

BEACON CHARTER HIGH SCHOOL FOR THE ARTS

Student Chart _____
Student Chart H - D.5.1

2007-2008 STUDENT REPORTS OF HEALTH CARE, NUTRITION, AND SLEEP BY GRADE LEVEL

	Grade level														
	Overall			9th			10th			11th			12th		
	03-04	06-07	07-08	03-04	06-07	07-08	03-04	06-07	07-08	03-04	06-07	07-08	03-04	06-07	07-08
If you are sick, where do you usually see your doctor or nurse?															
I do not have a regular doctor or nurse	10	17	9	6	8	12	12	23	5	**	6	20	**	24	4
Doctor's office	69	68	75	61	77	73	81	58	72	**	83	67	**	62	89
Community health clinic	9	5	9	13	8	8	4	4	10	**	6	13	**	5	4
Emergency room/hospital	2	3	2	0	4	2	4	0	5	**	6	0	**	5	0
Other health care facility	10	6	5	19	4	4	0	15	8	**	0	0	**	5	4
During the past week, on how many days did you eat breakfast?															
0 days	36	27	14	40	8	15	29	19	21	**	26	13	**	50	4
1-2 days	21	30	28	8	28	38	38	54	21	**	16	27	**	18	19
3-4 days	34	14	17	44	24	9	24	15	15	**	5	7	**	9	38
5-6 days	9	5	8	8	12	4	10	0	10	**	11	13	**	0	8
Everyday	0	24	34	0	28	34	0	12	33	**	42	40	**	23	31
Think about all the meals and snacks you ate yesterday. How many servings of vegetables/fruits did you eat yesterday?															
I did not eat any yesterday	24	22	21	19	23	27	26	19	26	**	26	13	**	17	8
1 or 2 servings	34	43	43	39	54	42	30	54	33	**	21	33	**	35	64
3 or 4 servings	34	31	29	32	19	29	37	23	26	**	47	53	**	43	20
5 or more servings	8	4	7	10	4	2	7	4	15	**	5	0	**	4	8
How many hours of sleep do you get on a typical school night?															
5 hours or less	31	23	23	26	27	26	35	15	15	**	16	27	**	32	27
6 hours	24	22	19	29	15	15	19	31	26	**	11	0	**	32	27
7 hours	21	18	32	19	15	33	23	15	31	**	32	47	**	14	23
8 hours	21	29	21	23	27	20	19	38	23	**	37	27	**	14	19
9 or more hours	3	7	5	3	15	7	4	0	5	**	5	0	**	9	4

Note: This table can be disaggregated by gender or ethnicity.