2015 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.

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.

Use a #2 pencil only. Make dark marks. Fill in a response like this: A B To change your answer, erase completely.

1. What is your zip code?	Zip Code
Please fill in the boxes at	2.0000
the top, then fill in the	
circles in each column.	0 0 0 0 0
	10000
	22222
	3 3 3 3 3
	44444
	5 5 5 5
	66666
	$\begin{array}{c} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \\ 0 & 0 &$
	88888
	99999
2. How old are you?	
10 years old or younger	
11 years old	
12 years old	
13 years old	
14 years old	
15 years old	
16 years old or older	
0.1411	
3. What is your sex?	
Female	
Male	
4. In what grade are you?	
O 6th grade	
7th grade	
8th grade	
 Ungraded or other grade 	
5. Are you Hispanic or Latino?	
Yes	
○ No	
<u> </u>	
6. What is your race? (Select or	one or more
responses.)	NIa45
American Indian or Alaska	inative
Asian	

O Black or African American

White

Native Hawaiian or Other Pacific Islander

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

0 0
1 1
22
3 3
4 4
5 5
66
77
88
99

Age

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

Age
0 0
1 1
22
3 3
4 4
5 5
66
77
88
99

9. 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.

Height		
Feet Inche		
5	7	
3	0	
4	1	
	2	
6	3	
7	4	
	(5)	
	6	
	8	
	9	
	10	
	11	

Example

Height				
Feet	Inches			
3	0			
4	1			
(5)	2			
6	3			
7	4			
	(5)			
	6			
	7			
	8			
	9			
	10			
	11			

do you weigh without your shoes on? **Directions:** Write your weight in the shaded blank

10. How much

1 2 2 3 3 boxes. Fill in the matching 4 oval below each number. 6

Weight		
F	ounc	ls
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	(5)	(5)
	6	6
	7	7
	8	8
	9	9

9

9

Example

The next 5 questions ask about your feelings in the past four weeks.	1 NEVER	2	3	4	5 ALWAYS
11. How often did you feel <u>really</u> sad?	0	0	0	0	0
12. How often did you feel <u>really</u> worried?	0	0	0	0	0
13. How often did you feel afraid?	0	0	0	0	0
14. How often did you have trouble relaxing?	0	0	0	0	0
15. How often did you feel nervous?	0	0	0	0	0

The following 8 questions ask about your relationship with your parent(s).	1 NEVER	2	3	4	5 ALWAYS
16. How often do you get along <u>well</u> with your parent(s)?	0	0	0	0	0
17. How often do your parent(s) spend time with you doing something fun?	0	0	0	0	0
18. How often do your parent(s) show you they are proud of you?	0	0	0	0	0
19. How often do your parent(s) take an interest in your activities?	0	0	0	0	0
20. How often do your parent(s) listen to you when you talk to them?	0	0	0	0	0
21. How often can you count on your parent(s) to be there when you need them?	0	0	0	0	0
22. How often do you and your parent(s) talk about the things that really matter?	0	0	0	0	0
23. How often are you comfortable sharing your thoughts and feelings with your parent(s)?	0	0	0	0	0

The next 4 questions ask about safety.	
•	29. Have you ever been in a physical fight?
24. When you ride a bicycle, how often do you wear a	○ Yes
helmet?	○ No
I do not ride a bicycle	
Never wear a helmet	
Rarely wear a helmet	30. Have you ever been in a physical fight in which
 Sometimes wear a helmet 	you were hurt and had to be treated by a
 Most of the time wear a helmet 	doctor or a nurse?
 Always wear a helmet 	O Yes
•	○ No
25. When you rollerblade or ride a skateboard,	
how often do you wear a helmet?	31. During the past 12 months, did someone you were
I do not rollerblade or ride a skateboard	dating or going out with ever say things to you or to
Never wear a helmet	other people about you to purposely hurt you?
Rarely wear a helmet	I did not date or go out with anyone during the
Sometimes wear a helmet	past 12 months
Most of the time wear a helmet	○ Yes
Always wear a helmet	O No
- Always wear a Heimet	TVO
•	00 D death and 40 modes list and a second
	32. During the past 12 months, did someone you were dating or going out with ever hit, slap, or physically
26. How often do you wear a seat belt when riding in a cor?	hurt you on purpose?
riding in a car?	
Never	I did not date or go out with anyone during the
■ ○ Rarely	past 12 months
Sometimes	O Yes
Most of the time	○ No
■ ○ Always	
•	
 27. Have you ever ridden in a car driven by 	
someone who had been drinking alcohol?	
■ O Yes	
■ ONo	
■ ONot sure	
-	
The next 5 questions ask about	
 violence-related behaviors. 	
■ 28. Have you ever carried a weapon, such as a gun,	
knife, or club?	
Yes	
■ ○ 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.	 38. Have you ever tried to kill yourself? Yes No The next 7 questions ask you about tobacco use.
33. Have you ever been bullied on school property?YesNo	39. Have you ever tried cigarette smoking, even one or two puffs?YesNo
 34. Have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.) Yes No 	 40. How old were you when you smoked a whole cigarette for the first time? I have never smoked a whole cigarette 8 years old or younger 9 years old 10 years old
The next question asks about hurting yourself on purpose.	11 years old12 years old13 years old or older
 35. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself on purpose? Yes No 	 41. During the past 30 days, on how many days did you smoke cigarettes? 0 days 1 or 2 days 3 to 5 days 6 to 9 days
The next 3 questions ask about attempted suicide. Sometimes people feel so sad and depressed that they may consider attempting suicide or killing themselves.	10 to 19 days20 to 29 daysAll 30 days
36. Have you ever seriously thought about killing yourself?	42. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
✓ Yes✓ No	 I did not smoke cigarettes during the past 30 days Less than 1 cigarette per day 1 cigarette per day 2 to 5 cigarettes per day
37. Have you ever made a plan about how you would kill yourself?YesNo	 6 to 10 cigarettes per day 11 to 20 cigarettes per day More than 20 cigarettes per day

 43. 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 	47. During the past 30 days, on how many days did you use an electronic vapor product?0 days
I bought them in a store such as a convenience store, supermarket, discount store, or gas station	1 or 2 days 3 to 5 days
I bought them from a vending machine	○ 6 to 9 days
 I gave someone else money to buy them for me 	10 to 19 days
 I borrowed (or bummed) them from someone else 	20 to 29 days
 A person 18 years old or older gave them to me 	All 30 days
I took them from a store or family member	
I got them some other way	
 44. 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 	The next 3 questions ask about drinking alcohole. 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.
■ 0 days	
1 or 2 days3 to 5 days	48. Have you ever had a drink of alcohol other than a few
3 to 5 days6 to 9 days	sips?
■ 0 to 9 days ■ 10 to 19 days	Yes
20 to 29 days	O No
All 30 days	
 45. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars? 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days 	 49. 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
The next 2 questions ask about electronic vapor products, such as blu, NJOY, or Staruzz. Electronic e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.	50. During the past 30 days, did you have a drink of alcohol, other than a few sips?YesNo
46. Have you ever used an electronic vapor product?YesNo	

Marijuana also is called grass or pot. 51. Have you ever used marijuana?	codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
O Yes	○ Yes
○ No	O No
52. How old were you when you tried marijuana for the first time?	The next 4 questions ask about sexual behavior.
I have never tried marijuana	
8 years old or younger	59. Have you ever had sexual intercourse?
9 years old	Yes
10 years old	O No
11 years old	
12 years old13 years old or older	
13 years old or older	60. How old were you when you had sexual intercourse
53. During the past 30 days, did you use marijuana?	for the first time?
Yes	I have never had sexual intercourse
O No	8 years old or younger
	○ 9 years old
The next 5 questions ask about other drugs.	10 years old
The flext 5 questions ask about other drugs.	○ 11 years old
	○ 12 years old
54. Have you ever used any form of cocaine, including powder, crack, or freebase?	13 years old or older
○ Yes	
○ No	
	61. With how many people have you ever had sexual intercourse?
55. Have you ever sniffed glue, breathed the contents of	I have never had sexual intercourse
spray cans, or inhaled any paints or sprays to get	○ 1 person
high?	2 people
O Yes	3 people
○ No	4 people
	5 people6 or more people
56. Have you ever taken steroid pills or shots without	O of more people
a doctor's prescription?	
Yes	
○ No	62. The last time you had sexual intercourse, did you or your partner use a condom?
	I have never had sexual intercourse
57. Have you ever taken a prescription drug (such as	○ Yes
OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	○ No

58. In the past 30 days, have you taken a prescription

The next 3 questions ask about marijuana use.

YesNo

The next 2 questions ask about body weight.	vegetables? (Do not count green salad, potatoes, or carrots.)
63. How do you describe your weight?	0 times
Very underweight	0 1 time
Slightly underweight	O 2 times
About the right weight	3 or more times
Slightly overwieght	
Very overweight	
64. Which of the following are you trying to do about	69. Yesterday, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet
your weight?	pop.)
■ Cose weight	0 times
Gain weight	1 time
Stay the same weight	2 times
I am not trying to do anything about my weight	3 or more times
The next 8 questions ask about food you ate or drank yesterday. 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	70. Yesterday, 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
you are at nome, at comoun, at roctaurants, or	pint of milk served at school as equal to one glass.)
anywhere else.	0 glasses
■ 65. Yesterday, how many times did you drink 100%	1 glass
fruit juices such as orange juice, apple juice, or	O 2 glasses
grape juice? (Do not count puch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)	O 3 or more glasses
■ O times	
■ 0 1 time	
2 times	71. Yesterday, how many times did you drink a bottle
3 or more times	or glass of plain water? (Count tap, bottle and unflavored sparkling water.)
•	0 times
■ 66. Yesterday, how many times did you eat fruit ?	O 1 time
(Do not count fruit juice.)	O 2 times
■ O times	3 or more times
■ O 1 time	
2 times	
3 or more times	
67. Yesterday, how many times did you eat green	72. Yesterday, how many caffeinated drinks did you have? (Count coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added.)
salad?	I did not have any caffeinated drinks yesterday
0 times	1 caffeinated drink
1 time	2 caffeinated drinks
2 times	3 or more caffeinated drinks
■ ○ 3 or more times	8

The next question asks about eating breakfast.	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? (Count time spen
73. During the past 7 days, on how many days did you eat breakfast ?	on things such as Xbox, PlayStation, an iPod, an iPa or other tablet, a smartphone, YouTube, Facebook o other social networking tools, and the Internet.)
0 days	I do not play video or computer games or use a
1 day	computer for something that is not school work
2 days	Less than 1 hour per day
3 days	1 hour per day
○ 4 days	2 hours per day
○ 5 days	3 hours per day
○ 6 days	○ 4 hours per day
○ 7 days	○ 5 or more hours per day
The next 5 questions ask about physical activity.	77. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
74. During the past 7 days, on how many days were you	0 days
physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind	1 day
of physical activity that increased your heart rate and	2 days
made you breathe hard some of the time.)	3 days
0 days	4 days
1 day	5 days
2 days	
3 days	78. During the past 12 months, on how many sports
4 days	teams did you play? (Count any teams run by
5 days	your school or community groups.)
6 days	0 teams
7 days	1 team
,	2 teams
	3 or more teams
75. On an average school day, how many hours do you	The next 6 questions ask about other
watch TV?	health-related topics.
 I do not watch TV on an average school day 	
Less than 1 hour per day	79. Has a doctor or nurse ever told you that you have
1 hour per day	asthma?
2 hours per day	○ Yes
3 hours per day	O No
4 hours per day	O Not Sure
○ 5 or more hours per day	
	80. Have you ever been taught about AIDS or HIV infection in school?
	O Yes
	○ No
	O Not sure

81. On an average school night, how many hours of sleep do you get?	The next question asks about where you live.
■	85. Where do you typically sleep at night?
■	At home with your parent(s) or guardian(s)
■ O 6 hours	 At a friend's or relative's home with your parent(s)
■ 7 hours	or guardian(s)
■ ○ 8 hours	At a friend's or relative's home without your parent(s)
■ ○ 9 hours	or guardian(s)
10 or more hours	 Somewhere else (such as a shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
82. During the past 12 months, how would you describe	
your grades in school?	 Somewhere else (such as a shelter, group home,
■ O Mostly A's	foster care home, public place, car, hotel) without your parent(s) or guardian(s)
■ O Mostly B's	your parent(s) or guardian(s)
■	
■ O Mostly D's	The final 5 questions ask about whether you
■ O Mostly F's	have any kind of disability.
■ One of these grades	
Not sure	86. Are you deaf or do you have serious difficulty hearing?
 83. Do you agree or disagree that your parent(s) or 	○ Yes
other adults in your family have clear rules and consequences for your behavior?	○ No
Strongly agree	87. Do you have serious difficulty seeing, even when
Agree	wearing glasses?
Not sure	O Yes
■ O Disagree	O No
Strongly disagree	
 84. How often, on average, do you play violent video games, such as games that are rated M? 	88. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
■ ○ Never	○ Yes
■ O Very rarely	O No
■ 1 hour per week	
2-3 hours per week	89. Do you have serious difficulty walking or climbing
■ 0 4-5 hours per week	stairs?
■ O 6-10 hours per week	○ Yes
More than 10 hours per week	O No
•	
	90. Have you been identified by a doctor or other health care professional as having difficulty concentrating, remembering, making decisions, or doing things because of a physical, learning, or emotional disability? (Mark all that apply.)
•	○ No
_	Physical Disability
_	Learning Disability
_	Emotional Disability

This is the end of the survey.

Thank you very much for your help.

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