

# 2017 Middle School 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.

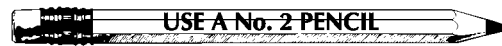
DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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.

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?
- 10 years old or younger
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old or older

2. What is your sex?
- Female
  - Male

3. In what grade are you?
- 6th grade
  - 7th grade
  - 8th grade
  - Ungraded or other 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

**The next 3 questions ask about safety.**

6. **When you ride a bicycle**, how often do you wear a helmet?
- I do not ride a bicycle
  - Never wear a helmet
  - Rarely wear a helmet
  - Sometimes wear a helmet
  - Most of the time wear a helmet
  - Always wear a helmet

7. How often do you wear a seat belt when **riding** in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

8. Have you ever ridden in a car driven by someone who had been drinking alcohol?

- Yes
- No
- Not sure

**The next 2 questions ask about violence-related behaviors.**

9. Have you ever carried a **weapon**, such as a gun, knife, or club, **on school property**?

- Yes
- No

10. Have you ever been in a **physical fight**?

- Yes
- No

**The next 3 questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.**

11. Have you ever been bullied **on school property**?

- Yes
- No

12. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- No

13. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?

- Yes
- No

**The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

14. 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

15. Have you ever **seriously** thought about killing yourself?

- Yes
- No

16. Have you ever made a **plan** about how you would kill yourself?

- Yes
- No

17. Have you ever **tried** to kill yourself?

- Yes
- No

**The next 2 questions ask about mental health.**

18. 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
- No
- Not sure

19. When you feel sad, empty, hopeless, angry, or anxious, with whom would you **most likely** talk about it?

- I do not feel sad, empty, hopeless, angry, or anxious
- Parent or other adult family member
- Teacher or other adult in this school
- Other adult
- Friend
- Sibling
- Not sure

**The next 7 questions ask about cigarette smoking.**

20. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
  - No
21. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
  - 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old or older
22. 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
23. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- 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 (or bummed) them from someone else
  - A person 18 years old or older gave them to me
  - I took them from a store or family member
  - I got them some other way
24. If you wanted to get some cigarettes, how easy would it be for you to get some?
- Very hard
  - Sort of hard
  - Sort of easy
  - Very easy

25. 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? (Risk means the chance that something bad could happen.)

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

26. How wrong do **your parents or guardians** feel it would be for **you** to smoke cigarettes?

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

**The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.**

27. Have you ever used an electronic vapor product? (Do not include marijuana.)

- Yes
- No

**The next 8 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.**

28. Have you ever had a drink of alcohol, other than a few sips?

- Yes
- No

29. 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 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

30. 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

31. During the past 30 days, on how many days do you think a **typical student at your school** drank 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

32. 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 hard
- Sort of easy
- Very easy

33. 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**? (Risk means the chance that something bad could happen.)

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

34. How wrong do **you** think it is for **someone your age** to drink alcohol regularly (at least once or twice a month)?

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

35. 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
- Wrong
- A little bit wrong
- Not wrong at all

**The next 8 questions ask about marijuana use. Marijuana is also called grass, pot, or weed.**

36. Have you ever used marijuana?

- Yes
- No

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

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

38. 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

39. During the past 30 days, how many times do you think **a typical student at your school** used marijuana?

- 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

40. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

41. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana **regularly**? (Risk means the chance that something bad could happen.)

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

42. 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

43. 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

**The next 4 questions ask about other drugs.**

44. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- Yes
- No

45. Have you ever taken a **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- Yes
- No

46. If you wanted to get a drug like cocaine, LSD, amphetamines, or another illegal drug, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

47. How wrong do **you** think it is for **someone your age** to use LSD, cocaine, amphetamines or another illegal drug?

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

**The next 2 questions ask about body weight.**

48. How do **you** describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

49. Which of the following are you trying to do about your weight?

- Lose** weight
- Gain** weight
- Stay** the same weight
- I am **not trying to do anything** about my weight

**The next 5 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.**

50. 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

51. During the past 7 days, how many times did you eat **vegetables**?

- I did not eat 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

52. 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

53. During the past 7 days, did you drink a **can, bottle, or glass** of any of the following beverages one or more times per day? (Please 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

54. 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

**The next 7 questions ask about physical activity and other health topics.**

55. 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

56. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- 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

57. 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 iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)

- 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

58. 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

59. 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

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

- Yes
- No
- Not sure

61. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's house
- 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

**The next 4 questions ask about school.**

62. 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

*For the following question*

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

63. Are your school grades better than the grades of most students in your class?

- NO!
- no
- yes
- YES!

64. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs or student government?

- Yes
- No

65. How important do you think it is for you to go to college?

- Very important
- Important
- Not very important
- Not at all important

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**

**Extra Questions  
Start with 201**

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