

# California Healthy Kids Survey

## ▲ Section C ▲

**This section asks more questions related to alcohol and drug use, violence, and safety.**

During the past **six months**, about how many times did you use these substances without a doctor's orders?

	0 times	1 to 2 times	A few times	Once a month	Once a week	A few times a week	Once or more a day
C1. <b>Any alcohol</b> (beer, wine, wine coolers, liquor, etc.)?	A	B	C	D	E	F	G
C2. <b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E	F	G
C3. <b>Inhalants</b> (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E	F	G
C4. <b>Any other drugs</b> (such as cocaine, meth, PCP, or sedatives)?	A	B	C	D	E	F	G
C5. How likely do you think it is that you will smoke marijuana in the next year?							
A) I am sure it will <b>not</b> happen							
B) It probably will <b>not</b> happen							
C) There is an even chance (50-50) that it will happen							
D) It probably will happen							
E) It will happen for sure							
C6. About how many of the adults you know use marijuana?							
A) None							
B) Some							
C) Many							
D) Most or all							

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- C7. During the past **12 months**, did you receive any information or education about using alcohol or other drugs in any of your school classes?
- A) No
  - B) Yes
  - C) Don't know

During the past **12 months**, how many times have you...

		0 times	1 time	2 or 3 times	4 or more times
C8.	Been in a physical fight?	A	B	C	D
C9.	Been in a physical fight between groups of kids?	A	B	C	D
C10.	Used any weapon to threaten or bully someone?	A	B	C	D
C11.	Used money to bet or gamble?	A	B	C	D

- C12. How safe do you feel in the **neighborhood** where you live?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe

- C13. During the past **30 days**, on how many days did you **not** go to school because you felt unsafe at school or on your way to or from school?
- A) 0 days
  - B) 1 day
  - C) 2 or 3 days
  - D) 4 or more days

During the past **30 days**, on how many days did you carry...

		0 days	1 day	2 or more days
C14.	A gun?	A	B	C
C15.	Any other weapon (such as a knife or club)?	A	B	C
C16.	Any weapon (gun, knife, or club) <b>on school property</b> ?	A	B	C

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- C17. During the past **12 months**, did you ever **think** about killing yourself?  
A) No  
B) Yes
- C18. During the past **12 months**, did you make a **plan** about how you would like to kill yourself?  
A) No  
B) Yes
- C19. Have you ever **tried** to kill yourself?  
A) No  
B) Yes
- C20. Have you **ever** been forced to have sexual intercourse when you did not want to?  
A) No  
B) Yes