

2014
MACON COUNTY
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 circles 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: A B ● D
- To 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 12 questions ask about personal safety and violence-related behaviors.

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 did 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 rode a **four-wheeler** during the past 12 months, how often did you wear a helmet?
 - A. I did not ride a four-wheeler during the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore 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. During the past 12 months, did someone threaten or injure you with a weapon such as a gun, knife, or club **on school property**?
 - A. Yes
 - B. No
13. Have you ever been in a physical fight?
 - A. Yes
 - B. No

14. 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

15. During the past 30 days, did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- A. Yes
- B. No

16. During the past 12 months, has someone stolen or deliberately damaged your property, such as your clothing or books, **on school property**?

- A. Yes
- B. No

17. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- A. Yes
- B. No

18. Have you ever been physically forced to have sexual intercourse when you did not want to?

- A. Yes
- B. 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.

19. During the past 12 months, have you been harassed or bullied **on school property**?

- A. Yes
- B. No

20. During the past 12 months, have you ever been **electronically bullied**, such as through e-mail, chat rooms, instant messaging, Web sites, or text messaging?

- A. Yes
- B. No

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

21. During the past 12 months, did you ever feel 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

24. When you feel sad, empty, hopeless, angry, or anxious, with whom do you **usually** talk?

- A. I do not feel sad, empty, hopeless, angry, or anxious
- B. Parent or other adult family member
- C. Teacher or other adult in this school
- D. Religious leader
- E. Doctor or nurse
- F. Other adult
- G. Friend or sibling
- H. Some other person

The next 5 questions ask about tobacco use.

25. 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 or older

26. 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

27. During the past 12 months, did you ever try **to quit** smoking cigarettes?

- A. I did not smoke cigarettes during the past 12 months
- B. Yes
- C. No

28. 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 bought them from a vending machine.
- 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 or older gave them to me.
- G. I took them from a store or family member.
- H. I got them some other way.

29. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, 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

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.

30. Have you ever had a drink of alcohol, other than a few sips?

- A. Yes
- B. No

31. 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

32. If you drank alcohol during the past 30 days, how did you usually get your alcohol?

- A. I did not drink alcohol during the past 30 days
- B. I bought it at a store such as a liquor store, convenience store, gas station or supermarket
- C. I bought it at a restaurant, bar, or club
- D. I took it from home
- E. My parent(s)/guardian(s) gave it to me
- F. I gave someone else the money to buy it for me
- G. A person over 21 years old gave it to me
- H. I got it some other way

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

33. Have you ever used marijuana?

- A. Yes
- B. No

34. 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

35. During the past 30 days, did you use marijuana?

- A. Yes
- B. No

36. During the past 30 days, did you use marijuana **on school property**?

- A. Yes
- B. No

The next 9 questions ask about other drugs.

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

- A. Yes
- B. No

38. Have you ever used LSD (acid), PCP (angel dust), mushrooms, ecstasy or other hallucinogens?

- A. Yes
- B. No

39. 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

40. Have you ever smoked, snorted, or injected a synthetic drug, including **bath salts, black magic, or red magic**?

- A. Yes
- B. No

41. Have you ever used a needle to inject any **illegal** drug into your body?

- A. Yes
- B. No

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

- A. Yes
- B. No

43. If you took a **prescription drug without a doctor's prescription** during the past 12 months, how did you usually get it?

- A. I did not take a prescription drug without a doctor's prescription during the past 12 months
- B. I took it from home
- C. I took it from someone else's home
- D. I got it from someone
- E. I bought it from someone
- F. I got it some other way

44. Have you ever used **methamphetamines** (also called speed, crystal, crank, or ice)?

- A. Yes
- B. No

45. **During the past 12 months**, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

The next 4 questions ask about sexual behavior.

46. Have you ever had sexual intercourse?

- A. Yes
- B. No

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

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old or older

48. How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. Not sure

49. During your life, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

The next 4 questions ask about abstinence, AIDS and STD education.

50. Have you ever been taught about abstaining from sexual activity?

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

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

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

52. Have you ever been taught about chlamydia, gonorrhea, syphilis, or human papillomavirus, or genital warts?

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

53. When you have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention, with whom do you **usually** talk?

- A. I do not have questions about sexually transmitted diseases (STD), HIV, AIDS or pregnancy prevention
- B. Parent or other adult family member
- C. Teacher or other adult in this school
- D. Religious leader
- E. Doctor or nurse
- F. Other adult
- G. Friend or sibling
- H. Some other person

The next 7 questions ask about body weight.

54. How do **you** describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

55. 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

56. Have you ever **exercised** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

57. 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

58. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or keep from gaining weight?

- A. Yes
- B. No

59. 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

60. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had 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.

61. During the past 7 days, how many times do you eat **fruit**? (Include raw, cooked, frozen, canned or dried fruit and 100% fruit juice.)

- A. I do not eat fruit
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 times
- F. 5 or more times

62. During the past 7 days, how many times do you eat **vegetables**? (Include raw, cooked, frozen, canned vegetables, salad greens and 100% vegetable juice, BUT **do not count** french fries.)

- A. I do not eat vegetables
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 times
- F. 5 or more times

63. During the past 7 days, how many times did you eat junk food such as sweet or salty snack foods? (Include chips, crackers, cookies, candy, cakes, or donuts.)

- A. I did not eat junk food during the past 7 days.
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

64. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)

- A. I did not drink soda or pop during the past 7 days.
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

65. During the past 7 days, how many times do you drink a can, bottle, or glass of any other sweetened beverage? (Include sweet tea, punch, Kool-Aid, fruit-flavored drinks, energy drinks, and sports drinks. Do **not** include diet or sugar-free drinks.)

- A. I did not drink any other sweetened beverages during the past 7 days.
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

66. During the past 7 days, how many **glasses of milk** did you drink (include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint milk served at school as equal to 1 glass.)

- A. I did not drink milk during the past 7 days
- B. 1 to 3 glasses during the past 7 days
- C. 4 to 6 glasses during the past 7 days
- D. 1 glass per day
- E. 2 glasses per day
- F. 3 glasses per day
- G. 4 or more glasses per day

67. During the past 7 days, how many times did you buy food and/or drinks from vending machines at school?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 times
- F. 5 or more times

68. During the past 7 days, on how many days did you eat breakfast?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

69. During the past 7 days, how many times did you eat dinner prepared at home with your family?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 times
- F. 5 times
- G. 6 times
- H. 7 times

The next 7 questions ask about physical activity.

70. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

71. **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

72. 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

73. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, Xbox, computer games, and the Internet)

- A. I do not play video or computer games or use a computer for non school work
- 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

74. On an average Saturday or Sunday, how many hours do you watch TV, play video games, or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)

- A. I do not watch TV, play video games, or use a computer on an average Saturday or Sunday
- 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

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

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

76. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, Xbox, computer games, and the Internet)

- A. I do not play video or computer games or use a computer for something that is not school work
- 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

The next question asks about sun safety.

77. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

The next question asks about sleep.

78. On an average school night, approximately how many hours of sleep do you get?

- A. 4 or less hours
- B. 5 hours
- C. 6 hours
- D. 7 hours
- E. 8 hours
- F. 9 hours
- G. 10 or more hours

The next 12 questions are general items about you.

79. A disability can be physical, mental, emotional, or communication-related. Do you consider yourself to have a disability?

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

80. On an average school day, how long after school are you alone without a parent or trusted adult?

- A. I am not alone after school
- B. Less than 1 hour per day
- C. 2 hours per day
- D. 3 hours per day
- E. 4 hours per day
- F. 5 hours per day
- G. 6 or more hours per day

81. Do you participate in school activities other than sports, such as band, drama, clubs, or student government?

- A. Yes
- B. No

82. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer (for example, serving meals to elderly, picking up litter, helping out at a hospital, building homes for the poor, etc.)?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

83. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?

- A. During the past 12 months
- B. Between 12 and 24 months ago
- C. More than 24 months ago
- D. Never
- E. Not sure

84. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- A. During the past 12 months
- B. Between 12 and 24 months ago
- C. More than 24 months ago
- D. Never
- E. Not sure

85. Has a doctor or nurse ever told you that you have asthma?

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

86. During the past 12 months, have you had an episode of asthma or an asthma attack?

- A. I do not have asthma
- B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months
- C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months
- D. Not sure

87. How often do you feel stress in your life?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. All of the time

88. How would you rate your health in general?

- A. Excellent
- B. Very good
- C. Good
- D. Fair
- E. Poor

89. Based on your answers to this survey, which of the following **influences your decisions** about health the most? (**Choose One**)

- A. Parents/Family
- B. School
- C. Friends/Peers
- D. Church/Youth Groups
- E. Media:TV/Movies/Books/Magazines
- F. Computer/Internet
- G. Doctor
- H. Other

90. From which of the following would **you prefer** to get information about health? (**Choose One**)

- A. Parents/Family
- B. School
- C. Friends/Peers
- D. Church/Youth Groups
- E. Media:TV/Movies/Books/Magazines
- F. Computer/Internet
- G. Doctor
- H. Other

For the next 6 statements, indicate whether you agree or disagree with each statement.

91. Do you agree or disagree that you feel alone in your life?

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

92. Do you agree or disagree that you feel good about yourself?

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

93. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?

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

94. Do you agree or disagree that harassment and bullying by other students is a problem at your school?

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

95. Do you agree or disagree that gangs are a problem at your school?

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

96. Do you agree or disagree that drugs are a problem at your school?

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

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