

# Healthy Kids Colorado Survey

HKCS A

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 answer. Answer the questions based on what you really do.

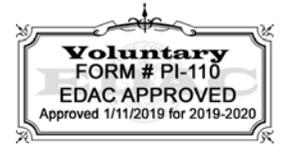
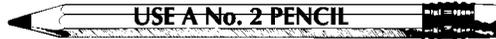
Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the students completing this survey.

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.

## Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: ● A ○ B ○ C ○ D
- If you change your answer, erase your old answer completely.



*Thank you very much for your help.*

1. How old are you?

- 12 years old or younger     16 years old  
 13 years old                     17 years old  
 14 years old                         18 years old or older  
 15 years old

2. What is your sex?

- Female     Male

3. In what grade are you?

- 9th grade                             12th grade  
 10th grade                          Ungraded or other grade  
 11th grade

4. Are you Hispanic or Latino?  Yes     No

5. What is your race? (**Select one or more responses.**)

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Feet		Inches	
	③		①
	④		②
	⑤		③
	⑥		④
	⑦		⑤
			⑥
			⑦
			⑧
			⑨
			⑩
			⑪

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.

Pounds			
	①	①	①
	②	②	②
	③	③	③
		④	④
		⑤	⑤
		⑥	⑥
		⑦	⑦
		⑧	⑧
		⑨	⑨

8. Which of the following best describes you?

- Heterosexual (straight)     Bisexual  
 Gay or lesbian                 Not sure

9. 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?

- No, I am not transgender  
 Yes, I am transgender  
 I am not sure if I am transgender  
 I do not know what this question is asking

10. What is the highest level of schooling your mother completed?

- Completed grade school or less  
 Some high school  
 Completed high school  
 Some college  
 Completed college  
 Graduate or professional school  
 Not sure

### The next 6 questions ask about safety.

11. How often do you wear a seat belt when **riding** in a car driven by someone else?

- Never  
 Rarely  
 Sometimes  
 Most of the time  
 Always

12. 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**?

- 0 times  
 1 time  
 2 or 3 times  
 4 or 5 times  
 6 or more times

13. 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  4 or 5 times
- 1 time  6 or more times
- 2 or 3 times
14. 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** (also called pot, weed, or cannabis)?
- 0 times  4 or 5 times
- 1 time  6 or more times
- 2 or 3 times
15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot, weed, or cannabis)?
- I did not drive a car or other vehicle during the past 30 days
- 0 times  4 or 5 times
- 1 time  6 or more times
- 2 or 3 times
16. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days
- 0 days  10 to 19 days
- 1 or 2 days  20 to 29 days
- 3 to 5 days  All 30 days
- 6 to 9 days

**The next 6 questions ask about violence-related behaviors.**

17. 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?
- 0 days  4 or 5 days
- 1 day  6 or more days
- 2 or 3 days
18. During the past 12 months, how many times were you in a **physical fight**?
- 0 times  6 or 7 times
- 1 time  8 or 9 times
- 2 or 3 times  10 or 11 times
- 4 or 5 times  12 or more times
19. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
- 0 times  4 or 5 times
- 1 time  6 or more times
- 2 or 3 times
20. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes  No
21. Have you ever made sexual comments, jokes, gestures, or looks at someone when they did not want you to?
- Yes  No

22. Have you ever touched, grabbed, or pinched someone in a sexual way when they did not want you to?
- Yes  No

**The next 4 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.**

23. During the past 12 months, have you ever been bullied **on school property**?
- Yes  No
24. Where were you bullied on **school property**? (Select all that apply.)
- I have not been bullied on school property
- In a classroom
- In a hallway or stairwell
- In a bathroom or locker room
- In a cafeteria or lunch room
- On a bus or at a bus stop
- Outside on school property before school
- Outside on school property after school
- Outside on school property during lunch or break
- Somewhere else on school property
25. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes  No
26. During the past 12 months, have you ever been a victim of teasing or name calling because of your actual or perceived: (Select all that apply.)
- I have not been a target of teasing or name calling in the past 12 months
- Race
- Ethnic background or national origin
- Sexual orientation (gay, lesbian, bisexual, or straight)
- Gender identity (cisgender or transgender)
- Religion
- Disability status (physical, mental, or developmental)
- Physical appearance

**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.**

27. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes  No
28. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes  No
29. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes  No
30. During the past 12 months, how many times did you actually attempt suicide?
- 0 times  4 or 5 times
- 1 time  6 or more times
- 2 or 3 times

31. If you had a serious problem, do you know an adult in or out of school whom you could talk to or go to for help?

- Yes  Not sure  
 No

**The next 9 questions ask about tobacco use.**

32. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never tried cigarette smoking, not even one or two puffs  
 8 years old or younger  
 9 or 10 years old  
 11 or 12 years old  
 13 or 14 years old  
 15 or 16 years old  
 17 years old or older

33. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

34. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?

- I did not smoke cigarettes during the past 30 days  
 Yes  
 No  
 Not sure

35. If one of your best friends offers you a cigarette, will you smoke it?

- I definitely will  I probably will not  
 I probably will  I definitely will not

36. At any time in the next year, do you think you will smoke a cigarette?

- I definitely will  I probably will not  
 I probably will  I definitely will not

37. If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard  Sort of easy  
 Sort of hard  Very easy

38. During the past 30 days, how did you get your own cigarettes? (Select all that apply.)

- I did not smoke cigarettes during the past 30 days  
 I bought them in a store such as a convenience store, supermarket, discount store, or gas station  
 I got them on the Internet  
 I gave someone else money to buy them for me  
 I borrowed them from someone else  
 A person who can legally buy these products gave them to me  
 I took them from a store or another person  
 I got them some other way

39. During the past 12 months, did you ever try to quit smoking cigarettes?

- I did not smoke during the past 12 months  
 Yes  
 No

40. In the past 30 days, which of the following products have you used on at least one day? Do not include any electronic vapor products. (Select all that apply.)

- Cigars, cigarillos, or little cigars  
 Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus  
 Smoking tobacco from a hookah, narghile, or other type of waterpipe  
 Smoking tobacco from a pipe that was not hookah, narghile, or other type of waterpipe  
 Bidis or small brown cigarettes wrapped in a leaf  
 I have not used any of the products listed above

**The next 19 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

41. Have you ever used an electronic vapor product?

- Yes  No

42. How old were you when you used an electronic vapor product for the first time?

- I have never used an electronic vapor product  
 8 years old or younger  
 9 or 10 years old  
 11 or 12 years old  
 13 or 14 years old  
 15 or 16 years old  
 17 years old or older

43. During the past 30 days, on how many days did you use an electronic vapor product?

- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

44. Which of the following best describes the type of electronic vapor product you have used most often in the past 30 days? (Select only **one** response.)

- I have not used electronic vapor products in the past 30 days  
 A disposable electronic vapor product  
 An electronic vapor product that uses pre-filled pods or cartridges, such as JUUL  
 An electronic vapor product with a tank that you refill with liquids  
 A mod system (a mod system is customized by the user with their own combination of batteries, atomizers, etc.)  
 I don't know the type

45. What are the reasons you have used electronic vapor products? (Select all that apply.)

- I have never used an electronic vapor product  
 Friend or family member used them  
 To try to quit using other tobacco products  
 They cost less than other tobacco products  
 They are easier to get than other tobacco products  
 They are less harmful than other forms of tobacco  
 They are available in flavors, such as mint, candy, fruit, or chocolate  
 They can be used in areas where other tobacco products are not allowed  
 I used them for some other reason

46. If one of your best friends offers you an electronic vapor product, will you use it?
- I definitely will                       I probably will not  
 I probably will                         I definitely will not
47. At any time in the next year, do you think you will use an electronic vapor product?
- I definitely will                       I probably will not  
 I probably will                         I definitely will not
48. If you wanted to get any electronic vapor products, how easy would it be for you to get some?
- Very hard                                 Sort of easy  
 Sort of hard                               Very easy
49. During the past 30 days, how did you get your own electronic vapor products? (Select all that apply.)
- I did not use any electronic vapor products during the past 30 days  
 I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store  
 I got them on the Internet  
 I gave someone else money to buy them for me  
 I borrowed them from someone else  
 A person who can legally buy these products gave them to me  
 I took them from a store or another person  
 I got them some other way
50. When you have not been able to vape for a few hours, how often does the craving get intolerable?
- I have never used an electronic vapor product  
 Never  
 Rarely  
 Sometimes  
 Often  
 Almost always
51. How often do you find yourself reaching for an electronic vapor product without thinking about it?
- I have never used an electronic vapor product  
 Never  
 Rarely  
 Sometimes  
 Often  
 Almost always
52. During the past 12 months, did you ever try to quit using electronic vapor products?
- I did not use electronic vapor products during the past 12 months  
 Yes  
 No
53. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products every day?
- No risk                                     Moderate risk  
 Slight risk                                 Great risk
54. How wrong do you think it is for someone your age to use electronic vapor products?
- Very wrong                               A little bit wrong  
 Wrong                                       Not wrong at all
55. How wrong would most adults (over 21) in your neighborhood think it is for kids to use electronic vapor products?
- Very wrong                               A little bit wrong  
 Wrong                                       Not wrong at all
56. How much do you think people risk harming themselves (physically or in other ways) if they breathe vapor from someone else's electronic vapor product? (Do **not** include marijuana.)
- No risk                                     Moderate risk  
 Slight risk                                 Great risk
57. Out of every 10 students in your grade at school, how many do you think use electronic vapor products?
- 0     4     8  
 1     5     9  
 2     6     10  
 3     7
58. In the past 30 days, have you seen or heard ads or promotions for electronic vapor products in any of the following places? (Select all that apply.)
- On TV  
 On the radio  
 On the Internet, including social media  
 On billboards  
 In magazines  
 In convenience stores or other stores  
 I have not heard or seen ads for electronic vapor products
59. In the past 30 days, did anyone in a store ever refuse to sell you **any tobacco product or electronic vaping product** because of your age?
- I did not try to buy those products in a store in the past 30 days  
 Yes, someone refused to sell me those products because of my age  
 No, no one refused to sell me those products because of my age  
 No, I am 18 or older

**The next 2 questions ask about secondhand smoke and vapor.**

60. During the past 7 days, on how many days were you inside your home while someone was smoking a cigarette, cigar, or pipe, or using an electronic vapor product? (Do **not** include marijuana.)
- 0 days                                     5 to 6 days  
 1 to 2 days                               7 days  
 3 to 4 days
61. During the past 7 days, on how many days were you in a car with your parent or guardian while they were smoking a cigarette, cigar, or pipe, or using an electronic vapor product? (Do **not** include marijuana.)
- My parents/guardians do not smoke  
 0 days                                     5 to 6 days  
 1 to 2 days                               7 days  
 3 to 4 days

**The next 6 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 wine for religious purposes.**

62. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips  
 8 years old or younger  
 9 or 10 years old  
 11 or 12 years old  
 13 or 14 years old  
 15 or 16 years old  
 17 years old or older

63. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

64. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

65. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- I did not drink alcohol during the past 30 days
- 1 or 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 or 7 drinks
- 8 or 9 drinks
- 10 or more drinks

66. During the past 30 days, how did you **usually** get the alcohol you drank?

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- I bought it at a restaurant, bar, or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- Someone gave it to me
- I took it from a store or family member
- I got it some other way

67. During the past 30 days, where did you **usually** drink alcohol? (Select only **one** response.)

- I did not drink alcohol during the past 30 days
- At my home
- At another person's home
- While riding in or driving a car or other vehicle
- At a restaurant, bar, or club
- At a public place such as a park, beach, or parking lot
- At a public event such as a concert or sporting event
- On school property

**The next 11 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.**

68. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

69. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

70. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

71. During the past 30 days, how did you use marijuana? (Select all that apply.)

- I did not use marijuana during the past 30 days
- I smoked it
- I ate it (in an edible, candy, tincture or other food)
- I used a vaporizer
- I dabbled it
- I used it in some other way

72. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)

- I did not use marijuana during the past 30 days
- I smoked it
- I ate it (in an edible, candy, tincture or other food)
- I used a vaporizer
- I dabbled it
- I used it in some other way

73. During the past 30 days, how did you **usually** get the marijuana that you used? (Select only **one** response.)

- I did not use marijuana in the past 30 days
- I bought it at a marijuana store or center
- I bought it from someone else
- A parent or family member over the age of 21 gave it to me
- A friend over the age of 21 gave it to me
- Someone under the age of 21 gave it to me
- I took it without permission from the owner

74. Out of every 10 students in your grade at school, how many do you think used marijuana in the past 30 days?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

75. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk

76. How wrong do **you** think it is for **someone your age** to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

77. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

78. How often do you use alcohol or drugs, such as marijuana, just before or while attending school?

- Almost every day       A few times a year  
 Once or twice a week       Never  
 A few times a month

The next 4 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

79. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

80. During the past 30 days, how many times did you take **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

81. If you wanted to get **prescription drugs** not prescribed to you, how easy would it be for you to get some?

- Very hard       Sort of easy  
 Sort of hard       Very easy

82. How wrong do you think it is for someone your age to use **prescription drugs** without a doctor's prescription?

- Very wrong       A little bit wrong  
 Wrong       Not wrong at all

The next 7 questions ask about other drugs.

83. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

84. 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?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

85. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

86. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

87. During your life, how many times have you used **ecstasy** (also called MDMA)?

- 0 times       10 to 19 times  
 1 or 2 times       20 to 39 times  
 3 to 9 times       40 or more times

88. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- Yes       No

89. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?

- Yes       Not sure  
 No

The next 7 questions ask about sexual health.

90. Have you ever had sexual intercourse?

- Yes       No

91. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse       14 years old  
 11 years old or younger       15 years old  
 12 years old       16 years old  
 13 years old       17 years old or older

92. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse       3 people  
 1 person       4 people  
 2 people       5 people  
       6 or more people

93. 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

94. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- I have never had sexual intercourse  
 Yes  
 No

95. The **last time** you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse  
 Yes  
 No

96. 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 Ortho Evra), or birth control ring (such as NuvaRing)  
 Withdrawal or some other method  
 Not sure

**The next 10 questions ask about food you ate or drank 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.**

97. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice 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
98. During the past 7 days, how many times did you eat **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
99. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad 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
100. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes 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
101. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots 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
102. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables 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
103. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, 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

104. Which of the following beverages did you drink a can, bottle, or glass of one or more times per day during the past 7 days? (Select all that apply.)
- Sports drink, such as Gatorade or PowerAde (do not count low-calorie sports drinks such as Propel or G2)
- Energy drink, such as Red Bull or Jolt (do not count diet energy drinks)
- Other sugar-sweetened beverage, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or SunnyDelight
- Diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero
- Plain water, such as tap, bottled, or unflavored sparkling water
- Something else
105. During the past 7 days, on how many days did you eat **breakfast**?
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
106. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
- Rarely
- Sometimes
- Most of the time
- Always

**The next 10 questions ask about physical activity.**

107. 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.)
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
108. 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day
109. How often do you check social media like Instagram, Twitter, Snapchat, or Facebook?
- Every couple of minutes
- About every 10-15 minutes
- Once or twice an hour
- A few times a day
- Once a day or less
- Never, I don't use social media
110. Sometimes people silence their phones, turn off their notifications, or put their phones away at certain times. How often, if ever, do you silence, put away, or turn off your phone when you are doing homework?
- All of the time
- Most of the time
- Some of the time
- Hardly ever
- Never
111. How does using social media make you feel?
- Usually better
- Usually worse
- Sometimes better
- Sometimes worse
- Doesn't make me feel any better or worse
- I don't use social media and sometimes worse

112. If you wanted to, could you walk or ride a bike, scooter, or skateboard to school?
- No, it is too far
  - No, it is not safe
  - No, it is too far and it is not safe
  - No, my school does not allow it
  - Yes
113. In an average week when you are in school, on how many days do you walk or ride your bike **to school** when weather allows you to do so?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
114. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
115. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- 0 teams
  - 1 team
  - 2 teams
  - 3 or more teams

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

116. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- 0 times
  - 1 time
  - 2 times
  - 3 times
  - 4 or more times

**The next 2 questions ask about your home life.**

117. During the past 30 days, where did you usually sleep? (Select all that apply.)
- In my parent's or guardian's home
  - In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
  - In a shelter or emergency housing
  - In a motel or hotel
  - In a car, park, campground, or other public place
  - I do not have a usual place to sleep
  - Somewhere else
118. If I had a personal problem, I could ask my parents or guardians for help.
- Definitely not
  - Not often
  - Usually
  - Definitely

**The next question asks about your school.**

119. During the past 12 months, how would you describe your grades in school?
- Mostly A's
  - Mostly B's
  - Mostly C's
  - Mostly D's
  - Mostly F's
  - None of these grades
  - Not sure

**The next 4 questions ask about other health-related topics.**

120. Has a doctor or nurse ever told you that you have asthma?
- Yes
  - No
  - Not sure
121. On an average school night, how many hours of sleep do you get?
- 4 or less hours
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours
  - 9 hours
  - 10 or more hours
122. If you wanted to get a handgun, how easy would it be for you to get one?
- Very hard
  - Sort of hard
  - Sort of easy
  - Very easy
123. In the past 12 months, which of the following problems with your mouth or teeth have you experienced? Do not include problems caused by braces or mouth injury, such as being hit in the mouth. (Select all that apply.)
- Difficulty when biting or chewing foods
  - Avoided smiling
  - Felt anxious or embarrassed
  - Took days off school because of pain or discomfort
  - Problems sleeping
  - Experienced pain
  - I have not experienced any of these problems with my mouth or teeth

If you have been given an extra sheet of questions, please continue with those questions here. Otherwise, this is the end of the survey. Thank you for your time.

**Responses**

	a	b	c	d	e	f	g	h	i
<b>201.</b>	<input type="radio"/>								
<b>202.</b>	<input type="radio"/>								
<b>203.</b>	<input type="radio"/>								
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<b>213.</b>	<input type="radio"/>								
<b>214.</b>	<input type="radio"/>								
<b>215.</b>	<input type="radio"/>								

**This is the end of the survey. Thank you very much for your help.**

## DFC Grantees Additional Questions

Your community is collecting additional information through the following questions. The data gathered is very important to the district and to your school. Please record your answers for each question in the "Extra Questions" area (questions 201-211) provided at the end of the main survey form you have been using. As with the questions you were just asked on the Healthy Kids Colorado Survey form, you are welcome to skip any of the following questions, should you not feel comfortable in answering them. Thank you so much for your time!

201. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

202. 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?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

203. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

204. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

205. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

206. How wrong do your parents feel it would be for you to smoke tobacco?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

207. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

208. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

209. How wrong do your friends feel it would be for you to smoke tobacco?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

210. How wrong do your friends feel it would be for you to smoke marijuana?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong

211. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- A. Not at all wrong
- B. A little bit wrong
- C. Wrong
- D. Very wrong