2011 North Carolina
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 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 ovals 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. 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. Fill in the matching oval below each number.

Example

Height	
Feet	**Inches**
5	***7***
③	⓪
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

7. 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
●	①	①
②	②	●
③	③	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 5 questions ask about 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

13. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
   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 10 questions ask about violence-related behaviors.

14. 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

15. 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

16. 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

17. 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

18. 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

19. 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

20. 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

21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
    A. Yes
    B. No

22. Have you ever been physically forced to have sexual intercourse when you did not want to?
    A. Yes
    B. No

23. 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.

24. During the past 12 months, have you ever been bullied **on school property**?
    A. Yes
    B. No

25. During the past 12 months, have you ever been **electronically bullied**? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
    A. Yes
    B. No

26. During the past 12 months, have you ever seen other students being bullied in your school?
    A. Yes
    B. No

27. During the past 12 months, 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 sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, which is, taking some action to end their own life.

28. 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

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

30. During the past 12 months, did you ever **seriously** consider attempting suicide?
    A. Yes
    B. No

31. During the past 12 months, did you make a plan about how you would attempt suicide?
    A. Yes
    B. No

32. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
    A. **I did not attempt suicide** during the past 12 months
    B. Yes
    C. No

The next 4 questions ask about tobacco use.

33. 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

34. 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

35. 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

36. 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.

37. 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

38. 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

39. 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

40. 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

41. 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.

42. 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

43. 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

44. 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

45. 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 7 questions ask about other drugs.

46. 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

47. 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

48. 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

49. During your life, how many times have you taken **steroid pills or shots** 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

50. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, 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. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
A. Yes
B. No

52. Have you ever gotten into trouble with your family or friends, missed school, or gotten into fights, while using alcohol or drugs?
A. Yes
B. No

The next 9 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, how many years younger or older than you 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

60. 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 adults in this school
   D. Religious leader
   E. Doctor or nurse
   F. Other adult
   G. Friend or sibling
   H. Some other person

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

The next 6 questions ask about body weight.

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

63. 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

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

65. 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

66. 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

67. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
A. Yes
B. No

The next 10 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.

68. During 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.)
A. I did not drink 100% fruit juice 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

69. During the past 7 days, how many times did 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

70. During the past 7 days, how many times did you eat **green salad**?
   A. I did not eat green salad 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 did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
   A. I did not eat potatoes 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 **carrots**?
   A. I did not eat carrots 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 eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
   A. I did not eat other 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

74. 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** count 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

75. During the past 7 days, how many times did you drink a can, bottle, or glass of any other sugar-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 sugar-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

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, 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.

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 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

79. 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

80. 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

81. During the current school year, do you participate in an official school sport or sports where you play as part of a team such as baseball, basketball, football, volleyball, softball, or soccer?
A. Yes
B. No

82. During the current school year, do you participate in an official school sport or sports where you play as an individual such as golf, track and field, swimming, diving, wrestling, or tennis?
A. Yes
B. No

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

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

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

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

The next question asks about gambling. Gambling involves betting anything of value such as money, a watch, a soda, other possessions.

86. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or when playing a dice game, played the lottery or scratch off tickets, gambled on the internet, or bet on a game of personal skill such as pool or a video game?
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 9 questions ask about other health-related topics.

87. Have you ever been **tested** for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
A. Yes
B. No
C. Not sure

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

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

90. 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. Yes
   C. No
   D. Not sure

91. 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

92. 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

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

94. 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

95. 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

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