

Identifying Indicators and Tools for Measuring Social and Emotional Healthy Living: Children Ages 5-12 Years

Kimberly A. Schonert-Reichl, Ph.D. Molly Stewart Lawlor, M.A. Eva Oberle, M.A. Kimberly Thomson, B.A.

University of British Columbia

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Public Health Agency of Canada Jeanne Mance Building 200 Eglantine Driveway, Tunney's Pasture Ottawa, ON K1A 0K9 <u>www.phac-aspc.gc.ca</u>

Department of Educational and Counseling Psychology, and Special Education 2125 Main Mall University of British Columbia Vancouver, BC V6T 1Z4 Office: 604-822-2215 Lab: 604-822-3420 e-mail: <u>kimberly.schonert-reichl@ubc.ca</u>

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SECTION ONE INTRODUCTION AND OVERVIEW

Introduction

Understanding the factors that predict children's successful adaptation is a fundamental interest of parents, teachers, and those societal agencies that wish to find ways in which to guide children on a positive developmental path. Such knowledge affords these individuals who influence children's development a deep understanding of the mechanisms and processes that may propel children away from or toward maladaptation and poor mental health – and hence enables the creation and implementation of preventive efforts that promote positive development and prevent detrimental outcomes in childhood.

Despite much progress in the field, however, the extant research during the past several decades has been almost exclusively devoted to identifying the predictors of negative facets of development, such as aggression and other antisocial outcomes, with scant attention paid to the discovery of factors that are associated with positive aspects of development and social and emotional health – characteristics such as optimism, happiness, hope, compassion, and altruism. Most recently, there is an emerging paradigm shift occurring in psychology, education, and related fields - the prevailing focus on the negative factors that lead to poor outcomes is giving way to a focus on the positive factors that lead toward mental health and well-being.

Across a variety of disciplines, from education to health promotion, recent years have witnessed a surge in the development and implementation of programs aimed at promoting children's strengths or "resiliency" – defined here as positive adaptation in the face of risk or adversity. In tandem with this growth in the number and variety of mental health promoting programs, there has been a burgeoning literature delineating the importance of obtaining "evidence" of a program's effectiveness. Indeed, with ever increasing demands for accountability, it appears that we can no longer rely on our "common sense" or "good hunches" in knowing what works and what does not. Instead, it is necessary that we obtain objective "evidence" regarding a program's efficacy or effectiveness. Such information is critical not only for policy makers and other funding agencies (along with taxpayers) to know if their dollars are well spent, such information is essential for determining the processes and mechanisms that may lead children and youth toward positive mental health and resiliency and away from risk.

Nonetheless, there remain significant gaps in the knowledge base regarding children's social and emotional health. Most notably is the absence of a consensus regarding the ways in which children's social and emotional health is defined and measured across various countries and jurisdictions. Accordingly, in this report we attempt to redress this apparent imbalance by carefully reviewing the extant literature and approaches from around the world regarding the definitions and indicators of children's social and emotional health, ages 5 to 12 years.

The Importance of Middle Childhood

Over the past three decades there has been an increased understanding of the early years for the future development of all children. Yet, while an abundance of research has demonstrated that the first few years of life are important years for healthy child development, what happens during the middle childhood years – the ages between 5 and 12 years of age - is also critical with long-lasting effects (Hertzman & Power, 2006).

There is a clear need for more information about children during middle childhood. Indeed, they comprise a significant proportion of our children and youth. In Canada, there are nearly 3.9 million children between the ages of 5 and 14 which is approximately 12% of the population (Statistics Canada, 2007). Moreover, the number of children in the middle years has increased more than the number of youth.

Collins (1984) suggested that it is during the middle childhood years in which children's personalities, behaviours, and competencies may consolidate into forms that persist into adolescence and on into adulthood. And, while there is much variation among children in terms of rate of growth and development during middle childhood, evidence is mounting that middle childhood development is a more powerful predictor of adolescent adjustment and success than is early childhood development. As can be surmised, middle childhood is a time of great opportunity to optimize health and promote development. Nonetheless, despite the importance of this stage of development, middle childhood development – and the factors that influence it – is not well understood.

What we know from the existing, albeit meager research on this age period is that the changes that occur are quite dramatic. It is between the ages of 9 to 12 years, in particular, in which fundamental changes occur across almost every sphere of life – intellectual/cognitive changes, physical changes due to puberty, and social and emotional changes. During this time, children both master academic skills, such as reading, writing, and arithmetic and become more self aware, reflective, and planful. It is also during these years when children become less egocentric and are able to consider the feelings and perspectives of others – they develop a sense of right and wrong and have the capacity to act in accordance with their higher levels of social understanding.

Erik Erikson (1959) characterized this phase in the life cycle as a time of "industry" – a time when a child's attention is directed at acquiring new competencies and skills and learning how to get along with others, including their peers and adults across a variety of contexts. In Erikson's opinion, while children during middle childhood need and enjoy make-believe games and play, too much of these sorts of activities leads to dissatisfaction because what children at this developmental level really yearn for is being engaged in activities that they see as worthwhile and competence building, such as learning new skills. In Erikson's conceptualization of middle childhood, adults play a pivotal role in helping children develop a sense of industry. That is, if adults provide tasks for children that are perceived to be interesting and worthwhile, and children believe that they can accomplish, children are more likely to develop a sense of their own industry or sense of efficacy. If family life has not prepared the child for school life or if the things the child has already learned to do well are considered to insignificant by the teacher and classmates, the period can lead the child to have a sense of inadequacy and inferiority.

In addition to the new cognitive and social emotional competencies that children acquire, middle childhood is also a time when children expand their contexts beyond the family, to the school, neighbourhood, and the larger community setting. In contrast to the first years of a child's life where the influence of family is most central, it is during middle childhood in which there is an increasing influence of out-of-home environments on children's developmental pathways (Bianchi & Robinson, 1997). Children at this age, although still heavily influenced by the family milieu, are increasingly engaged in other environments and may be influenced by teachers, school environments, and peer groups. Taken together, there is a strong rationale for a focus on delimiting the internal and external mechanisms that account for the social and emotional health of children ages 5 to 12 years.

"We still haven't convinced a wide range of people that social emotional development is just as important as physical and cognitive development in terms of life course, health and well-being . . . There is lots of evidence that social emotional climate, development, and learning are all steps in variety of life course phenomena, both in terms of how well schools do right through to the risk of latent depression later on in life, so from the standpoint of human development, it's indispensable."

-- Clyde Hertzman, MD, Director, The Human Early Learning Partnership (HELP), UBC



Organization of this Report

In our first report we gathered data via a series of "expert" interviews in order to obtain a corpus of information from individuals identified to be at the top of their various disciplines with regard to children's social and emotional health. From these interviews we garnered critical information regarding the ways in which children's social and emotional health was being defined and operationalized across various disciplines and from different perspectives. What emerged from these interviews were two points on which there was unanimous consensus: 1) there is an emerging enthusiasm and commitment from individuals across North America to focus on children's social and emotional health, and 2) although there has been much progress in the field, there exist significant gaps in our understanding of the indicators of children's social and emotional health and the ways in which we can measure it. This latter point is particularly noteworthy - there is a dire need for the identification of scientifically sound assessment tools that are cost-effective and easy to use if we hope to promote a more comprehensive understanding of children's social and emotional health and the mechanisms and processes that influence it.

The broad interest in understanding children's social and emotional health along with the recent emergence of initiatives in Canada, the US, and beyond make the time ripe for a comprehensive examination of the ways in which agencies from around the world are defining, operationalizing, and assessing children's social and emotional health. Throughout this report, we focus specifically on children ages 5 to 12 years because this is an age group in which critical developmental changes occur. We begin this report by providing a delineation of approaches and initiatives taking place around the globe regarding the topic of children's social and emotional health. Following, we present a description of several existing measures that have been used in places in Canada and beyond to assess dimensions of children's social and emotional health. We end with putting forth some conclusions and recommendations regarding future directions of which researchers, program evaluators, practitioners, educators, and policymakers should be cognizant of in order to catalyze change in the field and create contexts in which children's social and emotional health can be fostered and sustained.

SECTION TWO SOCIAL AND EMOTIONAL HEALTH INDICATORS AROUND THE GLOBE

Canada

Health Behaviour in School-Aged Children (HBSC) Study

In 2006, a cross-national study was conducted in Canada using the Health Behaviour in School-Aged Children survey in which the data was disseminated in the *Healthy Settings for Young People in Canada* report. The report was a collaborative project between the Federal Government and World Health Organization (WHO) and it examined health behaviours of over 9,600 youth aged 11-15 years, focusing on smoking, alcohol and drug use, physical activity/body image, eating patterns, emotional health and injuries. The report outlined five main concerns with children's health:

- *Healthy living practices and outcomes.* Almost half of students in Grades 6 through 10 reported being physically inactive. Fewer than half self-reported eating fruits or vegetables at least once a day. In the past ten years, childhood obesity rates have been increasing.
- *Risk behaviours that impact health.* One quarter to one third of Grade 9 and 10 students reported having smoked a cigarette, consumed alcohol, and having engaged in sexual intercourse.
- *Bullying and fighting behaviours*. Approximately two-fifths of students reported being victims of bullying. Many reported bringing weapons, such as hand guns or pepper spray, to school.
- Activities and outcomes related to injuries. Twenty percent of students reported missing school at least once during the year due to an injury. Risk of injury was greater among older students.
- *Emotional health status or outcomes*. Girls typically reported experiencing more emotional health problems than boys. These gender differences were evident by Grade 10.

Role of the Environment

The Health Behaviour in School-Aged Children (HBSC) study identified socioeconomic status, family, peers, and school as environmental factors that shape the health and well-being of young people. The authors suggested that the best opportunities for intervention are within home and school settings, yet they also argued that peer environments may be most in need of interventions. On a national level, the report suggested reviewing social income policy.

The full Healthy Settings for Young People in Canada report is available at: <u>www.phac-aspc.gc.ca/dca-dea/yjc/index-eng.php</u>

Measures

The instrument used to collect these data was the Health Behaviour of School-Aged Children survey. A description of this scale can be found on page 23.

Summary

The HBSC study highlighted the relationship between physical health and social emotional health factors and outcomes. To assess the health of children and young adolescents in Canada, it investigated not only the typical health behaviours (smoking, drinking, exercise), it also looked at social factors including bullying, perceived social support, family background, school climate, mood, and self-efficacy beliefs.

The HBSC International Coordinating Centre is located in Scotland (Edinburgh) and Professor Candace Currie is the current International Coordinator. For general inquiries, please contact Rebecca Smith, Assistant HBSC International Coordinator, at +441316516259, or info@hbsc.org.

United States

Collaborative for Academic, Social, and Emotional Learning (CASEL)

"Our mission is to establish social and emotional learning (SEL) as an essential part of education. We envision a world where families, schools, and communities work together to promote children's success in school and life and to support the healthy development of all children. In this vision, children and adults are engaged life-long learners who are self-aware, caring and connected to others, and responsible in their decision-making. Children and adults achieve to their fullest potential, and participate constructively in a democratic society." (www.casel.org)

Overview

CASEL views social and emotional learning as a set of social and emotional competencies that can be taught in schools. These skills (listed below) can be learned as children or adults, and are "fundamental" for life effectiveness and satisfaction.

The goals of teaching social and emotional competencies are that children and adults will be able to recognize and manage their emotions, establish positive and lasting relationships, make responsible and ethical decisions, and be able to care for themselves and others. As a school framework, CASEL's programs are best implemented school-wide, in a coordinated effort by staff and students. Programs are also most effective when they are implemented long-term, from preschool through high school. Lessons are designed to be learned in the classroom, outside of school, and in the home. They contend that the most effective strategies are when schools and families work together.

Social and Emotional Competencies

The current CASEL framework identifies five core groups of social and emotional competencies:

- Self-awareness—accurately assessing one's feelings, interests, values, and strengths; maintaining a well-grounded sense of self-confidence
- Self-management—regulating one's emotions to handle stress, control impulses, and persevere in overcoming obstacles; setting and monitoring progress toward personal and academic goals; expressing emotions appropriately
- Social awareness—being able to take the perspective of and empathize with others; recognizing and appreciating individual and group similarities and differences; recognizing and using family, school, and community resources

- **Relationship skills**—establishing and maintaining healthy and rewarding relationships based on cooperation; resisting inappropriate social pressure; preventing, managing, and resolving interpersonal conflict; seeking help when needed
- **Responsible decision-making**—making decisions based on consideration of ethical standards, safety concerns, appropriate social norms, respect for others, and likely consequences of various actions; applying decision-making skills to academic and social situations; contributing to the well-being of one's school and community

The following summaries are provided at <u>www.casel.org</u>:

Indicators of *self-awareness* vary by age level. During elementary school, children should be able to recognize and accurately label simple emotions such as sadness, anger, and happiness. In middle school, students should be able to analyze factors that trigger their stress reactions. Students in high school should be able to analyze how various expressions of emotion affect other people.

To assess *self-management*, in elementary school, children should be able to describe the steps of setting and working toward goals. In middle school they should be able to set and make a plan to achieve a shortterm personal or academic goal. High school students should be able to identify strategies to make use of available school and community resources and overcome obstacles in achieving a long-term goal.

To assess *social awareness*, elementary school students should be able to identify verbal, physical, and situational cues indicating how others feel. Those in middle school should be able to predict others' feelings and perspectives in various situations. High school students should be able to evaluate their ability to empathize with others.

Indicators of *relationship skills* in elementary school are that students should have an ability to describe approaches to making and keeping friends. Middle school students are expected to demonstrate cooperation and teamwork to promote group goals. In high school students are expected to evaluate uses of communication skills with peers, teachers, and family members.

To assess *responsible decision-making*, elementary school students should be able to identify a range of decisions they make at school. Middle school students should be able to evaluate strategies for resisting peer pressure to engage in unsafe or unethical activities. High-school students should be able to analyze how their current decision-making affects their college and career prospects.

Role of the Environment

CASEL identifies supportive relationships as a primary source of social and emotional learning. Within a school system, caring, supportive relationships are demonstrated through the way staff and teachers interact with students; school should be a place where students look forward to going. CASEL suggests creating learning environments where students feel part of a caring community, where all community members feel a sense of shared purpose, and where students have opportunities to experience collaboration as well as autonomy.

Feeling a sense of connectedness and belonging at school has been shown to help students and their families in many ways. When students feel their needs are being met at school (i.e., autonomy, safety, sense of belonging and being valued by the learning community) they are more likely to feel attached to school. Students who feel more attached to school in turn have better attendance, higher grades, and higher graduation rates. These students are also less likely to engage in risky behaviours such as crime and other forms of deviancy. Finally, when teachers and staff role model prosocial behaviour and students feel connected to those teachers, students are more likely to adopt these prosocial attitudes and behaviour as well.

Measures

CASEL provides links to a number of publicly available tools and measures on their website, at <u>www.casel.org/assessment</u>. Descriptions of these measures and their psychometric properties are also provided.

Summary

CASEL is the leading source on research in social and emotional education. It recognizes five dimensions as contributing to one's social and emotional capacity: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Specifically, CASEL suggests that schools are places where children's senses of belonging are fostered. Social emotional competence is therefore a combination of individual and contextual factors that can be measured reliably.

"SEL [Social and Emotional Learning] is a process for helping children and even adults develop the fundamental skills for life effectiveness. SEL teaches the skills we all need to handle ourselves, our relationships, and our work, effectively and ethically." -- CASEL

State Boards of Education: Illinois, New York, Washington

1) Illinois State Board of Education

Definition of Social and Emotional Learning:

The Illinois State Board of Education (ISBE) defines social and emotional learning as, "the process through which children develop awareness and management of their emotions, set and achieve important personal and academic goals, use social-awareness and interpersonal skills to establish and maintain positive relationships, and demonstrate decision-making and responsible behaviors to achieve school and life success" (www.isbe.state.il.us/ils/social_emotional/standards).

The three SEL goals are for children to be able to:

- 1. Develop self-awareness and self-management skills to achieve school and life success.
- 2. Use social-awareness and interpersonal skills to establish and maintain positive relationships.
- 3. Demonstrate decision-making skills and responsible behaviours in personal, school, and community contexts.

ISBE's SEL framework provides benchmarks for social and emotional competencies at each grade level. The benchmarks are meant to be representative, not exhaustive. Rubrics of the learning descriptors are available at: <u>http://www.isbe.net/ils/social_emotional/descriptors</u>

2) New York State Department of Education

Definition of Social and Emotional Development and Learning:

"Social emotional development is the process 'through which children and adults acquire the skills to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively. This skill set provides the foundation for academic achievement, maintenance of good health, and civic engagement in a democratic society." (www.emsc.nysed.gov/sss/SEDL)

They cite three principle goals of social and emotional learning:

- 1. Enhancing the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate;
- 2. Facilitating students' holistic development; and
- 3. Enabling student motivation and capability for academic learning.

These guidelines were developed by the Commissioner of Mental Health and Commissioner of Education and are intended to be voluntarily implemented by school districts within New York State. The State Board proposes all school districts to incorporate social and emotional development into elementary and secondary school education programs.

The mission of the New York State Office of Mental Health is to promote the mental health of all New Yorkers with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances. They call for the promotion of mental health through public education. (www.omh.state.ny.us)

3) Washington State Board of Education

Mission

The Washington State Board of Education's role in the K-12 system is to lead the development of state policy, provide system oversight, and advocate for student success.

Vision

The Washington State Board of Education envisions a learner-focused state education system that is accountable for the individual growth of each student, so that students can thrive in a competitive global economy and in life. Recently, proposals have been put forward to make social and emotional learning part of Washington State's basic education system.

Summary for U.S. State Board of Education Measures

There are no specific measures that the U.S. Education Boards recommend. However, Illinois' learning standards are notably similar to CASEL's five dimensions of social and emotional competence. Measures suggested on CASEL's website would therefore be a good choice when assessing progress towards these State goals.

The United States' Education Boards recognize the importance of children's holistic development. They are leading the way in terms of emphasizing not only academic achievement, but social and emotional development, including maintaining good health and promoting responsible behaviour. These States exemplify how policy is creating better learning environments for its students.

The European Union

The Child Health Indicators of Life and Development (CHILD) project

The Child Health Indicators of Life and Development (CHILD) project, which is part of the European Community Health Monitoring Programme (HMP), was commissioned by the European Union to identify and implement a set of national-level indicators and group-specific measures that address all aspects of child health. In September 2002, the project report edited by Rigby and Köhler to the European Commission, identified 38 core practical national indicators, along with 17 key child health topics recommended for further research work in order to identify and validate appropriate indicators. Table 6 reviews these identified indicators.

Regarding social and emotional health (e.g., neurological, social, and moral aspects), Lennart Köhler, chair of the CHILD project, and Michael Rigby, the project manager, stated the following in their 2003 paper entitled, "Indicators of Children's Development: Considerations when Constructing a Set of National Child Health Indicators for the European Union."

"For now the Child Health Indicators of Life and Development Project found no ground to recommend any particular method or combination of methods for a general monitoring of children's neurological, intellectual, language and moral development, and for including the results as national indicators of children's health and well-being in EU. For social development, indicators in the educational area seem most promising, as they have been proposed and used by OECD and UNESCO. In an ambitious monitoring programme, these indicators could be included as determinants of children's health and development" (p. 551)

SUPPORT Project

Led by the Scottish Development Centre for Mental Health with STAKES (National Research and Development Centre for Welfare and Health) and NHS Scotland (National Health Service for Scotland), SUPPORT, a three-year collaborative project, provides technical, administrative, and scientific support in order to further priorities in mental health for the European Union. SUPPORT is co-funded by the European Commission and the Scottish Government Directorate General for Health and Wellbeing.

The primary objectives of the SUPPORT Project are:

- 1. To support the development, delivery and implementation of the EU Strategy on Mental Health; and
- 2. To raise the profile and visibility of the European Commission Agenda on Mental health, across policy arenas.

Two exciting projects that are currently underway beneath the SUPPORT umbrella are the MGEN (Muteuelle Générale de L'Èducation Nationale) Public Health Foundation project, "School Children Mental Health in Europe (SCMHE)" and the National Health Service (NHS) for Scotland's project, "Children and Young People's Mental Health Indicators."

a) School Children Mental Health in Europe (SCMHE)

Led by Dr. Vivianne Kovess-Masfety at Descartes Paris University, the SCMHE project aims to develop and test an instrument that collects mental health information in school children, aged 6 -11, across eight participating countries (Bulgaria, Finland, Germany, Italy, Lithuania, Netherlands, Romania, Spain). The instrument would be used to compare mental health and risk factors across these nations. For more information please view the following link:

http://www.supportproject.eu/project.htm?id=91f729ed-4dfa-4036-baba-9af4f15b658c

b) National Health Service (NHS) for Scotland's Children and Young People's Mental Health Indicators

Efforts are currently underway to create a list of national mental health indicators for children and youth following the adult indicator set established by the NHS. The projected publication date of the child and youth indicator set is 2010/2011. The project has outlined an initial document, along with a document reviewing possible frameworks for the indicators. More information and the two prior documents can be found on the NHS website:

http://www.healthscotland.com/scotlands-health/population/mental-health-indicators/children.aspx

Social Policy Research Unit, The University of York, United Kingdom

In response to a lack of monitoring of the well-being of children in the European Union, researchers Jonathan Bradshaw, Professor of Social Policy, Petra Hoelscher, Consultant, UNICEF Regional Office for Central and Eastern Europe (CEE) / the Commonwealth of Independent States (CIS), Baltics, Geneva, and Switzerland, and Dominic Richardson, Research Fellow, Social Policy Research Unit, University of York, UK, recently published their article for *Social Indicators Research*, entitled, "An Index of Child Well-being in the European Union," (2006). With a rights-based, multi-dimensional understanding of child well-being underpinning the study, the authors utilized comparative surveys and EU25 series data to compare performance of EU member states on eight clusters with 23 domains and 51 indicators to create an index of well-being. Subjective well-being is included in the eight clusters along with children's material situation, housing, health, education, children's relationships, civic participation and risk and safety. Please refer to Section Three of this report for a description of the instrument items and summary table of the clusters, domains and indicators reported in this study.

Australia

Australian Institute of Health and Welfare (AIHW)

The Australian Institute of Health and Welfare provides national statistical reports regarding trends and patterns in the development and well-being of Australian children. Part of the Institute's mission is to identify indicators across a wide range of child health domains including learning and development, health and risk factors, safety and security, and family and community environments. In 2008 the Institute released a technical paper on "operational definitions and data issues for key national indicators of children's health, development and wellbeing" (AIHW working paper) within which headline indicators for children's health, development and well-being were reported. Interestingly, no indicator for social and emotional health was identified, citing "No indicator identified at present; measure to be developed" (p. 88).

Australian Council for Educational Research (ACER)

"ACER's mission is to create and promote knowledge and tools that can be used to improve learning across the lifespan. Underlying this mission is our belief in the importance of ongoing, lifelong learning both for the fulfillment of individuals and for the well-being of society, and our commitment to the use of systematic investigation, evaluation and critical reflection in the search for ways to improve learning. As an independent, not-for-profit organization, we are able to bring a high level of expertise and objectivity to our work." (http://www.acer.edu.au/)

Australian Scholarship Group (ASG) Student Social and Emotional Health Report

ACER recently published a report entitled, "ASG Student Social and Emotional Health Report." This report includes the results of a large study evaluating student social and emotional health. This project, headed by Dr. Michael Bernard of the University of Melbourne with Andrew Stephanou and Danial Urbach of ACER, surveyed over 10,000 students attending 81 schools across Australia. The Australian Scholarship Group (ASG) funded the research.

Citing current research, the authors of the report define social and emotional well-being as including two distinct dimensions; one positive and the other negative. The following lists a summary of the positive and negative indicators of social and emotional well-being as delineated in the *ASG Student Social and Emotional Health Report* (Bernard, Stephanou, & Urbach, 2007, p. 14).

Positive Indicators of Student Social and Emotional Well-Being

Young person generally appears to. . .

- be happy
- have positive self-esteem
- volunteer to make his/her community a better place
- like being in school
- get along with classmates, including those who are different
- get along with teachers
- be interested in helping others
- be positive about the future
- participate in a wide range of activities
- relate positively to family
- feel like he/she belongs
- make responsible choices to stay out of trouble
- feel safe and free from physical harm

Negative Indicators of Student Social and Emotional Well-Being

Young person generally appears to. . .

- have his/her feelings easily hurt
- engage in unhealthy behaviour
- have significant periods of time when he/she feels down
- act impulsively, be lonely or a loner
- under-achieve in one or more areas of schoolwork
- be very stressed
- act dishonestly (lie, cheat, or steal)
- worry too much about what others think of him/her, lose his/her temper
- get into trouble a lot
- physically bully or verbally taunt other students

The report also reviewed a number of factors across environmental and social and emotional factors that contribute to student well-being (p. 17).

Environmental Factors

- Positive adult-child relationships
- Communication of high and realistic expectations for achievement and behaviour
- Opportunities for students to be given responsibilities and to be involved in decision-making
- Peers engaged in pro-social behaviour and doing their best in school
- Provision of places/activities that accommodate students' interests
- Teaching of positive attitudes, values and social and emotional competencies
- Multiple opportunities to be successful

Social and Emotional Factors

- Resilience rational attitudes and coping skills
- Positive social orientation social skills and values
- Positive work orientation learning capabilities including work confidence, persistence, organization and cooperation

Measures

The Australian Council for Educational Research Student Emotional Well-being (ACER SEWB) student and teacher surveys (Bernard, 2003a, 2003b) were administered in this study. The SEWB surveys were designed to assess the social and emotional well-being of students from the early years of schooling through to senior secondary school levels. The ACER surveys were designed as strengths-based assessment tools incorporating an ecological view and including the 40 external and internal developmental assets as identified by the Search Institute (www.search-institute.org). For more information on the ACER SEWB surveys, please see the following link: http://www.acer.edu.au/sewbs/index.html

International Organizations

World Health Organization (WHO)

"In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats." (<u>http://www.who.int/about/en/</u>)

The World Health Organization's agenda is comprised of six parts:

- 1. Promoting development
- 2. Fostering health security
- 3. Strengthening health systems
- 4. Harnessing research, information, and evidence
- 5. Enhancing partnerships
- 6. Improving performance

Definition of Mental Health

"Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: 'A state of complete physical, mental and social well-being, and not merely the absence of disease.' It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders." (www.who.int/topics/mental_health)

Commission on the Social Determinants of Health

The final report of the Commission on the Social Determinants of Health was completed in August 2008. The Commission identified people's environments as major influences on their health. Specifically, they referred to conditions in which people are born, grow, live, work and age, including the health system. They identified the social determinants of health (distribution of wealth and resources) as being primarily responsible for health inequities, defined as, "the unfair and avoidable differences in health status seen within and between countries."

The Commission's report identified three overarching recommendations:

- 1. Improve daily living conditions.
- 2. Tackle the inequitable distribution of power, money, and resources.
- 3. Measure and understand the problem and assess the impact of action.

Early Child Development

The WHO called the early child period the most important developmental phase throughout the lifespan. To them, "healthy early child development (ECD) includes the physical, social/emotional, and language/cognitive domains of development, each equally important." They argue these three domains influence well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality, and economic participation throughout life, and contend that what happens to the child in the early years is critical for the child's developmental trajectory and life course.

WHO's knowledge-hub on Early Child Development is the Human Early Learning Partnership led by Dr. Clyde Hertzman. (<u>www.earlylearning.ubc.ca</u>)

Measures

The WHO has been involved with a number of studies using multiple measures. Notably, the WHO continues to use the *Health Behaviour for School-Aged Children (HBSC) survey* to assess children and adolescents' mental and physical health (described earlier in this report), as well as the *Early Development Instrument (EDI)* to assess younger children's well-being.

Summary

The WHO is the leading organization in promoting individual's rights and access to proper health care. While dedicated to insuring individuals' physical health, WHO also recognizes the importance of promoting mental, social, and emotional health, in children as well as adults. The WHO recognizes that health outcomes are contextual, and that attending to physical and mental health is important for maintaining healthy outcomes throughout the life course.

UNICEF

"The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in their families and societies they are born in."

(UNICEF Innocenti Research Center, 2007)

In the report entitled *Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries* (Innocenti Report Card 7, 2007), six dimensions of children's well-being were assessed: 1. Material Wellbeing, 2. Health and Safety, 3. Educational Well-being, 4. Family and Peer Relationships, 5. Behaviours and Risks and 6. Subjective Well-being. All dimensions will be presented in this report. The last three dimensions are particularly indicative of children's social and emotional development and will therefore be presented in more detail. The full report can be obtained at <u>www.unicef-irc.org/publications/pdf/rc7_eng.pdf</u>

1. Material Well-Being

Material well-being was defined as relative income poverty (percentage of children living in homes with incomes below 50% of the national median), households without jobs (percentage of families without an employed adult), and child-reported deprivation (percentage of children with fewer than 10 books in the home and few educational resources). Material well-being was seen as representing important resources for child education (e.g., having a desk at home, being able to buy school materials, having access to books).

2. Health and Safety

Child health and safety was assessed by measuring the percentage of children born with low birth weight in a country, the infant mortality rate, preventive acts (e.g., immunizations) taken for children's health, the number of death from accidents between ages 0 to 19. The report presented that health and safety are a basic concern for children and families, even in rich countries. "Health and safety" was also seen as an overall indicator for a society's commitment to its children. These two constructs were viewed as the basis for a child's present well-being, future growth, and healthy development.

3. Educational Well-Being

Educational well-being was operationalized in terms of school achievement at age 15 (achievement in reading, mathematics, and science), the percentage of children between the ages 15 and 19 who remained in education, and the percentage of children in this age group who were not in educational, training or employment, or expecting to find low skilled work. The authors suggested that the quality of and the proportion spent on education needs to be included when considering children's general well-being. They considered education to be the link between fostering a child's personality development, talents, and mental and physical abilities.

4. Relationships

The UNICEF report contended that relationships with family and friends matter a great deal for long term emotional and psychological development. Data on family and peer relationships therefore reflected **family structure** (e.g., children living in single-parent families), **family relationships** (e.g., time children spent "just talking" to their parents), and **peer relationships** (e.g., whether or not children experienced their peers as kind and helpful). Even though many children growing up in single-parent families and step-families are happy and grow up in a secure environment, there was statistical evidence indicating that growing up in single-parent or step families was associated with greater risk to social and emotional well-being. Risks to well-being were identified as the risk to drop out of school, leave home early, have poor health, and low skills.

Besides family structure, they found the *quality* of parent-child relationships was also crucial to children's well-being. That is, how much time do parents devote to interact with their children? How often does the family have meals together? As children grow up, relationships outside of the family become more and more important. Being accepted and liked is crucial to a child's health and well-being.

5. Behaviours and Risks

Behaviours and risks were grouped into health behaviours, risk behaviours, and experienced violence. Although all behaviours and risks are related to social and emotional health, experienced violence is of particular interest in the light of social and emotional well-being. The experience of violence was divided into the amount of **being involved in fights** and **being a victim of bullying**. Aggression, such as fighting and being bullied, has the potential of shadowing young adolescents' lives and can be anxiety provoking, resulting in emotional and mental health problems.

6. Subjective Well-Being

Subjective well-being assessed how much children liked school, and how satisfied they were with life in general (measured by the 'Life Satisfaction Scale'). Subjective well-being focused more on children's perception of their well-being rather than on an objective assessment of it. **How happy children are at school**, and **how much they like or don't like school** was an important indicator of subjective well-being. The 'Life Satisfaction Scale' consisted of items capturing how satisfied children were in their lives, and how much belonging they felt in general in their life (e.g., "I feel like an outsider or left out of things" on a scale from 0 to 10, with higher scores representing greater life satisfaction).

Measures

Each dimension was measured countrywide. The assessment served for an international comparison of child well-being by country. The table below serves as an overview of the dimensions' components and their indicators.

Dimension	Component	Indicators
1. Material Well- Being	1. Relative income poverty	% of children living in homes with incomes 50% below national median
	2. Households without jobs	% of children in families without an employed adult
	3. Reported deprivation	% of children reporting low family affluence, low educational resources, fewer than 10 books at home
2. Health and Safety	1. Infant health	Number of infants dying before age 1; % of infants born with birth weight < 2,500g
	2. Preventive health services	% of children between ages 12 and 23 months immunized against measles, polio, and DPT
	3. Safety	Death from injuries and accidents per 100,000 between the ages 0 and 19

Table 1: UNICEF's Dimensions of Child Well-Being

Dimension	Component	Indicators
3. Educational Well- Being	onal Well- age of 151. School achievement at the age of 15Average achievement in reading literacy, mathematic literacy, science literacy	
	2. Education beyond basic	% of 15 to 19 year olds remaining in education
	3. Transition into employment	% of 15 to 19 year olds not in education, training or employment; % of 15 to 19 year olds expecting to find a low skilled job
4. Relationships	1. Family structure	% of children living in single parent families or step families
	2. Family relationships	% of children eating a main meal with parents more than once a week; % of children reporting that parents spend time "just talking" to them
	3. Peer relationships	% of 11, 13, and 15 year olds who find their peers helpful and kind
5. Behaviour and Risks	1. Health behaviour	% of children who eat breakfast, eat fruit daily, are physically active; % of children who are overweight
	2. Risk behaviour	% of young people who smoke, use cannabis, have been drunk more than twice, have had sex by the age 15, use condoms; teenage fertility rates
	3. Experience of violence	% of 13 to 15 year olds involved in fights in the last 12 months; % of children reporting to have been bullied in the last 2 months
6. Subjective Well-	1. Health	% of young people rating their health as fair/ poor
Being	2. School life	% of young people liking school a lot
	3. Personal well-being	% of young people rating themselves above mid- point of the Life Satisfaction Scale; % of children reporting negatively about their well-being

Summary

UNICEF lists factors of social and emotional well being along with mental and material well-being as absolutely crucial for healthy child development. Indicators of well-being are identified within the child (e.g., health), in the family (e.g., family relationships), the peer group (e.g., having trustworthy friends), the educational system and the broader environment (e.g., safety). Factors for well-being therefore range widely from growing up in an economically stable family to reporting to be happy and satisfied in life.

The International Academy of Education in Collaboration with UNESCO

The International Academy of Education (IAE) is a non-profit association promoting educational research. Their aim is to understand and solve educational problems around the world, and improve communication amongst policy makers, researchers, and practitioners. Social and emotional skills are also called 'emotional intelligence,' and refer to the set of abilities that allow students to work with others, learn effectively, and serve essential roles in their families, communities, and places of work. The IAE draws on research that has shown that social and emotional skills improve academic learning (Elias, 2003). Just like cognitive skills, they can be taught and provide a crucial link to academic achievement and student well-being in schools.

Incorporating social and emotional skill development into education teaches students a sense of responsibility, caring, and concern for the well-being of others, as well as themselves. Thus, academic and social and emotional learning is interconnected and touches both the 'head' and the 'heart.' Social and emotional learning has been called 'the missing piece,' because it has not been explicitly included in traditional curricula for a long time. Schools that foster social and emotional learning are places where students feel cared about, welcomed, valued and seen as more than just learners. The IAE in collaboration with UNESCO identifies social and emotional skills according to CASEL's theoretical framework:

- 1. *Know yourself and others*: ability to identify, recognize and label one's feelings; ability to be responsible, and understand one's obligation to engage in ethical, safe and legal behaviours; the ability to recognize strengths, and identify and cultivate one's positive qualities.
- 2. *Make responsible decisions*: ability to manage emotions and regulate feelings; ability to understand situations accurately; ability to set goals; ability to solve problems creatively by engaging in a creative, disciplined process of exploring alternative possibilities.
- 3. *Care for others*: ability to show empathy; ability to identify and understand the thoughts and feelings of others; ability to respect others; ability to appreciate diversity.
- 4. *Know how to act*: ability to communicate effectively; ability to build, establish, and maintain healthy relationships; negotiate fairly; act ethically; seek help; refuse provocations.

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Measures

The IAE provides insight into the importance of SEL in schools based on CASEL's conceptualization of social and emotional learning and development. They do not list or recommend specific measures to assess SEL or its sub-components.

Summary

The IAE works with a theoretical framework posited by CASEL in understanding, promoting, and communicating the importance of SEL around the world. Their approach is research-based, drawing on the most recent findings on SEL in the school setting, and communicating those to parents, educators, and policy makers.

"... a combination of academic and social-emotional learning is the true standard for effective education in the world today and for the foreseeable future."- *Elias, 2003*

SECTION THREE MEASURING SOCIAL AND EMOTIONAL HEALTH

SELECTION CRITERIA

Measures were selected on the basis of several criteria, such as psychometric properties (e.g., evidence of good reliability and validity), availability, free access, and applicability for children between ages 5 to 12 years. Furthermore, instruments assessing both risk and protective factors in children were chosen in consideration of a holistic approach to social and emotional well-being. The chart below summarizes some of these criteria and is followed by a detailed description of each measure. Most of these measures can be found in the appendix. (At this time, the Middle Development Inventory and Index of Child Well-being in the EU are still under review and therefore not attached to this report).

Table 2: Summary of Measures Reviewed

Measure	Age group	Source of data	Psycho- metrics	Availability	Appendix: Section
A) Health Behaviour in School-Aged Children Survey	Ages 11 - 15	Self-report	Good	Free	Ι
B) Early Development Instrument	Ages 5 - 6	Parent and teacher reports	Good	Free	II
C) Middle Year Development Instrument	Ages 9-14	Self-report	Evaluation in process	Under review	
D) Strengths and Difficulties Questionnaire	Ages 3 - 16	Self, parent, and teacher reports	Good	Free	Ш
E) California Healthy Kids Survey	Ages 12 - 17	Self-report	Good	Free	IV
F) Index of Child Well-Being in the European Union	Ages 0 - 19	Data/statistics obtained at the country level	Good	Under review	

A) Health Behaviour in School-Aged Children (HBSC) Survey

The Health Behaviour in School-Aged Children (HBSC) Survey is a school-based, self-report questionnaire. It was originally developed by an international network of researchers, including those at the Child and Adolescent Health Research Unit at the University of Edinburgh, and the World Health Organization. To date, it has been used to collect data from over 180,000 older children from more than 40 participating countries around the world. In Canada, the survey is administered every year by the Social Program Evaluation Group (SPEG) at Queen's University (<u>http://educ.queensu.ca/~speg/</u>). One strength of the HBSC survey is that it was designed to be appropriate for adolescents, ages 11-15. This measure would be a good choice, therefore, to assess attributes and behaviours associated with older children. Specifically, this survey consists of 75 items measuring *background factors* (e.g., socioeconomic status, family structure), *individual and social resources* (e.g., body image, school environment), *health behaviours* (e.g., smoking, dieting, sexual behaviour, violence), and *health outcomes* (e.g., life satisfaction, body mass index, self-reported health). See Section I in the Appendix for the full measure.

Psychometric properties

Support for test-retest reliability for each of subscales has been found to be adequate across a variety of research studies. As with any self-report measure, the extent to which respondents answer reliably depends largely on self-awareness (Haugland & Wold, 2001). For example, there is some evidence that suggests respondents answer more consistently as they grow older. However, the HBSC has been found to be a good tool when assessing older children and adolescents.

Dimension	Assessed constructs
1. Background factors	- Socioeconomic status (e.g., mother's job, father's
	job)
	- Family structure (e.g., "Who do you live with?")
2. Individual and social resources	- Perceived ability in school
	 Perceived pressure to achieve
	- Future expectations
	 Experiences with bullying
	- Liking of school/teachers
3. Health behaviours	 Smoking/drinking /drug use
	- Exercise
	- Brushing teeth
	- Diet
	- Watching TV
	 Concern with own health/safety
4. Health outcomes	- Mood
	- Illness/injury
	- Fatigue
	- Self-compassion

Table 3: Dimensions of the Health Behaviour in School-A	ged Children (HBSC) Survey
Tuble 5. Dimensions of the freath behaviour in School A	

Terms and Conditions: The HBSC survey is available from the Public Health Agency of Canada website (<u>http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/hbscques9798_e.pdf</u>). According to the official HBSC website, many countries add their own measures to customize this survey to measure aspects of development that are of particular interest to that nation. Authors should be contacted before implementing this survey. Requests can be sent to <u>info@hbsc.org</u>.

B) The Early Development Instrument (EDI)

The EDI was developed at the Offord Centre for Child Studies at McMaster University in Hamilton, Ontario, Canada, and is a validated survey instrument used to assess school readiness in 5- and 6-year-olds. The intent is to use the EDI as a population-level measure to compare school readiness across neighborhoods rather than as an individual assessment tool. The survey is completed by teachers based on their observations of classroom and school interactions with the child. The instrument reports on areas of strength and deficits for populations of children. It is implemented longitudinally to monitor populations over time, and can predict children's performance in school.

The EDI measures school readiness to learn on five core subscales which are indicative of developmental readiness: 1. *physical health and well-being*, 2. *social knowledge and competence*, 3. *emotional maturity*, 4. *language and cognitive* development, and 5. *communication skills*. Two additional indicators are special skills (literacy, numeracy, dance, music, etc.) and special problems (health problems, learning problems, etc.). The table below summarizes the indicators comparing the five subscales. See Section II in the Appendix for the full measure.

Psychometric properties

The internal consistency of the EDI has been found to be high, ranging from 0.84 to 0.96. The test-retest reliability was found to be high, ranging from 0.82 to 0.94.

Sub-scale/domain	Selected Indicators
1. Physical health and well-being	 Gross and fine motor skills (e.g., holding a pencil, running on the playground, motor coordination, adequate energy levels for classroom activities)
2. Social knowledge and competence	 Curiosity about the world Knowledge about acceptable behaviour Ability to control own behaviour Respect of adult authority Cooperation with others, following rules Ability to play/work with other children
3. Emotional maturity	 Ability to reflect before acting Balance between too fearful and too impulsive Ability to deal with feelings at the age-appropriate level Empathic response to other people's feelings
4. Language and cognitive development	 Reading awareness Age-appropriate reading/writing/numeracy skills Ability to understand similarities and differences Ability to recite specific pieces of information from memory
5. Communication skills and general knowledge	 Ability to communicate needs/wants in a socially appropriate way Symbolic use of language Age-appropriate knowledge about life and the world

Table 4: Dimensions of the Early Development Instrument (EDI)

Terms and Conditions: The EDI is available to the public through The Offord Centre for Child Studies at McMaster University, Hamilton Health Sciences Corporation. Tel: (905) 521-2100, ext. 74352.

C) The Middle Years Development Instrument (MDI)

The MDI is a self-report instrument for students in grades 4 to 7 and is designed to gather information about children's strengths and resiliency in elementary and middle school. It was developed between 2006 and 2008 via a university-community partnership among the United Way of the Lower Mainland, the Vancouver School Board, and researchers at the University of British Columbia (i.e., Kimberly Schonert-Reichl, PI; Clyde Hertzman, and Shelley Hymel, Co-PI's). The MDI was developed in order to address the absence of well-validated measures that assess the psychological and social worlds of children ages 9 to 14 years. The MDI has undergone two pilot phases and is currently being revised and finalized. The newest version consists of 72 self-report items and can be administered by teachers. Items in the instrument are organized around five core dimensions 1. *Social and emotional competence*, 2. *Connectedness*, 3. *School experiences*, 4. *Physical health and well-being*, and 5. *Constructive use of time*. The table below delineates the indicators for these five dimensions.

Psychometric properties

Psychometric properties are currently not available because the instrument is still under development. In the Fall of 2009, the MDI will be administered to 4,000 4th grade children in Vancouver in order to further evaluate the instrument and determine its psychometric properties.

Dimension	Assessed constructs
1. Social and emotional competence	 Empathy Optimism Life satisfaction
	 Prosocial behaviour Self-concept
	 Psychological well-being (e.g., anxiety, sadness)
2. Connectedness	 Number of important adults in school and in the neighbourhood
	- Peer connectedness
	- Parent connectedness
	- Awareness of community programs
3. School experiences	 Academic self concept
	 School belonging and supportiveness
	- Future goals
	- Experience with bullying
4. Physical health and well-being	- Overall health
	- Body image
	- Nutrition
	- Sleep
5. Constructive use of time	- Out of school time (spent where and with whom)
	- Structured/unstructured activities
	 Wishes and barriers for out of school time

Terms and Conditions: The MDI is currently under development and will be made available publicly in 2010. The terms and conditions for use are under discussion. For further information, contact either Kimberly A. Schonert-Reichl (<u>kimberly.schonert-reichl@ubc.ca</u>) or Lina Sweiss (<u>Isweiss@interchange.ubc.ca</u>).

D) The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a behavioural screening questionnaire developed by Robert Goodman in 1997 that measures 3 to 16 year olds' psychological attributes via 25 items. The items are composed of five sub-scales: 1. *Emotional symptoms*, 2. *Conduct problems*, 3. *Hyperactivity* and *inattention*, 4. *Peer relationship problems*, and 5. *Prosocial behaviour*. The questionnaire exists in three versions: for completion by parents or teachers (for 4 to 16 year old children), a self-report questionnaire (for 11 to 16 year old adolescents), and a modified version for parents or child care educators (for rating 3 year old children). Questionnaires, scoring instructions, and record sheets are available without cost in multiple languages at: http://www.sdqinfo.com. See Section III in the Appendix for the full measure.

Psychometric properties

The test-retest reliability ranges between 0.70 to 0.85 for the five subscales. Internal consistency has been found to be between 0.51 and 0.76. Criterion validity was found to be acceptable (www.sdqinfo.com).

Terms and Conditions: Information regarding the SDQ can be obtained at <u>http://www.sdqinfo.com</u>. The website states that the measure is copyrighted, but "paper versions may be downloaded and subsequently photocopied without charge by individuals or non-profit organizations provided they are not making any charge to families.

E) The California Healthy Kids Survey (CHKS)

The CHKS is a comprehensive student self-report survey that provides health risk assessment, and examines both risk and resiliency. The CHKS was developed in 1997 by WestEd's Health and Human Development Program in collaboration with Duerr Evaluation Resources along with an advisory committee of teachers, researchers, a group of health prevention program practitioners, and public agency representatives. Items are based on the California Student Survey, Youth Risk Behaviour Survey, and California Student Tobacco Use and Evaluation Survey. Targeting grades 5 through 12, the CHKS was designed to act as a district observation tool providing prevalence estimates that are representative of students in a specific district versus students across the entire state of California. Within the United States, the CHKS is the largest effort requiring school districts to assess their students' risk and resilience behaviours and environmental assets. In California, education agencies that accept funds under the federal No Child Left Behind Act's Title IV Safe and Drug Free Schools and Communities (SDFSC) program or the state Tobacco Use Prevention Education (TUPE) program must administer the CHKS at least once every two years. The CHKS is also required of schools that have afterschool programs funded under the 21st Century Community Learning Centers program, as part of their evaluation efforts.

The CHKS is available as modular versions for middle and secondary schools, and a single elementary school version. For middle and secondary students, the survey is customizable; there is the core module, four optional modules (safety, tobacco, physical health, and sexual behaviour), and the resilience and youth development module. In addition, a custom module enables schools to add their own items. The elementary school version consists of the core and resilience and youth development modules. See Section IV in the Appendix for the full measure.

The core module assesses the following areas:

- Demographic information
- Physical health
- Mental health
- School-related behaviour (e.g., attendance)
- Alcohol, tobacco, and other drug use
- Health risk relating to school violence
- Harassment

Constructs in the middle and secondary school resilience development module:

Environmental resilience assets:

1. School assets

- Caring relationships at school
- High expectations at school
- Meaningful participation at school

2. Home assets

- Caring relationships at home
- High expectations at home
- Meaningful participation at home

3. Community assets

- Caring relationships in the community
- > High expectations in the community
- Meaningful participation in community

4. Peer assets

- Caring relationships with peers
- Prosocial peers

Internal resilience assets:

- 1. Cooperation and communication
- 2. Empathy
- 3. Self-efficacy
- 4. Problem-solving
- 5. Self-awareness
- 6. Goals and aspirations

Constructs in the elementary school resilience development module:

Environmental resilience:

- 1. School assets
 - Caring relationships at school
 - High expectations at school
 - Meaningful participation at school

2. Home assets

- Caring relationships at home
- High expectations at home
- Meaningful participation at home

3. Peer assets

High expectations with peers

Internal resilience assets:

- 1. Empathy
- 2. Problem-solving
- 3. Goals and aspirations

Guided by research within the risk and resilience field, the resilience and youth development module assesses both environmental and individual assets that are associated with positive youth development and success in school. School staff follow detailed instructions when administering the CHKS. The results are processed by WestEd's Health & Human Development Program, which provides summaries and detailed reports of the results. (http://www.wested.org/cs/chks/print/docs/chks_home.html)

Psychometric properties

Regarding the reliability and validity of the California Healthy Kids Survey (CHKS), the developer and publisher of the survey, WestEd, states that "The CHKS is based on over 19 years of survey research experience, and includes many items from other reputable, large-scale surveys such as the California Student Survey and the National Youth Risk Behaviour Survey. Research shows that in anonymous, confidential surveys (like the CHKS) there is a high degree of validity in student answers—even with sensitive questions. The CHKS also uses several measures and procedures to further ensure that data are reasonable estimates of behaviour for all students." (www.wested.org, 2009)

In 2007, Hanson and Kim evaluated the psychometric properties of the resilience and youth development module for the Institute of Education Sciences (IES). The authors concluded that the secondary version exhibited good evidence of reliability and validity and provides "comprehensive and balanced coverage of eight environmental resilience assets and four internal resilience assets; its subscales exhibit good internal consistency and are associated with students' risk factors in expected ways" (p. iv). With regards to the elementary school module, the authors had less positive findings. The scale was found to only reliably assess two environmental assets and one internal asset from the seven environmental and three internal resilience assets. In conclusion, the authors recommended the instrument be modified to make it suitable for research use.

Strengths and Limitations

The California Healthy Kids Survey is a comprehensive instrument assessing many identified social and emotional health domains, across internal and environmental protective assets and factors. In addition to the comprehensives of the tool, the benefits of the CHKS include:

- Full-service support in the form of internet access to materials, detailed guidebooks, and oncall assistance
- User-friendly reports: WestEd provides a detailed technical report and key findings summary
- Customizability

Limitations of the CHKS revolve around its psychometric properties, specifically with regard to the elementary school version of the resilience and youth development module. Although the secondary school module has reported good support for its reliability and validity, its younger version did not. At the time of this report, the authors were not aware of any use of the CHKS in Canada, thus resulting in a further limitation of the CHKS due to a lack of data regarding the instrument's reported psychometric properties and norms within the Canadian context.

Terms and Conditions: The 2007-08 survey can be downloaded from WestEd's website free-of-charge. However, the surveys cannot be reproduced without permission and interested parties need to contact a CHKS Regional Center before making multiple copies. The toll-free helpline is 888-841-7536.

F) Index of Child Well-Being in the European Union

In their article "An Index of Child Well-being in the European Union," Bradshaw, Hoelscher, and Richardson (2006) stated that their objective was "to produce an index of child-well-being for the EU25" (p. 138). Using a rights-based, multi-dimensional understanding of child well-being, the authors utilized comparative surveys and series data available for the EU25 to compare performance of EU member states on eight clusters comprising 23 domains and 51 indicators to create an index of well-being. The eight clusters include 1. children's subjective well-being, 2. material situation, 3. housing, 4. health, 5. education, 6. children's relationships, 7. civic participation, and 8. risk and safety.

Items for the index were taken from two main sources: indicators routinely collected by international organizations and sample surveys (including the Programme of International Student Assessment (PISA), from the Organization for Economic Co-operation Development, and HBSC). The following table consists of a summary the clusters, domains and indicators, along with the sources of the items.

Clusters	Domains	Indicators			
1. Material Situation	a. Relative child income poverty	i. At risk poverty rate (Eurostat)ii. Relative poverty gap (Eurostat)			
	b. Child deprivation	 i. Percentage of children reporting low family affluence (HBSC) ii. Percentage of children reporting less than six educational possessions (PISA) iii. Percentage of children reporting less than ten books in the home (OECD/PISA) Children aged 0-17 living in jobless households aged 0-17 (Eurostat) 			
	c. Parental worklessness				
2. Child Health	a. Health at birth	i. Infant mortality rate (World Bank)ii. Low birth weight (OECD)			
	b. Immunization	 i. Measles ii. DPT3 (diphtheria, pertussus, and tetanus) iii. Pol3 (polio) (World Bank) 			
	c. Health behaviour	 i. Young people who brush their teeth more than once a day (HBSC) ii. Young people who eat fruit every day (HBSC) iii. Young people who eat breakfast every school day (HBSC) iv. Mean number of days when young people are physically active for one hour or more of the previous/typical week (HBSC) v. Young people who are over weight according to BMI (HBSC) 			

Table 6: Dimensions of the Index of Child Well-Being in the EU

3. Education	 a. Educational attainment b. Educational participation c. Youth labour market outcomes from education 	i. ii. iii. i. i.	Reading literacy attainment (OECD/PISA) Mathematics literacy attainment (OECD/PISA) Science literacy attainment (OECD/PISA) Children aged 0-2 in registered childcare in most recent year (OECD) Percentage of 15-19 year olds in education (OECD) Percentage of the youth population not in education and not employed aged 15-19 (OECD)
		ii.	Percentage of pupils aged 15 years aspiring to low skilled work (OECD/PISA)
4. Housing and Environment	a. Overcrowding	i.	Rooms per person in households with children (EQLS)
	b. Local environment and space		Percentage of households with children that think it is unsafe or very unsafe to walk around their area at night (EQLS) Percentage of households with children under 15 scoring six or more on a scale of physical environment problems (EQLS)
	c. Housing problems	i.	Percentage of households with children under 15 reporting at least two housing problems (EQLS)
5. Children's Relationships	a. Family structure	i. ii.	Single parent families (HBSC) Step families (HBSC)
	b. Relationships with parents	i. ii.	Family meals around a table several times a week (OECD/PISA) Just talking to parents several times a week (OECD/PISA)
	c. Relationships with peers	i.	Young people finding their peers kind and helpful (HBSC)
6. Children's Subjective Well-Being	a. Self-defined health b. Personal well- being	i. i. ii. iii. iv.	Young people rating their health as fair or poor (HBSC) Young people above the middle of the life satisfaction scale Young people feeling like an outsider or left out of things Young people feeling awkward and out of place Young people feeling lonely

7. Risk and	c. Well-being at school a. Child mortality	 i. Young people feeling pressured by schoolwork (HBSC) ii. Young people liking school a lot (HBSC) ii. Accidental and non-accidental deaths under 19
Safety	· · · · · · · · · · · · · · · · · · ·	per 100,000 (WHO)
	b. Risky behaviour	 i. Cigarette smoking: Lifetime use of 40 times or more (ESPAD) ii. Drunkenness: Lifetime use of 20 times or more (ESPAD) iii. Cannabis: Experience of use in lifetime (ESPAD) iv. Inhalants: Experience of use in lifetime (ESPAD) v. Teenage pregnancy rate (World Bank) vi. 15 year-olds who have had sexual intercourse (HBSC) vii. Young people who used condoms during their last sexual intercourse (HBSC)
	Experience of violence	 i. Young people involved in physical fighting in previous 12 months (HBSC) ii. Young people who were bullied at least once in the previous 12 months (HBSC)
8. Civic Participation	a. Participation in civic activities	i. Young people's participation in two or more civic activities (CIVED)
	b. Political interest	i. Young people reporting political interest above the median score (CIVED)

Psychometric properties

In their concluding comments, Bradshaw, Hoelscher, and Richardson (2006) stated that there is, "room for debate about whether the domains we used in this index are the right ones and whether the variables we have found to represent them are reliable and valid" (p. 172). Further, the authors suggest individuals may choose to build an index using different variables, domains and clusters using the data found at: <u>http://www-users.york.ac.uk/~jrb1/</u>

Summary Table for Social and Emotional Health Measures

	HBSC	EDI	MDI	SDQ	CHKS	Index of Child Well-Being
Health behaviours	√			√	√	
Health outcomes	\checkmark	1	\checkmark		\checkmark	\checkmark
Family background (SES)	\checkmark				\checkmark	
Individual/social resources	√					\checkmark
Social & emotional skills and competencies		√	1			
Emotional maturity		~				
Language/cognitive development		\checkmark				
Communication skills		√				
School climate/ experience			1			
Connectedness			\checkmark			
Constructive use of time			\checkmark			
Conduct problems				1	\checkmark	
Hyperactivity/ inattention				\checkmark		
School behaviour					~	
Relationships				1		\checkmark
Prosocial behaviour				√		
Violence/harassment					~	
Education						\checkmark
Subjective well-being						\checkmark
Civic participation						\checkmark
Risk and safety						\checkmark

SECTION FOUR CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Information presented in this report suggests that there is a clear and urgent need for increased attention to the indicators of children's social and emotional health and the ways in which individual and contextual factors that represent and/or influence the well-being and health of children can be identified and assessed. Moreover, there is a growing consensus that there is a need to shift away from a myopic focus on what can and does go wrong – the negative factors and outcomes – toward tracking and identifying the individual and contextual factors (family, school, community, and societal) that promote children's social and emotional health and positive adaptation.

Around the world, social and emotional health is now being recognized as equally important as literacy, numeracy, and physical health. In fact, these indicators and outcomes are interrelated; intellect, motivation, mental health, and physical health cannot be separated because they are inextricably linked with one another. Therefore, to better protect and promote children's well-being, setting specific goals for developing children's social and emotional health should be a key priority in Canada. For example, setting social and emotional learning standards in schools has been identified as an effective strategy, but actions must also be taken within the larger community to support children's social and emotional development. Creating environments for children where they feel safe, respected, and feel they belong is essential. Ensuring families have enough financial and social support to maintain stable, loving environments for children at home is also critical. In order for children to learn to care for themselves and others, they must be shown at every level of their community that they are worthy of care.

Leaders in the field of child development are in concert in positing that relationships play a crucial role in fostering children's social and emotional health and resiliency. A recent review of the literature by Luthar (2006) across five decades of research on resilience among children and adults led to the simple conclusion that "Resilience rests, fundamentally on relationships." Luthar and Brown (2007) contend that: "It is quite clear that the single most deleterious environmental risk is the sustained presence of neglect and abuse, and conversely, committed, loving relationships have high protective potential" (p. 943).

"Every child requires someone in his or her life who is absolutely crazy about them."

- Urie Bronfenbrenner, 1977

The National Scientific Council on the Developing Child (2004), whose members are comprised of an illustrious set of individuals with expertise ranging from the neurobiological bases of stress reactivity to studies of human attachment, economics, and social policy, arrived at the following conclusion:

Stated simply, relationships are the 'active ingredient' of the environment's influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child's early development. --National Scientific Council on the Developing Child, 2004

Clearly, the power of children's and adolescents' relationships with important adults transcends families and operates across the multiple contexts in which children and youth live – including schools and neighbourhoods. If we have learned nothing else about preventing negative life outcomes among children and adolescents, we know that having a caring and supportive relationship with at least one adult is extremely important for healthy development and for promoting resilience.

Throughout our review, it quickly became apparent that children across the course of middle childhood have different vulnerabilities and protective systems during different developmental phases. As children grow older and move beyond the family into the larger spheres of school and community, they can be exposed to a wider array of risk and protective factors such as unsupervised activities and their involvement with peers. This exposure may lead to increased risk, but also may provide the opportunity for children to encounter others in their social networks, such as neighbours or teachers, who provide support and nurturance.

By reviewing the literature on the indicators of children's social and emotional health it is abundantly clear that there exists a complex relation between individual and contextual factors associated with children's well-being. Information and data show the following:

- A growing awareness regarding importance of identifying the indicators of children's social and emotional health, as illustrated by the abundance of work that is occurring around the world on this topic.
- A relative lack of consensus regarding the way in which children's social and emotional health should be operationalized and assessed.
- A paucity of standardized assessment tools to measure the determinants of children's social and emotional health, such as family, school, community, and societal influences.
- A growing recognition of the links among children's social and emotional health, mental health promotion, and school-based prevention.
- Continued efforts to move the field further by funding initiatives that bring together experts representing various disciplines including mental health, health, psychology, and education.

Recommendations

As can be ascertained throughout this report, there has been tremendous growth and progress in the field over the past five years. Nonetheless, much work is still needed to be done to enable a more comprehensive portrait of the indicators of children's social and emotional health and the factors that influence it. Only after we have such knowledge, can we create initiatives that produce children who are happy, healthy, and successful – in short, children who are thriving.

Based on our review of the extant literature and research in the field of children's social and emotional health promotion, we offer the following recommendations:

- Social and emotional health and well-being should be part of a "whole child" approach and has to be considered in one picture with health, education, and community initiatives.
- A developmental approach that considers a child's social and emotional development at various phases during middle childhood is critical.
- There is a dire need to create initiatives for promoting children's social and emotional health that are sustainable and comprehensive. Indeed, an ecological approach that includes the individual child in relation to families, schools, peers, communities, and socio-political and economic contexts must be taken.
- Collaborations that bring together individuals and agencies from around the world who have a shared interest in promoting children's social and emotional health and well-being should be fostered. This may be done via the creation of an international consortium for children's social and emotional health that brings together individuals from various national and international agencies and groups on an annual or biennial basis to share information and create partnership initiatives.
- A comprehensive review of extant measures and a creation of a compendium of assessment tools that measure the various dimensions of children's social and emotional health should be created including constructs representing emotional regulation, self awareness, social awareness, relationship skills, family and peer relationships, time use, and the contextual factors, such as schools and communities that affect children's social and emotional health. This compendium should include measures that are scientifically sound (e.g., reliable, valid), easy to use by individuals across multiple disciplines and perspectives, and not cost prohibitive.
- There should be sustained efforts directed to creating new assessment tools for important indicators of children's social and emotional health that currently do not exist. For instance, we noted throughout our literature review that the dimension of "emotional regulation" was one in which there was high importance with regard to its influence on children's current and future adjustment. Yet, there was a relative absence of reliable and valid measures to assess emotional regulation from a population-based perspective.

- There needs to be the creation of a "registry" or "clearing house" in Canada of programs relevant to children's social and emotional health and resiliency that would be designated as "best practices," and/or "evidence-based." Right now, because the literature and research on initiatives relevant to children's social and emotional health takes place across so many disciplines – education, prevention science, health promotion, violence prevention, social and emotional competence promotion, and the like - many educators, practitioners, researchers, and policy makers remain unaware about the evaluations of social and emotional health initiatives taking place in disciplines other than their own across Canada. In contrast, in the United States, there exist several clearinghouses and compendiums of evaluations of programs and evidenced-based programs that focus on promoting social and emotional health and well-being across middle childhood (some examples include, the Harvard Family Research Project, <u>www.gse.harvard.edu/hfrp</u>; the Collaborative for Academic, Social, and Emotional Learning's Safe and Sound Guide, www.casel.org; Blueprints for Violence Prevention, www.colorado.edu/cspv/blueprints/; and Find Youth Info, http://www.FindYouthInfo.gov/). As far as we know, there is no such venue in Canada that emulates such an approach, and we strongly recommend that one be initiated.
- We need to work toward translating the research and theory on children's social and emotional health into language that can be understood by various audiences, including parents, child and youth workers, health professionals, and the children and youth themselves. Although there exist a number of important research projects evaluating programs that focus on promoting social and emotional health, many of the individuals who could potentially benefit from the findings (e.g., early childcare educators, youth and family workers, teachers) remain unaware of the research because it is disseminated in academic journals in which few have access. Clearly, more "knowledge translation" and "knowledge transfer" activities of the research on children's social and emotional health initiatives needs to occur.
- We need to obtain information from the children themselves about their own social and emotional health and the factors that influence it. Undoubtedly, it is necessary to consider individualized aspects of the experiences of children in order to obtain the perspective of the child regarding their experiences of social and emotional health. It is increasingly being recognized that it is important to collect data that permit children with opportunities to describe their own perceptions of their experiences. Indeed, one concern that has been voiced by researchers is the scarcity of descriptive and qualitative research that reflects children's organization of their own experiences. Such research has implications not only for theory, but has tremendous potential for influencing the design and implementation of effective interventions.

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California Healthy Kids Survey (CHKS) www.wested.org/cs/chks/print/docs/chks_home.html

Health Behaviour for School-Aged Children (HBSC) Survey http://www.hbsc.org

Human Early Learning Partnership (HELP) http://www.earlylearning.ubc.ca/

Illinois State Board of Education http://www.isbe.state.il.us/

International Academy of Education (IAE) http://www.iaoed.org/

New York State Department of Education www.nysed.gov/

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NHS Health Scotland www.healthscotland.com/index.aspx

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STAKES National Institute for Health and Research http://www.stakes.fi/EN/index.htm

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Social Policy Research Unity, University of York, United Kingdom www.yorku.ac.uk/inst/spru/

SUPPORT Project www.supportproject.eu

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APPENDIX

Section I:	Health Behaviour in School-Aged Children (HBSC) 1997-1998 <i>Canadian Survey</i>
Section II:	Early Development Instrument (EDI) 2007-2008
Section III:	California Healthy Kids Survey (CHKS) 2008-2009 Elementary School Survey Middle School Survey (Module A: Health-related behaviours) Middle School Survey (Module B: Resilience) Middle School Survey (Module C: Alcohol and drug use) Middle School Survey (Module D: Tobacco use) Middle School Survey (Module E: Physical activity) Middle School Survey (Module F: Sexual knowledge and opinion)
Section IV:	Strengths and Difficulties Questionnaire (SDQ) 2005 Teacher version (for 3- to 4-year-old children) Parent version (for 4- to 10-year-old children) Teacher version (for 4- to 10-year-old children) Self-report (for 11- to 17-year old children) Teacher version (for 11- to 17-year old children) Parent version (for 11- to 17-year old children)

Section I:

Health Behaviour in School-Aged Children (HBSC) 1997-1998 Canadian Survey

Health Behaviour in School-Aged Children

A World Health Organization Cross-National Study

Questionnaire 1997/98

Conducted in Canada by Social Program Evaluation Group Queens University at Kingston

> For Health Canada NHW/HSP-315-03738

WORLD HEALTH ORGANIZATION CANADIAN SURVEY

Today's Date:_____

Please read each question carefully. Answer each question by choosing a number from the **KEY** and writing it in the box(es) beside the question. (For some questions you will write in the space provided.)

1.	Are you male or female?	
	KEY	
	1 = Male	
	2 = Female	
2	a. In what month were you born?	
	b. In what year were you born?	

3. What grade are you in?

4. What is your father's job? Please write down exactly what he does (for example, teacher, car mechanic, homemaker, truck driver, dentist, farmer). If you do not know please do not write anything.

5. **What is your mother's job?** Please write down exactly what she does (for example, medical doctor, homemaker, factory worker, secretary, taxi driver, store clerk). If you do not know please do not write anything.

What do you think you will be doing when you finish high school?
 KEY

- 1 = University
- 2 = Community College
- 3 = CEGEP Pre-university Program
- 4 = CEGEP Professional Program
- 5 = Technical or Business College
- 6 = Apprenticeship
- 7 = Job/Working
- 8 = Armed Forces
- 9 =Unemployed
- 10 = Uncertain
- 11 = Other

7.	In your opinion, what do your teachers think about your work in school compared to your classmates' work? KEY 1 = Very good 2 = Good 3 = Average 4 = Below average	
8.	How do you feel about school at present? KEY 1 = I like it a lot 2 = I like it a little 3 = I don't like it very much 4 = I don't like it at all	
9.	About how much money do you usually get each week? (This includes allowance and money you earn yourselfround to the nearest dollar.)	
10	Have you ever smoked tobacco? (At least one cigarette, cigar, or pipe). KEY 1 = Yes 2 = No	
11	How often do you smoke tobacco at present? KEY 0 = Do not smoke 1 = Less than once a week 2 = At least once a week, but not every day 3 = Every day	
12	If you smoke, how many cigarettes do you smoke in a week? Place the number in the box to the right. (Put 000 in the boxes if you do not smoke.)	
13.	How old were you when you started smoking daily (daily means smoking one or more cigarettes most days.) (Put a 00 in the boxes if you do not smoke daily.)	
14.	Have you ever tasted an alcoholic drink such as beer, wine or liquor?	

KEY 1 = Yes 2 = No 15. At present, how often do you drink anything alcoholic such as beer, wine or liquor? Include even those times when you only drink a small amount. Using the KEY below, place the number of your answer in the box beside each type of alcohol.
KEV

NL I	
0 = Never	 a. beer
1 = Less than once a month	
2 = Every month	 b. Wine
3 = Every week	
4 = Every day	 c. Liquor

16. Have you ever had so much alcohol that you were really drunk?

- **KEY** 0 = No, never 1= Yes, once 2 = Yes, 2-3 times 3 = Yes, 4-10 times 4 = Yes, more than 10 times
- 17. **Outside school hours**: in your free time, **how often** do you exercise so that you get out of breath or sweat?

KEY

- 0 = Never
- 1 =Less than once a month
- 2 =Once a month
- 3 = Once a week
- 4 = 2-3 times a week
- 5 = 4-6 times a week
- 6 = Every day
- 18. **Outside school hours**: in your free time, **how many hours a week** do you usually exercise so that you get out of breath or sweat?

KEY

- 0 = None
- 1 = About a half hour a week
- 2 = About l hour a week
- 3 = About 2-3 hours a week
- 4 = About 4-6 hours a week
- 5 = 7 hours or more a week
- 19. **How often** do you brush your teeth?

- 0 = Never
- 1 =Less than once a week
- 2 = At least once a week, but not every day
- 3 = Once a day
- 4 = More than once a day

20. **How often** do you use dental floss?

KEY

- 0 = Seldom or never
- 1 = At least once a week
- 2 = Most days
- 21. Are you on a diet to lose weight?

KEY

- 1 = No, because my weight is fine
- 2 = No, but I do need to lose weight
- 3 = Yes
- 22. **How often** do you drink or eat any of the following?

- 0 = Never
- 1 = Rarely
- 2 = At least once a week, but not every day
- 3 =Once a day
- 4 = More than once a day
 - _____a. Coffee
- _____ b. Fruit
- _____ c. Soft drinks such as colas or other drinks with sugar
- _____ d. Candy/chocolate bars
- e. Cakes or pastries
- _____ f. Raw vegetables
- g. Cooked vegetables
- h.Potato chips
- i. French fries
- j. Hamburgers or hot dogs
 - k.Whole wheat or rye bread
- _____ l. Low fat milk (1%, 2% or skim)
- _____ m.Whole milk (homogenized/full fat)
- 23. How often do you eat breakfast (at least juice and toast or cereal)?
 - KEY
 - 0 = Hardly ever/never
 - 1 =Once a week
 - 2 = 2 to 3 days a week
 - 3 = 4 to 6 days a week
 - 4 = Every day

24. **How often** do you use a seat belt when you ride in a car?

KEY

- 0 =Rarely or never
- 1 =Sometimes
- 2 = Often
- 3 = Always
- 4 = Usually there is no seat belt where I sit
- 5 = Never travel by car

25 **How often** do you wear a helmet when you ride your bicycle?

KEY

- 0 =Rarely or never
- 1 =Sometimes
- 2 = Often
- 3 = Always
- 4 = I do not ride a bicycle
- 26. How healthy do you think you are?

KEY

- 1 =Very healthy
- 2 =Quite healthy
- 3 = Not very healthy
- 27. In general, how do you feel about your life? **KEY**
 - 1 =Very happy
 - 2 =Quite happy
 - 3 = Not very happy
 - 4 = Not happy at all
- 28. Do you ever feel lonely?

KEY

- 0 = No
- 1 =Yes, sometimes
- 2 =Yes, quite often
- 3 =Yes, very often
- 29. In the **last six months**: how often have you had or felt the following?

- 0 = Seldom or never
- 1 = About once every month
- 2 = About once every week 3 = More than once a week
- 3 = More than once a
- 4 = Most days
 - _____ a. Headache
- b. Stomach-ache
 - _____ c. Backache
- d. Feeling low (depressed)
- _____ e. A bad mood (irritable)
- _____ f. Feeling nervous (uneasy)
- _____ g. Difficulties in getting to sleep

h. Feeling dizzy

- 30. During the **last month**, have you taken any medicine or pills for the following:
 - KEY
 - 1 = No
 - 2 = Yes
 - 3 = More than once
 - _____ a. A cough
 - _____ b. A cold
 - _____ c. Headache
 - _____ d. Stomach-ache
 - e. Difficulty sleeping
 - f. Nervousness
- 31 **How often** do you feel tired when you go to school in the morning?
 - KEY
 - 0 = Seldom or never
 - 1 =Occasionally (once in a while) 2 = 1-3 times a week
 - 3 = 4 or more times a week
- 32. Do you have a long-term illness or medical condition (some examples are allergies, asthma, cerebral palsy, diabetes, epilepsy, a hearing problem)?

KEY

- 1 = Yes
- 2 = No

If yes, what is the illness or medical condition? (If you have more than one, please list them all.)

- 33. How many hours a day do you usually watch television? KEY
 - 0 = None
 - 1 = Less than a half hour a day
 - 2 = Between a half and one hour a day
 - 3 = 2-3 hours a day
 - 4 = 4 hours a day
 - 5 = More than 4 hours a day

34. **How many hours a week** do you usually:

KEY

- 0 = None
- 1 = Less than 1 hour a week
- 2 = 1-3 hours a week
- 3 = 4-6 hours a week
- 4 = 7-9 hours a week
- 5 = 10 or more hours a week
- a. watch VCR movies?
- b. play computer games (include: arcade games, Nintendo, Sega)?
- 35. Which of these people live at your home? If your mother and father live in different places, answer for the home where you live **most** of the time.

- 1 = Yes
- 2 = No
- a. Mother
- b. Father
- _____ c. Stepmother
- d. Stepfather
- 36 How many of the following persons live at your home?
 - _____ Sisters:
 - Brothers:
 - Grandparents:
 - _____ Other people:
- 37 Does your family have a car (or truck or van)? KEY
 - 1 = No
 - 2 = Yes, one
 - 3 = Yes, two or more
- 38 Do you have a bedroom all to yourself?
 KEY
 1 = Yes
 2 = No
- 39. How well off is your family? KEY
 - 1 =Very well off
 - 2 =Quite well off
 - 3 = Average
 - 4 =Not very well off
 - 5 = Not at all well off

40. During the past year, how many times did you travel away on holiday (vacation) with your family?

KEY

- 0 = Not at all
- 1 = Once
- 2 = Twice
- 3 = Three or more times
- 41. Below is a list of ways some children feel about themselves.For each item choose the answer from the KEY that is closest to how you feel about yourself.

- 1 = Yes
- 2 = No
- 3 = Don't know
- _____ a. I like myself.
- _____ b. My parents understand me.
- _____ c. I have trouble making decisions.
- _____ d. I have a happy home life.
- ______ e. I am often sorry for the things I do.
- _____ f. I have confidence in myself (am sure of myself)
- _____ g. I often wish I were someone else.
- h. My parent(s) expect too much of me.
- _____ i. My parent(s) trust me..
- j. I would change how I look if I could
- k. I have a lot of arguments with my parent(s).
- _____ l. There are times when I would like to leave home.
- _____ m. I often have a hard time saying "no"..
- n. What my parent(s) think of me is important.

Many young people are hurt or injured in places such as the street, at home, playing sports or during a fight with others. The next 7 questions ask about accidents or injuries that might have happened to you during the past year.

- 42. During the **past 12 months**, were you hurt or injured
 - and had to be treated by a doctor or a nurse? **KEY**
 - 0 = I was not treated by a doctor or nurse for an injury
 - 1 = 1 time
 - 2 = 2 times
 - 3 = 3 times
 - 4 = 4 or more times

If you did not have an injury in the past 12 months that was treated by a doctor or nurse, please go to question number 50 (skip 7 questions).

REMEMBER: ANSWER THE NEXT 7 QUESTIONS ONLY IF YOU HAD AN INJURY THAT WAS TREATED BY A DOCTOR OR A NURSE.

If you had more than one injury, think only about the **one most serious injury** you had during the past 12 months. (The most serious injury is the one injury that took the most time to get better.)

43 Where were you when this injury happened? (Mark the one best answer to describe your most serious injury.)

KEY

- 1 = At home (yours or someone else's)
- 2 = At school (including school grounds)
- 3 = At a sports facility or field (not at school)
- 4 =In the street/road
- 5 = At another location: Write it in here_____
- 44. At the time of the injury (a) <u>what were you doing</u>, and (b) <u>how did it happen</u>? Please fill in beside (a) and (b) below.

Example 1: (a) I was riding a bicycle, and (b) I was hit by a car. Example 2: (a) I was running down the street, and (b) I tripped. Example 3: (a) I was playing ice hockey, and (b) I was hit with a stick.

- (A)_____
- (B)_____
- 45. Did this most serious injury happen while participating in an _____ organized activity or league?

KEY 1 = Yes

1 - 1cs2 = No 46. Did this most serious injury cause you to miss at least **one full day** of school or other usual activities?

KEY 1 = Yes 2 = No

If "Yes", how many days did you miss?

47. Did any of the following happen as a result of this one most serious injury?

KEY

1 = Yes2 = No

- _____ a. Had a cast put on
- _____ b. Got stitches
- _____ c. Needed crutches or a wheel chair
- _____ d. Had an operation
- _____ e. Stayed in hospital overnight
- 48 What were the results of this <u>one most serious</u> injury?

KEY

1 = Yes2 = No

- a. Bone was broken, dislocated or out of joint
- _____ b. Sprain, strain or a pulled muscle
- c. Cuts, puncture or stab wound
- d. Concussion or other head or neck injury, knocked out, whiplash
- e. Bruises, black and blue marks, or internal bleeding
- _____ f. Burns
- g. Other Please write it here
- 49 In what month did this one most serious injury happen?

CIRCLE ONE MONTH

January	May	September
February	June	October
March	July	November
April	August	December

50 Some injuries are not treated by a doctor or nurse. During the past 12 months, how many times were you injured so that you missed one full day of school or other usual activities, but were not treated by a nurse or doctor?

KEY

- 0 = None
- 1 = 1 time
- 2 = 2 times
- 3 = 3 times
- 4 = 4 times or more

51. Please read each statement about your school carefully. For each statement choose the response from the **KEY** that you think best describes your school.

KEY

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- a. In our school the students take part in making the rules.
- b. The students are treated too severely/strictly in this school
- c. The rules in this school are fair.
- _____ d. Our school is a nice place to be.
- e. I feel I belong at this school.
- 52. Please read carefully each statement about your teachers. For each statement choose the response from the **KEY** that you think best describes your teachers. If you have only one teacher, think of this person when you answer the questions.

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- _____a. I am encouraged to express my own views in class.
- b. Our teachers treat us fairly.
- c. When I need extra help, I can get it.
- d. My teachers show an interest in me as a person.
- e. My teachers expect too much of me at school.

53. How often do you think that going to school is boring?

KEY

- 0 = Never
- 1 = Rarely
- 2 =Sometimes
- 3 = Often
- 4 =Very often
- 54. Please read carefully each statement about the students in your class(es). For each statement choose the response from the **KEY** that you think best describes the students.

KEY

- 0 = Never
- 1 = Rarely
- 2 =Sometimes
- 3 = Often
- 4 = Always
 - a. The students in my class(es) enjoy being together.
- b. Most of the students in my class(es) are kind and helpful.
- c. Other students accept me as I am.
- 55. How many days did you skip class(es) or school this term?

KEY

- 0 = 0 days
- $1 = 1 \, day$
- 2 = 2 days
- 3 = 3 days
- 4 = 4 or more days
- 56 Do you feel safe at school?

KEY

- 0 = Never
- 1 = Rarely
- 2 =Sometimes
- 3 = Often
- 4 = Always

Below are some questions about bullying. A person is **being bullied** when another person, or a group of people, says or does nasty and unpleasant things to him/her. It is also **bullying** when one is teased repeatedly in a way he/she doesn't like. But it is **not bullying** when two students about the same strength quarrel or fight. For the next two questions, choose the response from the **KEY** that is right for you.

57 How often have you been bullied in school **this term**?

- 0 = I have not been bullied at school this term
- 1 =Once or twice
- 2 =Sometimes
- 3 = About once a week
- 4 = Several times a week

58 How often has someone bullied you in school this term in the ways listed below? For each of the six questions choose a response from the response **KEY**.

KEY

- 0 = I have not been bullied in this way this term
- 1 =Once or twice
- 2 = About once a week
- 3 = More than once a week
- _____a. Made fun of you because of your religion or race.
- b. Made fun of you because of the way you look or talk.
- _____ c. Hit, slapped or pushed you.
- _____ d. Threatened you.
- ______e. Spread rumours or mean lies about you.
- f. Made sexual jokes, comments or gestures to you.
- 59 If you have been bullied in school this term, who **usually** bullies you?

KEY

- 0 = I have not been bullied this term
- 1 = One boy
- 2 = One girl
- 3 = A group of boys
- 4 = A group of girls
- 5 = A group of boys and girls

60 How often have you taken part in bullying other students in school **this term**?

KEY

- 0 = I have not bullied others at school this term
- 1 =Yes, once or twice
- 2 =Yes, sometimes
- 3 =Yes, about once a week
- 4 =Yes, several times a week

61 **How often has it happened this term** that other students do not want to spend time with you at school and you end up being alone?

- 0 = It hasn't happened this term
- 1 =Once or twice
- 2 =Sometimes
- 3 = About once a week
- 4 = Several times a week

62. For each statement below choose the response from the **KEY** that you think best describes your parents. If your mother and father live in different places, answer for the parent with whom you live most of the time.

KEY

- 0 = Never
- 1 = Rarely
- 2 =Sometimes
- 3 = Often
- 4 = Always
- a. If I have problems at school, my parent(s) are ready to help me.
- b. My parent(s) are willing to come to the school to talk to teachers.
- c. My parent(s) encourage me to do well at school.
- 63. Do you agree or disagree that your parents expect too much of you at school?

KEY

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- 64. **How much pressure** do you feel because of the work you have to do at school?

KEY

- 0 = None
- 1 = A little
- 2 =Some
- 3 = A lot
- 65. **How easy** is it for you to talk to the following persons about things that really bother you?

- 1 =Very easy
- 2 = Easy
- 3 = Difficult
- 4 = Very difficult 5 = Don't have or see this person
 - a. Father
- _____ b. Mother
- _____ c. Older brother(s)
- _____ d. Older sister(s)
- e. Friend(s) of the same sex.
- _____ f. Friend(s) of the opposite sex.

66. At present, how many **close** friends do you have?

KEY

- 0 = None
- 1 = One
- 2 = Two
- 3 = More than two
- 67 Is it easy or difficult for you to make new friends?

KEY

- 1 =Very easy
- 2 = Easy
- 3 = Difficult
- 4 = Very difficult
- 68. **How often** do you spend time with friends right after school?

KEY

- 1 = Have no friends at the moment
- 2 =Once a week or less
- 3 = 2-3 days a week
- 4 = 4-5 days a week
- 69. **How many** evenings per week do you usually spend **away from home** with your friends? Put a number from 0 to 7 in the box.

70 Is there anything about your body you would like to change?

KEY

1 = Yes

- 2 = No
- 71 Do you think your body is:

KEY

- 1 = Much too thin
- 2 = A bit too thin
- 3 = About the right size
- 4 = A bit too fat
- 5 = Much too fat
- 6 = I don't think about it
- 72 Do you think you are:

- 1 = Very good looking
- 2 = Quite good looking
- 3 = About average
- 4 =Not very good looking
- 5 = Not at all good looking
- 6 = I don't think about my looks

73 How often do you feel:

KEY

- 0 = Never
- 1 = Rarely
- 2 =Sometimes
- 3 = Often
- 4 = Always
- _____ a. Left out of things
- _____ b. Helpless
- _____ c. Confident in yourself
- 74. How often have you taken any of the following drugs?

KEY

- 0 = Never
- 1 =Once or twice
- 2 = Three times or more
- a. Hashish/marijuana (e.g., hash, grass)
- _____ b. Solvents (e.g., glue sniffing)
- _____ c. Cocaine (e.g., crack)
- _____ d. Heroin/opium/morphine
- e. Amphetamines (e.g., uppers, speed)
- _____ f. LSD (e.g., acid)
- g. Medical drugs to get stoned (e.g., tranquilizers such as valium or sedatives such as seconal)
- 75. Read the following statements carefully. Choose a number from the **KEY** below to indicate how many of your friends each statement describes.

- 0 = None
- 1 = A few
- 2 =Some
- 3 = Most
- 4 = All
 - _____a. My friends smoke cigarettes.
- b. My friends like school.
- c. My friends think getting good marks at school is important.
- d. My friends get along with their parents.
- e. My friends carry weapons, like knives.
- f. My friends use drugs to get stoned.
- _____ g. My friends have been drunk.
- h. My friends play for sports teams.

Section II:

Early Development Instrument (EDI) 2007-2008

EARLY DEVELOPMENT INSTRUMENT A Population-Based Measure for Communities 2007/2008



Cofford Please fill in the c this ● or ⑧ N Please use a blue ballpoint pen.	ircles like OT 🕱	
1.Class Assignment	6. Date of Completion:	12. Child's First Language(s):
◯ JK ● SK (see Guide)	dd / mm / yy	 English only
2. Child's Date of Birth:	0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	 O French only O Other only
dd / mm / yy 0 0 0 0 1 0 0 0 2 0 0 0 3 0 0 0 4 0 0 0 5 0 0 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	 ○ English & French ○ English & Other ○ French & Other
6 00 00 00 7 00 00 00	7. Exceptional/Special Net	
8 00 00 00 9 00 00 00	O Yes O No	(Refer to Guide for language codes in "other" categories. If you do not know the "other" language code, use "000".)
3. Sex: OF OM	8. Child considered ESL:	
C	O Yes O No	in his/her first language:
4. Postal Code:	9. French Immersion: ○ Yes ○ No	 ○ Yes ○ No ○ Don't know 14. Student Status: ○ in class more than 1 month
5. Class Type: O JK	10. Other Immersion:	in class less than 1 month
O SK	\bigcirc Yes \bigcirc No	(skip pages 2-8)
⊖ JK/SK		(amp pages 1 c) O moved out of school
⊖ JK/SK/1	11. Aboriginal:	◯ other
O SK/1 O SK/1 O Other	○ Yes ○ No ○ Don't K (North American Indian, Métis, or Inu	
		50822

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Section A - Physical Well-being

1.	About how many regular days (see Guide) has this child been absent since the beginning of school in the fall?		Number o absent:	of days		
	ce the start of school in the fall, has this child netimes (more than once) arrived:		yes ^	no ^	dor kno	w
2.	over- or underdressed for school-related activities		0	0	C)
3.	too tired/sick to do school work		0	0	С)
4.	late		0	0)
5.	hungry		0	0	C)
Wo	uld you say that this child:	R	V	yes	no	don't know
6.	is independent in washroom habits most of the time	$\langle \ $	Y	ô	ô	Ô
7.	shows an established hand preference (right vs. left or vice versa		8	0	0	0
8.	is well coordinated (i.e., moves without running into or tripping ov	er things)		0	0	0
Но	w would you rate this child's:	very good/ good	average		or/ poor	don't know
9.	proficiency at holding a pen, crayons, or a brush	Ô	Ô	($\hat{\mathbf{D}}$	Ô
0.	ability to manipulate objects	0	0	(C	0
1.	ability to climb stairs	0	0	(C	0
2.	level of energy throughout the school day	0	0	(C	0
3.	overall physical development	0	0	()	0
			-			-



Ηοι	v would you rate this child's:	very good/ good ^	average	poor/ very poor	don't know
1.	ability to use language effectively in English	Ő	0	Ô	Ô
2.	ability to listen in English	0	0	0	0
3.	ability to tell a story	0	0	0	0
4.	ability to take part in imaginative play	0	0	0	0
5.	ability to communicate own needs in a way understandable to adults and peers	0	0	0	0
6.	ability to understand on first try what is being said to him/her	0	0	0	0
7.	ability to articulate clearly, without sound substitutions	0	0	0	0
Wo	uld you say that this child:	$\langle \mathbf{A} \rangle$	yes	no k	on't now ∧
8.	knows how to handle a book (e.g., turn a page)		0	0	Э
9.	is generally interested in books (pictures and print)		0	0	Э
10.	is interested in reading (inquisitive/curious about the meaning of printe	ed material)	0	0	Э
11.	is able to identify at least 10 letters of the alphabet		0	0	Э
12.	is able to attach sounds to letters		0	0	Э
13.	is showing awareness of rhyming words		0	0	Э
14.	is able to participate in group reading activities		0	0	0
15.	is able to read simple words		0	0 (C
16.	is able to read complex words		0	0	Э
17.	is able to read simple sentences		0	0	0
18.	is experimenting with writing tools		0	0	Э
19.	is aware of writing directions in English (left to right, top to bottom)		0	0	Э
20.	is interested in writing voluntarily (and not only under the teacher's dir	ection)	0	0	Э
21.	is able to write his/her own name in English		0	0	Э
22.	is able to write simple words		0	0	Э



Section B - Language and Cognitive Would you say that this child:		yes	no	don't know
23. is able to write simple sentences		^ O	^ O	^ O
24. is able to remember things easily		0	0	0
25. is interested in mathematics		0	0	0
26. is interested in games involving numbers		0	0	0
 is able to sort and classify objects by a common cha (e.g., shape, colour, size) 	aracteristic	0	0	0
28. is able to use one-to-one correspondence		0	0	0
29. is able to count to 20		0	0	0
30. is able to recognize numbers 1 - 10		0	0	0
31. is able to say which number is bigger of the two		Y o	0	0
32. is able to recognize geometric shapes (e.g., triangle	, circle, square)	0	0	0
33. understands simple time concepts (e.g., today, sum	mer, bedtime)	0	0	0
34. demonstrates special numeracy skills or talents		0	0	0
35. demonstrates special literacy skills or talents		0	0	0
36. demonstrates special skills or talents in arts)	0	0	0
37. demonstrates special skills or talents in music		0	0	0
38. demonstrates special skills or talents in athletics/dar	nce	0	0	0
39. demonstrates special skills or talents in problem solv	ving in a creative way	0	0	0
40. demonstrates special skills or talents in other areas If yes, please specify:		0	0	0



Section C - Social and Emotional Development

How would you rate this child's:		very good/ good ^	average ^	poor/ very poor ^	don't know
1.	overall social/emotional development	0	0	0	Ô
2.	ability to get along with peers	0	0	0	0

Below is a list of statements that describe some of the feelings and behaviours of children. For each statement, please fill in the circle that best describes this child now or within the past six months.

^
0
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_



Section C - Social and Emotional Development

Wou	ld you say that this child:	often or very true	sometimes or somewhat true	never or not true	don't know
22.	is able to solve day-to-day problems by him/herself	Ô	Ô	Ô	Ô
23.	is able to follow one-step instructions	0	0	0	0
24.	is able to follow class routines without reminders	0	0	0	0
25.	is able to adjust to changes in routines	0	0	0	0
26.	answers questions showing knowledge about the world (e.g., leaves fall in the autumn, apple is a fruit, dogs bark)	0	0	0	0
27.	shows tolerance to someone who made a mistake (e.g., when a child gives a wrong answer to a question posed by the teacher)	0	0	0	0
28.	will try to help someone who has been hurt	0	0	0	0
29.	volunteers to help clear up a mess someone else has made	0	V o	0	0
30.	if there is a quarrel or dispute will try to stop it	0	0	0	0
31.	offers to help other children who have difficulty with a task	0	0	0	0
32.	comforts a child who is crying or upset	0	0	0	0
33.	spontaneously helps to pick up objects which another child has dropped (e.g., pencils, books)	0	0	0	0
34.	will invite bystanders to join in a game	0	0	0	0
35.	helps other children who are feeling sick	0	0	0	0
36.	is upset when left by parent/guardian	0	0	0	0
37.	gets into physical fights	0	0	0	0
38.	bullies or is mean to others	0	0	0	0
39.	kicks, bites, hits other children or adults	0	0	0	0
40.	takes things that do not belong to him/her	0	0	0	0
41.	laughs at other children's discomfort	0	0	0	0
42.	can't sit still, is restless	0	0	0	0
43.	is distractible, has trouble sticking to any activity	0	0	0	0
44.	fidgets	0	0	0	0
45.	is disobedient	0	0	0	0



Section C - Social and Emotional Development

Woi	Ild you say that this child:	often or very true	sometimes or somewhat true	never or not true	don't know
46.	has temper tantrums	\hat{O}	$\hat{\mathbf{O}}$	$\hat{\mathbf{O}}$	$^{\wedge}$
47.	is impulsive, acts without thinking	0	0	0	0
48.	has difficulty awaiting turn in games or groups	0	0	0	0
49.	cannot settle to anything for more than a few moments	0	0	0	0
50.	is inattentive	0	0	0	0
51.	seems to be unhappy, sad, or depressed	0	0	0	0
52.	appears fearful or anxious	0	0	0	0
53.	appears worried	0	0	0	0
54.	cries a lot	0	0	0	0
55.	is nervous, high-strung, or tense	0	0	0	0
56.	is incapable of making decisions	0	0	0	0
57.	is shy) o	0	0	0
58.	sucks a thumb/finger	0	0	0	0

Section D - Special Problems

ves

1. Does the student have a problem that influences his/her ability to do school work in a regular classroom? ○ yes ○ no ○ don't know (If answered no/don't know go to question 3)

If YES above, please mark all that apply. Please base your answers on medical diagnosis or parent/guardian information.

		yes					У	es
2a.	physical disability	ô	f.	emot	ional p	problem	(Ô
b.	visual impairment	0	g.	beha	vioura	l problem	(0
c.	hearing impairment	0	h.	home environment/problems at home			e (С
d.	speech impairment	0	i.	other (if known, print below)			(С
e.	learning disability	0						
3.	Do you feel that this child nee	ds further assessment?		yes ^	no ^ O	don't know O		
	If yes , please specify in prin	t:						59822

To the best of your knowledge, please mark all that apply to this child:						don't know ∧			
1.	attended an early intervention program Specify if known, please print:			Ô	Ô	Ö			
2.	has been in non-parental care on a regular basis prior to kindergarten entry				0	0			
	If yes, please specify type of care arrangement (please refer to Guide for examples):								
2a	. Centre-based, licensed, non-profit	0	2e. Other home-based, unlicens	ed, rel	ative	0			
2b.	Centre-based, licensed, for profit	0	2f. Child's home, non-relative			0			
2c.	Other home-based, licensed	0	2g. Child's home, relative	7		0			
2d.	Other home-based, unlicensed, non-relative	0	2h. Other/don't know			0			
	To the best of your knowledge, prior to the child this arrangement	part-tir	ne don	't know					
3.	attended other language or religion classes Specify if known, please print:			es ^ O	no ^	don't know ^			
4.	attended an organized pre-school/nursery school (only if <i>part-time</i>, and if it was <i>not</i> the main child-care arrangement)					0			
5.	attended Junior Kindergarten			0	0	0			
6.		7		0	0	0			
7.				0	0	0			
8.				0	0	0			
9.				0	0	0			
10.				0	0	0			

If you have any comments about this child and her/his readiness for school, list them below, please print.

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Section III:

California Healthy Kids Survey (CHKS) 2008-2009

Elementary School Survey Middle School Survey (Module A: Health-related behaviours) Middle School Survey (Module B: Resilience) Middle School Survey (Module C: Alcohol and drug use) Middle School Survey (Module D: Tobacco use) Middle School Survey (Module E: Physical activity) Middle School Survey (Module F: Sexual knowledge and opinion) healthy kids survey

Elementary School Survey

2008-2009

This survey is voluntary. **You do not have to complete this survey,** but we hope that you will. We need your help!

Your answers will improve health programs.

Please do not write your name on this form or the answer sheet. No one but you will know how you answer these questions.

Please mark only one answer for each question on the answer sheet. Fill in the bubbles neatly with a #2 pencil. Please do not write on the survey questionnaire.

Please read every question carefully. Mark one choice on your answer sheet for each question.

Thank you for taking this survey!

First, write your SCHOOL NAME on the top of the answer sheet.

1. Fill in the bubble for number "3."

2. How old are you?

- A) 7 years old, or younger than 7
- B) 8 years old
- C) 9 years old
- D) 10 years old
- E) 11 years old
- F) 12 years old
- G) 13 years old, or older than 13

3. Are you female or male?

- A) Female
- B) Male

4. What grade are you in?

- A) 3rd grade
- **B**) 4th grade
- C) 5th grade
- D) 6th grade

5. During the past year, how many times have you moved (changed where you live)?

- A) 0 times
- B) 1 time
- C) 2 or more times

6. Did you eat breakfast this morning?

- A) No
- B) Yes

C A L I F O R N I A

SURVEY

7. When you ride in a car do you wear a seat belt?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

8. When you ride a bicycle do you wear a helmet?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time
- E) I do not ride a bicycle

The next questions ask about your school.

healthy kids

9. Do you feel close to people at school?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

10. Are you happy to be at this school?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

11. Do you feel like you are part of this school?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

CALIFORNIA

S U R V E Y

12. Do teachers treat students fairly at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

13. Do you help make class rules or choose things to do at school?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time

14. Do the teachers and other grown-ups at school care about you?

- A) No, never
- **B**) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

15. Do the teachers and other grown-ups at school tell you when you do a good job?

healthy kids

- A) No, never
- **B**) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

16. How well do you do in your schoolwork?

- A) I'm one of the best students
- B) I do better than most students
- C) I do about the same as others
- D) I don't do as well as most others

17. Do the teachers and other grown-ups at school listen when you have something to say?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

S U R V E Y

18. Do the teachers and other grown-ups at school believe that you can do a good job?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

19. Do you do things to be helpful at school?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time
- 20. Do you plan to go to college or some other school after high school?
 - A) No
 - B) Yes

Here are questions about events that may happen at school and after school.

- 21. During the past year, how many times have you hit or pushed other kids at school when you were not playing around?
 - A) 0 times
 - B) 1 time
 - C) 2 times
 - D) 3 or more times
- 22. During the past year, how many times have you spread mean rumors or lies about other kids at school?
 - A) 0 times
 - B) 1 time
 - C) 2 times
 - D) 3 or more times

CALIFORNIA

healthy kids SURVEY

23. Do other kids hit or push you at school when they are not just playing around?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

24. Do other kids at school spread mean rumors or lies about you?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time

25. During the past year, did you ever bring a gun or knife to school?

- A) No
- B) Yes

26. During the past year, have you ever seen another kid with a gun or knife at school?

- A) No
- B) Yes

27. Are you home alone after school?

- A) No, never
- **B**) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

28. Do you feel safe at school?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

CALIFORNIA healthy kids SURVEY

29. Do you feel safe outside of school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

The next questions are about cigarettes, alcohol, and other drugs.

30. Have you ever smoked a cigarette?

- A) No
- B) Yes, I smoked part of a cigarette, like one or two puffs
- C) Yes, I smoked a whole cigarette

31. Have you ever chewed tobacco or snuff (dip)?

- A) No
- B) Yes

32. Have you ever drunk beer, wine, or other alcohol?

- A) No
- **B**) Yes, I drank one or two sips
- C) Yes, I drank a full glass

33. Have you ever sniffed something through your nose to get "high?"

- A) No
- B) Yes

34. Have you ever smoked any marijuana (pot, grass, weed)?

- A) No
- B) Yes
- C) I don't know what marijuana is

35. Have you ever used alcohol or an illegal drug like marijuana before school or at school?

- A) No
- B) Yes

CALIFORNIA healthy kids SURVEY

36. Do you think smoking cigarettes is bad for a person's health?

- A) No, not bad
- B) Yes, a little bad
- C) Yes, very bad

37. Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health?

- A) No, not bad
- **B**) Yes, a little bad
- C) Yes, very bad

38. Do you think using marijuana (pot, grass, weed) is bad for a person's health?

- A) No, not bad
- **B**) Yes, a little bad
- C) Yes, very bad
- **D)** I don't know what marijuana is

39. In the past month, did you drink any beer, wine, or other alcohol?

- A) No
- **B**) Yes, I drank one or two sips
- C) Yes, I drank a full glass

40. In the past month, did you smoke a cigarette?

- A) No
- B) Yes

Below are questions about your health and things you might do.

41. Do you try to understand how other people feel?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

C A L I F O R N I A

healthy kids SURVEY

42. Do you feel bad when someone else gets their feelings hurt?

- A) No, never
- **B**) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

43. Do you know where to go for help with a problem?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time

44. Do you try to work out your problems by talking or writing about them?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

45. Do you try to do your best?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

46. Do you have goals and plans for the future?

- A) No
- B) Yes

47. Do you think you are too skinny, about right, or too fat?

- A) Too skinny
- **B**) About right
- C) Too fat

CALIFORNIA healthy kids SURVEY

- 48. Are you doing anything to try to lose weight?
 - A) No
 - B) Yes

49. Have other kids at school ever teased you about what your body looks like?

- A) No
- B) Yes

50. How many days each week do you exercise, dance, or play sports?

- A) 0 days
- **B**) 1 day
- C) 2 days
- D) 3 days
- E) 4 days
- F) 5 days
- **G**) 6 or 7 days

51. When not exercising, do you ever have trouble breathing (for example, shortness-ofbreath, wheezing, or a sense of tightness in your chest)?

- A) No
- B) Yes

52. Has a parent or some other adult ever told you that you have asthma?

- A) No
- B) Yes

53. Yesterday, how much time did you spend watching TV or playing video games?

- A) None, I didn't watch TV yesterday
- **B**) Less than 1 hour
- C) About 1 hour
- D) About 2 hours
- E) 3 or more hours

The next two questions ask about your friends.

healthy kids

SURVEY

54. Do your best friends get into trouble?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

55. Do your best friends try to do the right thing?

- A) No, never
- **B**) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Here are questions about your home.

56. Does a parent or some other grown-up at home care about your schoolwork?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

57. Does a parent or some other grown-up at home believe that you can do a good job?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time

58. Does a parent or some other grown-up at home want you to do your best?

- A) No, never
- **B**) Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time

healthy kids SURVEY

59. Does a parent or some other grown-up at home listen when you have something to say?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

60. Do you help at home?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- **D**) Yes, all of the time

61. Do you get to make rules or choose things to do at home?

- A) No, never
- **B)** Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

62. Did you understand the questions on this survey?

- A) No, none of them
- **B**) Yes, some of them
- C) Yes, most of them
- **D**) Yes, all of them

63. Did you answer the questions on this survey honestly and truthfully?

- A) No, none of them
- **B**) Yes, some of them
- C) Yes, most of them
- D) Yes, all of them

64. What language do you usually speak at home?

- A) English (or mostly English)
- **B**) Spanish (or mostly Spanish)
- C) Other

healthy kids SURVEY

◆ Module A ◆

Middle School Questionnaire

2008-09

This is a survey about school and health-related behaviors, experiences, and attitudes. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it. **You will be able to answer** whether or not you have done or experienced any of these things.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs.

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. Do not write on the questionnaire. Mark only one answer unless told to *"Mark All That Apply."*

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do something?), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

Thank you for taking this survey!

CALIFORNIA *healthy kids* Module A

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

- A1. Fill in the bubble for the letter "M."
- A2. Fill in the bubble for the number "3."

Next, we would like some background information about you.

A3. 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

A4. What is your sex?

- A) Male
- B) Female

A5. What grade are you in?

- A) 6th grade
- B) 7th grade
- 8th grade C)
- D) 9th grade
- E) 10th grade

A6. How do you describe yourself? (Mark All That Apply.)

- A) American Indian or Alaska Native
- B) Native Hawaiian or Pacific Islander
- C) Asian or Asian American
- D) Black or African American (non-Hispanic)

A7. 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
- B) Asian Indian
- C) Cambodian
- D) Chinese
- E) Filipino
- F) Japanese

- G) Korean
- H) Laotian
- Vietnamese
- Native Hawaiian, Guamanian, Samoan, J) or other Pacific Islander
- K) Other Asian

- F) 15 years old
- G) 16 years old
- H) 17 years old
- 18 years old or older I)

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11th grade

12th grade

Other grade

Ungraded

- E) Hispanic or Latino/Latina
- **F**) White or Caucasian (non-Hispanic)
- G) Other

F)

G)

H)

I)

I)

CALIFORNIA healthy kids Module A URVEY S

A8. If you are Hispanic or Latino/Latina, which groups best describe you? (Mark All That Apply). If you are not of Hispanic background, mark "A. Does not apply."

- A) Does not apply; I am not Hispanic or Latino/Latina
- B) Central American
- C) South American

- D) Cuban
- E) Mexican
- F) Puerto Rican
- G) Other Hispanic

- A9. In the past three years, were you part of the Migrant Education Program or did your family move to find work in agriculture?
 - A) Yes
 - B) No
 - Don't know C)

Next, please mark on your answer sheet how TRUE you feel each of the following statements are about your SCHOOL and things you might do there.

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

		Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
A10.	I feel close to people at this school.	А	В	С	D	E
A11.	I am happy to be at this school.	А	В	С	D	E
A12.	I feel like I am part of this school.	А	В	С	D	E
A13.	The teachers at this school treat students fairly.	А	В	С	D	Е
A14.	I feel safe in my school.	А	В	С	D	Е

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

		Not At All True	A Little True	Pretty Much True	Very Much True
A15.	who really cares about me.	А	В	С	D
A16.	who tells me when I do a good job.	А	В	С	D
A17.	who notices when I'm not there.	А	В	С	D
A18.	who always wants me to do my best.	А	В	С	D
A19.	who listens to me when I have something to say.	А	В	С	D
A20.	who believes that I will be a success.	А	В	С	D

CALIFORNIA healthy kids

SURVEY

◆ Module A ◆

At school, ...

		Not at All True	A Little True	Pretty Much True	Very Much True
A21.	I do interesting activities.	А	В	С	D
A22.	I help decide things like class activities or rules.	А	В	С	D
A23.	I do things that make a difference.	А	В	С	D

The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.

Outside of my home and school, there is an adult ...

		Not At All True	A Little True	Pretty Much True	Very Much True
A24.	who really cares about me.	А	В	С	D
A25.	who tells me when I do a good job.	А	В	С	D
A26.	who notices when I am upset about something.	А	В	С	D
A27.	who believes that I will be a success.	А	В	С	D
A28.	who always wants me to do my best.	А	В	С	D
A29.	whom I trust.	А	В	С	D
Outsid	de of my home and school,	Not at All True	A Little True	Pretty Much True	Very Much True
A30.	I am part of clubs, sports teams, church/temple, or other group activities.	А	В	С	D
A31.	I am involved in music, art, literature, sports, or a hobby.	А	В	С	D
A32.	I help other people.	А	В	С	D

- A33. Did you eat breakfast today?
 - A) No
 - B) Yes

CALIFORNIA healthy kids

 $\bullet Module A \bullet$

S U R V E Y

The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs *without a doctor's order* (prescription for medical reasons).

Keep the following definitions in mind.

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance, including pills and medications, used to get "high" ("loaded", "stoned", or "wasted") other than alcohol or tobacco.

During your <u>life</u>, how many times have you used or tried ...

		Number of Times									
		0 times	1 time	2 times	3 times	4-6 times	7 or more times				
A34.	a cigarette, even one or two puffs?	А	В	С	D	Е	F				
A35.	a whole cigarette?	А	В	С	D	Е	F				
A36.	smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	А	В	С	D	E	F				
A37.	one full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	А	В	С	D	E	F				
A38.	marijuana (pot, weed, grass, hash, bud)?	А	В	С	D	Е	F				
A39.	inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	А	В	С	D	E	F				
A40.	derbisol (DB, derbs, or dirt)?	А	В	С	D	Е	F				
A41.	any other illegal drug or pill to get "high"?	А	В	С	D	Е	F				
Durin	During your <u>life</u> , how many times have you been										

		Number of Times								
		0 times	1 time	2 times	3 times	4-6 times	7 or more times			
A42.	very drunk or sick after drinking alcohol?	А	В	С	D	Е	F			
A43.	"high" (loaded, stoned, or wasted) from using drugs?	А	В	С	D	Е	F			
A44.	drunk on alcohol or "high" on drugs on school property?	А	В	С	D	Е	F			

S U R V E Y

CALIFORNIA healthy kids Module A

About how old were you the first time you did any of these things?

					Year	s of A	Age				
		Never	10 or under	<u>11</u>	<u>12</u>	<u>13</u>	14	<u>15</u>	<u>16</u>	<u>17</u>	18 or over
A45.	Had a drink of an alcoholic beverage (other than a sip or two)	А	В	С	D	E	F	G	Η	Ι	J
A46.	Smoked part or all of a cigarette	А	В	С	D	Е	F	G	Н	Ι	J
A47.	Used smokeless tobacco or other tobacco products	А	В	С	D	Е	F	G	Н	Ι	J
A48.	Used marijuana or hashish	А	В	С	D	Е	F	G	Н	Ι	J
A49.	Used any other illegal drug or pill to get "high"	А	В	С	D	E	F	G	Н	Ι	J
Durin	g the past <u>30 days</u> , on how many days did you use	•••									
		0 days	1 day		2 days		3 - 9 days		10 - 1 days	-	20 - 30 days
A50.	cigarettes?	А	В		С		D		E		F
A51.	<pre>smokeless tobacco (dip, chew or snuff)?</pre>	А	В		С		D		E		F
A52.	at least one drink of alcohol?	А	В		С		D		E		F
A53.	five or more drinks of alcohol in a row, that is, within a couple of hours?	А	В		С		D		E		F
A54.	marijuana (pot, weed, grass, hash, bud)?	А	В		С		D		E		F
A55.	inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	В		С		D		E		F
A56.	any other illegal drug or pill to get "high"?	А	В		С		D		E		F

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
A57.	smoke cigarettes?	А	В	С	D	E	F
A58.	have at least one drink of alcohol?	А	В	С	D	Е	F
A59.	smoke marijuana?	А	В	С	D	E	F
A60.	use any other illegal drug or pill to get "high"?	А	В	С	D	E	F
Durin	g the past <u>12 months</u> ,		No			Yes	
A61.	have you talked with at least one of your parents [or guardians] about the dangers of tobacco, alcohol, or drug use?	A			В		
A62.	have you heard, read, or watched any messages about not using alcohol, tobacco, or drugs?		А			В	

CALIFORNIA *healthy kids* survey Module A

A63. How do you like to drink alcohol?

- A) I don't drink alcohol
- B) Just a sip or two
- C) Enough to feel it a little

- D) Enough to feel it moderately
- E) Until I feel it a lot or get really drunk

How much do people risk harming themselves physically and in other ways when they do the following?

		How Much Risk or Harm							
		Great	Moderate	Slight	None				
A64.	Smoke cigarettes occasionally	А	В	С	D				
A65.	Smoke 1-2 packs of cigarettes each day	А	В	С	D				
A66.	Drink alcohol occasionally	А	В	С	D				
A67.	Have five or more drinks of an alcoholic beverage once or twice a week	А	В	С	D				
A68.	Smoke marijuana occasionally	А	В	С	D				
A69.	Smoke marijuana once or twice a week	А	В	С	D				

How difficult is it for students in your grade to get any of the following substances if they really want them?

		Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
A70.	Cigarettes	А	В	С	D	Е
A71.	Alcohol	А	В	С	D	Е
A72.	Marijuana	А	В	С	D	Е

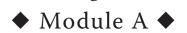
Think about a group of 100 students (about three classrooms) in your grade. About how many students have done the following?

		Number of Students										
		0	10	20	30	40	50	60	70	80	90	100
		(non	e)				(half))				(all)
A73.	Smoke cigarettes at least once a month	А	В	С	D	E	F	G	Н	Ι	J	K
A74.	Ever tried marijuana	А	В	С	D	Е	F	G	Н	Ι	J	Κ

How do you feel about someone your age doing the following?

		Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A75.	Smoking one or more packs of cigarettes a day	А	В	С
A76.	Having one or two drinks of any alcoholic beverage nearly every day	А	В	С
A77.	Trying marijuana or hashish once or twice	А	В	С
A78.	Using marijuana once a month or more	А	В	С
A79.	Carry a weapon to school	А	В	С

CALIFORNIA healthy kids



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A80. How do you think your close friends would feel about your smoking one or more packs of cigarettes a day?

- A) Neither approve nor disapprove
- B) Somewhat disapprove
- C) Strongly disapprove

A81. In your <u>life</u>, how many times have you ridden in a car driven by someone who had been drinking alcohol?

- A) Never
- B) 1 time
- C) 2 times
- D) 3 to 6 times
- E) 7 or more times

Next are questions about violence, safety, harassment, and bullying.

During the past <u>12 months</u>, how many times **on school property** have you ...

		0 times	1 time	2 to 3 times	4 or more
A82.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	В	С	D
A83.	been afraid of being beaten up?	А	В	С	D
A84.	been in a physical fight?	А	В	С	D
A85.	had mean rumors or lies spread about you?	А	В	С	D
A86.	had sexual jokes, comments, or gestures made to you?	А	В	С	D
A87.	been made fun of because of your looks or the way you talk?	А	В	С	D
A88.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	А	В	С	D
A89.	been offered, sold, or given an illegal drug?	А	В	С	D
A90.	damaged school property on purpose?	А	В	С	D
A91.	carried a gun?	А	В	С	D
A92.	carried any other weapon (such as a knife or club)?	А	В	С	D
A93.	been threatened or injured with a weapon (gun, knife, club, etc.)?	А	В	С	D
A94.	seen someone carrying a gun, knife, or other weapon?	А	В	С	D

CALIFORNIA healthy kids

Module A \blacklozenge

S U R V E Y

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

		0 times	1 time	2 to 3 times	4 or more
A95.	Your race, ethnicity, or national origin	А	В	С	D
A96.	Your religion	А	В	С	D
A97.	Your gender (being male or female)	А	В	С	D
A98.	Because you are gay or lesbian or someone thought you were	А	В	С	D
A99. A100.	A physical or mental disability Any other reason	A A	B B	C C	D D

A101. How safe do you feel when you are at school?

- A) Very safe
- B) Safe
- C) Neither safe or unsafe
- D) Unsafe
- E) Very unsafe

A102. In a normal week, how many days are you home after school for at least one hour without an adult there?

- A) Never
- **B**) 1 day
- C) 2 days
- D) 3 days
- E) 4 days
- F) 5 days



- A103. Do you consider yourself a member of a gang?
 - A) No
 - B) Yes
- A104. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
 - A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months
 - B) No
 - C) Yes
- A105. 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

A106. During the past <u>12 months</u>, how would you describe the grades you mostly received in school?

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

A107. During the past 12 months, about how many times did you skip school or cut classes?

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

A108. How many questions in this survey did you answer honestly?

- All of them A)
- Most of them B)
- C) Only some of them
- D) Hardly any

CALIFORNIA healthy kids SURVEY

▼ Module B ▼

Please mark on your answer sheet how you feel about each of the following statements.

How true do you feel these statements are about you personally?

		Not At All True	A Little True	Pretty Much True	Very Much True
B1.	I have goals and plans for the future.	А	В	С	D
B2.	I plan to graduate from high school.	А	В	С	D
B3.	I plan to go to college or some other school after high school.	А	В	С	D
B4.	I know where to go for help with a problem.	А	В	С	D
B5.	I try to work out problems by talking or writing about them.	А	В	С	D
B6.	I can work out my problems.	А	В	С	D
B7.	I can do most things if I try.	А	В	С	D
B8.	I can work with someone who has different opinions than mine.	А	В	С	D
B9.	There are many things that I do well.	А	В	С	D
B10.	I feel bad when someone gets their feelings hurt.	А	В	С	D
B11.	I try to understand what other people go through.	А	В	С	D
B12.	When I need help, I find someone to talk with.	А	В	С	D
B13.	I enjoy working together with other students my age.	А	В	С	D
B14.	I stand up for myself without putting others down.	А	В	С	D
B15.	I try to understand how other people feel and think.	А	В	С	D
B16.	There is a purpose to my life.	А	В	С	D
B17.	I understand my moods and feelings.	А	В	С	D
B18.	I understand why I do what I do.	А	В	С	D

How true are these statements about your FRIENDS?

I have a friend about my own age ...

		Not At All True	A Little True	Pretty Much True	Very Much True
B19.	who really cares about me.	А	В	С	D
B20.	who talks with me about my problems.	А	В	С	D
B21.	who helps me when I'm having a hard time.	А	В	С	D

CALIFORNIA healthy kids SURVEY

▼ Module B ▼

My friends ...

		Not At All True	A Little True	Pretty Much True	Very Much True
B22.	get into a lot of trouble.	А	В	С	D
B23.	try to do what is right.	А	В	С	D
B24.	do well in school.	А	В	С	D

How true are these statements about your HOME or the ADULTS WITH WHOM YOU LIVE?

In my home, there is a parent or some other adult ...

		Not At All True	A Little True	Pretty Much True	Very Much True
B25.	who expects me to follow the rules.	А	В	С	D
B26.	who is interested in my school work.	А	В	С	D
B27.	who believes that I will be a success.	А	В	С	D
B28.	who talks with me about my problems.	А	В	С	D
B29.	who always wants me to do my best.	А	В	С	D
B30.	who listens to me when I have something to say.	А	В	С	D

At home ...

		Not At All True	A Little True	Pretty Much True	Very Much True
B31.	I do fun things or go fun places with my parents or other adults.	А	В	С	D
B32.	I do things that make a difference.	А	В	С	D
B33.	I help make decisions with my family.	А	В	С	D

ag SURVEY

▲ Module C ▲

This section asks more questions related to alcohol and drug use, violence, safety, and gambling.

During the past <u>six months</u>, about how many times did you use these substances without a doctor's order?

		0 <u>Times</u>	1 - 2 <u>Times</u>	A Few <u>Times</u>	Once A Month	Once A Week	A Few Times A Week	Once A Day Or More
C1.	An alcoholic drink	А	В	С	D	Е	F	G
C2.	Marijuana (pot, weed, grass, hash, bud)	А	В	С	D	Е	F	G
C3.	Inhalants (things you sniff, huff, or breathe to get high)	А	В	С	D	Е	F	G
C4.	Any other illegal drug or pill to get "high" (such as methamphetamine, cocaine, LSD, ecstasy, downers)	А	В	С	D	E	F	G

C5. During the past <u>12 months</u>, have you gambled (bet) for money or valuables in any of the following ways? *(Mark All That Apply.)*

- A) I have not gambled (bet) in the past 12 months
- B) Card games (such as poker, blackjack)
- C) Personal skill games (such as pool, darts, coin tossing)
- D) Betting on sports teams
- E) Lottery (scratch cards or numbers)
- F) Bingo
- G) Dice games
- H) Gambling machines (slots, video poker)
- I) Horse racing
- J) Online gambling
- K) Gambled (bet) in some other way

C6. During the past <u>12 months</u>, how many times have you gambled (bet) for money or valuables in any way?

- A) I have not gambled (bet) in the past 12 months
- B) 1 time
- C) 2 or 3 times
- D) 4 to 9 times
- E) 10 or more times

CALIFORNIA healthy kids

es survey

▲ Module C ▲

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

		0 Times	1 Time	2 - 3 Times	4 Or More Times
C7.	been in a physical fight?	А	В	С	D
C8.	been in a physical fight between groups of kids?	А	В	С	D
С9.	used any weapon to threaten or bully someone?	А	В	С	D

C10. How safe do you feel in the neighborhood where you live?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

C11. During the past <u>30 days</u>, on how many days did you not go to school because you felt 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 more days

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

		0 Days	1 Day	2 Or More Days
C12.	a gun?	А	В	С
C13.	any other weapon (such as a knife or club)?	А	В	С
C14.	any weapon (gun, knife, or club) on school property?	А	В	С

CALIFORNIA healthy kids

SURVEY

• Module D •

This section contains questions about tobacco use, attitudes, and your experiences with tobacco education at school.

- D1. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
 - A) No
 - B) Yes

D2. Did you ever smoke to control your weight?

- A) No
- B) Yes

D3. 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
- D4. Have you smoked 100 cigarettes in your life?
 - A) No
 - B) Yes

D5. If you smoked cigarettes during the past 30 days, how did you usually get them? (Select only one response.)

- A) I did not smoke cigarettes in the past 30 days
- B) I bought them in a store such as a convenience store, supermarket, 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) I took them from a store or family member
- G) A friend gave them to me
- H) A person 18 years or older gave them to me
- I) Other people gave them to me
- J) I got them some other way

D6. During the past 30 days, on how many days did you smoke any cigars, cigarillos, or little cigars?

A) 0 days

1 to 2 days

B)

- D) 6 to 9 days
- E) 10 to 19 days
- C) 3 to 5 days F) 20 to 30 days
- D7. If you now smoke cigarettes, would you like to quit smoking?
 - A) I don't smoke cigarettes; does not apply
 - B) No
 - C) Yes

CALIFORNIA healthykids SURVEY • Module D •

D8. How many times have you tried to quit smoking cigarettes?

- A) I don't smoke cigarettes; does not apply
- B) 0 times
- C) 1 time

If you used tobacco during the past 12 months, did you do any of the following things at school to get help to quit using?

D)

E)

2 to 3 times

4 or more times

		I did not use		
		tobacco	No	Yes
D9.	Go to a special group or class	А	В	С
D10.	Talk to an adult at your school about how to quit	А	В	С
D11.	Talk to a peer helper about how to quit	А	В	С

D12. How hard would it be for you to refuse or say "no" to a friend who offered you a cigarette to smoke?

A)	Very hard	C)	Easy
B)	Hard	D)	Very easy

During the past 12 months, did you do any of these things at school?

		No	Yes	Not Sure
D13.	Have lessons about tobacco and its effects on the body	A	В	С
D14.	Practice different ways to refuse or say "no" to tobacco offers	А	В	С

D15. How likely do you think it is that you will smoke one or more cigarettes in the next year?

A)	I am sure it will not happen	D)	It probably will happen
B)	It probably will not happen	E)	It will happen for sure

B) It probably will not happenC) There is an even chance (50-50) that it will happen

D16. About how many adults you know smoke cigarettes?

A)None of themC)ManyB)SomeD)Most or all

Please indicate whether or not you agree with the following statements:

		Very much agree	Agree	Disagree	Very much disagree
D17.	Smoking makes kids look grown up.	А	В	С	D
D18.	Smoking makes your teeth yellow.	А	В	С	D
D19.	Smoking is cool.	А	В	С	D
D20.	Smoking makes you smell bad.	А	В	С	D
D21.	Smoking helps you make friends.	А	В	С	D
D22.	Smoking is bad for your health.	А	В	С	D
D23.	Smoking helps you relax.	А	В	С	D
D24.	Smoking helps control your weight.	А	В	С	D

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h*ea*lthy kids ■ Module E ■

S U R V E Y

This section contains questions about physical activity, diet, and general health.

On how many of the past 7 days did you ...

				ľ	Number	of Day	s		
		0	1	2	3	4	5	6	7
E1.	Exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.)	A	В	С	D	E	F	G	Η
E2.	Participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.)	А	В	С	D	E	F	G	Н
E3.	Do exercises to strengthen or tone your muscles? (For example, push-ups, sit-ups, or weight lifting.)	А	В	С	D	E	F	G	Н

During the past 24 hours (yesterday), how many times did you ...

		Number of Times					
		0	1	2	3	4	5 or more
E4.	Drink milk or eat yogurt? (In any form, including in cereal.)	А	В	С	D	E	F
E5.	Drink soda pop?	А	В	С	D	Е	F
E6.	Drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)	А	В	С	D	E	F
E7.	Eat french fries, potato chips, or other fried potatoes?	А	В	С	D	Е	F
E8.	Eat fruit? (Do not count fruit juice.)	А	В	С	D	Е	F
E9.	Eat vegetables? (Include salads and nonfried potatoes.)	А	В	С	D	Е	F

E10. Has a doctor ever told you or your parent/guardian that you have asthma?

- A) No
- B) Yes
- C) Don't know

E11. 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

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healthy kids s ■ Module E ■

S U R V E Y

During the past 30 days, did you do any of the following things to lose weight or to keep from gaining weight?

weign			
		No	Yes
E12.	Exercise	А	В
E13.	Eat less food, fewer calories, or foods low in fat	А	В
E14.	Go without eating for 24 hours or more (also called fasting)	А	В
E15.	Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast.)	А	В
E16.	Vomit or take laxatives	А	В
E17.	How do you describe your weight?		
	A) Very underweight	D) Slightly o	verweight
	B) Slightly underweight	E) Very over	rweight
	C) About the right weight		
E18.	On an average school day, how many hours do you	ı watch TV or play video g	games?
	A) I do not watch TV on an average school	D) 2 hours	
	day	E) 3 hours	
	B) Less than 1 hour	F) 4 hours	
	C) 1 hour	G) 5 hours o	r more
E19.	During the past 12 months, on how many sports t other sports teams.)	eams did you play? (Inclue	de school sponsored and any
	A) 0 teams	C) 2 teams	
	B) 1 team	D) 3 or more	ataams
	b) i team	D) 5 of more	eteanis
E20.	How often do you wear a seat belt when riding in a	•	
	A) Never	D) Most of t	he time
	B) Rarely	E) Always	
	C) Sometimes		

healthy kids Module E E21. When you rode a bicycle during the past 12 months, how often did you wear a helmet? I did not ride a bicycle during the past A) D) Sometimes wore a helmet 12 months E) Most of the time wore a helmet B) Never wore a helmet **F**) Always wore a helmet C) Rarely wore a helmet E22. In an average week, on how many days do you have physical activity in your physical education class (P.E. or gym)? A) 0 days 3 days D) B) E) 4 days 1 day C) 2 days F) 5 days E23. During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports? A) I do not take P.E. D) 21 to 30 minutes B) Less than 10 minutes E) More than 30 minutes C) 10 to 20 minutes E24. During the past 12 months, did you have a regular check up with a doctor when you were not sick or injured? No A) B) Yes E25. During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work? A) No B) Yes E26. During the past 7 days, how many days did you take a vitamin? A) 0 days 5 to 6 days D) B) 1 to 2 days E) Daily

S U R V E Y

C) 3 to 4 days

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E27. During the past 12 months, have you had an episode of asthma or an asthma attack?

- A) No
- B) Yes

E28. During the past 12 months, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?

- A) No
- B) Yes

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E29. During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?

healthy kids

Module E

S U R V E Y

- A) No
- B) Yes
- E30. During the past 12 months, have you used a medicine (an inhaler, puffer, or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?
 - A) No
 - B) Yes
- E31. During the past 30 days, about how many days each week have you had a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
 - A) Never
 - B) 2 days a week or less
 - C) More than 2 days each week but not every day
 - **D**) Every day
- E32. During the past 30 days, about how many nights did you wake up because of a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
 - A) Never
 - B) 2 nights in the last 30 days or less
 - C) 3 or 4 nights in the last 30 days
 - D) More than 4 nights in the last 30 days but not every night
 - E) Every night or almost every night

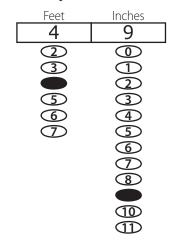


How tall are you without your shoes on?

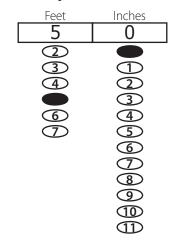
Write your height in feet and inches in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you are 4 feet 9 inches tall, you would answer the question as follows:



If you are 5 feet 0 inches tall, you would answer the question as follows:

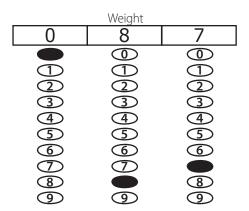


How much do you weigh without your shoes on?

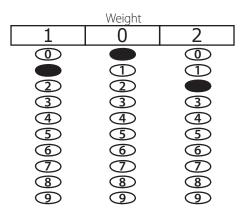
Write your weight in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you weigh 87 pounds, you would answer the question as follows:



If you weigh 102 pounds, you would answer the question as follows:



CALIFORNIA healthy kids

KIOS SURVEY

\star Module F \star

This section asks about sexual knowledge, opinions, and behavior. You will be able to answer that you never had sexual intercourse.

F1. About what percent of students in your school grade do you think ever had sexual intercourse? (For example, you might think about how many in a group of 100 students or three classrooms.)

		•	0	•		
A)	0 percent (None)				G)	60 percent
B)	10 percent				H)	70 percent
C)	20 percent				I)	80 percent
D)	30 percent				J)	90 percent
E)	40 percent				K)	100 percent (All)
F)	50 percent (Half)					

Please indicate whether you agree or not with the following statements

		Very Much Agree	Agree	Disagree	Very Much Disagree
F2.	For teens your age, abstinence (not having sexual	А	В	С	D
	intercourse) is a better choice than having sexual intercourse.	А	В	С	D
F3.	For some teens under 18 years old, it is a good decision to have a baby.	А	В	С	D

In the past 6 months, have you talked with your parents or other adults in your family about ...

		No	Yes
F4.	What your parents think about teenagers having sex?	А	В
F5.	Your questions about sex?	А	В
F6.	Reasons why you shouldn't have sex at your age?	А	В
F7.	How your life would change if you became a father or mother while you're a teenager?	А	В
F8.	Birth control?	А	В
F9.	AIDS/HIV and other sexually transmitted diseases?	А	В

F10. How likely do you think it is that you will choose to have sexual intercourse one or more times in the next year?

- A) I am sure it will not happen
 B) It probably will not happen
 C) There is an even change (50, 50) that it
 D) It probably will happen for sure
- C) There is an even chance (50-50) that it will or won't happen
- F11. Have you ever had sexual intercourse?
 - A) No
 - B) Yes

If you just answered "No" to question F11, you do not have to answer the rest of the questions in Section F. If you answered "Yes," please continue.

CALIFORNIA healthy kids

\star Module F \star

S U R V E Y

F12. How old were you when you had sexual intercourse for the first time?

- 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

F13. The last time you had sexual intercourse, did you or your partner use a condom?

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

F14. Have you ever been forced to have sexual intercourse when you did not want to?

- A) No
- B) Yes

Section IV:

Strengths and Difficulties Questionnaire (SDQ) 2005

Teacher version (for 3 to 4 year-old children) Parent version (for 4 to 10 year-old children) Teacher version (for 4 to 10 year-old children) Self-report version (for 11 to 17 year-old children) Teacher version (for 11 to 17 year-old children) Parent version (for 11 to 17 year-old children)

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name	Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often argumentative with adults			
Picked on or bullied by other children			
Often offers to help others (parents, teachers, other children)			
Can stop and think things out before acting			
Can be spiteful to others			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees work through to the end			

Do you have any other comments or concerns?

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

	Yes-	Yes-	Yes-
No	minor difficulties	definite difficulties	severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
• Do the difficulties upset or distress the cl	nild? Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties interfere with the child	d's everyday life	in the following	areas?	
PEER RELATIONSHIPS LEARNING	Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties put a burden on you o	r the class as a w	hole?		
	Not at all	Only a little	Quite a lot	A great deal

Signature Date

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name	 Male/Female
	 Male/Fema

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often offers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees chores or homework through to the end			

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

chlotions, concentration, behavior of beh	ig able to get on	with other people	, <u>:</u>	
	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
If you have answered "Yes", please answ	ver the following	questions about t	hese difficulties:	
• How long have these difficulties been p	present?			
	Less than a month	1-5 months	6-12 months	Over a year
• Do the difficulties upset or distress you				
	Not at all	Only a little	Quite a lot	A great deal
		_		_
• Do the difficulties interfere with your c	hild's everyday l	ife in the followir	ng areas?	
	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE				
FRIENDSHIPS				
CLASSROOM LEARNING				
LEISURE ACTIVITIES				
• Do the difficulties put a burden on you	or the family as	a whole?		
	Not at all	Only a little	Quite a lot	A great deal
Circulature				
Signature		Date		

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name	Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often offers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees work through to the end			

Do you have any other comments or concerns?

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people? Yes-Yes-Yesminor definite severe No difficulties difficulties difficulties \square If you have answered "Yes", please answer the following questions about these difficulties: • How long have these difficulties been present? Less than 1-5 6-12 months a month months • Do the difficulties upset or distress the child? Not Only a Quite A great at all little a lot deal

• Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS				
CLASSROOM LEARNING				

• Do the difficulties put a burden on you or the class as a whole?

Not	Only a little	Quite	A great
at all		a lot	deal

 \square

Over

a year

Signature	Date
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Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name	Male/Female
-----------	-------------

Date of birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others, for example CD's, games, food			
I get very angry and often lose my temper			
I would rather be alone than with people of my age			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, depressed or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often offer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get along better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Do you have any other comments or concerns?

Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
• Do the difficulties upset or distress you?				
	Not at all	Only a little	Quite	A great deal
			a lot	
• Do the difficulties interfere with your evo	eryday life in the	following areas	?	
	Not at all	Only a little	Quite a lot	A great deal

	at all	little	a lot	deal
HOME LIFE				
FRIENDSHIPS				
CLASSROOM LEARNING				
LEISURE ACTIVITIES				

• Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not	Only a little	Quite	A great
at all		a lot	deal

rour Signature	Your Signature	Today's Date
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Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student's behavior over the last six months or this school year.

Student's name	Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other youth, for example pencils, books, food			
Often loses temper			
Would rather be alone than with other youth			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other youth or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other youth			
Easily distracted, concentration wanders			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other youth			
Often offers to help others (parents, teachers, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other youth			
Many fears, easily scared			
Good attention span, sees work through to the end			

Do you have any other comments or concerns?

Overall, do you think that this student ha emotions, concentration, behavior or bei		•	-	
	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
If you have answered "Yes", please answ	wer the following	questions about	these difficulties:	
• How long have these difficulties been	present?			
	Less than a month	1-5 months	6-12 months	Over a year
• Do the difficulties upset or distress this	s student?			
	Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties interfere with this st	tudent's everyday	life in the follow	ving areas?	
	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS				
CLASSROOM LEARNING				
• Do the difficulties put a burden on you	or the class as a	whole?		
	Not at all	Only a little	Quite a lot	A great deal

Signature Date

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name	Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other youth, for example CD's, games, food			
Often loses temper			
Would rather be alone than with other youth			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other youth or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other youth			
Easily distracted, concentration wanders			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other youth			
Often offers to help others (parents, teachers, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other youth			
Many fears, easily scared			
Good attention span, sees chores or homework through to the end			

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

emotions, concentration, behavior of being able to get on with other people?					
	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties	
If you have answered "Yes", please answ	ver the following	questions about t	these difficulties:		
• How long have these difficulties been p	present?				
	Less than a month	1-5 months	6-12 months	Over a year	
• Do the difficulties upset or distress you					
	Not at all	Only a little	Quite a lot	A great deal	
		—		_	
• Do the difficulties interfere with your c	hild's everyday l	ife in the followin	ng areas?		
	Not at all	Only a little	Quite a lot	A great deal	
HOME LIFE					
FRIENDSHIPS					
CLASSROOM LEARNING					
LEISURE ACTIVITIES					
• Do the difficulties put a burden on you or the family as a whole?					
	Not at all	Only a little	Quite a lot	A great deal	
Signature		Data			
Signature		Date			