

California Healthy Kids Survey

School Health Module

PLEASE MARK YOUR SCANTRON IN SECTION W

W1) Where do you USUALLY go for health care (to get help from a doctor or nurse)? (check one)

- A. The health center or clinic at my school
- B. Kaiser
- C. Hospital or emergency room
- D. Private doctor
- E. Community clinic
- F. Some other place
- G. I don't have anywhere to go
- H. I don't know

W2) When was the last time you saw a doctor or nurse for a physical exam or check-up when you were not sick or hurt? (check one)

- A. I've never had a physical exam or check-up
- B. Within the last year
- C. 1 to 2 years ago
- D. More than 2 years ago
- E. I don't know/remember

W3) When did you last see a dentist for an exam, teeth cleaning or dental work? (check one)

- A. I've never gone to the dentist
- B. Within the last year
- C. 1 to 2 years ago
- D. More than 2 years ago
- E. I don't know/remember

Please choose one answer for each of the following questions.

In the past year, how often did you get the following types of care WHEN YOU NEEDED IT...	Always	Sometimes	Rarely	Never	I don't know/ remember	Does not apply, I didn't need this type of care
W4) Medical care when you were sick, hurt or needed a check-up?	A	B	C	D	E	F
W5) Counseling to help you deal with issues like stress, feeling sad, family problems, or alcohol or drug use?	A	B	C	D	E	F
W6) Help with sexual health issues like birth control/condoms or testing for pregnancy/STDs?	A	B	C	D	E	F

In the past year, how often did you get the following types of care WHEN YOU NEEDED IT...	Always	Sometimes	Rarely	Never	I don't know/ remember	Does not apply, I didn't need this type of care
W7) Help with diet, nutrition or exercise?	A	B	C	D	E	F
W8) Dental care for cleanings, toothaches or cavities?	A	B	C	D	E	F

W9) In the past year, did any of these things keep you from seeing a doctor or nurse when you needed to see one? (mark all that apply)

- A. Cost too much/ didn't have insurance
- B. No one could take me
- C. Didn't have a doctor or nurse to go to
- D. Didn't want my parents to know
- E. The wait time for an appointment was too long
- F. Other reasons
- G. Does not apply - I saw a doctor or nurse when I needed to

W10) How often do you or your partner use protection when you have sex (like condoms or birth control pills)? (check one)

- A. Always
- B. Sometimes
- C. Rarely
- D. Never
- E. Does not apply - I've never had sex

W11) The last time you had sex, did you or your partner use... (check one)

- A. A condom **ONLY**
- B. Birth control **ONLY** (for example, birth control pills, the "patch", the "shot", the "ring")
- C. Both a condom **AND** birth control
- D. Other
- E. We did not use anything
- F. Does not apply - I've never had sex

If your school DOESN'T HAVE a School Health Center, you're done with this section of the survey. Please go to the next section.

If your school HAS a School Health Center, please answer the next questions.

- W12) How many times have you used the School Health Center for information or services? (check one)**
- A. None
 - B. 1 or 2 times
 - C. 3 to 5 times
 - D. 6 to 9 times
 - E. 10 times or more

- W13) Are any of the following reasons why you have NOT used the School Health Center? (mark all that apply)**
- A. I didn't need any services
 - B. I didn't know there was a School Health Center
 - C. I was afraid my parents would find out
 - D. I was afraid other students would find out
 - E. The wait was too long
 - F. I didn't feel like the people who work there would understand me
 - G. I couldn't get a pass to leave class
 - H. Other reasons
 - I. Does not apply - I have used the School Health Center

- W14) Which of the following services have you received from the School Health Center? (mark all that apply)**
- A. Medical care when you were sick, hurt or needed a check-up
 - B. Counseling to help you deal with issues like stress, feeling sad, family problems or alcohol or drug use
 - C. Help with sexual health issues like birth control/condoms or testing for pregnancy/STDs
 - D. Help with diet, nutrition or exercise
 - E. Dental care for cleanings, toothaches or cavities
 - F. Other
 - G. Does not apply - I have never used the School Health Center

Please rate how you feel about the School Health Center. (check one answer for each)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know/ Does not apply
W15) It helps me do better in school.	A	B	C	D	E
W16) I like having it at my school.	A	B	C	D	E
W17) It helps me get information and resources I need.	A	B	C	D	E
W18) It gets me help faster than if I went somewhere else.	A	B	C	D	E
W19) I feel safe talking to the people who work there.	A	B	C	D	E
W20) It helps me deal with personal and/or family issues.	A	B	C	D	E