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. 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 circle marks.**

• **Circle a response like this: A B C D E F**

• **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. 7th grade

B. 8th grade

C. 9th grade

D.10th grade

E. 11th grade

F. 12th grade

G. 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? \_\_\_\_\_\_\_\_**

**7. How much do you weigh without your shoes on? \_\_\_\_\_\_\_\_**

**The next 4 questions ask about safety.**

**8. 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

**9. 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

**10. 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

**11. 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

**12. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books 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

**13. 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

**14. 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

**15. 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

**16. 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

**The next questions ask about tobacco use.**

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

A. Yes

B. No

**18. 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

**19. 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

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

**per day?**

A. I did not smoke cigarettes during the past 30 days

B. Less than 1 cigarette per day

C. 1 cigarette per day

D. 2 to 5 cigarettes per day

E. 6 to 10 cigarettes per day

F. 11 to 20 cigarettes per day

G. More than 20 cigarettes per day

**21. During the past 30 days, how did you usually get your own cigarettes?** (Select only **one**

response.)

A. I did not smoke cigarettes during the past 30 days

B. I bought them in a store such as a convenience store, supermarket, discount store,

or gas station

C. I bought them from a vending machine

D. I gave someone else money to buy them for me

E. I borrowed (or bummed) them from someone else

F. A person 18 years old or older gave them to me

G. I took them from a store or family member

H. I got them some other way

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

**23. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30**

**days?**

A. Yes

B. No

**24. 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

**25. 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

**26. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip**

**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

**27. 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

**The next questions ask about drinking alcohol. For these questions, drinking**

**alcohol does not include drinking a few sips of wine for religious purposes.**

**28. During your life, on how many days have you had at least one drink of alcohol?**

A. 0 days

B. 1 or 2 days

C. 3 to 9 days

D. 10 to 19 days

E. 20 to 39 days

F. 40 to 99 days

G. 100 or more days

**29. 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

**30. 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

**31. 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

**32. 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

**33. 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

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

**34. 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

**35. 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

**36. 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

**37. 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 body weight.**

**38. How do you describe your weight?**

A. Very underweight

B. Slightly underweight

C. About the right weight

D. Slightly overweight

E. Very overweight

**39. 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

**40. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?**

A. Yes

B. No

**41. 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

**42. During the past 30 days, did you go without eating for 24 hours or more (also called**

**fasting) to lose weight or to keep from gaining weight?**

A. Yes

B. No

**43. 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

**44. 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 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.**

**45. 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

**46. 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

**47. 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

**48. 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

**49. 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

**50. 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

**51. 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 include 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

**52. During the past 7 days, how many glasses of milk did you drink? (Include 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

**The next questions ask about physical activity.**

**53. 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 spend in any kind of physical**

**activity that increases your heart rate and makes 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

**54. 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

**55. 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 Nintendo,**

**Game Boy, PlayStation, Xbox, computer games, 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

**56. In an average week when you are in regular school, on how many days do you go to physical education (PE) classes?**

A. 0 days

B. 1 day

C. 2 days

D. 3 days

E. 4 days

F. 5 days

**57. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)**

A. 0 teams

B. 1 team

C. 2 teams

D. 3 or more teams

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

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

A. Yes

B. No

C. Not sure

**59. Has a doctor or nurse ever told you that you have asthma?**

A. Yes

B. No

C. Not sure

**60. Do you still have asthma?**

A. I have never had asthma

B. Yes

C. No

D. Not sure

**This is the end of the survey.**

**Thank you very much for your help.**