

Appendix A- Chatham County High School Youth Health Behavior Survey Tool

2010 Community Health Assessment
High School Youth Health Behavior 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 develop better health education for young people like yourself.

The answers you give will be kept private. No one will know how you respond. 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. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question thoroughly before you respond to it.

When you are finished with the survey, follow your teacher's instructions.

Thank you very much for your help.

The first 5 questions are just for general background information.

1. Which school do you attend?
 - A. Chatham Central
 - B. Jordan-Matthews
 - C. Northwood
 - D. SAGE

2. How old are you?
 - A. 14 years old
 - B. 15 years old
 - C. 16 years old
 - D. 17 years old
 - E. 18 years old or older

3. What is your gender?
 - A. Female
 - B. Male

4. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade

5. How would you describe your race/ethnicity? (Select one or more responses.)
- A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Native Hawaiian or Other Pacific Islander
 - F. White

The next three questions are about your height and weight. The first question asks for the feet part of your height, the second question asks for the inches part. So, if you are 5 feet and 2 inches, you would respond to the first question with 5 and the second question with 2. The third question asks how many pounds you weigh.

6. How tall are you in feet? (Select one option)
- A. 3 feet
 - B. 4 feet
 - C. 5 feet
 - D. 6 feet
 - E. 7 feet
7. How tall are you in inches (Select one option)
- A. 0 inches
 - B. 1 inch
 - C. 2 inches
 - D. 3 inches
 - E. 4 inches
 - F. 5 inches
 - G. 6 inches
 - H. 7 inches
 - I. 8 inches
 - J. 9 inches
 - K. 10 inches
 - L. 11 inches

8. How many pounds do you weigh?

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.

9. 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.) (Select one option)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days

- C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
10. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.) (Select one option)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
11. During the past 7 days, how many times did you eat vegetables? (Select one option)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
12. During the past 7 days, how many times did you drink a can, bottle, or glass of soda, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet drink.) (Select one option)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
13. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.) (Select one option)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day

The next 3 questions ask about physical activity.

14. 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.) (Select one option)

- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
15. On an average school day, how many hours do you watch TV? (Select one option)
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
16. 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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.) (Select one option)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

The next 5 questions ask about body weight.

17. How do you describe your weight? (Select one option)
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
18. Which of the following are you trying to do about your weight? (Select one option)
- A. I am not trying to do anything about my weight
 - B. Lose weight
 - C. Gain weight
 - D. Stay the same weight
19. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? (Select one option)
- A. Yes
 - B. No

20. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.) (Select one option)
- A. Yes
 - B. No
21. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? (Select one option)
- A. Yes
 - B. No

The next 6 questions ask about safety.

22. When you rode a bicycle during the past 12 months, how often did you wear a helmet? (Select one option)
- A. I did not ride a bicycle the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
23. When you rode a four-wheeler during the past 12 months, how often did you wear a helmet? (Select one option)
- A. I did not ride a four-wheeler the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
24. When you rode a motorcycle or moped during the past 12 months, how often did you wear a helmet? (Select one option)
- A. I did not ride a motorcycle or moped the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
25. How often do you wear a seat belt when riding in a car driven by someone else? (Select one option)
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
26. 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? (Select one option)

- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
27. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? (Select one option)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 5 questions ask about violence-related behaviors.

28. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club? (Select one option)
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
29. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (Select one option)
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
30. Has your boyfriend/girlfriend ever hit or physically hurt you in a way that made you feel afraid? (Select one option)
- A. Yes
 - B. No
31. Have you ever been forced to have sexual intercourse or do anything sexual that you did not want to do? (Select one option)
- A. Yes
 - B. No
32. How helpful do you think the School Resource Officer has been in reducing violence at your school? (Select one option)
- A. Very helpful
 - B. Helpful
 - C. Somewhat helpful
 - D. Not helpful
 - E. We do not have a School Resource Officer

The next 3 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.

33. 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? (Select one option)
- A. Yes
 - B. No
34. During the past 12 months, did you ever seriously consider attempting suicide? (Select one option)
- A. Yes
 - B. No
35. During the past 12 months, how many times did you actually attempt suicide? (Select one option)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 6 questions ask about the use of tobacco products, which include cigarettes, cigars, chewing tobacco and dip.

36. How harmful do you think tobacco products are? (Select one option)
- A. Not Harmful
 - B. Somewhat Harmful
 - C. Very Harmful
 - D. Don't Know
37. If you have ever used tobacco products, even just once, about what grade were you in when you first tried them? (Select one option)
- A. I have never used tobacco products
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
38. When was the last time you used tobacco products? (Select one option)
- A. I have never used tobacco products
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
39. If you use tobacco products, how do you get them? (Select all that apply.)
- A. I do not use tobacco products
 - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station

- C. I gave someone else money to buy them for me
 - D. I borrowed (or bummed) them from someone else
 - E. A person 18 years old or older gave them to me
 - F. I took them from a store or family member
 - G. I got them some other way
40. During the past 30 days, on how many days did you use tobacco products on school property? (Select one option)
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
41. During the past 12 months, did you ever try to quit using tobacco products? (Select one option)
- A. I did not smoke during the past 12 months
 - B. Yes
 - C. No

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey in any amount. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

42. How harmful do you think alcohol is? (Select one option)
- A. Not Harmful
 - B. Somewhat Harmful
 - C. Very Harmful
 - D. Don't Know
43. If you have tried drinking alcohol about what grade were you in when you first tried it? (Select one option)
- A. I have never used alcohol
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
44. When was the last time you had at least one drink of alcohol? (Select one option)
- A. I have never used alcohol
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (Select one option)
- A. 0 days
 - B. 1 day
 - C. 2 days

- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

46. If you drink alcohol, how do you get the alcohol you drink? (Select all that apply.)
- A. I do not drink alcohol
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a family member without parent permission
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called weed or pot.

47. How harmful do you think marijuana is? (Select one option)
- A. Not Harmful
 - B. Somewhat Harmful
 - C. Very Harmful
 - D. Don't Know
48. If you have ever tried marijuana, about what grade were you in when you first tried it? (Select one option)
- A. I have never used marijuana
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
49. When was the last time you used marijuana? (Select one option)
- A. I have never used marijuana
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week

The next 15 questions ask about other drugs.

50. If you have used any form of cocaine, including powder, crack, or freebase, about what grade were you in when you first tried it? (Select one option)
- A. I have never used cocaine
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
51. When was the last time you used any form of cocaine, including powder, crack or freebase? (Select one option)

- A. I have never used cocaine
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
52. If you have sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, about what grade were you in when you first tried it? (Select one option)
- A. I have never sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
53. When was the last time you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high? (Select one option)
- A. I have never sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
54. If you have used methamphetamines (also called meth, speed, crystal, crank, or ice), about what grade were you in when you first tried it? (Select one option)
- A. I have never used methamphetamines
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
55. When was the last time you used methamphetamines (also called meth, speed, crystal, crank, or ice)? (Select one option)
- A. I have never used methamphetamines
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
56. If you have used ecstasy, LSD, PCP or hallucinogens, about what grade were you in when you first tried it? (Select one option)
- A. I have never used ecstasy, LSD, PCP or hallucinogens
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
57. When was the last time you used ecstasy, LSD, PCP or hallucinogens? (Select one option)
- A. I have never used ecstasy, LSD, PCP or hallucinogens
 - B. Prior to last year

- C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
58. If you have used steroids without a doctor's prescription, what grade were you in when you first tried it? (Select one option)
- A. I have never used steroids without a doctor's prescription
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
59. When was the last time you used steroids without a doctor's prescription? (Select one option)
- A. I have never used steroids without a doctor's prescription
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
60. If you have used prescription medications, other than steroids, without a doctor's prescription or a doctor's recommendation, about what grade were you in when you first tried that? (Select one option)
- A. I have never used prescription medications without a doctor's prescription or a doctor's recommendation
 - B. 6th or below
 - C. 7th-8th
 - D. 9th-10th
 - E. 11th-12th
61. When was the last time you used prescription medications, other than steroids, without a doctor's prescription or a doctor's recommendation? (Select one option)
- A. I have never used prescription medications without a doctor's prescription or a doctor's recommendation
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
62. If you use illegal drugs (for example, marijuana, cocaine, or methamphetamines) or medicine not prescribed to you, where do you use them? (Select all that apply.)
- A. I do not use illegal drugs or medicine not prescribed to me
 - B. At home with family
 - C. At home with family not present
 - D. In a car
 - E. The home of older friends or adult family members
63. During this school year, has anyone offered, sold, or given you an illegal drug (for example, marijuana, cocaine, or methamphetamines) or medicine not prescribed to you on school property? (Select one option)
- A. Yes
 - B. No

64. During your life, how many times have you used a needle to inject any illegal drug (such as heroin or methamphetamine) into your body? (Select one option)
- A. 0 times
 - B. 1 time
 - C. 2 or more times

The next 9 questions are about alcohol and other drug use.

65. During this school year, have you used alcohol or other drugs during the school day? (Select one option)
- A. Yes
 - B. No
66. During this school year, have you used alcohol or other drugs before coming to school? (Select one option)
- A. Yes
 - B. No
67. How easy would it be for you to get alcohol, or other drugs at your school? (Select one option)
- A. Extremely easy
 - B. Fairly easy
 - C. Somewhat hard
 - D. Very difficult
 - E. Don't know
68. Do you think there is a drug or alcohol problem at your school? (Select one option)
- A. Yes
 - B. No
69. Do your parents or other adults in your family talk to you about the dangers of alcohol and other drug use? (Select one option)
- A. Yes
 - B. No
70. If your parents or guardians knew you were using alcohol, what would they think? (Select one option)
- A. They would think it's OK
 - B. They would think it's not OK
 - C. I don't know what they would think
71. If your parents or guardians knew you were using tobacco, what would they think? (Select one option)
- A. They would think it's OK
 - B. They would think it's not OK
 - C. I don't know what they would think
72. If your parents or guardians knew you were using marijuana, what would they think? (Select one option)
- A. They would think it's OK
 - B. They would think it's not OK

C. I don't know what they would think

73. How helpful do you think the School Resource Officer has been in reducing alcohol and other drug use at your school? (Select one option)

- A. We do not have a School Resource Officer
- B. Very helpful
- C. Helpful
- D. Somewhat helpful
- E. Not helpful

The next 8 questions ask about sexual behavior.

74. Have you ever had sexual intercourse? (Select one option)

- A. Yes
- B. No

75. How old were you when you had sexual intercourse for the first time? (Select one option)

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

76. During your life, with how many people have you had sexual intercourse? (Select one option)

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

77. Did you drink alcohol or use drugs before you had sexual intercourse the last time? (Select one option)

- A. I have never had sexual intercourse
- B. Yes
- C. No

78. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy or protect against sexually transmitted infections (STD's, STI's). (Select all that apply.)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy or protect against sexually transmitted infections
- C. Condom
- D. Birth control pills
- E. Depo-Provera (injectable birth control)

- F. Withdrawal
- G. Some other method
- H. Not sure

79. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex? (Select one option)

- A. Yes
- B. No

80. Have you ever been taught in school about how people can avoid becoming pregnant or being infected by HIV, AIDS or other sexually transmitted infections (STD's, STI's)?

- A. Yes
- B. No
- C. Not sure

Appendix B- Chatham County Middle School Youth Health Behavior Survey Tool

2010 Community Health Assessment
Middle School Youth Health Behavior 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 develop better health education for young people like yourself.

The answers you give will be kept private. No one will know how you respond. 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. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question thoroughly before you respond to it.

When you are finished with the survey, follow your teacher's instructions.

Thank you very much for your help.

The first 5 questions are just for general background information.

1. Which school do you attend? (Select one option)
 - A. Bennett
 - B. Bonlee
 - C. Chatham Middle
 - D. Horton Middle
 - E. JS Waters
 - F. Moncure
 - G. North Chatham
 - H. Perry Harrison
 - I. Silk Hope

2. How old are you? (Select one option)
 - A. 10 years old or younger
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old or older

3. What is your gender? (Select one option)
 - A. Female
 - B. Male

4. In what grade are you? (Select one option)
 - A. 6th grade or below

- B. 7th grade
- C. 8th grade

5. How would you describe your race/ethnicity? (Select one or more responses.)
- A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Native Hawaiian or Other Pacific Islander
 - F. White

The next three questions are about your height and weight. The first question asks for the feet part of your height, the second question asks for the inches part. So, if you are 5 feet and 2 inches, you would respond to the first question with 5 and the second question with 2. The third question asks how many pounds you weigh.

6. How tall are you in feet? (Select one option)
- A. 3 feet
 - B. 4 feet
 - C. 5 feet
 - D. 6 feet
7. How tall are you in inches? (Select one option)
- A. 0 inches
 - B. 1 inch
 - C. 2 inches
 - D. 3 inches
 - E. 4 inches
 - F. 5 inches
 - G. 6 inches
 - H. 7 inches
 - I. 8 inches
 - J. 9 inches
 - K. 10 inches
 - L. 11 inches

8. How many pounds do you weigh?

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.

9. 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.) (Select one option)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days

- D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
10. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)(Select one option)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
11. During the past 7 days, how many times did you eat vegetables? (Select one option)
- A. I did not eat vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
12. During the past 7 days, how many times did you drink a can, bottle, or glass of soda, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet drink.) (Select one option)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
13. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.) (Select one option)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day

The next 3 questions ask about physical activity.

14. 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.) (Select one option)
- A. 0 days
 - B. 1 day

- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

15. On an average school day, how many hours do you watch TV? (Select one option)

- A. I do not watch TV on an average school day
- H. Less than 1 hour per day
- I. 1 hour per day
- J. 2 hours per day
- K. 3 hours per day
- L. 4 hours per day
- M. 5 or more hours per day

16. 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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.) (Select one option)

- A. I do not play video or computer games or use a computer for something that is not school work
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

The next 5 questions ask about body weight.

17. How do you describe your weight? (Select one option)

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

18. Which of the following are you trying to do about your weight? (Select one option)

- A. I am not trying to do anything about my weight
- B. Lose weight
- C. Gain weight
- D. Stay the same weight

19. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? (Select one option)

- A. Yes
- B. No

During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.) (Select one option)

- C. Yes

D. No

20. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? (Select one option)
- A. Yes
 - B. No

The next 5 questions ask about safety.

21. When you rode a bicycle during the past 12 months, how often did you wear a helmet? (Select one option)
- A. I do not ride a bicycle in the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
22. When you rode a four-wheeler during the past 12 months, how often did you wear a helmet? (Select one option)
- A. I do not ride a four wheeler in the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
23. When you rollerblade or ride a skateboard, how often do you wear a helmet? (Select one option)
- A. I do not rollerblade or ride a skateboard
 - B. Never wear a helmet
 - C. Rarely wear a helmet
 - D. Sometimes wear a helmet
 - E. Most of the time wear a helmet
 - F. Always wear a helmet
24. How often do you wear a seat belt when riding in a car driven by someone else? (Select one option)
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
25. 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? (Select one option)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 3 questions ask about violence-related behaviors.

26. Have you ever carried a weapon such as a gun, knife, or club? (Select one option)
- A. Yes
 - B. No
27. Has your boyfriend or girlfriend ever hit or physically hurt you in a way that made you feel afraid? (Select one option)
- A. Yes
 - B. No
28. How helpful do you think the School Resource Officer has been in reducing violence at your school? (Select one option)
- A. Very helpful
 - B. Helpful
 - C. Somewhat helpful
 - D. Not helpful
 - E. We do not have a School Resource Officer

The next 3 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.

29. Have you ever seriously thought about killing yourself? (Select one option)
- A. Yes
 - B. No
30. Have you ever made a plan about how you would kill yourself? (Select one option)
- A. Yes
 - B. No
31. Have you ever tried to kill yourself? (Select one option)
- A. Yes
 - B. No

The next 6 questions ask about the use of tobacco products, which include cigarettes, cigars, chewing tobacco and dip.

32. How harmful do you think tobacco products are? (Select one option)
- A. Not Harmful
 - B. Somewhat Harmful
 - C. Very Harmful
 - D. Don't Know
33. If you have ever used tobacco products, even just once, about what grade were you in when you first tried them? (Select one option)
- A. I have never used tobacco products
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
34. When was the last time you used tobacco products? (Select one option)
- A. I have never used tobacco products

- B. Prior to last year
- C. Within the last year
- D. Within the last 30 days
- E. Within the last week

35. If you use tobacco products, how do you get them? (Select all that apply.)

- A. I do not use tobacco products
- B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- C. I gave someone else money to buy them for me
- D. I borrowed (or bummed) them from someone else
- E. A person 18 years old or older gave them to me
- F. I took them from a store or family member
- G. I got them some other way

36. During the past 30 days, on how many days did you use tobacco products on school property? (Select one option)

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

37. During the past 12 months, did you ever try to quit using tobacco products? (Select one option)

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey in any amount. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

38. How harmful do you think alcohol is?

- A. Not Harmful
- B. Somewhat Harmful
- C. Very Harmful
- D. Don't Know

39. If you have tried drinking alcohol about what grade were you in when you first tried it? (Select one option)

- A. I have never used alcohol
- B. 5th or below
- C. 6th - 7th
- D. 7th - 8th

40. When was the last time you had at least one drink of alcohol? (Select one option)

- A. I have never used alcohol
- B. Prior to last year
- C. Within the last year
- D. Within the last 30 days

E. Within the last week

41. If you drink alcohol, how do you get the alcohol you drink? (Select all that apply.)
- A. I do not drink alcohol
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a family member without parent permission
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called weed or pot.

42. How harmful do you think marijuana is? (Select one option)
- A. Not Harmful
 - B. Somewhat Harmful
 - C. Very Harmful
 - D. Don't Know
43. If you have ever tried marijuana, about what grade were you in when you first tried it? (Select one option)
- A. I have never used marijuana
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
44. When was the last time you used marijuana? (Select one option)
- A. I have never used marijuana
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week

The next 14 questions ask about other drugs.

45. If you have used any form of cocaine, including powder, crack, or freebase, about what grade were you in when you first tried it? (Select one option)
- A. I have never used cocaine
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
46. When was the last time you used any form of cocaine, including powder, crack or freebase? (Select one option)
- A. I have never used cocaine
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week

47. If you have sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, about what grade were you in when you first tried it? (Select one option)
- A. I have never sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
48. When was the last time you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high? (Select one option)
- A. I have never sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
49. If you have used methamphetamines (also called meth, speed, crystal, crank, or ice), about what grade were you in when you first tried it? (Select one option)
- A. I have never used methamphetamines
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
50. When was the last time you used methamphetamines (also called meth, speed, crystal, crank, or ice)? (Select one option)
- A. I have never used methamphetamines
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
51. If you have used ecstasy, LSD, PCP or hallucinogens, about what grade were you in when you first tried it? (Select one option)
- A. I have never used ecstasy, LSD, PCP or hallucinogens
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
52. When was the last time you used ecstasy, LSD, PCP or hallucinogens? (Select one option)
- A. I have never used ecstasy, LSD, PCP or hallucinogens
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
53. If you have used steroids without a doctor's prescription, what grade were you in when you first tried it? (Select one option)
- A. I have never used steroids without a doctor's prescription
 - B. 5th or below
 - C. 6th - 7th

D. 7th - 8th

54. When was the last time you used steroids without a doctor's prescription? (Select one option)
- A. I have never used steroids without a doctor's prescription
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
55. If you have used prescription medications, other than steroids, without a doctor's prescription or a doctor's recommendation, about what grade were you in when you first tried that? (Select one option)
- A. I have never used prescription medications without a doctor's prescription or a doctor's recommendation
 - B. 5th or below
 - C. 6th - 7th
 - D. 7th - 8th
56. When was the last time you used prescription medications, other than steroids, without a doctor's prescription or a doctor's recommendation? (Select one option)
- A. I have never used prescription medications without a doctor's prescription or a doctor's recommendation
 - B. Prior to last year
 - C. Within the last year
 - D. Within the last 30 days
 - E. Within the last week
57. If you use illegal drugs (for example, marijuana, cocaine, or methamphetamines) or medicine not prescribed to you, where do you use them? (Select all that apply.)
- A. I do not use illegal drugs or medicine not prescribed to me
 - B. At home with family
 - C. At home with family not present
 - D. In a car
 - E. The home of older friends or adult family members
58. During this school year, has anyone offered, sold, or given you an illegal drug (for example, marijuana, cocaine, or methamphetamines) or medicine not prescribed to you on school property? (Select one option)
- A. Yes
 - B. No

The next 9 questions are about alcohol and other drug use.

59. During this school year, have you used alcohol or other drugs during the school day? (Select one option)
- A. Yes
 - B. No
60. During this school year, have you used alcohol or other drugs before coming to school? (Select one option)
- A. Yes
 - B. No
61. How easy would it be for you to get alcohol, or other drugs at your school? (Select one option)

- A. Extremely easy
 - B. Fairly easy
 - C. Somewhat hard
 - D. Very difficult
 - E. Don't know
62. Do you think there is a drug or alcohol problem at your school? (Select one option)
- A. Yes
 - B. No
63. Do your parents or other adults in your family talk to you about the dangers of alcohol and other drug use? (Select one option)
- A. Yes
 - B. No
64. If your parents/guardians knew you were using alcohol, what would they think? (Select one option)
- A. They would think it's OK
 - B. They would think it's not OK
 - C. I don't know what they would think
65. If your parents /guardians knew you were using tobacco, what would they think? (Select one option)
- A. They would think it's OK
 - B. They would think it's not OK
 - C. I don't know what they would think
66. If your parents/guardians knew you were using marijuana, what would they think? (Select one option)
- A. They would think it's OK
 - B. They would think it's not OK
 - C. I don't know what they would think
67. How helpful do you think the School Resource Officer has been in reducing alcohol and other drug use at your school? (Select one option)
- A. We do not have a School Resource Officer
 - B. Very helpful
 - C. Helpful
 - D. Somewhat helpful
 - E. Not helpful

The next 7 questions ask about sexual behavior.

68. Have you ever had sexual intercourse? (Select one option)
- A. Yes
 - B. No
69. How old were you when you had sexual intercourse for the first time? (Select one option)
- A. I have never had sexual intercourse
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

70. During your life, with how many people have you had sexual intercourse? (Select one option)
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
71. The last time you had sexual intercourse, did you or your partner wear a condom? (Select one option)
- A. Yes
 - B. No
72. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex? (Select one option)
- A. Yes
 - B. No
73. Have you ever been taught in school about how people can avoid becoming pregnant or being infected by HIV, AIDS or other sexually transmitted infections (STD's, STI's)? (Select one option)
- A. Yes
 - B. No
 - C. Not sure

Chatham County Schools
Task Force Survey 2008

PLEASE USE NO. 1 PENCIL



Please answer all questions honestly. All answers are confidential and will be protected by law. No one from the school or anywhere else will be able to connect your answers with your name.

FILL IN ONLY ONE ANSWER.

Thank you for your help. This survey does not include medicine taken as prescribed by your doctor for you.

School

- Bennett
- Bonlee
- Chatham Central
- Chatham Middle
- Harrison
- Horton
- J.S. Waters
- J. Matthews
- Moncure
- North Chatham
- Northwood
- Silk Hope
- SAGE

Grade

- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

Ethnicity

- American Indian
- African American
- Caucasian/White
- Hispanic/Latino
- Multiracial
- Other

Gender

- Male
- Female

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1. What grades do you usually get?

- Mostly A's and B's
- Mostly B's and C's
- Mostly C's and D's
- Mostly D's and F's

What do YOU think about the following drugs:

2. Marijuana

3. Beer, Wine, Liquor

4. Cigarettes, Chewing Tobacco, Dip, Cigars

5. During the past 30 days, how many times did YOU drive a car or other vehicle when you had been drinking alcohol?

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

6. 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 to 3 times
- 4 to 5 times
- 6 or more times

If you have used any substances below, about what grade were you in when you first tried them

7. Marijuana

8. Beer, Wine, Wine Coolers, Liquor

9. Cocaine / Crack

10. LSD, PCP or hallucinogens

11. Uppers or Speed such as PEP Pills, No doze, Methamphetamine

12. Prescription Medicine that is not for you (cough syrup, ritalin Oxycodon, Percocet)

13. Cigarettes, Chewing Tobacco, Dip, Cigars

14. Glue, paint thinner, gasoline, magic markers, or other things you sniff to get high

15. Steroids

Very Harmful	Somewhat Harmful	Not Harmful	Don't Know
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Never	6th or below	7th-8th	9th-10th	11th-12th
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

When was the last time you used the following substances: (questions 16-24)

- Within the last week
- Within the last 30 days
- Within the last year
- Prior to last year
- Never

16. Marijuana

17. Beer, Wine, Wine Coolers, Liquor

18. Cocaine / Crack

19. LSD, PCP or hallucinogens

20. Uppers or Speed such as PEP Pills, No doze, Methamphetamine

21. Prescription Medicine that is not for you (cough syrup, ritalin Oxycodon, Percocet)

22. Cigarettes, Chewing Tobacco, Dip, Cigars

23. Glue, paint thinner, gasoline, magic markers, or other things you sniff to get high

24. Steroids

25. If you use any of the above substances, except tobacco products, where do you most often use them?

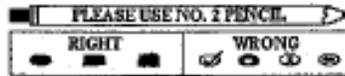
- At home with family
- At home with family not present
- In a car
- The home of older friends or adults
- Do not use

26. If you use any of the above substances, except tobacco products, in what circumstances do you most often use them?

- At a party with friends when parents are present
- At a party with friends when a parents are not present
- At school sponsored events
- Do not use

27. Have you used alcohol or other drugs before coming to school in the morning this school year?

- Yes
- No



28. During the past 30 days, on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1-2 days
- 3-5 days
- 6-10 days
- More than 10 days

29. Have you used alcohol or other drugs during the school day this school year?

- Yes
- No

30. How easy would it be for you to get drugs or alcohol at your school?

- Very difficult
- Somewhat hard
- Fairly easy
- Extremely easy
- Don't know

31. 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, super market, or gas station
- I bought them from a vending machine
- I gave someone else money to buy them for me
- Other

32. How do you usually get alcohol?

- I don't drink alcohol
- From a convenience/grocery store
- From a family member
- From a friend/someone bought it for me
- I take it from home without parent permission

33. How easy would it be for you to buy alcohol at a store?

- Very difficult
- Somewhat hard
- Fairly easy
- Extremely easy
- Don't know

34. How often do your parents talk to you about the dangers of alcohol and other drug use?

- Never
- Sometimes
- Often

35. How helpful do you think D.A.R.E. has been in helping you resist using alcohol or other drugs?

- Very helpful
- Helpful
- Somewhat helpful
- Not helpful
- Never had D.A.R.E.

36. How helpful do you think that the School Resource Officer has been in reducing violence at your school?

- Very helpful
- Helpful
- Somewhat helpful
- Not helpful
- We do not have a School Resource Officer.

37. How helpful do you think that the School Resource Officer has been in helping reduce drug use at your school?

- Very helpful
- Helpful
- Somewhat helpful
- Not helpful
- We do not have a School Resource Officer

38. Do you think there is a drug/alcohol problem in your school?

- Yes
- No

Which of the following do you think has helped you resist the use of alcohol or other drugs? (Answer all questions 39-42)

	Yes	No
39. Classroom discussions	<input type="radio"/>	<input type="radio"/>
40. School Counselor	<input type="radio"/>	<input type="radio"/>
41. School Resource Officer	<input type="radio"/>	<input type="radio"/>
42. Parents	<input type="radio"/>	<input type="radio"/>

43. Do you believe that you have a drug/alcohol problem?

- Yes
- No

44-46. How do your FRIENDS feel about YOU using the following:

	It's O.K.	It's not O.K.	Don't know
44. Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Beer, Wine, Liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Cigarettes, Chewing Tobacco Dip, Cigar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

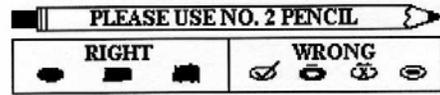
47-49. How do your PARENTS, GUARDIAN, OR FAMILY feel about YOU using the following:

	It's O.K.	It's not O.K.	Don't know
47. Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Beer, Wine, Liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Cigarettes, Chewing Tobacco Dip, Cigar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- School**
- A Bennett
 - B Bonlee
 - C Chatham Central
 - D Chatham Middle
 - E Harrison
 - F Horton
 - G J.S. Waters
 - H J. Matthews
 - I Moncure
 - J North Chatham
 - K Northwood
 - L Pittsboro
 - M Siler City
 - N Silk Hope
 - O SAGE
 - P V. Cross
- Grade**
- A 3rd
 - B 4th
 - C 5th
 - D 6th
 - E 7th
 - F 8th
 - G 9th
 - H 10th
- Gender**
- A Male
 - B Female
- filename:bulyng09

- Ethnicity**
- A American Indian
 - B African American
 - C Caucasian/White
 - D Hispanic/Latino
 - E Multiracial
 - F Other

Chatham County Schools
School Safety 2009



Bullying

A person is being bullied when he or she is exposed repeatedly and over time to unwelcomed, unprovoked, negative actions on the part of one or more persons, and intending to do harm, by causing a student to feel stressed or excluded from a group. Some examples of bullying could be: repeated acts of name-calling, pushing, teasing, threatening, hitting and shunning.

1. What grades do you usually get?

- A Mostly A's and B's
- B Mostly B's and C's
- C Mostly C's and D's
- D Mostly D's and F's

2. Do you feel excluded or unwelcomed by other students?

- A No
- B Yes, a few times
- C Yes, many times
- D Yes, all the time

3. Have you seen bullying at school?

- A Never
- B Once in a while (1 or 2 times a month)
- C Often (1 or 2 times a week)
- D All the time

4. If you have seen bullying at school, what did you do?

- A I haven't seen any bullying
- B Ignored it as none of my business
- C Nothing, just watched
- D Tried to stop the bully or help the victim
- E Reported it to an adult

5. Do other students pick on you, tease you, hit or shun you?

- A No
- B Yes, a few times
- C Yes, many times
- D Yes, all the time

6. Do you tell your parent/s when you have been bullied?

- A yes
- B no

7. Have you ever been bullied at school?

- A Never
- B Sometimes (1 or 2 times a month)
- C Regularly (1 or 2 times a week)
- D Every day

8. Have you ever been scared to come to school this year?

- A No
- B Yes, a few times
- C Yes, many times
- D Yes, all the time

9. How were you bullied? (Check all that are true)

- A I haven't been bullied
- B I have been teased and called names
- C I have been hit, kicked or pushed
- D I have been threatened with a weapon
- E Others leave me out of their groups
- F Others have taken my belongings
- G Others do not choose to sit by me or talk to me
- H Others try to hurt me on the way to and from school
- I Others phone me at home and say they will hurt me
- J Others phone me at home and say they will hurt my family
- K I have been called gay, lesbian, faggot or queer
- L I have been bullied through email or MySpace/FaceBook

10. If you are or have been bullied, why do you think it happens?

- A No one bullies me
- B I don't know why others bully me
- C I act or look different
- D I always do well in class
- E I'm smaller and weaker
- F I guess I deserve it

11. Why are some kids bullies?

- A I don't know
- B They are bigger and stronger
- C They think it's fun
- D They want to get even for being bullied themselves
- E they want to "show off" or impress their friends
- F They fight in their own families

12. How safe do you feel...

	Safe	Kind of Safe	Kind of Unsafe	Unsafe & Scared
in the classroom?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
on the school grounds?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
in the hallways?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
in the lunchroom?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
in the bathroom?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
in the gym/locker room?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
at before- or after-school activities?	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

TURN OVER TO BACK

17. Has an adult at school talked to your class about bullying?

- A No
- B Once, and what they said helped me a lot
- C Once, but they really don't understand what's going on
- D We talk regularly about bullying, and that helps a lot
- E We talk regularly about bullying, but that doesn't help very much

18. What is the best advice you have been given to stop being bullied?

- A I have not been bullied
- B None
- C Try to talk to the bully and tell him/her to stop
- D Ignore the problem and eventually it will go away
- E Hit and tease the bully back
- F Tell an adult about the problem

19. What is the best thing adults can do at school to help stop bullying?

- A Supervise the school better
- B Start student patrol programs
- C Make rules against bullying and punish bullies
- D Talk about bully prevention in class
- E Help students work together and make friends

20. Where at school have you been bullied (Check all that apply)

- A I have not been bullied
- B bathroom
- C cafeteria
- D classroom
- E hallway
- F playground
- G gym
- H locker room
- I school bus

21. Who would you go to for help with bullying at this school?

- A My friend(s)
- B Counselor
- C A Teacher
- D Principal
- E SRO/Police Officer
- F No one

22. If you were bullied, did an adult get involved and stop the bullying?

- A Yes
- B No
- C I have not been bullied

23. Do the adults at school catch the bullying?

- A Most of the time
- B Some of the time
- C Never
- D They see it but do nothing about it

24. Why are some kids bullies?

- A I don't know
- B They are bigger and stronger
- C They think it's fun
- D They want to get even for being bullied themselves
- E they want to "show off" or impress their friends
- F They fight in their own families

24. If you bully other students, why do you do it?

- A I don't bully
- B I want to get even with others
- C I want people to leave me alone
- D My friends and I think it's fun
- E I was taught to stick up for myself

Never	Sometimes	Often
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

Bullying Self Inventory

Have you done any of these this school year ...

<input type="checkbox"/>	Picked on someone
<input type="checkbox"/>	Shoved or pushed another student
<input type="checkbox"/>	Teased another student
<input type="checkbox"/>	Insulted someone's family
<input type="checkbox"/>	Excluded another student from a group
<input type="checkbox"/>	Spreaded a false rumor about someone
<input type="checkbox"/>	Threaten to hit or physically harm another student
<input type="checkbox"/>	Been in a fight in which someone was hit
<input type="checkbox"/>	Threatened another student to get their lunch money

Middle School Youth Health Behavior Survey Instructions

To: Teachers Administering the Youth Health Behavior Survey
From: George Greger-Holt, Director of Student Services
Date: February 25, 2010

Chatham County Schools are working in cooperation with the Chatham County Public Health Department to survey middle and high school students on health related issues. The Youth Health Behavior Survey has been given to youth throughout the state. Chatham County has been doing a survey like this since 1990.

The survey will be given the week of March 8, 2010. Check with your principal as to the time and date that the survey is to be given. All students must be surveyed during the same time period and preferably, on the same day to prevent duplication.

The purpose of this survey is to provide accurate information to educators and other agencies working to address health related issues in Chatham County.

Each packet contains 25 copies of the permission form. Students only have to return the permission form if their parent/guardian **does not** want them to participate. Please give them out to your students to take home. Parents have until March 5 to return the form. Feel free to make more copies if you have more than 25 students in your class.

This year, the survey is being done electronically through K-12 Insight (ZARCA). To access the survey, students will have to log on to (you might want to put this on the board):

<http://research.zarca.com/k/SsRYVTsQSWsPsPsP>

Please read the following directions to your students before they begin the 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 develop better health education for young people like yourself.

The answers you give will be kept private. No one will know how you respond. 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. The information will not be used to find out your name.

No names will ever be reported.

Make sure to read every question thoroughly before you respond to it. When you are finished with the survey, follow your teacher's instructions. Thank you very much for your help.

You may begin the survey now.

High School Youth Health Behavior Survey Instructions

To: Teachers Administering the Youth Health Behavior Survey
From: George Greger-Holt, Director of Student Services
Date: February 25, 2010

Chatham County Schools are working in cooperation with the Chatham County Public Health Department to survey middle and high school students on health related issues. The Youth Health Behavior Survey has been given to youth throughout the state. Chatham County has been doing a survey like this since 1990.

The survey will be given the week of March 8, 2010. Check with your principal as to the time and date that the survey is to be given. All students must be surveyed during the same time period and preferably, on the same day to prevent duplication.

The purpose of this survey is to provide accurate information to educators and other agencies working to address health related issues in Chatham County.

Each packet contains 25 copies of the permission form. Students only have to return the permission form if their parent/guardian **does not** want them to participate. Please give them out to your students to take home. Parents have until March 5 to return the form. Feel free to make more copies if you have more than 25 students in your class.

This year, the survey is being done electronically through K-12 Insight (ZARCA). To access the survey, students will have to log on to (you might want to put this on the board):

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Please read the following directions to your students before they begin the 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 develop better health education for young people like yourself.

The answers you give will be kept private. No one will know how you respond. 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. The information will not be used to find out your name.

No names will ever be reported.

Make sure to read every question thoroughly before you respond to it. When you are finished with the survey, follow your teacher's instructions. Thank you very much for your help.

You may begin the survey now.



February 15, 2010

Dear Parent/Guardian,

Chatham County Schools are working in cooperation with the Chatham County Public Health Department to survey middle and high school students on health related issues. The Youth Health Behavior Survey has been given to youth throughout the state and has been used in other North Carolina counties to determine health issues that are most pressing for children.

A very similar survey was completed in Chatham County in December of 2005, and we are planning to survey students again this winter.

The survey asks youth about safety, exposure to violence, tobacco, alcohol and other drug use, sexual behavior, body weight, nutrition and physical activity. The questionnaires are anonymous. The survey should take about 40 minutes to complete.

If you do NOT want your child to take this survey, please return the attached form to your child's teacher by Friday, February 26, 2010. If you would like more information or would like to see the actual survey to be given, please contact Ellie Morris at the Chatham County Public Health Department (919.545.8514), or George Greger-Holt at Chatham County Schools (919.542.6400).

Thank you for all you do to help children stay healthy so they can learn well!

Sincerely,

George Greger-Holt
Director of Student Services
www.chatham.k12.nc.us

Ellie Morris
School Health Liaison
www.chathamnc.org/schoolhealth

I _____ DO NOT WANT my
(parent or guardian's name – please print)

child _____ to complete the Youth Health
(your child's name)
Behavior Survey.

Signature of parent or guardian: _____

Date: _____

Español en el reverso



15 de Febrero, 2010

Estimado Padre Guardián,

Las Escuelas del Condado Chatham están trabajando en cooperación con el Departamento de Salud Pública del Condado Chatham para hacer una encuesta a estudiantes de escuela intermedia y secundaria en asuntos relacionados a la salud. La Encuesta de Comportamiento Riesgoso en Jóvenes ha sido dada a nuestros jóvenes a través del estado y ha sido usada en otros condados de Carolina del Norte para determinar asuntos de salud que son más apremiantes para los jóvenes

Una encuesta muy similar fue completada en el Condado Chatham en Diciembre del 2005, y estamos planificando hacer una encuesta de nuevo durante este invierno.

La encuesta pregunta a los jóvenes acerca de la seguridad, exposición a la violencia, tabaco, alcohol y otro uso de drogas, comportamiento sexual, peso, nutrición y actividad física. Los cuestionarios son anónimos. La encuesta debe tomar acerca de 40 minutos para completarla.

Si usted **No quiere que su niño/a tome esta encuesta, por favor regrese la forma adjunta al maestro/a de su niño/a para el día Viernes, 26 de Febrero, 2010.** Si a usted le gustaria tener más información o le gustaria ver la encuesta actual, por favor comuníquese con Ellie Morris al Departamento de Salud Pública del Condado Chatham (919)545-8514 o las Escuelas del Condado Chatham (919-542-6400.

Gracias por todo lo que hace para ayudar a los niños a mantenerse saludables para que puedan aprender mejor.

Atentamente,

George Greger-Holt
Director de Servicios al Estudiante
www.chatham.k12.nc.us

Ellie Morris
Coordinadora Escuela/Departamento Salud
www.chathamnc.org/schoolhealth

Yo _____ NO QUIERO que mi
(Nombre del padre o guardián – por favor imprima)

niño/a _____ complete la Encuesta
(Nombre de su niño/a.)
de Comportamiento Riesgoso en Jóvenes

Firma del padre o guardián: _____

Fecha: _____