

2019 Iber G. Holmes 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 identify areas of concern and work together to increase community programming and resources.

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. Make a clear response for each question. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help

Directions

- Circle the letter next to your response, like this: . 1 (2) 3 4
- Circle only one response for each question, unless otherwise stated.
- If you change your answer, erase your old answer completely.

1. How old are you?
 1. 10 years old or younger
 2. 11 years old
 3. 12 years old
 4. 13 years old
 5. 14 years old
 6. 15 years old
 7. 16 years old or older
2. What is your sex?
 1. Female
 2. Male
3. In what grade are you?
 1. 6th grade
 2. 7th grade
 3. 8th grade
 4. Ungraded or other grade
4. What is your race?
(Select one or more responses.)
 1. American Indian/ Alaska Native
 2. Asian
 3. Black/ African American
 4. Native Hawaiian/ Pacific Islander
 5. White
5. Are you Hispanic or Latino?
 1. Yes
 2. No
6. During the past 12 months, how would you describe your grades in school?
 1. Mostly A's
 2. Mostly B's
 3. Mostly C's
 4. Mostly D's
 5. Mostly F's
 6. Not sure

The next 4 questions ask about safety.

7. **When you ride a bicycle**, how often did you wear a helmet?
 1. I did not ride a bicycle during the past 12 months
 2. Never wore a helmet
 3. Rarely wore a helmet
 4. Sometimes wore a helmet
 5. Most of the time wore a helmet
 6. Always wore a helmet
8. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
 1. I do not rollerblade or ride a skateboard
 2. Never wear a helmet
 3. Rarely wear a helmet
 4. Sometimes wear a helmet
 5. Most of the time wear a helmet
 6. Always wear a helmet
9. How often do you wear a seat belt when **riding** in a car?
 1. Never
 2. Rarely
 3. Sometimes
 4. Most of the time
 5. Always
10. Have you ever ridden in a car **driven by someone who had been drinking alcohol**?
 1. Yes
 2. No
 3. Not sure

The next 3 questions ask about violence related behaviors.

11. Have you ever carried **a weapon**, such as a gun, knife, or club?

1. Yes
2. No

12. Have you ever been in a physical fight?

1. Yes
2. No

13. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?

1. Yes
2. No

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.

14. Have you ever been bullied **on school property**?

1. Yes
2. No

15. Have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

1. Yes
2. No

The next question asks about hurting yourself on purpose.

16. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

1. Yes
2. No

The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

17. Have you ever **seriously** thought about killing yourself?

1. Yes
2. No

18. Have you ever made a **plan** about how you would kill yourself?

1. Yes
2. No

19. Have you ever **tried** to kill yourself?

1. Yes
2. No

The next 4 questions ask about tobacco use.

20. Have you ever tried cigarette smoking, even one or two puffs?

1. Yes
2. No

21. How old were you when you smoked a whole cigarette for the first time?
1. I have never smoked a whole cigarette
 2. 8 years old or younger
 3. 9 years old
 4. 10 years old
 5. 11 years old
 6. 12 years old
 7. 13 years old or older

22. During the past 30 days, on how many days did you smoke cigarettes?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days

23. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days

The next 2 questions ask about electronic vapor products, such as JUUL, Sorin blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

24. Have you ever used an electronic vapor product?
1. Yes
 2. No

25. During the past 30 days, on how many days did you use an electronic vapor product?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days

The next 3 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.

26. Have you ever had at least one drink of alcohol other than a few sips?

1. Yes
2. No

27. How old were you when you had your first drink of alcohol other than a few sips?
1. I have never had a drink of alcohol
 2. 8 years old or younger
 3. 9 years old
 4. 10 years old
 5. 11 years old
 6. 12 years old
 7. 13 years old or older

28. During the past 30 days, on how many days did you have at least one drink of alcohol?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days

The next 3 questions ask about marijuana use. Marijuana is also called pot, grass, hash, bud, and weed. Marijuana use includes smoking, vaping, edibles, dabs, and other forms of use.

29. Have you ever used marijuana?

1. Yes
2. No

30. How old were you when you tried marijuana for the first time?

1. I have never had a drink of alcohol
2. 8 years old or younger
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old or older

31. During the past 30 days, how many times did you use marijuana?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

The next 13 questions ask about other drugs.

32. Have you ever taken a **prescription drug** without a doctor's prescription?

1. Yes
2. No

33. How old were you when you took a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription for the first time?

1. I have never taken a prescription drug without a doctor's prescription
2. 8 years old or younger
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old or older

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

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

35. Have you ever sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

1. Yes
2. No

36. Have you ever taken an **over-the-counter drug** (a drug that can be purchased from a store without a doctor's prescription) to get high?

1. Yes
2. No

37. Have you ever used **any** form of cocaine, including powder, crack, or freebase?

1. Yes
2. No

38. Have you ever taken **steroid pills or shots** without a doctor's prescription?

1. Yes
2. No

The next 5 questions ask about sexual behavior.

39. Have you ever had sexual intercourse?

1. Yes
2. No

40. How old were you when you had sexual intercourse for the first time?

1. I have never had sexual intercourse
2. 8 years old or younger
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. 14 years old or older

41. With how many people have you ever had sexual intercourse?

1. I have never had sexual intercourse
2. 1 person
3. 2 people
4. 3 people
5. 4 people or more people

42. The **last time** you had sexual intercourse, did you or your partner use a condom?

1. I have never had sexual intercourse
2. Yes
3. No

43. Have you ever been taught about AIDS or HIV infection in school?

1. Yes
2. No
3. Not sure

The next 3 questions ask about physical activity.

44. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day?** (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

1. 0 Days
2. 1 Day
3. 2 Days
4. 3 Days
5. 4 Days
6. 5 Days
7. 6 Days
8. 7 Days

45. On an average school day, how many hours do you watch TV?

1. Do Not Watch
2. Less Than 1 Hour per Day
3. 1 Hour per Day
4. 2 Hours per Day
5. 3 Hours per Day
6. 4 Hours per Day
7. 5 or more Hours per Day

46. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

1. 0 teams
2. 1 team
3. 2 teams
4. 3 or more teams

The next question asks about your family, your activities, and your community.

47. Do you agree or disagree that in your community you feel like you matter to people?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

The next 6 questions ask about the perceived harm from drug use.

48. 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?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk

49. How much do you think people risk harming themselves (physically or in other ways) if they use an electronic vapor product regularly?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk

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

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk

51. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk

52. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk

53. How much do you think people risk harming themselves if they use prescription drugs that are not prescribed to them?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk

The next 13 questions ask about attitudes toward cigarette, alcohol, and other drug use.

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

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. I don't know

55. 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?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

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

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

57. How wrong do **your friends feel it would be for you** to use prescription drugs to get high?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

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

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

59. How wrong do **your parents or guardians** feel it would be for you to use an electronic vapor product?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

60. How wrong do **your parents or guardians** feel it would be for you to drink alcohol?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

61. How wrong do **your parents or guardians** feel it would be for you to use marijuana?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

62. How wrong do your parents **or guardians** feel it would be for you to use prescription drugs to get high?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

63. How wrong do you think it is for **someone your age** to smoke cigarettes?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

64. How wrong do you think it is for **someone your age** to use electronic vapor products?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

65. How wrong do you think it is for **someone your age** to have one or two drinks of any alcoholic beverage every day?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

66. How wrong do you think it is for **someone your age** to use marijuana?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

The next 6 questions ask about the availability of cigarettes, alcohol, and other drugs.

67. If you wanted to get some cigarettes, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy

68. If you wanted to get an electronic vapor product, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy

69. If you wanted to get some alcohol, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy

70. If you wanted to get some marijuana, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy

71. If you wanted to get a prescription drug without a doctor's prescription, how hard or easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy

72. If you wanted to get some cocaine, LSD, or amphetamines, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy

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