 to 3 times during the past 7 days O 4 to 6 times during the past 7 days O 1 time per day O 2 times per day O 3 times per day O 4 or more times per day  93. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke,
<ul> <li>86. Did you drink alcohol or use drugs before you had sexual intercourse the last time? <ul> <li>I have never had sexual intercourse</li> <li>Yes</li> <li>No</li> </ul> </li> <li>87. The last time you had sexual intercourse, did you or your partner use a condom? <ul> <li>I have never had sexual intercourse</li> <li>Yes</li> <li>No</li> </ul> </li> </ul>	Pepsi, or Sprite? (Do not count diet soda or diet pop.)  I did not drink soda or pop during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day  94. During the past 7 days, on how many days did you eat breakfast?
88. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)  I have never had sexual intercourse  No method was used to prevent pregnancy Birth control pills Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as	O 0 days O 1 day O 2 days O 3 days O 4 days O 5 days O 5 days O 7 days The next 4 questions ask about physical activity.
Ortho Evra), or birth control ring (such as NuvaRing)  O Withdrawal or some other method  Not sure  The next 2 questions ask about body weight.	95. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
89. How do <b>you</b> describe your weight?  Very underweight Slightly underweight About the right weight Slightly overweight Very overweight	○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days
90-Which of the following are you trying to do about your weight?  Close weight Gain weight Stay the same weight I am not trying to do anything about my weight  The next 4 questions ask about food you ate or drank	- 96. On an average school day; how many hours do you watch TV?  O I do not watch TV on an average school day O Less than 1 hour per day O 1 hour per day O 2 hours per day O 3 hours per day O 4 hours per day O 5 or more hours per day
during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.  91. During the past 7 days, how many times did you eat	97. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
fruit? (Do not count fruit juice.)  I did not eat fruit during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day	O I do not play video or computer games or use a computer for something that is not school work O Less than 1 hour per day O 1 hour per day O 2 hours per day O 3 hours per day O 4 hours per day O 5 or more hours per day

	98. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or	109. In my school, students have lots of chances to help decide things like class activities and rules.
par.	community groups.) ○ 0 teams	○ NO! ○ yes ○ no ○ YES!
3 ·	O 1 team	110. Teachers ask me to work on special classroom
- C-10	<ul><li>○ 2 teams</li><li>○ 3 or more teams</li></ul>	projects.
	The next question asks about other health-related topics.	○ NOI ○ yes ○ no ○ YES!
†	99. Have you ever been taught about AIDS or HIV infection in school?	111. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
<b>=</b> 2	○ Yes ○ No	○ NO! ○ yes ○ no ○ YES!
	O Not Sure	112. There are lots of chances for students in my school to talk with a teacher one-on-one.
	The next 15 questions ask about school.	○ NO! ○ yes ○ no ○ YES!
	100. During the past 12 months, how would you describe your grades in school?	113. There are lots of chances to be part of class
Profession of the Control of the Con	O Mostly A's O Mostly F's O None of these grades	discussions or activities.
	○ Mostly C's ○ Not sure ○ Mostly D's	○ no ○ YES! 114. I feel safe at my school.
bijin.	101. Do you participate in any extracurricular activities at	O NO! O yes
-	school such as sports, band, drama, clubs, or student government?	O no O YES!
-	○ Yes ○ No	These 3 questions ask about your future.
	102. During the LAST FOUR WEEKS how many whole	115. How important is it to you to finish high school?
550 550	days of school have you missed because you skipped or "cut"?	○ Very important ○ Important
	O None O 4 to 5 days	O Not very important
And the	○ 1 day ○ 2 days ○ 10 days ○ 11 or more days	○ Not at all important 116. How important is it to you to go to college?
<b>₩</b>	3 days	○ Very important
y	103. How often do you feel that the school work you are assigned is meaningful and important?	◯ Important ◯ Not very important
	O Never O Often	O Not at all important
	<ul><li>○ Seldom</li><li>○ Almost always</li><li>○ Sometimes</li></ul>	117. How important is it to you to be successful in a job or career?
<b>3-</b>	104. How interesting are most of your courses to you?	O Very important
	<ul> <li>Very interesting and stimulating</li> <li>Quite interesting</li> </ul>	◯ Important ◯ Not very important
	Fairly interesting     Slightly boring	O Not at all important
	O Very boring	The next 4 questions ask about your home life.
	105. How important do you think the things you are learning in school are going to be for you later in life?	
5. N	O Very important	118. The rules in my family are clear.
entre.	O Quite important	○ NO! ○ yes ○ no ○ YES!
arene	Slightly important     Not at all important	119. My parents or guardians give me lots of chances to do fun things with them.
; =167) js =4.	106. Now thinking back over the past year in school, how often did you enjoy being in school?	O NO! O yes O no O YES!
a Angeri	<ul><li>○ Never</li><li>○ Often</li><li>○ Seldom</li><li>○ Almost always</li></ul>	120. My parents or guardians ask me what I think before
	O Sometimes	most family decisions affecting me are made.
- F	107. Now thinking back over the past year in school, how often did you hate being in school?	○ NO! ○ yes ○ no ○ YES!
	○ Never ○ Often	121. If I had a personal problem, I could ask my parents or guardians for help.
	○ Seldom	○ NO! ○ ves
	108. Now thinking back over the past year in school, how often did you try to do your best work in school?	O no O YES!
2 , 24 2 5 m 2 6 m	<ul> <li>○ Never</li> <li>○ Seldom</li> <li>○ Almost always</li> <li>○ Sometimes</li> </ul>	This is the end of the survey. Thank you very much for your help.

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