



U.S. Census at School Questionnaire

The first thirteen questions marked with an asterisk are the original international questions common to the countries participating in the Census at School program. All questions are optional.

1. Are you male or female?* (similar to 2020 United States census question)

Male Female

2. How old are you?*

Age (years) _____

3. Are you right-handed, left-handed or ambidextrous? (An ambidextrous person is able to use his or her right and left hands equally well.)*

Right-handed Left-handed Ambidextrous

4. How tall are you without your shoes on? Answer to the nearest centimeter.*

Height (cm) _____

5. What is the length of your right foot (without your shoe on)? Answer to the nearest centimeter.*

Right foot length (cm) _____

6. What is your arm span? (Open arms wide and measure distance across your back from tip of right hand middle finger to tip of left hand middle finger.) Answer to the nearest centimeter.*

Arm span (cm) _____

7. In how many languages can you hold an everyday conversation?*

Number of languages spoken _____

8. What is the main method of transportation you typically use to get to school? Choose one.*

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Bus | <input type="checkbox"/> Boat |
| <input type="checkbox"/> Car | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rail (Train/Tram/Subway) | <input type="checkbox"/> Skateboard/Scooter/Rollerblade | |

9. How long does it usually take you to travel to school? Answer to the nearest minute.*

Travel time (minutes) _____

10. Use your dominant hand to test your reaction time. Go to the [Reaction Time](#) link found on the Student Section page of the Census at School web site. Click "Start" and watch for the background color to change. As soon as it changes, hit "Stop" and note your reaction time. Record your reaction time in seconds as a decimal below.*

Reaction time (seconds) _____

11. Test your memory. How quickly can you uncover all the pairs of pictures? Go to the [Memory Test](#) link found on the Student Section page of the Census at School web site. Click "Start" and then click on squares to uncover their pictures. Only matching pairs of pictures will remain uncovered. Keep clicking until you have uncovered all the pairs. Record your time in seconds as a number below.*

Memory test time (seconds) _____

12. In what sport or activity do you most enjoy participating in?*

- | | | |
|--|--|--|
| <input type="checkbox"/> Athletics (Track & Field) | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Hockey (Field) | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey (Ice) | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Walking/Hiking |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Rowing | <input type="checkbox"/> Other activities/sports |
| <input type="checkbox"/> Football (American) | <input type="checkbox"/> Running/Jogging | <input type="checkbox"/> None |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Skateboarding/Rollerblading | |

13. How important are the following issues to you? Rate each on the scale from 0 (not important) to 1000 (very important). Record your rating of the importance of each issue in the boxes below.*

Use the [Rating Slider](#) found on the Student Section page of the Census at School web site

_____ Reducing pollution

_____ Recycling

_____ Conserving water

_____ Conserving energy (electricity, gas, oil for heating, lighting, car travel)

_____ Owning a computer

_____ Access to the internet

14. What is the length of your left foot (without your shoe on)? Answer to the nearest centimeter.

Left foot length (cm) _____

15. Which is longer, your right or left foot?

Right foot

Left foot

Same length

16. What is the length of your index finger (finger next to your thumb) on your left hand? Answer to the nearest millimeter (there are 10 millimeters in one centimeter).

Index finger length (mm) _____

17. What is the length of your ring finger (located between your middle finger and little finger) on your left hand? Answer to the nearest millimeter (there are 10 millimeters in one centimeter).

Ring finger length (mm) _____

18. Which is longer on your left hand; your index finger or ring finger?

Index finger

Ring finger

Same length

19. In which month were you born?

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

20. Which is your favorite season?

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Winter |

21. Do you have any allergies?

- Yes No

22. Are you vegetarian?

- Yes No

23. What is your favorite type of food?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Poultry (e.g., chicken) | <input type="checkbox"/> Rice/Noodle dishes | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Meat (e.g., hamburgers, steak) | <input type="checkbox"/> Breads/Sandwiches | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Salads | <input type="checkbox"/> Desserts |
| <input type="checkbox"/> Pizza/Pasta | <input type="checkbox"/> Soups | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> No favorite |

24. What type of beverage do you drink most often during the day?

- | | | |
|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Soft drink (caffeinated) | <input type="checkbox"/> Tea |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Soft drink (non-caffeinated) | <input type="checkbox"/> Coffee |
| <input type="checkbox"/> Juice | <input type="checkbox"/> Energy drink | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sports drink | <input type="checkbox"/> Powdered drink (e.g., Kool-Aid, Tang) | |

25. What is your favorite subject in school? Choose one.

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> History | <input type="checkbox"/> Computers and technology |
| <input type="checkbox"/> English | <input type="checkbox"/> Geography | <input type="checkbox"/> Mathematics and statistics |
| <input type="checkbox"/> Languages | <input type="checkbox"/> Music | <input type="checkbox"/> Physical education |
| <input type="checkbox"/> Social studies | <input type="checkbox"/> Science | <input type="checkbox"/> Other |

26. How many hours of sleep per night do you usually get when you have school the next day?

School night sleep time (hours) _____

27. How many hours of sleep per night do you usually get when you don't have school the next day?

Non-school night sleep time (hours) _____

28. How many people usually live in your home, including yourself?

Home occupants _____

29. Can the internet be accessed at your home?

- | | |
|---|---|
| <input type="checkbox"/> No internet connection | <input type="checkbox"/> Yes – dial-up connection |
| <input type="checkbox"/> Yes – broadband connection | <input type="checkbox"/> Yes – other (include internet access through mobile phone, etc.) |

30. Which of these methods do you most often use to communicate with your friends? Select one.

- | | | |
|---|--|---|
| <input type="checkbox"/> In person | <input type="checkbox"/> Text messaging | <input type="checkbox"/> Internet chat or instant messaging |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> E-mail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Myspace, Facebook, other social networking sites, or blog | |

31. About how many text messages did you send yesterday? _____

32. About how many text messages did you receive yesterday? _____

33. Estimate how many hours a week you usually spend doing the following activities:

_____ Hanging out with friends

_____ Talking on the phone

_____ Doing homework

_____ Doing things with family

_____ Playing sports/outdoor games or activities

_____ Playing computer/video games

_____ Using social networking web sites

_____ Sending/receiving text, SMS, or computer instant messages

_____ Using the computer/internet

_____ Watching TV

_____ Paid work

_____ Housework/Jobs at home

34. How much pressure do you feel because of the schoolwork you have to do?

None Very little Some A lot

35. What is the highest level of education you plan to attain?

Less than high school Undergraduate degree

High school Graduate degree

Some college Other

36. What is your favorite type of music? Select one.

Classical Pop Rhythm and blues (R&B) Other

Country Punk rock Rock and roll

Heavy metal Rap/Hip hop Techno/Electronic

Jazz Reggae Gospel

37. Which of the following superpowers would you most like to have? Select one.

- Invisibility Telepathy (read minds) Freeze time
 Super strength Fly

38. Which would you prefer to be? Select one.

- Rich Happy
 Famous Healthy

39. Think about someone you most look up to. This could be someone you know personally or have read about or seen on TV. From the following list, choose the category that best describes this person.

- Relative Business person Doctor or nurse
 Actor Religious figure Musician or singer
 Sports person Politician Friend
 Coach or club leader Teacher Community leader or elder
 Other

40. If you had \$1000 to donate to a charity of your choice, what type of organization would you choose?

- Arts, culture, sports (e.g., community centers, museums, sports teams, music programs)
 Health (e.g., cancer, AIDS, diabetes research)
 Religious (e.g., church or activities related to worship)
 Environment (e.g., saving forests, clean air, clean water)
 Wildlife, animals (e.g., endangered species, prevention of cruelty to animals)
 Education/Youth development (e.g., reading, literacy and skills training, after-school programs)
 International aid (e.g., disaster relief, health, education and food aid in poor countries)
 Other