

1995

Youth Risk Behavior Survey

MIDDLE SCHOOL QUESTIONNAIRE

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 develop better 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.

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 answer 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.

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. Other

4. How often do you wear a seat belt when riding in a car?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always

The next seven questions ask about safety and violence.

5. **When you ride a bicycle**, how often do you wear a helmet?
 - a. I do not ride a bicycle
 - b. Never wear a helmet
 - c. Rarely wear a helmet
 - d. Sometimes wear a helmet
 - e. Most of the time wear a helmet
 - f. Always wear a helmet

6. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
 - a. I do not rollerblade or ride a skateboard
 - b. Never wear a helmet
 - c. Rarely wear a helmet
 - d. Sometimes wear a helmet
 - e. Most of the time wear a helmet
 - f. Always wear a helmet

7. Have you ever ridden in a car **driven by someone who had been drinking alcohol**?
 - a. Yes
 - b. No
 - c. Not sure
8. Have you ever carried **a gun**?
 - a. Yes
 - b. No
9. Have you ever carried any other type of **weapon**, such as a knife or club?
 - a. Yes
 - b. No
10. Have you ever been in a physical fight?
 - a. Yes
 - b. No
11. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
 - a. Yes
 - b. No

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

12. Have you ever **seriously** thought about killing yourself?
 - a. Yes
 - b. No
13. Have you ever made a plan to kill yourself?
 - a. Yes
 - b. No
14. Have you ever tried to kill yourself?
 - a. Yes
 - b. No

The next seven questions ask about tobacco use.

15. Have you ever tried cigarette smoking?
 - a. Yes
 - b. No

16. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 9 years old or younger
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old or older
17. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
18. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- I did not smoke cigarettes during the past 30 days
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
19. During the past 30 days, how did you usually get your own cigarettes? (Select only one answer.)
- I did not smoke cigarettes during the past 30 days
 - I bought them in a store
 - I bought them from a vending machine
 - I gave someone else money to buy them for me
 - I borrowed them from someone else
 - I stole them
 - I got them some other way
20. **When you bought cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?
- I did not smoke cigarettes during the past 30 days
 - I did not buy cigarettes during the past 30 days
 - Yes, I was asked to show proof of age
 - No, I was not asked to show proof of age

21. Have you ever used **chewing tobacco or snuff**, such as Redman, Skoal Bandits, or Copenhagen?
- a. Yes
 - b. No

The next two 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.

22. Have you ever had a drink of alcohol, other than for religious reasons?
- a. Yes
 - b. No
23. How old were you when you had your first drink of alcohol?
- a. I have never had a drink of alcohol other than for religious reasons
 - b. 9 years old or younger
 - c. 10 years old
 - d. 11 years old
 - e. 12 years old
 - f. 13 years old
 - g. 14 years old
 - h. 15 years old or older

The next two questions ask about marijuana use. Marijuana also is called grass or pot.

24. Have you ever used marijuana?
- a. Yes
 - b. No
25. How old were you when you tried marijuana for the first time?
- a. I have never tried marijuana
 - b. 9 years old or younger
 - c. 10 years old
 - d. 11 years old
 - e. 12 years old
 - f. 13 years old
 - g. 14 years old
 - h. 15 years old or older

The next six questions ask about other drugs.

26. Have you ever used **any** form of cocaine?
- a. Yes
 - b. No
27. How old were you when you tried **any** form of cocaine for the first time?
- a. I have never tried cocaine
 - b. 9 years old or younger
 - c. 10 years old
 - d. 11 years old
 - e. 12 years old
 - f. 13 years old
 - g. 14 years old
 - h. 15 years old or older
28. Have you ever used the **crack or freebase** forms of cocaine?
- a. Yes
 - b. No
29. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- a. Yes
 - b. No
30. Have you ever used steroids?
- a. Yes
 - b. No
31. Have you ever used a needle to inject any **illegal** drug into your body?
- a. Yes
 - b. No

The next two questions ask about AIDS education and information.

32. Have you ever been taught about AIDS or HIV infection in school?
- a. Yes
 - b. No
 - c. Not sure
33. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?
- a. Yes
 - b. No
 - c. Not sure

The next four questions ask about sexual intercourse.

34. Have you ever had sexual intercourse?
- Yes
 - No
35. How old were you when you had sexual intercourse for the first time?
- I have never had sexual intercourse
 - 9 years old or younger
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old or older
36. With how many different people have you ever had sexual intercourse?
- I have never had sexual intercourse
 - 1 person
 - 2 people
 - 3 people or more
37. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No

The next six questions ask about body weight.

38. How do **you** describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
39. Which of the following are you trying to do about your weight?
- Lose** weight
 - Gain** weight
 - Stay** the same weight
 - I am not trying to do anything** about my weight
40. Have you ever **dieted** to lose weight or to keep from gaining weight?
- Yes
 - No

41. Have you ever **exercised** to lose weight or to keep from gaining weight?
- a. Yes
 - b. No
42. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
- a. Yes
 - b. No
43. Have you ever taken diet pills to lose weight or to keep from gaining weight?
- a. Yes
 - b. No

The next seven questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

44. Yesterday, how many times did you eat fruit?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times
45. Yesterday, how many times did you drink fruit juice?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times
46. Yesterday, how many times did you eat green salad?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times
47. Yesterday, how many times did you eat **cooked** vegetables?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times

48. Yesterday, how many times did you eat hamburger, hot dogs, or sausage?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times
49. Yesterday, how many times did you eat french fries or potato chips?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times
50. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 or more times

The next four questions ask about physical activity.

51. On how many of the past 7 days did you exercise or play sports such as basketball, soccer, running, swimming laps, tennis, or fast bicycling?
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4 days
 - f. 5 days
 - g. 6 days
 - h. 7 days
52. How many days per week do you usually go to physical education (PE) or gym class?
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4 days
 - f. 5 days
53. Do you play on any sports teams **run by your school or by other organizations outside your school?**
- a. Yes
 - b. No

54. Do you do any other organized physical activity besides sports teams, such as dance, gymnastics, or swimming?
- a. Yes
 - b. No

THANK YOU VERY MUCH FOR YOUR HELP.