

2011

YOUTH RISK BEHAVIOR SURVEY

McCall 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 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

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B C D.
- o To change your answer, erase 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. Other

4. How do you describe yourself? **(Select one or more responses.)**
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Native Hawaiian or Other Pacific Islander
 - F. White

5. 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 8 questions ask about personal safety and violence-related behaviors.

6. 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

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

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

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

12. 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

13. During the past 12 months, how many times have you been bullied **at school**? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)
- 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

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.

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

The next 8 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 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 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. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No
23. **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

24. **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 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.

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
 - H. 14 years old or older
27. How many times (if any) **during the past 30 days** did you drink alcohol?
- A. Not at all in the past 30 days
 - B. 1 to 2 times
 - C. 3 to 5 times
 - D. 6 to 9 times
 - E. 10 to 10 times
 - F. 20 or more times
28. How many times (if any) **in the past 30 days** did you have five or more drinks in a row?
- A. Not at all in the past 30 days
 - B. Once
 - C. 2 to 5 times
 - D. 6 to 9 times
 - E. 10 or more times

29. If you drank alcohol **in the past 30 days**, how did you usually get the alcohol?
- A. I did not drink in the past 30 days
 - B. In a religious ceremony
 - C. From a bare or liquor store
 - D. My parent gave it to me
 - E. An adult, 21 years or older, other than my parent gave it to me
 - F. I took it from my home without anyone knowing
 - G. I took it from an adult other than a parent
 - H. From someone less than 21 years of age

The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.

30. Have you ever used marijuana?
- A. Yes
 - B. No
31. 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
 - H. 14 years old or older

The next 4 questions ask about other drug use.

32. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
 - B. No
33. Have you ever **sniffed** glue, or breathed the contents of spray cans, or **inhaled** any paints or sprays to get high?
- A. Yes
 - B. No
34. Have you ever used **steroids**?
- A. Yes
 - B. No
35. Have you ever used a needle to inject any **illegal** drug into your body?
- A. Yes
 - B. No

The next 3 questions ask about sexual intercourse.

36. Have you ever had sexual intercourse?
A. Yes
B. No
37. With how many people have you ever had sexual intercourse?
A. I have never had sexual intercourse
B. 1 person
C. 2 people
D. 3 people
E. 4 or more people
38. 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

The next 7 questions ask about body weight.

39. How do **you** describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight
40. 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
41. Have you ever **exercised** to lose weight or to keep from gaining weight?
A. Yes
B. No
42. 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
43. 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
44. 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

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

The next 4 questions ask about physical activity.

46. **On how many of the past 7 days** did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
47. **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
48. **In an average week** when you are in 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
49. Do you play on any sports teams? (Include any teams run by your school or community groups.)
- A. Yes
 - B. No

The next 3 questions ask about breaking rules.

50. **During the past 12 months**, did you miss any school because you skipped or “cut”?
- A. Yes
 - B. No

51. **During the past 12 months**, were you suspended?
A. Yes
B. No

The next four questions deal with you perception of harm.

52. How much do you think people risk harming themselves (physically or in other ways), if they smoke cigarettes **regularly**?
A. No Harm
B. Slight Harm
C. Moderate Harm
D. Great Harm
E. I don't know
53. How much do you think people risk harming themselves (physically or in other ways), if they drink alcohol **occasionally**?
A. No Harm
B. Slight Harm
C. Moderate Harm
D. Great Harm
E. I don't know
54. How much do you think people risk harming themselves (physically or in other ways), if they drink alcohol **regularly**?
A. No Harm
B. Slight Harm
C. Moderate Harm
D. Great Harm
E. I don't know
55. How much do you think people risk harming themselves (physically or in other ways), if they try **cocaine**?
A. No Harm
B. Slight Harm
C. Moderate Harm
D. Great Harm
E. I don't know

The next nine questions deal with how your friends and parents feel about your behavior.

56. If you had a question or a concern about alcohol or other drugs who would you talk to?
A. I would not talk to anyone
B. A parent/guardian
C. A friend
D. A sibling and/or relative
E. A teacher or school counselor
F. Other

57. How would your friends feel if they thought you smoked cigarettes regularly?
- A. They would approve
 - B. Disapprove but still be my friend
 - C. Disapprove and stop being my friend
 - D. They wouldn't care
58. How would your friends feel if they thought you were drinking alcohol occasionally?
- A. They would approve
 - B. Disapprove but still be my friend
 - C. Disapprove and stop being my friend
 - D. They wouldn't care
59. How would your friends feel if they thought you were drinking alcohol regularly?
- A. They would approve
 - B. Disapprove but still be my friend
 - C. Disapprove and stop being my friend
 - D. They wouldn't care
60. How upset would your parents feel if they thought you smoked cigarettes regularly?
- A. Not Upset
 - B. A little Upset
 - C. Pretty Upset
 - D. Very Upset
61. How upset would your parents feel if they thought you were drinking alcohol occasionally?
- A. Not Upset
 - B. A little Upset
 - C. Pretty Upset
 - D. Very Upset
62. How upset would your parents feel if they thought you were drinking alcohol regularly?
- A. Not Upset
 - B. A little Upset
 - C. Pretty Upset
 - D. Very Upset
63. How upset would your parents feel if they thought you tried ecstasy?
- A. Not Upset
 - B. A little Upset
 - C. Pretty Upset
 - D. Very Upset
64. During the past 12 months, how many times have you talked with your parents about alcohol or other drug use?
- A. Not at all
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times

65. If you talked with your parents about alcohol or other drug use during the past 12 months, how helpful was it?
- A. We have never talked about alcohol or other drugs
 - B. Not at all helpful
 - C. Somewhat helpful
 - D. Very Helpful

The next two questions deal with your personal habits.

66. During the past 30 days, did you hang out at the Winchester Youth Center?
- A. Yes
 - B. No
67. During the past 30 days, did you do any reading not required for school?
- A. Yes
 - B. No

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