

Healthy Kids Colorado Survey

HKCS B

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.

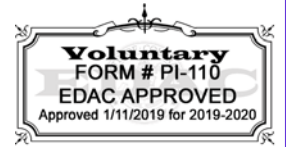
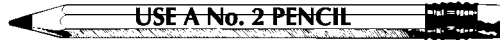
Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

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 question asks about hurting yourself on purpose.

27. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- 0 times 4 or 5 times
- 1 time 6 or more times
- 2 or 3 times

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.

28. 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
29. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes No

30. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes No

31. 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

32. 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 6 questions ask about tobacco use.

33. 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

34. 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

35. 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

36. 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?

- No risk Moderate risk
 Slight risk Great risk

37. How wrong do you think it is for someone your age to smoke cigarettes?

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

38. How wrong would most adults (over 21) in your neighborhood think it is for kids to smoke cigarettes?

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

The next 3 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.

39. Have you ever used an electronic vapor product?

- Yes No

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

- 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

41. How wrong do your parents or guardians feel it would be for you to use electronic vapor products?

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

The next 14 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.

42. 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

43. 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

44. 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

45. 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

46. Out of every 10 students in your grade at school, how many do you think had 5 or more drinks on at least 1 day in the past 30 days?

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

47. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?
- Very hard Sort of easy
 Sort of hard Very easy
48. 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
49. 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
50. How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of alcohol nearly every day?
- No risk Moderate risk
 Slight risk Great risk
51. How wrong do you think it is for someone your age to drink alcohol regularly (at least once or twice a month)?
- Very wrong A little bit wrong
 Wrong Not wrong at all
52. How wrong do your parents or guardians feel it would be for you to drink alcohol regularly (at least once or twice a month)?
- Very wrong A little bit wrong
 Wrong Not wrong at all
53. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to drink alcohol?
- Very wrong A little bit wrong
 Wrong Not wrong at all
54. If a kid drank alcohol in your neighborhood, or the area around where you live, would he or she be caught by the police?
- Definitely not Usually
 Not often Definitely
55. If you drank some beer or wine or hard liquor without your parents' permission, would you be caught by your parents?
- Definitely not Usually
 Not often Definitely

The next 10 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

56. 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
57. 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
58. 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
59. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very hard Sort of easy
 Sort of hard Very easy
60. 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
61. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana regularly?
- No risk Moderate risk
 Slight risk Great risk
62. How wrong do **you** think it is for **someone your age** to use marijuana?
- Very wrong A little bit wrong
 Wrong Not wrong at all
63. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?
- Very wrong A little bit wrong
 Wrong Not wrong at all
64. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana?
- Very wrong A little bit wrong
 Wrong Not wrong at all

65. If a kid used marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?

- Definitely not Usually
 Not often Definitely

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.

66. 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

67. 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

68. 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

69. 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 10 questions ask about other drugs.

70. 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

71. 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

72. 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

73. 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

74. 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

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?

- Very hard Sort of easy
 Sort of hard Very easy

76. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or other illegal drugs?

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

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

- Yes
 No

78. 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
 No
 Not sure

79. My family has clear rules about alcohol and drug use.

- Definitely not Usually
 Not often Definitely

The next 7 questions ask about sexual health.

80. Have you ever had sexual intercourse?

- Yes No

81. 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
 15 years old
 16 years old
 17 years old or older

82. 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

83. 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

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

- I have never had sexual intercourse
 Yes
 No

85. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No
86. 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 8 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.

87. 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.)
- | | |
|---|---|
| <input type="radio"/> I did not drink 100% fruit juice during the past 7 days | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 to 3 times during the past 7 days | <input type="radio"/> 2 times per day |
| <input type="radio"/> 4 to 6 times during the past 7 days | <input type="radio"/> 3 times per day |
| | <input type="radio"/> 4 or more times per day |
88. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- | | |
|--|---|
| <input type="radio"/> I did not eat fruit during the past 7 days | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 to 3 times during the past 7 days | <input type="radio"/> 2 times per day |
| <input type="radio"/> 4 to 6 times during the past 7 days | <input type="radio"/> 3 times per day |
| | <input type="radio"/> 4 or more times per day |
89. During the past 7 days, how many times did you eat **green salad**?
- | | |
|--|---|
| <input type="radio"/> I did not eat green salad during the past 7 days | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 to 3 times during the past 7 days | <input type="radio"/> 2 times per day |
| <input type="radio"/> 4 to 6 times during the past 7 days | <input type="radio"/> 3 times per day |
| | <input type="radio"/> 4 or more times per day |
90. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- | | |
|---|---|
| <input type="radio"/> I did not eat potatoes during the past 7 days | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 to 3 times during the past 7 days | <input type="radio"/> 2 times per day |
| <input type="radio"/> 4 to 6 times during the past 7 days | <input type="radio"/> 3 times per day |
| | <input type="radio"/> 4 or more times per day |
91. During the past 7 days, how many times did you eat **carrots**?
- | | |
|--|---|
| <input type="radio"/> I did not eat carrots during the past 7 days | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 to 3 times during the past 7 days | <input type="radio"/> 2 times per day |
| <input type="radio"/> 4 to 6 times during the past 7 days | <input type="radio"/> 3 times per day |
| | <input type="radio"/> 4 or more times per day |

92. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- | | |
|---|---|
| <input type="radio"/> I did not eat other vegetables during the past 7 days | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 to 3 times during the past 7 days | <input type="radio"/> 2 times per day |
| <input type="radio"/> 4 to 6 times during the past 7 days | <input type="radio"/> 3 times per day |
| | <input type="radio"/> 4 or more times per day |
93. During the past 7 days, on how many days did you eat **breakfast**?
- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |
94. 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 4 questions ask about physical activity.

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.)
- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |
96. 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
97. 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
98. 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 9 questions ask about your home life.

99. 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
100. The rules in my family are clear.
- Definitely not
 - Not often
 - Usually
 - Definitely
101. If I had a personal problem, I could ask my parents or guardians for help.
- Definitely not
 - Not often
 - Usually
 - Definitely
102. My parents or guardians ask if I've gotten my homework done.
- Definitely not
 - Not often
 - Usually
 - Definitely
103. When I am not at home, one of my parents or guardians knows where I am and who I am with.
- Definitely not
 - Not often
 - Usually
 - Definitely
104. Would your parents or guardians know if you did not come home on time?
- Definitely not
 - Not often
 - Usually
 - Definitely
105. If you skipped school, would you be caught by your parents or guardians?
- Definitely not
 - Not often
 - Usually
 - Definitely
106. My parents or guardians give me lots of chances to do fun things with them.
- Definitely not
 - Not often
 - Usually
 - Definitely
107. My parents or guardians ask me what I think before most family decisions affecting me are made.
- Definitely not
 - Not often
 - Usually
 - Definitely

The next 16 questions ask about your school.

108. 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
109. Are your school grades better than the grades of most students in your class?
- Definitely not
 - Not often
 - Usually
 - Definitely

110. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
111. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?
- Yes
 - No
112. During the **LAST FOUR WEEKS**, how many whole days of school have you missed because you skipped or "cut"?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 to 5 days
 - 6 to 10 days
 - 11 or more days
113. How often do you feel that the school work you are assigned is meaningful and important?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
114. I feel safe at my school.
- Definitely not
 - Not often
 - Usually
 - Definitely
115. How important is it to you to continue education past high school such as college or a technical or vocational school?
- Very important
 - Important
 - Not very important
 - Not at all important
116. The school lets my parents or guardians know when I have done something well.
- Definitely not
 - Not often
 - Usually
 - Definitely
117. My teachers notice when I am doing a good job and let me know about it.
- Definitely not
 - Not often
 - Usually
 - Definitely
118. My teachers praise me when I work hard in school.
- Definitely not
 - Not often
 - Usually
 - Definitely
119. How interesting are most of your courses to you?
- Very interesting and stimulating
 - Quite interesting
 - Fairly interesting
 - Slightly boring
 - Very boring
120. How important do you think the things you are learning in school are going to be for your later life?
- Very important
 - Important
 - Not very important
 - Not at all important

121. Thinking back over the past year in school, how often did you **hate** being in school?

- Never Often
 Seldom Almost always
 Sometimes

122. Thinking back over the past year in school, how often did you try to do your **best work** in school?

- Never Often
 Seldom Almost always
 Sometimes

123. Thinking back over the past year in school, how often did you **enjoy** being in school?

- Never Often
 Seldom Almost always
 Sometimes

The next 3 questions ask about other health-related topics.

124. Has a doctor or nurse ever told you that you have asthma?

- Yes
 No
 Not sure

125. On an average school night, how many hours of sleep do you get?

- 4 or less hours 8 hours
 5 hours 9 hours
 6 hours 10 or more hours
 7 hours

126. If you wanted to get a handgun, how easy would it be for you to get one?

- Very hard Sort of easy
 Sort of hard Very easy

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
201.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
203.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
204.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
206.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
207.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
208.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
209.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
210.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
212.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
213.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
214.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
215.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Extra Questions
Start with 201**

**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 201-210) 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 marijuana once or twice a week?

- 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 use prescription drugs that are not prescribed to them?

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

204. 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

205. 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

206. 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

207. 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

208. 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

209. 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

210. 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