

**2009**

# **Georgia 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**

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

- 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
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 6th grade
  - 7th grade
  - 8th grade
  - Ungraded or other grade
- Are you Hispanic or Latino?
  - Yes
  - No
- 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

- 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	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

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

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

8. **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
9. **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
10. 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
11. Have you ever ridden in a car driven by someone who had been drinking alcohol?
- A. Yes
  - B. No
  - C. Not sure

**The next 3 questions ask about violence-related behaviors.**

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

**The next question asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

15. Have you ever been bullied **on school property**?
- A. Yes
  - B. No

**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.**

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

**The next 8 questions ask about tobacco use.**

19. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
  - B. No
20. 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 or older
21. 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
22. 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

23. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way
24. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
25. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 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

26. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 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 2 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.**

27. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
28. 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 or older

**The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.**

29. Have you ever used marijuana?
- A. Yes
  - B. No

30. 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 or older

**The next 3 questions ask about other drug use.**

31. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
  - B. No
32. 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
33. Have you ever used **steroid pills or shots** without a doctor's prescription?
- 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 5 questions ask about physical activity.**

41. 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
42. 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

43. 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, Play Station, Xbox, computer games, and the Internet.)
- 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
44. 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
45. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next 10 questions ask about health-related topics.**

46. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure

47. During the past 7 days, on how many days did you eat breakfast?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
48. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
49. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
50. How many cavities have you had in your permanent teeth?
- A. 0 cavities
  - B. 1 cavity
  - C. 2 or 3 cavities
  - D. 4 or 5 cavities
  - E. 6 or more cavities
  - F. Not sure
51. When was the last time you saw a dentist for a check-up, 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

52. What was the **main** reason that you last went to the dentist? (Select only **one** response.)
- A. I have never been to the dentist
  - B. For a routine check-up, exam, or cleaning
  - C. Because something was wrong, bothering, or hurting me
  - D. For treatment of a problem the dentist discovered at an earlier check-up or exam
  - E. To check or adjust my braces
  - F. Some other reason
53. During the past 12 months, how many times have your teeth or mouth been painful or sore?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

54. During the past 12 months, how many times have you missed school because of problems with your teeth or mouth?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
55. During the past 12 months, how many times did you go to an emergency room or urgent care center for problems with your teeth or mouth?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

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