

2013 North Dakota Youth Risk Behavior Survey

Middle School (Grades 7-8) 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. 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 4 questions ask about safety.

7. 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
8. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure
9. During the past 12 months, have you ever had an **all terrain vehicle (ATV)** injury that had to be treated by a doctor or nurse?
 - A. Yes
 - B. No
10. How old were you when you first drove an ATV by yourself?
 - A. I have never driven an ATV
 - 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

The next 2 questions ask about violence-related behaviors.

11. Have you ever carried a **weapon**, such as a gun, knife, or club, **on school property**?
 - A. Yes
 - B. No
12. During the past 12 months, were you in a physical fight **on school property**?
 - A. Yes
 - B. No

The next 3 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. Have you ever been bullied **on school property**?
A. Yes
B. No
14. Have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
A. Yes
B. No
15. 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 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

16. Have you ever **seriously** thought about killing yourself?
A. Yes
B. No
17. Have you ever made a **plan** about how you would kill yourself?
A. Yes
B. No
18. Have you ever **tried** to kill yourself?
A. Yes
B. No

The next 6 questions ask about tobacco use.

19. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No
20. 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
21. 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

22. 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
23. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
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
24. During the past 30 days, on how many days did you use **dissolvable tobacco products** such as Ariva, Stonewall, Camel Orbs, Strips, or Sticks?
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 4 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.

25. Have you ever had a drink of alcohol, other than a few sips?
A. Yes
B. No
26. 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
27. 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

28. Do you disagree or agree that in your community, drinking among teenagers is acceptable?
- A. Disagree
 - B. Agree
 - C. Not sure

The next question asks about marijuana use. Marijuana also is called grass or pot.

29. 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

The next 4 questions ask about other drugs.

30. Have you ever taken an **over-the-counter drug** to get high?
- A. Yes
 - B. No
31. 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
32. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
 - B. No
33. During the past 30 days, how many days did you attend school under the influence of alcohol or other drugs?
- 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 or more days

The next 5 questions ask about body weight.

34. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
35. 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

36. 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
37. 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

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

The next 6 questions ask about food you ate or drank. 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.

39. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day
40. 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
41. During the past 7 days, how many times did you eat **vegetables**? (Do **not** count french fries, fried potatoes, or potato chips.)
- 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
42. During the past 7 days, on how many days did you eat a meal 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

43. 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

44. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 3 questions ask about physical activity.

45. 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

46. 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

47. 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

The next 7 questions ask about other health-related topics.

48. Have you ever been taught about AIDS or HIV infection in school?

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

49. 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
- C. More than 24 months
- D. Never
- E. Not sure

50. During the past 7 days, on how many days did you brush your teeth?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

51. How many cavities have you had in your permanent teeth?

- A. 0 cavities
- B. 1 cavity
- C. 2 or 3 cavities
- D. 4 or 5 cavities
- E. 6 or more cavities
- F. Not sure

52. 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

53. During the past 12 months, did you receive help from a resource teacher, speech therapist, or other special education teacher at school?

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

54. Do you have any long-term health problems? (Long-term means 6 months or more.)

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

Please continue to the next page.

The next 6 questions ask about sexual behavior.

55. Have you ever had sexual intercourse?
A. Yes
B. No
56. How old were you when you had sexual intercourse for the first time?
A. I have never had sexual intercourse
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
57. 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

58. Which of the following best describes you?
A. Heterosexual (straight)
B. Gay or lesbian
C. Bisexual
D. Not sure
59. 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
60. Have you ever had the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?
A. Yes
B. No
C. Not sure

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