

2019 Middle School Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:
- If you change your answer, erase your old answer completely.



1. How old are you?
 - A. 10 years old or younger
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 6th grade
 - B. 7th grade
 - C. 8th grade
 - D. Ungraded or other grade

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No

5. What is your race? **(Select one or more responses.)**
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. During the past 12 months, how would you describe your grades in school?
 - A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not Sure

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

7. Have you ever been bullied **on school property**?
 - A. Yes
 - B. No

8. Have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, social media sites or texting.)
 - A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

9. Have you ever done something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. Yes
 - B. No

The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

10. Have you ever felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- A. Yes
 - B. No
11. Have you ever **seriously** thought about killing yourself?
- A. Yes
 - B. No
12. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
 - B. No
13. Have you ever **tried** to kill yourself?
- A. Yes
 - B. No

The next 5 questions ask about tobacco use.

14. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
15. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old or older
16. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

17. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- A. I did not smoke cigarettes during the past 30 days
 - B. less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day
18. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - C. I got them on the internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed (or bummed) them from someone else
 - F. A person 18 years old or older gave them to me
 - G. I took them from a store or family member
 - H. I got them some other way

The next 2 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, ecigars, e-hookahs, hookah pens, and mods.

19. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
20. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

21. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No
22. Have you had a drink of alcohol within the past 30 days, other than a few sips?
- A. Yes
 - B. No
23. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

24. Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. Yes
 - B. No
25. How do you usually get the alcohol you drink?
- A. I do not drink alcohol
 - B. I buy it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I buy it in a restaurant, bar, or club
 - D. I buy it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called weed, grass, or pot.

26. Have you ever used marijuana?
- A. Yes
 - B. No
27. Have you used marijuana in the past 30 days?
- A. Yes
 - B. No
28. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

The next 7 questions ask about other drugs.

29. Have you ever used synthetic marijuana (also called K2 or Spice)?
- A. Yes
 - B. No
30. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
 - B. No
31. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
 - B. No
32. Have you ever taken **steroid pills or shots** without a doctor's prescription?
- A. Yes
 - B. No

33. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A. Yes
- B. No

34. During the past 30 days have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A. Yes
- B. No

35. Have you ever taken an **over-the-counter drug** (such as cough medicine, allergy medicine, or pain relievers) to get high?

- A. Yes
- B. No

The next 2 questions ask about your family, your activities, and your community.

36. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

37. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- A. Yes
- B. No
- C. Not sure

The next 4 questions ask about the perceived harm from tobacco, alcohol or drug use.

38. How much do you think people risk harming themselves (physically or in other ways) if they smoke **one or more packs of cigarettes** per day?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

39. How much do you think people risk harming themselves (physically or in other ways) when they have **one or two drinks of an alcoholic beverage** nearly every day?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

40. How much do you think people risk harming themselves (physically or in other ways) when they have **five or more drinks of an alcoholic beverage** once or twice a week?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

41. How much do you think people risk harming themselves (physically or in other ways) if they use **marijuana once or twice a week**?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

42. How much do you think people risk harming themselves (physically or in other ways) if they take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

The next 8 questions ask about attitudes toward cigarette, alcohol, and other drug use.

43. How wrong do your **friends** feel it would be for you to **smoke tobacco**?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong
- E. Not Sure

44. How wrong do your **friends** feel it would be for you to have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong
- E. Not sure

45. How wrong do your **friends** feel it would be for you to **smoke marijuana**?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong
- E. Not sure

46. How wrong do your **friends** feel it would be for you to take a **prescription drug** (such as OxyCotin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong
- E. Not sure

47. How wrong do your **parents** feel it would be for you to **smoke tobacco**?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong
- E. Not sure

48. How wrong do your **parents** feel it would be for you to have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
 - E. Not sure
49. How wrong do your **parents** feel it would be for you to **smoke marijuana**?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
 - E. Not sure
50. How wrong do your **parents** feel it would be for you to take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
 - E. Not sure

*This is the end of the survey.
Thank you very much for your help.*