

2009 Middle School Youth Risk Behavior Survey

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.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:
- If you change your answer, erase your old answer completely.

1. Which school do you attend?

- J. Bartlett Elementary School
- Wentamucka Middle School
- Kava Elementary School
- Kava Middle School
- Mount Blanc Academy
- Belmont Middle School
- Gillis Middle School
- Lakes Middle School
- Winnipeg Middle School
- Memorial Middle School
- Bernard Bell Elementary School
- Washington Elementary School

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

3. What is your sex?

- Female
- Male

4. In what grade are you?

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

5. Are you Hispanic or Latino?

- Yes
- No

6. What is your race? (Select one or more responses.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

The next 4 questions ask about safety.

7. **When you ride a bicycle, how often do you wear a helmet?**

- I do not ride a bicycle
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

8. **When you rollerblade or ride a skateboard, how often do you wear a helmet?**

- I do not rollerblade or ride a skateboard
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

9. **How often do you wear a seat belt when riding in a car?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

10. **Have you ever ridden in a car driven by someone who had been drinking alcohol?**

- Yes
- No
- Unsure

The next 3 questions ask about violence-related behaviors.

11. **Have you ever carried a weapon, such as a gun, knife, or club?**

- Yes
- No

12. **Have you ever been in a physical fight?**

- Yes
- No

13. **Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?**

- Yes
- No

The next question 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.

14. **Have you ever been bullied on school property?**

- Yes
- 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.

15. **Have you ever seriously thought about killing yourself?**

- Yes
- No

16. **Have you ever made a plan about how you would kill yourself?**

- Yes
- No

17. **Have you ever tried to kill yourself?**

- Yes
- No

The next 8 questions ask about tobacco use.

18. **Have you ever tried cigarette smoking, even one or two puffs?**

- Yes
- No

19. **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
- 11 years old
- 12 years old
- 13 years old or older

20. **During the past 30 days, on how many days did you smoke cigarettes?**

- 0 days
- 10 to 19 days
- 1 or 2 days
- 20 to 29 days
- 3 to 5 days
- All 30 days
- 6 to 9 days

21. **During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?**

- 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
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

22. **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