

# 2021 Delaware 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 circles 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    C    ●    E

To change your answer, erase completely.

PLEASE DO NOT WRITE IN THIS AREA



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1. What is your zip code?  
Please fill in the boxes at the top, then fill in the circles in each column.

Zip Code				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

2. How old are you?
- 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older

3. What is your sex?

- Female
- Male

4. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th 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

7. 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		Height	
Feet	Inches	Feet	Inches
5	7		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input checked="" type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input type="radio"/> 11		<input type="radio"/> 11

8. 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			Weight		
Pounds			Pounds		
1	5	2			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

9. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual identity some other way
- I am not sure about my sexual identity (questioning)
- I do not know what this question is asking

10. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?
- Very feminine
  - Mostly feminine
  - Somewhat feminine
  - Equally feminine and masculine
  - Somewhat masculine
  - Mostly masculine
  - Very masculine

11. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- No, I am not transgender
  - Yes, I am transgender
  - I am not sure if I am transgender
  - I do not know what this question is asking

12. What is the highest level of education completed by your mother (or the person who is like a mother to you)?
- Completed grade school or less
  - Attended some high school
  - Completed high school
  - Attended some college
  - Completed college
  - Completed graduate or professional school after college
  - Not sure

13. During the past 12 months, how would you describe your grades in school?
- Mostly A's
  - Mostly B's
  - Mostly C's
  - Mostly D's
  - Mostly F's
  - None of these grades
  - Not sure

14. During the past 30 days, where did you usually sleep?
- In my parent's or guardian's home
  - In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
  - In a shelter or emergency housing
  - In a motel or hotel
  - In a car, park, campground, or other public place
  - I do not have a usual place to sleep
  - Somewhere else

15. During the past 30 days, did you ever sleep away from your parents because you were kicked out, ran away, or were abandoned?
- Yes
  - No

16. Are either of your parents or other adults in your family serving on active duty in the military?
- Yes
  - No

17. Have any of your family members been incarcerated (in jail or prison) in the past year? **(Mark all that apply.)**
- No one in my family
  - Father
  - Mother
  - Other adult family member (18 years or older)
  - Other non-adult family member (under 18 years old)

18. Are you deaf or do you have serious difficulty hearing?
- Yes
  - No

19. Do you have serious difficulty seeing, even when wearing glasses?
- Yes
  - No

PLEASE DO NOT WRITE IN THIS AREA



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20. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

21. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

22. Have you been identified by a doctor or other health care professional as having difficulty concentrating, remembering, making decisions or doing things because of a physical, learning or emotional disability? **(Mark all that apply.)**

- No
- Physical Disability
- Learning Disability
- Emotional Disability

23. Have you ever been diagnosed by a doctor or nurse with any of these conditions? **(Mark all that apply.)**

- Asthma
- Diabetes
- High blood pressure
- ADD/ADHD
- Depression
- Anxiety
- Chronic Allergies
- I have never had any of these conditions

**The next question asks about safety.**

24. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- I did not drive a car or other vehicle during the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**The next 12 questions ask about violence-related behaviors.**

25. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

26. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club **on school property?**

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

27. During the past 30 days, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

28. 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?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

29. 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?**

- 0 times
- 1 times
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times



■ The next 2 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.

■ 37. During the past 12 months, have you ever been bullied **on school property**?

- Yes
- No

■ 38. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- No

■ The next 3 questions ask about sexting.

■ 39. During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself?

- Yes
- No

■ 40. During the past 30 days, have you received a text or an e-mail with a revealing or sexual photo of someone?

- Yes
- No

■ 41. During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?

- Yes
- No
- Not sure

■ The next question asks about hurting yourself on purpose.

■ 42. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 0 times
- 1 times
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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, that is, taking some action to end their own life.

43. 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?

- Yes
- No

44. During the past 12 months, did you ever **seriously** consider attempting suicide?

- Yes
- No

45. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

46. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

47. **If you attempted suicide** during the past 12 months, did any attempts result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- I did not attempt suicide** during the past 12 months
- Yes
- No



55. Do you currently use JUUL brand or a similar brand like myblu or Logic?

- Yes
- No

**The next 2 questions are about other tobacco products.**

56. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do **not** count any electronic vapor products.)

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

57. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

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

**The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.**

58. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

59. During the past 30 days, on how many days did you have at least one drink of alcohol?

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

60. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are a **female**) or **5** or more drinks of alcohol in a row, that is in a couple of hours (if you are a **male**)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

61. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- I did not drink alcohol during the past 30 days
- 1 or 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 or 7 drinks
- 8 or 9 drinks
- 10 or more drinks

**The next 3 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.**

62. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

63. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

64. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

**The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.**

65. During your life, how many times have you used synthetic marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

**The next 2 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

66. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

67. During the past 30 days, how many times did you take **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

**The next 6 questions ask about other drugs.**

68. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

69. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

70. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

71. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times



82. How many times have you been pregnant or gotten someone pregnant?

- 0 times
- 1 time
- 2 or more times
- Not sure

83. During your life, with whom have you had sexual contact?

- I have never had sexual contact
- Females
- Males
- Females and males

84. Have you ever given or received oral sex?

- Yes
- No

**The following 5 questions ask more about your experience with and access to birth control methods such as the ones listed above.**

85. In the past 12 months, have you ever had sexual intercourse without using a birth control method (even if only once)?

- I have never had sexual intercourse
- Yes, I have had sexual intercourse without using a birth control method
- No, I have never had sexual intercourse without using a birth control method

86. In the past 12 months, have you gotten any information about birth control methods from any of the following sources? **(Mark all that apply.)**

- A friend, family member, or sexual partner
- Health teacher, school counselor, school wellness center, or other school personnel
- Twitter, Facebook, Instagram, or Snapchat or other Internet sources
- Posters, signs, or billboards
- TV, radio, or print ads, such as in magazines, newspapers, and brochures
- Ads or campaigns in the community or at local events
- A nurse, doctor, other healthcare provider or social worker outside of school
- I have not gotten any information from any of these sources

87. In the past 12 months did you receive information from any sources on the following topics? **(Mark all that apply.)**

- Where you can go to get birth control
- How much birth control costs
- What types of birth control are the most effective
- Information about a particular birth control method, such as how it is placed or how it works
- Information about side effects
- I have not received any information on these topics from any sources

88. In the past 12 months, have you ever had trouble getting the birth control method you wanted for any of the following reasons? **(Mark all that apply.)**

- I have never wanted to get birth control
- I have never had any trouble getting the birth control that I wanted
- It costs too much to get birth control
- I was worried about someone finding out if I tried to get birth control
- It would be too much of a hassle to go to the doctor, clinic, or pharmacy
- I thought my sexual partner would not want me to use birth control
- Other reasons

89. Which of the following birth control methods can you get for free (by **free** we mean you or your family do not have to pay anything out-of-pocket)? **(Mark all that apply.)**

- Male condoms
- IUD (Liletta, Kyleena, Mirena, Paragard, or Skyla)
- Implant (Nexplanon)
- Depo-Provera (also called "the shot")
- Birth control pills
- I do not know how to get any of these methods for free

**The next 2 questions ask about body weight.**

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

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight



99. On an average school day, how much time do you spend playing video or computer games? (Do not count time spent watching shows or videos, accessing the Internet for things other than games, using social media, or doing school work.)

- I do not play video or computer games on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

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

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

101. In the past year, which of the following have you done? **(Mark all that apply.)**

- Played the lottery or scratch off tickets
- Bet on fantasy sports
- Bet on individual sports teams
- Played Bingo for money
- Bet on dice games such as craps
- Bet money on a challenge (dare, fight, street race, etc.)
- Played online gambling games for money
- Bet on video games
- Bet on games of personal skill such as pool, darts, or basketball

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

102. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active?**

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

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

103. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)

- Yes
- No
- Not sure

104. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?

- Yes
- No
- Not sure

105. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?

- Yes
- No
- Not Sure

106. During the last 12 months, have you been to: **(Mark all that apply.)**

- A dentist for a check up, exam, or teeth cleaning
- A doctor or other healthcare provider for a routine check-up
- A mental health professional/counselor for any reason

**Some schools have a school-based health center, also called a wellness center, where students can get health care such as sports physicals or prescriptions for medicine, on school property. This is not the same as the school nurse's office.**

107. During the past 12 months, how many times did you go to the school-based health center at your school?

- My school does not have a school-based health center
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or more times



118. How much do you think people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

119. How much do you think people risk harming themselves physically or in other ways when they use prescription drugs that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk

120. How wrong do your parents feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

121. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

122. How wrong do your parents feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

123. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

124. How wrong do your friends feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

125. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

126. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

127. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

The next 4 questions ask about your relationship with your parent(s).	Never or Almost Never	Sometimes	Always or Almost Always
128. My parent(s) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. My parent(s) take an interest in me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. My parent(s) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. I can count on my parent(s) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 2 questions ask about your feelings in the past 4 weeks.	Never or Almost Never	Some-times	Always or Almost Always
132. How often did you feel <b>really</b> worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 4 questions ask about your experiences during this time, whether in the past or continuing now.**

134. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

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

135. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

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

136. Do you agree or disagree that you drank more alcohol during the COVID-19 pandemic than before it started?

- I have never had a drink of alcohol other than a few sips
- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

137. Do you agree or disagree that you used more tobacco products, including electronic cigarettes and vape devices, during the COVID-19 pandemic than before it started?

- I have never used tobacco products, including electronic cigarettes and vape devices
- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

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

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL**