

Student Health Questionnaire (SBHC)



Name: _____

Age: 13

ID Number: 524210

Gender: Female

Date Tested: 6/15/2010 9:42:00 AM

Date Uploaded: 6/15/2010 9:42:22 AM

Reviewed by: _____

Section	Score	Range
Overall	19	0 - 39
Healthy Lifestyles	5	0 - 8
CRAFFT	2	0 - 6
Emotional	1	0 - 5
Safety/violence	4	0 - 9
Sexuality	5	0 - 7
Academics	2	0 - 4

Healthy Lifestyles

1. Do you eat 5 or more fruits and vegetables 5 days per week? No
2. Do you watch TV or videos, play computer games and use instant messaging less than 2 hours per day? Yes
3. Do you participate in some type of physical activity in or outside of school for at least 1 hour each day? Yes
4. Do you drink or eat at least 3 servings of milk, cheese, or yogurt a day? No
5. Do you drink caffeinated drinks (coffee, tea, cola, energy drinks) daily? Yes
6. Have you seen a dentist in the last 12 months? No
7. Do you ever smoke cigarettes, cigars, use snuff, or chew tobacco? No
8. Do you use tanning beds? Yes

CRAFFT

9. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? No
10. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? Yes
11. Do you ever use alcohol or drugs while you are by yourself/alone? No
12. Do you ever forget things you did while using drugs/alcohol? No
13. Do your family or friends ever tell you that you should cut down on your drinking or drug use? Yes
14. Have you ever gotten into trouble while using alcohol/drugs? No

Emotional well-being/social systems

15. During the past several weeks, have you often felt sad or down as though you have nothing to look forward to? No
16. Over the last 4 weeks have you had trouble sleeping, poor appetite, or low energy? No
17. Have you ever seriously thought about killing yourself, tried to kill yourself or have you purposely cut, burned or otherwise hurt yourself? No
18. When you get angry, do you do violent things? No
19. Do you have at least one friend or family member who you really like and feel you can talk to? No

Safety/violence and injury prevention

20. Do you or anyone you live with have a gun, rifle or other firearms? **Yes**
21. Do you feel safe at home? **Yes**
22. Do you feel safe at school? **No**
23. Do you always wear a helmet when you rollerblade, skateboard, ride a bike, motorcycle or ride in an ATV? **Yes**
24. Do you always wear a seatbelt when you ride in or drive a car, van, or truck? **Yes**
25. Have you ever been involved in a gang or gang related activities? **No**
26. Have you stayed all night in jail or a detention center? **Yes**
27. Have you stayed all night in a homeless shelter? **No**
28. Have you ever been physically, sexually, or emotionally abused? **Yes**

Sexuality

29. Do you think you may be gay, lesbian, or bi-sexual? **Yes**
30. Have you ever had any type of sexual contact with another person (oral, vaginal, or anal intercourse)? **Yes**
- 30(a). Do you and your partner(s) always use condoms? **No**
- 30(b). Are you using a method to prevent pregnancy? **No**
31. Have you ever been pregnant or gotten someone pregnant? **No**
32. Have you ever been pressured to have sex? **No**
33. Have you ever had an HIV/ AIDS test? **No**

School/Academic Competence

34. Have you ever been suspended from school? **No**
35. Do you want to do well in school and life? **No**
36. Do you have problems with concentration/focus in class? **No**
37. Do you have plans for yourself after graduation? **No**