2011 NORTH CAROLINA
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 improve 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.**
- **If you 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. **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

8. **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

9. 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

10. Have you ever **ridden** in a car or other vehicle **driven by someone who had been recklessly speeding?**
    A. Yes
    B. No
    C. Not sure

11. Have you ever ridden in a car driven by someone who had been drinking alcohol?
    A. Yes
    B. No
    C. Not sure

12. Have you ever carried a **weapon**, such as a gun, knife, or club?
    A. Yes
    B. No

13. 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

14. Have you ever been in a physical fight?
    A. Yes
    B. No

15. 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

16. 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

17. 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

18. Is there gang activity in your school?
    A. Yes
    B. No
    C. Not sure

The next 4 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. Have you ever been bullied **on school property**?
    A. Yes
    B. No

20. Have you ever been **electronically bullied**? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
    A. Yes
    B. No

21. Have you seen other students being bullied in your school?
    A. Yes
    B. No
    C. Not sure

22. Have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
    A. Yes
    B. No

The next 5 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

23. 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

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
    D. Religious leader
    E. Doctor or nurse
    F. Other adult
    G. Friend or sibling
    H. Some other person

25. Have you ever **seriously** thought about killing yourself?
    A. Yes
    B. No

26. Have you ever made a **plan** about how you would kill yourself?
    A. Yes
    B. No

27. Have you ever **tried** to kill yourself?
    A. Yes
    B. No

The next 4 questions ask about tobacco use.

28. 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

29. 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

30. 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

31. 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.

32. Have you ever had a drink of alcohol, other than a few sips?
    A. Yes
    B. No

33. 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

34. During the past 30 days, how did you **usually** get the alcohol you drank?
    A. I did not drink alcohol during the past 30 days
    B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
    C. I bought it at a restaurant, bar, or club
    D. I bought it at a public event such as a concert or sporting event
    E. I gave someone else money to buy it for me
    F. Someone gave it to me
    G. I took it from a store or family member
    H. I got it some other way

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

35. Have you ever used marijuana?
    A. Yes
    B. No

36. 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

37. During the past 30 days, did you use marijuana?
    A. Yes
    B. No

38. During the past 30 days, did you use marijuana **on school property**?
    A. Yes
    B. No

The next 5 questions ask about other drug use.

39. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
    A. Yes
    B. No

40. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
    A. Yes
    B. No

41. Have you ever taken **steroid pills or shots** without a doctor's prescription?
    A. Yes
    B. No

42. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
    A. Yes
    B. No

43. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
    A. Yes
    B. No

The next 5 questions ask about abstinence, AIDS, and STD education.

44. Have you ever been taught about abstaining from sexual activity?
    A. Yes
    B. No
    C. Not sure

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

46. Have you ever been taught about chlamydia, gonorrhea, syphilis, human papillomavirus, or genital warts?
    A. Yes
    B. No
    C. Not sure

47. 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

48. 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

The next 8 questions ask about body weight.

49. How do **you** describe your weight?
    A. Very underweight
    B. Slightly underweight
    C. About the right weight
    D. Slightly overweight
    E. Very overweight

50. 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

51. Have you ever **exercised** to lose weight or to keep from gaining weight?
A. Yes
B. No

52. 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

53. 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

54. 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

55. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
A. Yes
B. No

56. During the past 30 days, did you **skip meals** to lose weight or to keep from gaining weight?
A. Yes
B. No

The next 2 questions ask about food you ate or drank during the past 7 days.

57. 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

58. During the past 7 days, on how many days did you eat dinner at home with your family?
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days

The next 5 questions ask about physical activity.

59. 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 spent in any kind of physical activity that increased your heart rate and made 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

60. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
   A. 0 teams
   B. 1 team
   C. 2 teams
   D. 3 or more teams

61. 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

62. 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.)
   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

63. How many days per week do you usually walk or ride your bike to school?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days

The next 8 questions ask about other health-related topics.

64. Has a doctor or nurse ever told you that you have asthma?
   A. Yes
   B. No
   C. Not sure

65. Do you still have asthma?
   A. I have never had asthma
   B. Yes
   C. No
   D. Not sure

66. An asthma action/management plan contains instructions about how to care for your asthma. Do you have a written asthma action plan or asthma management plan on file at school?
   A. I do not have asthma
   B. No
   C. Yes
   D. Don't Know

67. 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

68. 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 or 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

69. Do you participate in school activities other than sports, such as band, drama, clubs, or student government?
    A. Yes
    B. No

70. 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

71. 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

The next 3 questions ask about disabilities. A disability can be physical, mental, emotional, or communication-related.

72. Do you consider yourself to have a disability?
    A. Yes
    B. No
    C. Not sure

73. Are you limited in any way in any activities because of any disability or health problem?
    A. Yes
    B. No
    C. Not sure

74. Do you have trouble learning, remembering, or concentrating because of disability or health problem?
    A. Yes
    B. No
    C. Not sure

For the next 3 questions, indicate how much you agree or disagree.

75. 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

76. Do you agree or disagree that you feel good about yourself?
    A. Strongly agree
    B. Agree
    C. Not sure
    D. Disagree
    E. Strongly disagree

77. 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

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