

2005 New Jersey Student Health Survey

MIDDLE SCHOOL QUESTIONNAIRE

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.

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. The information will not be used to find out your name. No names will ever be reported.

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.

Thank you very much for your help.

Directions

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B ● D.
- o To change your answer, erase completely.

1. How old are you?
 - 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
 - G. 16 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 6th grade
 - B. 7th grade
 - C. 8th grade
 - D. Other

4. How do you describe yourself?
(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

5. How do you describe your health in general?
 - A. Excellent
 - B. Very good
 - C. Good
 - D. Fair
 - E. Poor

6. How tall are you without your shoes on?

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

Example

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

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes on your answer sheet. Fill in the matching oval below each number.

Example

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

The next 9 questions ask about personal safety and violence-related behaviors.

8. How often do you wear a seat belt when riding in a car?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
9. When you ride a bicycle, how often do you wear a helmet?
- A. I do not ride a bicycle
 - 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

10. When you rollerblade or ride a skateboard, how often do you wear a helmet?

- 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

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

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

12. Have you ever carried a weapon, such as a gun, knife, or club?

- A. Yes
- B. No

13. Have you ever been in a physical fight?

- A. Yes
- B. No

14. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?

- A. Yes
- B. No

15. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

16. 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?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

17. Have you ever **seriously** thought about killing yourself?
- A. Yes
 - B. No
18. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
 - B. No

19. Have you ever **tried** to kill yourself?
- A. Yes
 - B. No

The next 4 questions ask about tobacco use.

20. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
21. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - 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
 - H. 14 years old or older
22. **During the past 30 days**, on how many days did you smoke cigarettes?
- 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

23. **During the past 30 days**, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day

The next 3 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.

24. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No
25. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - 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
 - H. 14 years old or older

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

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

27. Have you ever used marijuana?
- A. Yes
 - B. No
28. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - 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
 - H. 14 years old or older
29. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 4 questions ask about other drug use.

30. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
A. Yes
B. No
31. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?
A. Yes
B. No
32. Have you ever used **steroids**?
A. Yes
B. No
33. Have you ever used a needle to inject any **illegal** drug into your body?
A. Yes
B. No

The next 7 questions ask about body weight.

34. How do **you** describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight
35. Which of the following are you trying to do about your weight?
A. Lose weight
B. Gain weight
C. Stay the same weight
D. I am not trying to do anything about my weight
36. Have you ever **exercised** to lose

weight or to keep from gaining weight?

- A. Yes
B. No
37. Have you ever **eaten less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
A. Yes
B. No
38. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
A. Yes
B. No
39. Have you ever taken 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.)
A. Yes
B. No
40. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
A. Yes
B. No

The next 7 questions ask about physical activity.

41. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
42. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
43. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
44. **On an average school day**, how many hours do you watch TV?
- 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
45. **In an average week** when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

46. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
 - B. Less than 10 minutes
 - C. 10 to 20 minutes
 - D. 21 to 30 minutes
 - E. 31 to 40 minutes
 - F. 41 to 50 minutes
 - G. 51 to 60 minutes
 - H. More than 60 minutes

47. Do you play on any sports teams? (Include any teams run by your school or community groups.)
- A. Yes
 - B. No

The next question asks about drinking milk.

48. 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.)
- 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 4 questions ask about other health-related topics.

49. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes, this school year
 - B. Yes, but not in this school year
 - C. No, because my parents did not want me to participate.
 - D. No, because I was not in class on those days.
 - E. No, because the teacher skipped those lessons.
 - F. Not sure.
50. When was the last time you saw a dentist for a checkup, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
51. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure

52. During the past 12 months, have you had an episode of asthma or an asthma attack?
- A. I do not have asthma
 - B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months
 - C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months.
 - D. Not sure

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