2011 Delaware 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.

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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.



1. What is your zip code? Please fill in the boxes at the top, then fill in the circles in each column.

	Zij	o C	Coc	le	
0	0	0	0	0	
1	1	1	1	1	
2	2	2	2	2	
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	(5)	
6	6	6	6	6	
7	7	7	7	7	
8	8	8	8	8	
9	9	9	9	9	

How old are you? 2.

- 10 years old or younger
- 11 years old \bigcirc
- 12 years old
- 13 years old
- 14 years old \bigcirc
- 15 years old \bigcirc
- 16 years old or older \bigcirc

3. What is your sex?

- Female \bigcirc
- Male \bigcirc

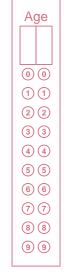
4. In what grade are you?

- 6th grade \bigcirc
- 7th grade \bigcirc
- 8th grade \bigcirc
- Ungraded or other grade \bigcirc

5. Are you Hispanic or Latino?

- O Yes
- O No
- 6. What is your race? (Select one or more responses.)
 - American Indian or Alaska Native
 - O Asian
 - Black or African American \bigcirc
 - Native Hawaiian or Other Pacific Islander \bigcirc
 - White \bigcirc

7. How old is your mother? If you don't know, please put your best guess.



8. How old is your father? If you don't know, please put your best guess.

Age

 $(\mathbf{0})$

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22

33

(4)

55

66

77

88

99

Example

10

1

9. How tall are you	Height			
without your shoes on? Directions : Write	Feet 5	Inches 7		
your height in the shaded blank boxes. Fill in the	3 4	0		
matching oval below each number.	6 7	2 3 4 5		
		© 6 0 8		
		9		

Height Feet Inches 3 0 (4) 1 5 2 6 3 (7) 4 (5) 6 7 8 9 Ο Ο

10. 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				
0	0	0				
\bullet	1	1				
2	2	\bullet				
3	3	3				
	4	4				
	\bullet	(5)				
	6	6				
	7	7				
	8	8				
	9	9				

V	Veigh	t
P	ound	S
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	(5)	(5)
	6	6
	7	7
	8	8
	9	9

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The next 7 questions ask about your feelings in the past four weeks.	1 NEVER	2	3	4	5 ALWAYS	53 52 51
11. How often did you feel <u>really</u> sad?	0	0	0	0	0	50
12. How often did you feel <u>really</u> worried?	0	0	0	0	0	49
13. How often did you feel grouchy?	0	0	0	0	0	47
14. How often did you feel afraid?	0	0	0	0	0	45
15. How often did you have trouble relaxing?	0	0	0	0	0	43
16. How often did you feel nervous?	0	0	0	0	0	4
17. How often were you moody?	0	0	0	0	0	39
						37 36 35
The next 6 questions ask about things you may have been thinking about in the past 4 weeks.	1 NEVER	2	3	4	5 ALWAYS	33
18. Have you been in a good mood?	0	0	0	0	0	3
19. Have you been cheerful?	0	0	0	0	0	29

					-
18. Have you been in a good mood?	0	0	0	0	0
19. Have you been cheerful?	0	0	0	0	0
20. Have you felt under pressure?	0	0	0	0	0
21. Have you been afraid of other girls and boys?	0	0	0	0	0
22. Have other girls and boys made fun of you?	0	0	0	0	0
23. Have other girls and boys bullied you?	0	0	0	0	0

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The next 4 questions ask how you feel about yourself in general	1 NEVER	2	3	4	5 ALWAYS
24. How often do you <u>really</u> like yourself?	0	0	0	0	0
25. How often are you <u>really</u> proud of yourself?	0	0	0	0	0
26. How often do you feel loved and wanted?	0	0	0	0	0
27. How often do you <u>really</u> like the way you look?	0	0	0	0	0

PLEASE DO NOT WRITE IN THIS AREA

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The following 8 questions ask about your relationship with your parents in the past 4 weeks.	1 NEVER	2	3	4	5 ALWAY
28. How often did you get along <u>well</u> with your parents?	0	0	0	0	0
29. How often did your parents listen to your ideas?	0	0	0	0	0
30. How often did your parents eat meals with you?	0	0	0	0	0
31. How often did your parents spend time with you doing something fun?	0	\bigcirc	0	0	0
32. How often did you talk to your parents about what you were going to do the next day?	0	0	0	0	0
33. How often did your parents talk to you about how you were feeling?	0	0	0	0	0
34. Have your parents treated you fairly?	0	0	0	0	0
25. How often did your perente help you with your echool	\sim	\bigcirc	\bigcirc	0	0
35. How often did your parents help you with your school work?	0	0	0		
work? When you have had a problem in the past four weeks	, 1	2	3	4	5
work?			3		5
work? When you have had a problem in the past four weeks how often would the following things happen? 36. I would keep remembering what happened and not	, 1 NEVER		3 0		5 ALWA
work? When you have had a problem in the past four weeks how often would the following things happen? 36. I would keep remembering what happened and not stop thinking about it 37. When I would try to sleep, I would not be able to stop	, 1 NEVER	2	0	4	5 ALWA
work? When you have had a problem in the past four weeks how often would the following things happen? 36. I would keep remembering what happened and not stop thinking about it 37. When I would try to sleep, I would not be able to stop thinking about the problem. 38. Thoughts about the problems would just pop into	, 1 NEVER	2	0	4	5 ALWA
 work? When you have had a problem in the past four weeks how often would the following things happen? 36. I would keep remembering what happened and not stop thinking about it 37. When I would try to sleep, I would not be able to stop thinking about the problem. 38. Thoughts about the problems would just pop into my head. 39. My mind would go blank; I wouldn't be able to 	, 1 NEVER () () ()	2 0 0 0	0	4	5 ALWA

When you have had a problem in the past four weeks, how often would the following things happen?	1 NEVER	2	3	4	5 ALWAYS
36. I would keep remembering what happened and not stop thinking about it	0	0	0	0	0
37. When I would try to sleep, I would not be able to stop thinking about the problem.	0	0	0	0	0
38. Thoughts about the problems would just pop into my head.	0	0	0	0	0
39. My mind would go blank; I wouldn't be able to think at all.	0	0	0	0	0
40. It would be really hard for me to concentrate or pay attention in class when I have problems.	0	0	0	0	0
41. When things would get bad in school, I would get so upset that I can't remember what happened or what I did.	0	0	0	0	0

	47. Have you ever been in a physical fight?
The next 4 questions ask about safety.	⊖ Yes
42. When you ride a bicycle, how often	○ No
do you wear a helmet?	
	48. Have you ever been in a physical fight in which
I do not ride a bicycle	you were hurt and had to be treated by a
 Never wear a helmet 	doctor or a nurse?
 Rarely wear a helmet 	⊖ Yes
 Sometimes wear a helmet 	○ No
 Most of the time wear a helmet 	
 Always wear a helmet 	The next question asks abut hurting
	yourself on purpose.
43. When you rollerblade or ride a skateboard,	
how often do you wear a helmet?	49. During the past 12 months, did you do
	something to purposely hurt yourself without
I do not roller blade or ride a skateboard	wanting to die, such as cutting, scraping, or
Never wear a helmet	burning yourself on purpose?
Rarely wear a helmet	Yes
 Sometimes wear a helmet Mast of the time wear a helmet 	<u>○</u> No
 Most of the time wear a helmet Always wear a helmet 	
44. How often do you wear a seat belt when riding in a car?Never	The next 3 questions ask about attempted suicide. Sometimes people feel so sad and depressed that they may consider attempting suicide or killing themselves.
O Rarely	
 Sometimes Most of the time 	50. Have you ever seriously thought about killing
 Most of the time Always 	yourself?
) Mways	
45. Have you ever ridden in a car driven by	
someone who had been drinking alcohol?	51. Have you ever made a plan about how you
	would kill yourself?
 No Not sure 	O Yes ○ No
	52. Have you ever tried to seriously hurt yourself or
The next 3 questions ask about	kill yourself?
violence-related behaviors.	○ No, never
	 Yes, more than a year ago
46. Have you ever carried a weapon , such as a gun,	Yes, in the past year
knife, or club?	Yes, in the past 4 weeks
○ Yes○ No	 Yes, in the past 7 days 5
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53	7	Γhe next 8 questions ask you about tobacco use.
52		
51		
50 49	53	Have you ever tried cigarette smoking, even one
49	55.	or two puffs?
47	\bigcirc	Yes
46	\bigcirc	No
45	0	
44		
43	54.	How old were you when you smoked a whole
42		cigarette for the first time?
41	0	I have never smoked a whole cigarette
40	Ο	8 years old or younger
39	Ο	9 years old
38	Ο	10 years old
37	Ο	11 years old
36	0	12 years old
35	0	13 years old or older
34		
33		
32	55	During the past 30 days, on how many days did
31	55.	During the past 30 days, on how many days did you smoke cigarettes?
30	\bigcirc	0 days
28	\sim	1 or 2 days
27	-	3 to 5 days
26	\sim	6 to 9 days
25	<u> </u>	10 to 19 days
24	Õ	20 to 29 days
23	0	All 30 days
22		
21		
20		
19	56.	During the past 30 days, on the days you
18		smoked, how many cigarettes did you smoke per day?
17	~	
16	0	I did not smoke cigarettes during the past 30
15	\bigcirc	days Less than 1 cigarette per day
14	\bigcirc	1 cigarette per day
13	\bigcirc	2 to 5 cigarettes per day
11	\bigcirc	6 to 10 cigarettes per day
10	\bigcirc	11 to 20 cigarettes per day
9	\bigcirc	More than 20 cigarettes per day
8	0	5 1 2
7		
6		
5		
4		
3		
2		

- 57. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way \bigcirc
- Have you ever smoked cigarettes daily, that is, 58. at least one cigarette every day for 30 days?
 - O Yes
 - O No
- 59. 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?
- O days
- 1 or 2 days
- \bigcirc 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days
- 60. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
 - O days
 - 1 or 2 days
 - \bigcirc 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - O 20 to 29 days
 - 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.

- 61. Have you ever had a drink of alcohol, other than a few sips?
- O Yes
- O No
- 62 How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

63. During the past 30 days, did you have a drink of alcohol?

- O Yes
- O No

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

- 64. Have you ever used marijuana?
- O Yes
- O No
- 65. How old were you when you tried marijuana for the first time?
 - I have never tried marijuana
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older
- 66. During the past 30 days, did you use marijuana?
- O Yes
- O No

The next 3 questions ask about other drugs.

- 67. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
 - O Yes
 - O No
- 68. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
 - O Yes
 - O No
- 69. Have you ever taken **steroid pills or shots** without a doctor's prescription?
 - O Yes
 - O No

The next 2 questions ask you about dating relationships

- 70. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
 - O Yes
 - O No
- 71. During the past 12 months, did your boyfriend or girlfriend ever say things to you or to other people about you to purposely hurt you?
 - I did not have a boyfriend or girlfriend during the past 12 months
 - O Yes
 - No

52 The 1	next 4 questions ask about sexual behavior.	77. Which of the following are your weight?
	Have you ever had sexual intercourse?	 Lose weight Gain weight
.8 ()	Yes	 Stay the same weight
	No	 I am not trying to do a weight
73.	How old were you when you had sexual	78 Have you ever exercised t
<u> </u> 3	intercourse for the first time?	keep from gaining weight?
	I have never had sexual intercourse	○ Yes
] 0	8 years old or younger	O No
] 0	9 years old	
] ()	10 years old	70 Hove you ever extended
] ()	11 years old	79. Have you ever eaten les calories, or foods low i
] ()	12 years old	to keep from gaining weig
0	13 years old or older	
]		⊖ Yes
74.	With how many people have you ever had	○ No
]	sexual intercourse?	
]	I have never had sexual intercourse	 Have you ever gone with hours or more (also call
] ()] ()	A	weight or to keep from ga
] ()] ()	2 people	○ Yes
_	0 n a a m l a	O No
] ()] ()	4 people	
	E a carla	
	6 or more people	81. Have you ever taken an
		liquids without a doctor's to keep from gaining wei
]] 75	T I I 441 I I I I I I I I I I I I I I I I	meal replacement produ
75.	The last time you had sexual intercourse, did you	
	or your partner use a condom?	○ Yes
0	I have never had sexual intercourse	🔿 No
	Yes	
] ()	No	82. Have you ever vomited c
]		lose weight or to keep fro
The I	next 7 questions ask about body weight.	
76	How do you describe your weight?	○ Yes ○ No
] 0	Very underweight	
	Slightly underweight	
	About the right weight	
	Slightly overweight	
	Very overweight	
	8	
]		
]	PLEASE DO NOT WRITE IN THIS	
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t trying to do anything about my ever exercised to lose weight or to ever eaten less food, fewer or foods low in fat to lose weight or rom gaining weight? ever gone without eating for 24 more (also called fasting) to lose to keep from gaining weight? u ever taken any diet pills, powders, or vithout a doctor's advice to lose weight or rom gaining weight? (Do not include acement products such as Slim Fast.) ever vomited or taken laxatives to ht or to keep from gaining weight?

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e following are you trying to do about

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The next 7 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.

- Buring the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 - OI did not drink 100% fruit juice during the past 7 days
- ○1 to 3 times during the past 7 days
- O4 to 6 times during the past 7 days
- ○1 time per day
- O2 times per day
- O3 times per day
- O4 or more times per day
- 84. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
 - OI did not eat fruit during the past 7 days
- \bigcirc 1 to 3 times during the past 7 days
- \bigcirc 4 to 6 times during the past 7 days
- O1 time per day
- O2 times per day
- O3 times per day
- O4 or more times per day
- 85. During the past 7 days, how many times did you eat green salad?
- $\bigcirc I$ did not eat green salad during the past 7 days
- ○1 to 3 times during the past 7 days
- \bigcirc 4 to 6 times during the past 7 days
- ○1 time per day
- O2 times per day
- O3 times per day
- O4 or more times per day
- 86. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days
- \bigcirc 1 to 3 times during the past 7 days
- O4 to 6 times during the past 7 days
- ○1 time per day
- O2 times per day
- O3 times per day
- O4 or more times per day

- 87. During the past 7days, how many times did you drink a <u>53</u>
 can, bottle, or glass of soda or pop, such as Coke, <u>52</u>
 Pepsi, or Sprite? (Do not include diet soda or diet pop.) <u>51</u>
 - I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- 88. During the past 7 days, how many glasses of milk did you drink? (Count the milk you drank in a glass or a cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
 - I did not drink milk during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- Yesterday, how many caffeinated drinks did you have? (Please count coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added.)
 - I did not have any caffeinated drinks yesterday
 - 1 caffeinated drink
 - O 2 caffeinated drinks
 - 3 or more caffeinated drinks

The next 5 questions ask about physical activity.

- 90. 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 makes you breathe hard some of the time).
- O days
- 🔵 1 day
- 🔵 2 days
- 🔵 3 days
- 🔵 4 days
- 🔵 5 days
- 🔘 6 days
- 7 days
- 91. On an average school day, how many hours do you watch TV?
 - I do not watch TV on an average school day
 - Less than 1 hour per day
 - 1 hour per day
 - O 2 hours per day
 - O 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
- 92. 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 Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.).
 - I do not play video or computer games or use a computer for something that is not school work
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - O 3 hours per day
 - 4 hours per day
 - 5 or more hours per day

- 93. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
 - O days
 - 1 day
 - 2 days
 - O 3 days
 - 4 days
 - 🔿 5 days
- 94. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
 - O teams
 - 1 team
 - 2 teams
 - 3 or more teams

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	20 19 18 17 16 15 14 13 12 11 10 9 8 7 7 6
	20 19 18 17 16 15 14 13 12 11 10 9 8 7 7 6
	20 19 18 17 16 15 14 13 12 11 10 9 8 7 7 6

The next 5 questions ask about health-related topics.

- 93. Have you ever been taught about AIDS or HIV infection in school?
 - Yes
 - O No
 - Not sure
- 94. Has a doctor or nurse ever told you that you have asthma?
 - Yes
 - O No
 - Not sure
- 95. Do you still have asthma?
 - I have never had asthma
 - O Yes
 - O No
 - Not sure
- 96. During the past 7 days, on how many days did you eat breakfast?
 - O days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
- 97. On an average school night, how many hours of sleep do you get?
 - 4 or less hours
 - 5 hours
 - 6 hours
 - 7 hours
 - 8 hours
 - 9 hours
 - 10 or more hours

The next question asks about where you live.

100. Where do you typically sleep at night? At home with your parent(s) or guardian(s) At a friend's or relative's home with your parent(s) or guardian(s) At a friend's or relative's home without your parent(s) or guardian(s) ○ Somewhere else (such as a shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s) Somewhere else (such as a shelter, group) home, foster care home, public place, car, hotel) without your parent(s) or guardian(s) The next 2 questions ask about whether you have any kind of disability.

- 101. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
 - Yes
 - No
- Not sure
- 102. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)

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- Yes
- O No
- Not sure

11

PLEASE DO NOT WRITE IN THIS AREA

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

12

5 4

53	53 CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW:									
52 51 50	HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY			
49 48 47	103. Argue or fight with either of your parents/guardians?	0	0	0	0	0	0			
	104. Hit someone with the intention of hurting them?	\bigcirc	0	\bigcirc	\bigcirc	0	0			
44 43 42	105. Take part in a fight where a group of your friends are against another group?	0	0	0	0	0	0			
41 40 39	106. Steal something from a store without paying for it?	0	0	0	0	0	0			
38 37	107. Break into a car, house or other building?	0	0	0	0	0	0			
36 35 34	108. Damage or destroy property that does not belong to you?	0	0	0	0	0	0			
33 32 31	109. Sneak money from an adult's wallet, purse, or other place?	0	0	0	0	0	0			
30 29	110. Participate in a gang or gang activities?	0	0	0	0	0	0			
28 27	111. Cheat on a test in class?	0	0	0	0	0	0			
	112. Skip or miss classes (not the whole school day) without permission?	0	0	0	0	0	0			
23 22	113. Get suspended or expelled from school?	0	0	0	0	0	0			
21										

This is the end of the survey.

Thank you very much for your help.