

**A COMPARISON OF HEALTH BEHAVIORS
OF TRANSIENT AND NON-TRANSIENT
FIFTH GRADE STUDENTS**

BY

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AND NON-TRANSIENT FIFTH GRADE STUDENTS

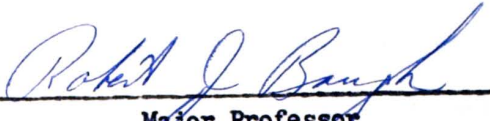
A Research Paper
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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in Education

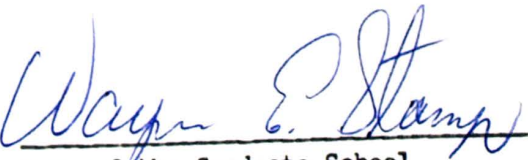
by
Whitmell Sharrock Cobb III
August 1970

To the Graduate Council:

I am submitting herewith a Research Paper written by Whitmel Sharrock Cobb III entitled "A Comparison of Health Behaviors of Transient and Non-transient Fifth Grade Students." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Education.


Major Professor

Accepted for the Council:


Dean of the Graduate School

ACKNOWLEDGMENTS

I would like to express a deep feeling of appreciation to those teachers and students in the schools who have assisted and cooperated with me to bring this study to fruition.

My sincere thanks to Dr. Robert J. Baugh for his guidance and suggestions throughout the study and to my wife, Gail, for her diligent proofreading and encouragement.

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CHAPTER I

NATURE OF THE STUDY

Introduction

Since the population of the United States is becoming increasingly mobile, the question may be raised: does the mobility of the population affect the health behavior of its members? This is especially important with respect to school children whose lifetime habits are strongly influenced during school age. Do those children whose parents remain in one area have an advantage by being able to develop better health habits over those who are forced several times to relocate? If a difference does exist between transient and non-transient children, the schools must take the responsibility for raising the level of the low group. The identification of the difference, then, is primary.

The Problem

The purpose of this paper was to compare the health behaviors of selected transient elementary school children to those of permanent residents to determine whether there were any significant differences which might be alleviated through the school health curriculum.

Importance of the Study

"The ultimate aim of all education is the behavior or conduct which reflects the knowledge gained from teaching."¹ This statement by

¹Delbert Oberteuffer, School Health Education (New York, 1954), p. 4.

Oberteuffer reflects this author's view and would serve as a base for stating that if the child is not practicing proper health behaviors, then those responsible for his education have not served him well. Anderson states, "Primary responsibility for the health of the school-age child rests with the parents, but the school should assist the parents in building up and maintaining the highest possible level of health in each child and in developing the necessary competence in each child to deal with the health problems of life."² Therefore, the school, through the teacher, is responsible for meeting the instructional needs of all children in the classroom, both transient and non-transient. It is hoped that this study would be helpful to teachers and health curriculum planners, who must deal with the educational problems of a mobile school population, by pointing out whether differences exist in certain broad categories and to serve as a beginning for further research in the field.

Limitations of the Study

The study was conducted using 164 fifth grade students from four elementary schools at Fort Campbell, Kentucky and in Montgomery County, Tennessee. Seventy-one subjects were military dependents coming from two schools: Marshall and Jackson in the Dependent School System at Fort Campbell. These subjects came from homes of both officers and enlisted men. Ninety-three subjects came from Ringgold and Barksdale schools in the Clarksville-Montgomery County Unified School System. Neither group was categorized as to social class.

²C.L. Anderson, School Health Practice (St. Louis, 1968), p. 12.

An uncontrolled factor was that all non-transient students were civilian, while all transient students were military. Military dependents are unique in that they receive free medical, dental, and psychological care through the services of the armed forces. On some military bases they attend schools which are operated only for military dependents. Many attend public schools, as most bases in the United States do not operate dependent school systems. The transient subjects in this study were all taken from schools on the Fort Campbell Military Reservation, which is operated solely for military dependents.

Definitions and Descriptions of Terms

Health Behavior Inventory: The Health Behavior Inventory consisted of a 40-item picture-question inventory (See Appendix). Percentile and standard score norms were provided from 7,145 cases in 115 school systems from 38 states. Percent of Preferred Response norms were based on 2,000 cases selected from the total norm group. The samples were basically sixth-grade students; but, as a result of comparing the variance of sixth-grade norms with samples from other grades, it was found that the norms compared equally with grades three, four, and five. As listed in the Sixth Mental Measurement Yearbook, the validity coefficient was .78; however, a reliability coefficient was not given for the elementary form of the test.³ The inventory asked behavioral questions, such as 31: "Do you wait for the signal and look both ways before you cross the street?" The test had a multiple-choice system

³Oscar Krisen Buros, ed., Sixth Mental Measurement Yearbook (New Jersey, 1965), p. 960.

which consisted of (1) Most of the time I do; (2) Sometimes I do; and (3) No, I never do. Answers were scored according to the one most preferred. The inventory had eight content areas: Personal Health, Personal Cleanliness, Nutrition, Safety, Community Health, Mental Health, and Dental Health. Some items were duplicated in two or more content areas.

Transient: Transient was used to denote those subjects who were highly mobile. The criterion used to identify them was that they had lived in four or more states or foreign countries.

Non-transient: Non-transient was used to denote those subjects who were consistent in their area of residence. The criteria used to identify them was that they had lived only in Tennessee, in the Montgomery County area.

Percent of Preferred Responses: Percent of Preferred Responses in this paper refers to the percentage of correct responses (as measured by the inventory) by a group, i.e., transient or non-transient. This was obtained by dividing the total possible number of responses into the total number of preferred responses.

Procedures

Seventy copies of the Health Behavior Inventory and appropriate manuals were secured. Answer sheets were developed to include the number of states and foreign countries lived in. Tests were administered in large groups in each of the four schools to those students who were selected by their teachers to meet the qualifying standards as transients or non-transients.

The responses from the four school groups were scored and the scores from all transients were combined as were the non-transient scores to give the two sets of subject responses. The responses for each group were tabulated for each item and a Percent of Preferred Response was computed. The items were then placed in the correct content areas and the Percent of Preferred Response applied to it. The average Percent of Preferred Response for the entire test and for each content area was computed.

In order to compare the transients and non-transients statistically, a t-test was computed to see if there were any significant differences at the .05 level. The t-test was done for each content area and for the total test to compare the groups overall performances.

Data was presented in tables 1 through 8 in the form of Percent of Preferred Response and t-scores.

CHAPTER II

REVIEW OF THE LITERATURE

The population of the United States is, to a great extent, a fluid, mobile society. It has been said that every year one family out of five makes a change in address.¹ This mobility may be for expected gains in financial and/or social status or for similarly rewarding reasons. However, population mobility may also bring on problems. Hanlon points out, "The shallow social roots which result have far-reaching implications with regard to family stability and cohesiveness, the patient-physician relationship, and the epidemiological factors of susceptible-immune ratios and exposure."² It is a matter of record that there is concern in these areas of family and public health. Other investigations of mobility have revealed, "the problem of moving in relation to schooling has become a matter of concern to Americans generally. Some families avoid economically desirable moves or separate the family so that the children can remain in a particular school. Others who have to move do so fearing that they are doing irreparable harm to their children. Still others, however, appear to give little credence to the supposedly adverse effects on their children of frequent moves."³ Changes in address may entail changes in social class.

¹John J. Hanlon, Principles of Public Health Administration (St. Louis, 1964), p. 686.

²Ibid.

³James Max Snyder, "Mobile Students," The Journal of the National Education Association, Vol. 58, No. 4 (April, 1969), 26.

Dennison found that although there was not a significant difference in health behaviors of low and middle social classes in total scores on the Health Behavior Inventory there were differences in certain instructional areas and on specific inventory items. Thus, he concluded that low social class students have somewhat different instructional needs than middle class students.⁴ Lockwood concurs that both groups, average and disadvantaged, need instruction equally in certain health areas, while each group also benefits from some special area instruction. Disadvantaged children gain more from school instruction than the average child, probably because the disadvantaged usually receive less health instruction at home.⁵ Coffman, et al. has shown that the health care given to children of school age differed significantly among six ethnic groups and sub-groups in the United States.⁶ Evans found that the effects of mobility upon academic achievement, as measured in reading, science, math, and social studies, were not significant; youngsters can adjust.⁷ There seems to be some disagreement about the extent of the problem of

⁴Darwin Dennison, "Health Behavioral Differences Between Low and Middle Social Class Students," The Journal of School Health, Vol. XXXIV, No. 10 (December, 1969), 731-735.

⁵Julianne Lockwood, "Effectiveness of School Health Programs for Average and Disadvantaged Public School Children," The Journal of School Health, Vol. XL, No. 1 (January, 1970), 15-16.

⁶Joy G. Coffman, "Health Care of School Children: Variations Among Ethnic Groups," The Journal of School Health, Vol. XXXIV, No. 5 (May, 1969), 296-304.

⁷John W. Evans, "The Effect of Pupil Mobility Upon Academic Achievement," The National Elementary School Principal, Vol XLV, No. 5 (April, 1966), 18-22.

mobility as it affects the schools. Rodgers and Saffir gave the large amount of pupil transfer and turnover as one major reason for the inability of some Chicago schools to present a "stable program of education."⁸ However, Snyder showed that a mobile group of school children was equal or perhaps slightly superior in achievement to the somewhat mobile and static groups on measures of academic performance. He felt that travel and other factors benefitted them.⁹ Sliepceovich states, "Differences among values and practices of youth at all social and cultural levels throughout the country have been diminished by several factors, not the least of which is the mobility of our population."¹⁰

In view of the contributions to the literature in the field of health behavior of transients, this author concluded that more research is needed to determine whether there is a significant difference in the health behaviors of transient and non-transient students. It is hoped that this paper will be a starting point for future investigations.

⁸Don C. Rodgers and Milton Saffir, "High Transiency Schools," The Journal of the National Education Association, Vol. 45, No. 9 (December, 1956), 580-582.

⁹Snyder, loc. cit.

¹⁰Elena M. Sliepceovich, "Curriculum Development: A Macroscopic or Microscopic View?" The National Elementary School Principal, Vol. XLVIII, No. 2 (November, 1968), 14-21.

CHAPTER III

PRESENTATION OF DATA

The author decided, for the most effective presentation of the data compiled, it should be presented in terms of the eight content areas of the Health Behavior Inventory. This type of presentation would most lend itself to the teacher and curriculum planner to use in diagnosis of specific differences.

In table 1, the area of Personal Health, the transient group had higher percents of Preferred Response in six of the category items, with one being significant. Item 29, "Do you keep your fingers out of your mouth?" was significant at the .05 level. The following items approached the level of significance:

18. Do you use only your own toothbrush when you brush your teeth?
19. Do you wash or have your hair washed once a week?
20. Do you hang up your clothes?

The non-transient group had greater Percents of Preferred Response in five items. None were significant at the .05 level, although Item 4, "Do you wash your hands before lunch," approached significance.

The transient group had four degrees greater mean Percent of Preferred Response, but the t_{+52} area t-score was not near the significant level. Both groups were below the composite norm of 65 Percent of Preferred Response given by the Health Behavior Inventory.

In the area of personal cleanliness, the transient group showed greater Percents of Preferred Response in three items, of which one item, 16--"Do you wash your hands after going to the toilet?"--was significant.

TABLE I

Percents of Preferred Response and t-scores For Items in the
Area of Personal Health

Item Number*	Percent of Preferred Response		t-score
	Transient	Non-Transient	
1	41	49	- 1.01
4	39	54	- 1.90
7	69	62	+ .93
18	94	85	+ 1.88
21	88	90	- .40
22	52	45	+ .89
29	67	45	+ 2.78**
30	61	46	+ 1.90
34	43	28	+ 1.92
36	76	82	- .86
Mean %	64	60	
	Area t-score		+ .52

*Item given in Appendix

**Significant at the .05 level

The non-transient group had greater percents in four areas, with no significant items. Item 4--"Do you wash your hands before lunch"--neared the .05 level with a t-score of - 1.90.

The transients had a seven percent greater mean Percent of Preferred Response but the area t-score was not significant. Neither group reached the inventory norm for Personal Cleanliness of 61 percent.

TABLE II

Percents of Preferred Response And t-scores For
Items in the Area of Personal Cleanliness

Item Number*	Percent of Preferred Response		t-score
	Transient	Non Transient	
1	41	49	- 1.01
4	39	54	- 1.90
7	69	62	+ .93
15	73	76	- .43
16	68	52	+ 2.07**
19	70	73	- .42
20	52	45	+ .89
Mean %	59	52	
Area t-score			+ .90

*Item given in Appendix

**Significant at the .05 level

Transient responses gave six items greater Percents of Preferred Responses than non-transients in the area of Personal Health. Two of the items--5, "Do you eat all your lunch?" and 11, "Do you try to eat foods you have not tried before?"--were significant.

Non-transient responses produced one item with a larger Percent of Preferred Response than the transient group. It was not significant.

The transients showed an eight percent greater mean Percent of Preferred Response, but the t-score was not significant. Both groups again failed to reach the inventory norm of 59 for the area.

TABLE III

Percents of Preferred Response And t-scores For Items
in the Area of Personal Health

Item Number*	Percent of Preferred Response		t-score
	Transient	Non-transient	
2	61	59	+ .26
5	46	30	+ 2.08**
8	65	61	+ .53
10	76	80	- .61
11	49	27	+ 2.86**
12	44	41	+ .38
13	49	38	+ 1.41
Mean %	56	48	
Area t-score			+ 1.02

*Item given in Appendix

**Significant at the 0.5 level

In the Safety category, the transient group had higher Percents of Preferred Response in all but one of the five items. None were significant, but item 34--"Do you allow yourself to get painful sun-burns?"--approached a significant level with a t-score of +1.92. The transients had a five point higher mean Percent of Preferred Response, but a t-score of +.63 for the area was not significant. The transients' mean Percent of Preferred Response was equal to the inventory norm of 57, while the non-transients fell below it by five points.

TABLE IV

Percents of Preferred Response And t-scores
in the Area of Safety

Item Number*	Percent of Preferred Response		t-score
	Transient	Non-transient	
28	44	42	+ .26
31	77	76	+ .15
32	52	39	+ 1.65
34	43	28	+ 1.92
40	70	76	- .86
Mean %	57	52	
Area t-score			+ .63

*Item given in Appendix

As in the area of Safety, the transients had a higher Percent of Preferred Response in four out of five items in the area of Community Health. One of these items, 25--"Do you put a handkerchief or tissue

over your mouth when you sneeze or cough?"--was very significant, with a t-score of +3.33. This item had the highest t-score on the inventory. The transient group also had a greater mean Percent of Preferred Response by eight percentage points. The area t-score was +1.01, which was not significant at the .05 level. Transients were above the inventory norm of 50, with 52 Percent of Preferred Response; non-transients were below the norm by six points.

TABLE V

Percents of Preferred Response And t-scores For
Items in the Area of Community Health

Item Numbers*	Percent of Preferred Response		t-score
	Transient	Non-transient	
24	26	23	+ .44
25	54	28	+ 3.33**
26	56	48	+ 1.01
27	78	79	- .16
28	44	42	+ .26
Mean %	52	44	
Area t-score			+ 1.01

*Item given in Appendix

**Significant at the .05 level

In the Infection and Disease category, the transients had nine out of eleven items which had a greater Percent of Preferred Response than the non-transients. Of these nine items, three were significant at the .05 level. The significant items were: 16, "Do you wash your hands

after going to the toilet?"; 25, "Do you put a handkerchief or tissue over your mouth when you sneeze or cough?"; 29, "Do you keep your fingers out of your mouth?" All three of the items are duplicated in previous content areas. Although three items were significant, the overall t-score for the category was +1.03, which was not significant. The transients were above the inventory Percent of Preferred Response norm of 58, with 60 percent, while non-transients had a mean percent of 52.

TABLE VI

Percents of Preferred Response And t-scores For
Items in the Area of Infection and Disease

Item Numbers*	Percent of Preferred Response		t-score
	Transient	Non-transient	
14	55	66	- 1.43
16	68	52	+ 2.07**
17	51	45	+ .76
18	94	85	+ 1.88
23	48	42	+ .76
25	54	28	+ 3.33**
26	56	48	+ 1.01
27	78	79	- .16
28	44	42	+ .26
29	67	45	+ 2.78**
33	48	46	+ .25
Mean %	60	52	+ 1.03
Area t-score			

*Item given in Appendix

**Significant at the .05 level

Transient subjects' Percents of Preferred Response were higher in all four of the items in the Mental Health category than those of the non-transients. Item 39--"Do you act friendly to people you do not like?"--was found to have a significant difference with a t-score of +1.97. The t-score of the area was not significant. Neither transient nor non-transient made a high enough mean Percent of Preferred Response to reach the inventory norm of 56.

TABLE VII

Percents of Preferred Response And t-scores For
Items in the Area of Mental Health

Item Number*	Percent of Preferred Response		t-score
	Transient	Non-transient	
35	66	61	+ .66
37	67	61	+ .79
38	52	49	+ .38
39	35	21	+ 1.97**
Mean %	55	48	
	Area t-score		+ .89

*Item given in Appendix

**Significant at .05 level

As in the previous category, all the transient Percents of Preferred Response were greater than those of non-transients for the area of Dental Health. The t-scores were not significant, however, nor was the area t-score. Both groups exceeded the inventory mean Percent

of Preferred Response of 30, with a transient score of 37 and a non-transient score of 34.

TABLE VIII

Percents of Preferred Response And t-scores For
Items in the Area of Dental Health

Item Numbers*	Percent of Preferred Response		t-score
	Transient	Non-transient	
3	57	51	+ .76
6	24	21	+ .45
9	31	30	+ .14
Mean %	37	34	
Area t-score			+ .39

*Item given in Appendix

**Significant at the .05 level

Mean Percent of Preferred Response for all the test items was 57 percent for the transients and 52 percent for the non-transients. The total t-score of +.63 was not significant at the .05 level.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was conducted in order to determine whether the health behaviors of highly transient elementary school children were significantly different from non-transients for the purpose of providing information to guide teachers and health curriculum planners. A health behavior inventory consisting of a 40-item picture-question test was given to 164 fifth-grade students in four schools. The 164 subjects were broken down into 93 non-transient subjects who had lived primarily in one area and 71 subjects, classified as non-transients, who were military dependents and had lived in four or more states and foreign countries. The test results of both groups were compared by computing the Percent of Preferred Response and a t-test of significance, selecting the .05 level of significance.

The results of comparing all the item responses on the test showed that the difference between the 57 Percent of Preferred Response of the transient group was not significantly different at the .05 level from the 52 Percent of Preferred Response of the non-transients. Six individual items (5, 11, 16, 25, 29, 39) were significant at the .05 level, with question 25--"Do you put a handkerchief or tissue over your mouth when you sneeze or cough?"--having the highest level of significance of 3.33. Four other items (4, 18, 30, 34) approached the significant level, with t-scores of 1.88 or higher. None of the eight

content areas reached the .05 level of significance. The categories of Nutrition, Community Health, and Infection and Disease were the only areas with t-scores greater than 1.00, and none were greater than 1.03.

Conclusions

The findings derived from the present study have led to the following conclusions:

1. The health behaviors of elementary school children are not as good as would be desired.
2. The Fort Campbell schools and the Clarksville-Montgomery County schools are not adequately promoting health behaviors.
3. Certain health behavior values are derived through a transient status.
4. Not enough data now exist on the health behavior of transients.

Recommendations

On the basis of the findings and conclusions of this study, it is recommended that

1. Health instruction at the elementary level be upgraded in both school systems.
2. Special attention in the Clarksville-Montgomery County System be given in the health curriculum to the areas of Nutrition, Community Health, and Infection and Disease.
3. During health instruction, special attention be given to the transient status of students.

4. Past experiences of students be utilized in health instruction.
5. Studies be made to determine if there is a significant difference between military and non-military transients.
6. Studies be conducted to increase the data available on health behaviors of transient students.

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ELEMENTARY LEVEL

HEALTH BEHAVIOR INVENTORY

DEvised BY SYLVIA YELLEN / EDWARD B. JOHNS, CONSULTANT

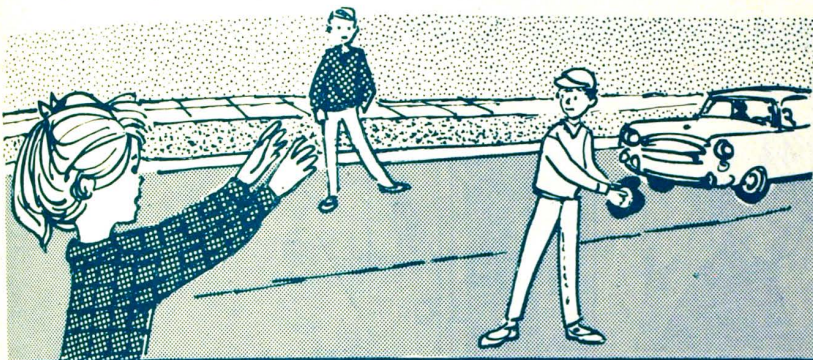
GENERAL DIRECTIONS: Here are some picture-questions about your health habits. Your answers will show what you really do. They will not be shown to any other pupil, and what you say will have nothing to do with your school grades. **DO NOT WRITE OR MARK IN THIS BOOKLET UNLESS TOLD TO DO SO.**



INSTRUCTIONS TO PUPILS

Read each picture-question carefully before marking your answer. Each question can be answered in one of three ways, depending on what you do. Now study Sample A and the directions for marking below:

Do you play in the street?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

If you *do* sometimes play in the street, then number 2 would be the answer you would choose.

IF YOU ARE MARKING ON AN ANSWER FORM, READ THIS COLUMN ONLY.

Since your answer is "² Sometimes I do," you would mark the number 2 in the answer row for Sample A. See how this has been done on your answer form.

If you make a mistake or wish to change an answer, carefully erase your first mark. Then mark the answer you have now chosen. Do not crease or fold your answer form. Make NO marks in this test booklet.

Now, go on to page 4.

IF YOU ARE MARKING IN THIS BOOKLET, READ THIS COLUMN ONLY.

Since your answer is "² Sometimes I do," you will draw a line under this answer in your booklet, like this:

A. ¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

If you make a mistake or wish to change an answer, carefully erase your first line. Then draw a line under the answer you have now chosen.

Now, go on to page 4.

REMEMBER: Mark your answers according to what you **DO**, not what you think is right or wrong or what you think you should do.

"¹ Most of the time I do" means that it is a regular habit for you.

"² Sometimes I do" means that you do it once in a while, but not regularly.

"³ No, I never do" means that you don't do it at all.

1. Do you wash your hands before breakfast?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

2. Do you eat all your breakfast?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

3. Do you brush your teeth after breakfast?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

4. Do you wash your hands before lunch?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

5. Do you eat all your lunch?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

6. Do you brush your teeth or rinse your mouth with water after lunch?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

7. Do you wash your hands before dinner?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

8. Do you eat all your dinner?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

9. Do you brush your teeth after dinner?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

10. Do you chew your food well?

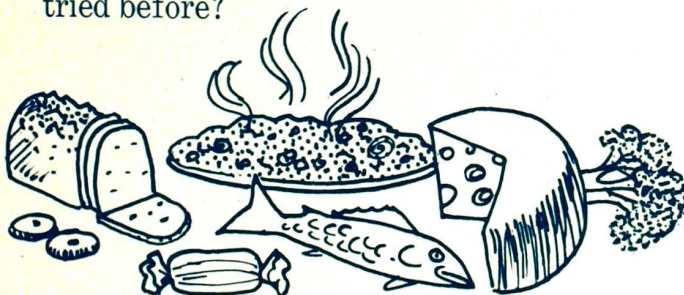


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

11. Do you try to eat foods you have not tried before?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

12. Do you drink 3 or 4 glasses of milk every day?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

13. Do you eat fruit or vegetables between meals when hungry?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

14. Do you wash fruit or vegetables before eating?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

15. Do you bathe regularly 4 or more times a week?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

16. Do you wash your hands after going to the toilet?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

17. Do you use only your own comb when you comb your hair?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

18. Do you use only your own toothbrush when you brush your teeth?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

19. Do you wash or have your hair washed once a week?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

20. Do you hang up your clothes?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

21. Do you wear warm clothes when it is cold?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

22. Do you wear rain clothes when it rains or looks like rain?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

23. Do you blow your nose gently?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

24. Do you bring a handkerchief or tissues to school?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

25. Do you put a handkerchief or tissue over your mouth when you sneeze or cough?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

26. Do you stay at home when you are sick even when you have a cold?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

27. Do you drink water from the fountain without your mouth touching the faucet?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

28. Do you keep pencils out of your mouth?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

29. Do you keep your fingers out of your mouth?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

30. Do you sleep at least 10 or 11 hours each night?

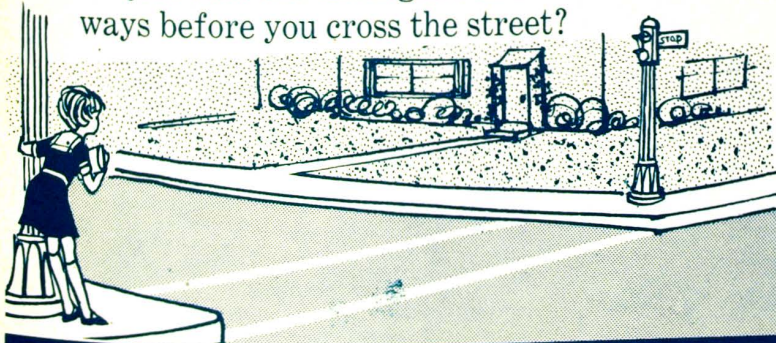


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

31. Do you wait for the signal and look both ways before you cross the street?

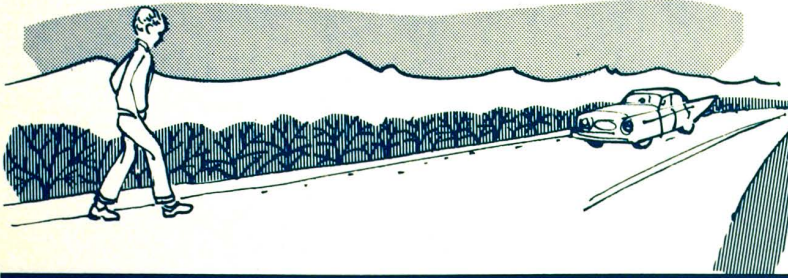


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

32. Do you walk on the side of the road to your left when you need to walk in the street or road?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

33. Do you wash small cuts with soap and water and then put a bandage on them?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

34. Do you allow yourself to get sunburns that are painful?

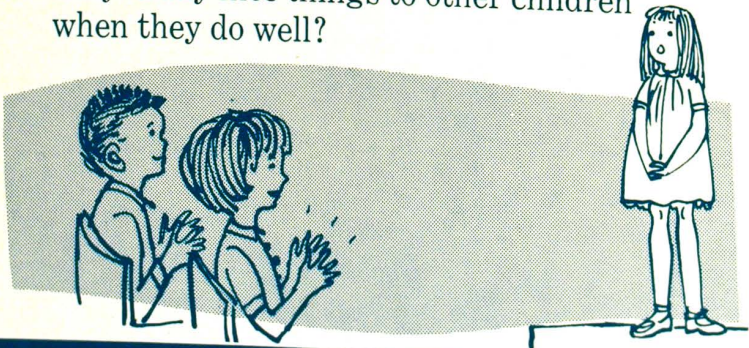


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

35. Do you say nice things to other children when they do well?

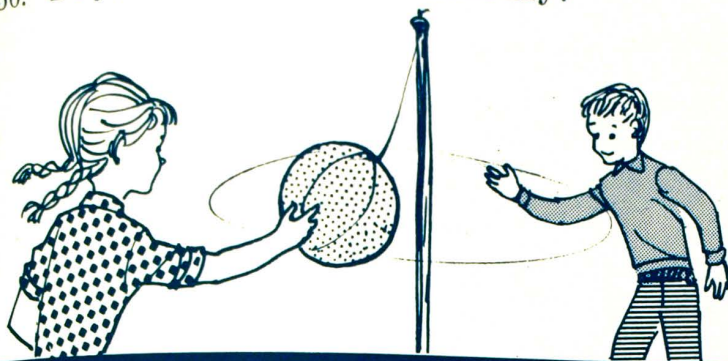


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

36. Do you exercise outdoors each day?

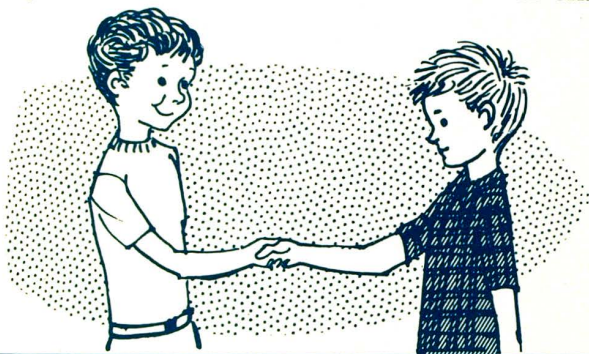


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

37. Do you try to make friends with other children?

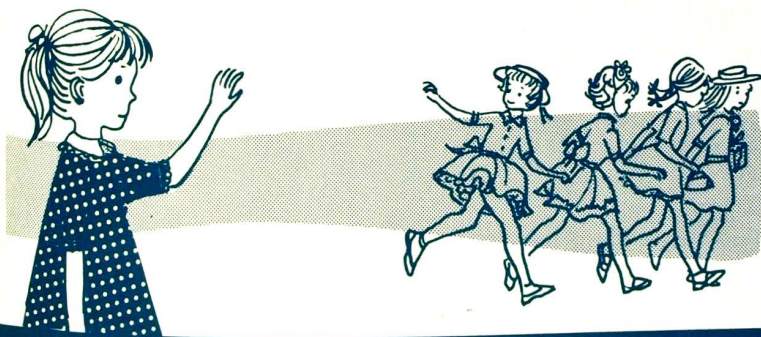


¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

38. Do you hide your feelings when unhappy?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

39. Do you act friendly to people you do not like?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

40. Do you use a hairpin or other sharp object to clean your ears?



¹ Most of the time I do.

² Sometimes I do.

³ No, I never do.

Health Behavior Inventory

Elementary Level

Work Sheet and Profile

Directions for both group and individual analysis are found in Part 2 of the Manual.

Name _____

1. Personal Health 11 items

A* B† C‡

1			
4			
7			
18			
21			
22			
29			
30			
34			
36			
40			
Total			
% of Preferred Response			

2. Personal Cleanliness 7 items

A B C

1			
4			
7			
15			
16			
19			
20			
Total			
% of Preferred Response			

3. Nutrition 7 items

A B C

2			
5			
8			
10			
11			
12			
13			
Total			
% of Preferred Response			

4. Safety 5 items

A B C

28			
31			
32			
34			
40			
Total			
% of Preferred Response			

Total

GRADE

DATE

SCHOOL

RAW SCORE

%-ILE

STANDARD SCORE

Norm Group % of Preferred Response-Female
Norm Group % of Preferred Response-Male
Norm Group % of Preferred Response-Composite

% of Preferred Response

1. Personal Health	2. Personal Cleanliness	3. Nutrition	4. Safety	5. Community Health	6. Infection and Disease	7. Mental Health	8. Dental Health
66	65	57	59	53	59	62	34
64	56	60	54	48	56	50	26
65	61	59	57	50	58	56	30

6. Infection and Disease 11 items

A B C

14			
16			
17			
18			
23			
25			
26			
27			
28			
29			
33			
Total			
% of Preferred Response			

5. Community Health 5 items

A B C

24			
25			
26			
27			
28			
Total			
% of Preferred Response			

7. Mental Health 4 items

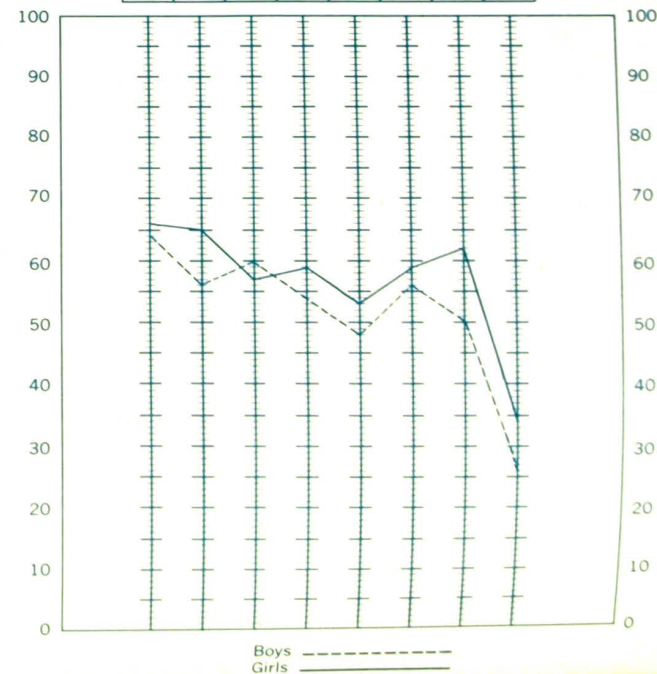
A B C

35			
37			
38			
39			
Total			
% of Preferred Response			

8. Dental Health 3 items

A B C

3			
6			
9			
Total			
% of Preferred Response			



* Item Number
† Preferred Response
‡ % of Preferred Response