

## *Elementary School Questionnaire*

**2004-2005**

- 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 help programs for good health.
- 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. 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 “7.”
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 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
10. 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
11. 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

12. How well do you do in your school work?
- 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
13. 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
14. 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
15. 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
16. Do you plan to go to college or some other school after high school?
- A) No
  - B) Yes

**Here are questions about safety and things that  
happen at school.**

17. 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
18. 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
19. 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
20. 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
21. During the **past year**, did **you** ever bring a gun or knife to school?
- A) No
  - B) Yes

22. During the **past year**, have you ever seen **another kid** with a gun or knife at school?

- A) No
- B) Yes

23. 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

24. 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

25. 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.**

26. 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

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

- A) No
- B) Yes

28. Did you ever drink beer, wine, or other alcohol?
- A) No
  - B) Yes, I drank one or two sips
  - C) Yes, I drank a full glass
29. Have you ever sniffed something through your nose to get high?
- A) No
  - B) Yes
30. Have you ever smoked any marijuana (pot, grass, weed)?
- A) No
  - B) Yes
  - C) I don't know what marijuana is
31. Have you ever used alcohol or an illegal drug like marijuana before school or at school?
- A) No
  - B) Yes
32. 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
33. Do you think using alcohol is bad for a person's health?
- A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad

34. 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

35. In the **past month**, did you drink any beer, wine, or other alcohol?

- A) No
- B) Yes

36. In the **past month**, did you smoke a cigarette?

- A) No
- B) Yes

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

37. 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

38. 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

39. 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

40. 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

41. 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

42. Do you have goals and plans for the future?

- A) No
- B) Yes

43. Do you think you are too skinny, about right, or too fat?

- A) Too skinny
- B) About right
- C) Too fat

44. Are you doing anything to try to lose weight?

- A) No
- B) Yes

45. Have other kids **at school** ever teased you about what your body looks like?
- A) No
  - B) Yes
46. 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
47. 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
48. Has a parent or some other adult ever told you that you have asthma?
- A) No
  - B) Yes
49. **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.**

50. 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

51. 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.**

52. Does a parent or some other grown-up at home care about your school work?

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

53. 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

54. 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

55. 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

56. Do you help out at home?

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

57. 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

58. 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

59. 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

***Thank you for taking this survey!***