

2014
MACON COUNTY
YOUTH RISK BEHAVIOR SURVEY
HIGH 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. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older
2. What is your sex?
 - A. Female
 - B. Male
3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. 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. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes on your answer sheet. Fill in the matching circles below each number.

Example

Height	
Feet	Inches
5	11
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	●

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes on your answer sheet. Fill in the matching circles below each number.

Example

Weight		
Pounds		
1	5	3
●	⑩	⑩
②	①	①
③	②	②
	③	●
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. 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 4 questions ask about personal safety.

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a bicycle 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. How often do you wear a seat belt when **riding in** a car driven by someone else?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

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.

13. During the past 12 months, have you ever been bullied **on school property**?

- A. Yes
- B. No

14. 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 10 questions ask about violence-related behaviors.

15. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?

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

16. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?

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

17. During the past 30 days, on how many 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. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

18. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property?**

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

19. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property?**

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

20. During the past 12 months, how many times were you in a physical fight?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

21. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

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

22. During the past 12 months, how many times were you in a physical fight **on school property?**

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

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

- A. Yes
- B. No

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

- A. Yes
- B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

25. 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

26. During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

27. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

28. During the past 12 months, how many times did you actually attempt suicide?

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

29. 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 4 questions ask about tobacco use.

30. 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 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

31. 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

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

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

33. 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 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.

34. 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 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

35. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 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

36. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

37. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?

- 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

38. 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.

39. During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

40. 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 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

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

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

42. During the past 30 days, how many times did you use marijuana **on school property**?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

The next 10 questions ask about other drugs.

43. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

44. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

45. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

46. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

47. During your life, how many times have you used **ecstasy** (also called MDMA)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

48. During your life, how many times have you smoked, snorted, or injected a synthetic drug, including **bath salts, black magic, or red magic**?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

49. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

50. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) **without a doctor's prescription**?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

51. 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

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

- A. Yes
- B. No

The next 10 questions ask about sexual behavior.

53. Have you ever had sexual intercourse?

- A. Yes
- B. No

54. 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
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

55. 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

56. During the past 3 months, with how many people did you have sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 3 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

57. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- A. I have never had sexual intercourse
- B. Yes
- C. No

58. 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

59. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condoms
- E. Depo-Provera (injectable birth control)
- F. Withdrawal
- G. Some other method
- H. Not sure

60. 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

61. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?

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

62. The last time you had sexual intercourse, how old was your partner?

- A. I have never had sexual intercourse.
- B. 5 or more years younger
- C. 3 to 4 years younger
- D. About the same age
- E. 3 to 4 years older
- F. 5 or more years older
- G. Not sure

The next 7 questions ask about body weight.

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

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

64. 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

65. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

66. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

67. During the past 30 days, did you **take 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

68. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

69. During the past 30 days, did you skip meals to lose weight or keep from gaining weight?

- A. Yes
- B. No

The next 8 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.

70. During the past 7 days, how many times do you eat **fruit**? (Do not count fruit juice.)

- A. I did not eat fruit 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

71. 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 did not eat vegetables 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

72. 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

73. 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

74. 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 beverage 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

75. 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

76. 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

77. 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.

78. 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

79. On an average school day, how much total time do you spend being physically active? (Include all physical activity both in and out of school.)

- A. I am not physically active on a average school day
- B. Less than 30 minutes
- C. 30 minutes to 1 hour
- D. More than 1 hour and up to 2 hours
- E. More than 2 hours

80. On an average weekend day, how much total time do you spend being physically active?

- A. I am not physically active on an average weekend day
- B. Less than 30 minutes
- C. 30 minutes to 1 hour
- D. More than 1 hour and up to 2 Hours

- E. More than 2 hours
81. 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

82. 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

83. 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

84. 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

The next question asks about sun safety.

85. 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.

86. On an average school night, 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 7 questions are general items about you.

87. 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

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

- A. I am not alone after school
- B. Less than 1 hour per day
- C. 1 to 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

89. Do you participate in any extracurricular activities at school (such as sports, band, drama, clubs)?

- A. Yes
- B. No

90. 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

91. 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

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

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

93. How do you rate your health in general?

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

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

94. 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

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

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

96. 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

97. 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

98. 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

99. 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.**