

**1999**

# **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. 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**

- o Use a #2 pencil only.**
- o Make dark marks.**
- o Fill in a response like this: A B C D.**
- o To change your answer, erase 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. Other
  
4. How do you describe yourself?
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Hispanic or Latino
  - E. Native Hawaiian or Other Pacific Islander
  - F. White

5. How tall are you without your shoes on?  
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 6	<input type="radio"/> 2
<input type="radio"/> 7	<input type="radio"/> 3
	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

6. How much do you weigh without your shoes on?  
 Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 6
	<input type="radio"/> 6	<input type="radio"/> 7
	<input type="radio"/> 7	<input type="radio"/> 8
	<input type="radio"/> 8	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

**The next 7 questions ask about personal safety.**

7. 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
  
8. 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
  
9. 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
  
10. Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - A. Yes
  - B. No
  - C. Not sure
  
11. Have you ever carried a weapon, such as a gun, knife, or club?
  - A. Yes
  - B. No
  
12. Have you ever been in a physical fight?
  - A. Yes
  - B. 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?
  - A. Yes
  - B. 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.**

14. Have you ever **seriously** thought about killing yourself?
  - A. Yes
  - B. No
  
15. Have you ever made a **plan** about how you would kill yourself?
  - A. Yes
  - B. No
  
16. Have you ever **tried** to kill yourself?
  - A. Yes
  - B. No

**The next 9 questions ask about tobacco use.**

17. Have you ever tried cigarette smoking, even one or two puffs?
  - A. Yes
  - B. No
  
18. 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
  
19. **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

20. **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
21. **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 a convenience store, super market, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed them from someone else
  - F. I stole them
  - G. I got them some other way
22. When you bought cigarettes in a store during the past 30 days, were you **ever** asked to show proof of age?
- A. I did not buy cigarettes during the past 30 days
  - B. Yes
  - C. No
23. Have you ever smoked cigarettes regularly, that is, at least one cigarette, every day for 30 days?
- A. Yes
  - B. No
24. **During the past 30 days**, on how many days did you use **chewing tobacco or snuff**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 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

25. **During the past 30 days**, on how many days did you smoke **cigars, cigarillos, or little cigars?**
- 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 2 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 a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
27. 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
  - H. 14 years old or older

**The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.**

28. Have you ever used marijuana?
- A. Yes
  - B. No
29. 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
  - H. 14 years old or older

**The next 4 questions ask about other drug use.**

30. Have you ever used **any** form of cocaine, including powder, crack, or freebase?  
A. Yes  
B. No
31. 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
32. Have you ever used **steroids**?  
A. Yes  
B. No
33. Have you ever used a needle to inject any **illegal** drug into your body?  
A. Yes  
B. No

**The next 4 questions ask about sexual intercourse.**

34. Have you ever had sexual intercourse?  
A. Yes  
B. No
35. How old were you when you had sexual intercourse for the first time?  
A. I have never had sexual intercourse  
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
36. With how many people have you ever had sexual intercourse?  
A. I have never had sexual intercourse  
B. 1 person  
C. 2 people  
D. 3 or more people
37. The **last time** you had sexual intercourse, did you or your partner use a condom?  
A. I have never had sexual intercourse  
B. Yes  
C. No



**The next 7 questions ask about body weight.**

38. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
39. Which of the following are you trying to do about your weight?
- A. **Lose** weight
  - B. **Gain** weight
  - C. **Stay** the same weight
  - D. I am **not trying to do anything** about my weight
40. Have you ever **exercised** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
41. Have you ever **eaten less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
42. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
43. Have you ever **taken any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- A. Yes
  - B. No
44. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No

**The next 5 questions ask about physical activity.**

45. **On how many of the past 7 days** did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
46. **On an average school day**, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
47. **In an average week** when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
48. Do you play on any sports teams? (Include any teams run by your school or community groups.)
- A. Yes
  - B. No
49. Have you ever been injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?
- A. Yes
  - B. No

**The next question asks about AIDS education.**

50. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure

**This is the end of the survey.  
THANK YOU VERY MUCH FOR YOUR HELP.**