

Mini-Core Module

Middle & High School Questionnaire

2016-2017

Cal-SCHLS developed the Mini-Core Module to better support districts in meeting their annual LCAP data collection needs. **Districts that administer the CHKS every year may choose to administer this Mini-Core the year AFTER they have administered the complete Core Module.** CDE requires districts to administer the CORE Module every other year. Alternating the CHKS Core with the Mini-Core offers districts flexibility for their LCAP needs while maintaining the integrity of the longitudinal district, county, and statewide CHKS data system.

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about bullying and violence.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***

Thank you for taking this survey!

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Begin by writing your school's name at the top of the answer sheet.

1. Fill in the bubble for the letter "H."
2. Fill in the bubble for the letter "J"

Next, we would like some background information about you.

3. What is your sex?
 - A) Male
 - B) Female
4. What grade are you in?

A) 6th grade	F) 11th grade
B) 7th grade	G) 12th grade
C) 8th grade	H) Other grade
D) 9th grade	I) Ungraded
E) 10th grade	
5. Are you of Hispanic or Latino origin?
 - A) No
 - B) Yes
6. What is your race?

A) American Indian or Alaska Native	D) Native Hawaiian or Pacific Islander
B) Asian	E) White
C) Black or African American	F) Mixed (two or more) races

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7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)
If you are **not** of Asian/Pacific Islander background, mark “A) Does not apply.”
- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean |
| B) Asian Indian | I) Laotian |
| C) Cambodian | J) Vietnamese |
| D) Chinese | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino | L) Other Asian |
| F) Hmong | |
| G) Japanese | |
8. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- | | |
|--|---|
| A) A home with one or more parents or guardian | E) Foster home, group care, or waiting placement |
| B) Other relative’s home | F) Hotel or motel |
| C) A home with more than one family | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend’s home | H) Other living arrangement |
9. What is the highest level of education your parents or guardians completed? (*Mark the educational level of the parent or guardian who went the furthest in school.*)
- | | |
|---|---------------------------|
| A) Did not finish high school | D) Graduated from college |
| B) Graduated from high school | E) Don’t know |
| C) Attended college but did not complete four-year degree | |
10. Do you receive free or reduced-price lunches at school? (*Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.*)
- | |
|---------------|
| A) No |
| B) Yes |
| C) Don’t know |
11. What language is spoken most of the time in your home?
- | | |
|--------------|---------------|
| A) English | F) Tagalog |
| B) Spanish | G) Vietnamese |
| C) Mandarin | H) Korean |
| D) Cantonese | I) Other |
| E) Taiwanese | |

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How well do you understand, speak, read, and write English?

	Very Well	Well	Not Well	Not At All
12. Understand English	A	B	C	D
13. Speak English	A	B	C	D
14. Read English	A	B	C	D
15. Write English	A	B	C	D

16. During the past **12 months**, how would you describe the grades you mostly received in school?

- | | |
|----------------|----------------|
| A) Mostly A's | E) Mostly C's |
| B) A's and B's | F) C's and D's |
| C) Mostly B's | G) Mostly D's |
| D) B's and C's | H) Mostly F's |

17. During the past **12 months**, about how many times did you skip school or cut classes?

- | | |
|----------------|--------------------------|
| A) 0 times | D) Once a month |
| B) 1–2 times | E) Once a week |
| C) A few times | F) More than once a week |

How strongly do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
18. I feel close to people at this school.	A	B	C	D	E
19. I am happy to be at this school.	A	B	C	D	E
20. I feel like I am part of this school.	A	B	C	D	E
21. The teachers at this school treat students fairly.	A	B	C	D	E
22. I feel safe in my school.	A	B	C	D	E
23. My school is usually clean and tidy.	A	B	C	D	E
24. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
25. Parents feel welcome to participate at this school.	A	B	C	D	E
26. School staff takes parent concerns seriously.	A	B	C	D	E
27. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
28. I try hard at school because I am interested in my work.	A	B	C	D	E
29. I work hard to try to understand new things at school.	A	B	C	D	E
30. I am always trying to do better in my schoolwork.	A	B	C	D	E

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Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

At my school, there is a teacher or some other adult ...

	Not At All True	A Little True	Pretty Much True	Very Much True
31. who really cares about me.	A	B	C	D
32. who tells me when I do a good job.	A	B	C	D
33. who notices when I'm not there.	A	B	C	D
34. who always wants me to do my best.	A	B	C	D
35. who listens to me when I have something to say.	A	B	C	D
36. who believes that I will be a success.	A	B	C	D

At school, ...

	Not At All True	A Little True	Pretty Much True	Very Much True
37. I do interesting activities.	A	B	C	D
38. I help decide things like class activities or rules.	A	B	C	D
39. I do things that make a difference.	A	B	C	D

Next questions ask about the use of alcohol, tobacco, marijuana, or other drugs on school property.

During the past 30 days, on how many days on school property did you ...

	0 Days	1 Day	2 Days	3 – 9 Days	10 – 19 Days	20 – 30 Days
40. smoke cigarettes?	A	B	C	D	E	F
41. use electronic cigarettes, e-cigarettes, or other vaping device such as e-hookah, hookah pens, or vape pens?	A	B	C	D	E	F
42. have at least one drink of alcohol?	A	B	C	D	E	F
43. smoke marijuana?	A	B	C	D	E	F
44. use any other drug, pill, or medicine to get “high” or for other than medical reasons?	A	B	C	D	E	F

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Next are questions about violence, safety, harassment, & bullying on school property.

45. How safe do you feel when you are at school?
- A) Very safe
 - B) Safe
 - C) Neither safe nor unsafe
 - D) Unsafe
 - E) Very unsafe

During the past 12 months, how many times on school property have you ...

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
46. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
47. been afraid of being beaten up?	A	B	C	D
48. been in a physical fight?	A	B	C	D
49. had mean rumors or lies spread about you?	A	B	C	D
50. had sexual jokes, comments, or gestures made to you?	A	B	C	D
51. been made fun of because of your looks or the way you talk?	A	B	C	D
52. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
53. been offered, sold, or given an illegal drug?	A	B	C	D
54. damaged school property on purpose?	A	B	C	D
55. carried a gun?	A	B	C	D
56. carried any other weapon (such as a knife or club)?	A	B	C	D
57. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
58. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
59. been threatened with harm or injury?	A	B	C	D
60. been made fun of, insulted, or called names?	A	B	C	D

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During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength quarrel or fight.]

		Happened on School Property			
		0 Times	1 Time	2 to 3 Times	4 or More Times
61.	Your race, ethnicity, or national origin	A	B	C	D
62.	Your religion	A	B	C	D
63.	Your gender (being male or female)	A	B	C	D
64.	Because you are gay or lesbian or someone thought you were	A	B	C	D
65.	A physical or mental disability	A	B	C	D
66.	Any other reason				
67.	During the past 12 months , did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?				
	A) No				
	B) Yes				
68.	During the past 12 months , did you ever seriously consider attempting suicide?				
	A) No				
	B) Yes				
69.	How many questions in this survey did you answer honestly?				
	A) All of them				
	B) Most of them				
	C) Only some of them				
	D) Hardly any				
70.	Which of the following best describes you? (<i>Mark All That Apply.</i>)				
	A) Heterosexual (straight)				
	B) Gay or Lesbian				
	C) Bisexual				
	D) Transgender				
	E) Not sure				
	F) Decline to respond				