2009 Delaware Youth Risk Behavior Survey 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

Use a #2 pencil only.

Make dark marks.

Fill in a response like this:

To change your answer, erase completely.

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7. How old is your mother? If you don't know, please put your best guess.

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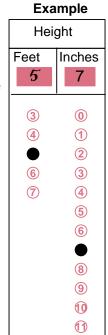
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8. How old is your father? If you don't know, please put your best guess.

Age
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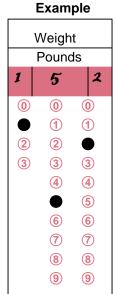
9. How tall are you without your shoes on? **Directions**: Write your height in the shaded blank boxes. Fill in the matching oval below each

number.



Height					
Feet	Inches				
	ı				
3	0				
4	1				
(5)	2				
6	3				
7	4				
	(5)				
	6				
	7				
	8				
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	10				
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10. 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.



V	Veigh	t
Р	ound	S
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	(5)	(5)
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1 NEVER	2	3	4	5 ALWAYS
0	0	0	0	0
0	0	0	0	0
0	\circ	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
		NEVER	NEVER	NEVER

The next 6 questions ask about things you may have been thinking about in the past 4 weeks.	1 NEVER	2	3	4	5 ALWAYS
18. Have you been in a good mood?	0	0	0	0	0
19. Have you been cheerful?	0	0	0	0	0
20. Have you felt under pressure?	0	0	0	0	0
21. Have you been afraid of other girls and boys?	0	0	0	0	0
22. Have other girls and boys made fun of you?	0	0	0	0	0
23. Have other girls and boys bullied you?	0	0	0	0	0

The next 4 questions ask how you feel about yourself in general	1 NEVER	2	3	4	5 ALWAYS
24. How often do you <u>really</u> like yourself?	0	0	0	0	0
25. How often are you <u>really</u> proud of yourself?	0	0	0	0	0
26. How often do you feel loved and wanted?	0	0	0	0	0
27. How often do you really like the way you look?	0	0	0	0	0

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The following 8 questions ask about your relationship with your parents in the past 4 weeks.	1 NEVER	2	3	4	5 ALWAYS
28. How often did you get along well with your parents?	0	0	0	0	0
29. How often did your parents listen to your ideas?	0	0	0	0	0
30. How often did your parents eat meals with you?	0	0	0	0	0
31. How often did your parents spend time with you doing something fun?	0	0	0	0	0
32. How often did you talk to your parents about what you were going to do the next day?	0	0	0	0	0
33. How often did your parents talk to you about how you were feeling?	0	0	0	0	0
34. Have your parents treated you fairly?	0	0	0	0	0
35. How often did your parents help you with your school work?	0	0	0	0	0

When you have had a problem in the past four weeks, how often would the following things happen?	1 NEVER	2	3	4	5 ALWAYS
36. I would keep remembering what happened and not stop thinking about it	0	0	0	0	0
37. When I would try to sleep, I would not be able to stop thinking about the problem.	0	0	0	0	0
38. Thoughts about the problems would just pop into my head.	0	0	0	0	0
39. My mind would go blank; I wouldn't be able to think at all.	0	0	0	0	0
40. It would be really hard for me to concentrate or pay attention in class when I have problems.	0	0	0	0	0
41. When things would get bad in school, I would get so upset that I can't remember what happened or what I did.	0	0	0	0	0

The next 3 questions ask about violence-related

Have you ever carried a weapon, such as a gun,

behaviors.

A YesB No

knife or club?

The next 4 questions ask about safety.

do you wear a helmet?

A I do not ride a bicycleB Never wear a helmetC Rarely wear a helmet

Sometimes wear a helmetMost of the time wear a helmet

Always wear a helmet

When you ride a bicycle, how often

42.

	you were hurt bad and had to be treated by a	51
d	octor or a nurse?	50
A	Yes	49
B	No	48
		47
48.	Have you over been in a physical fight?	46
_	Have you ever been in a physical fight? Yes	45
(A) (B)	No	44
•		42
		41
		40
	ext 4 questions ask about intentionally	39
	g yourself and attempted suicide.	38
	imes people feel so sad and depressed that	37
they m	nay consider attempting suicide or killing	36
tnems	erves.	35
49.	During the past 12 months, did you do	34
	something to purposely hurt yourself without	33
	vanting to die, such as cutting, scraping, or	32
b	urning yourself on purpose?	31
	V	30
A	Yes	29
B	No	28
		27
		25
50.	Have you ever seriously thought about killing	24
	yourself?	23
A	Yes	22
B	No	21
		20
51.	Have you ever made a plan about how you	19
	would kill yourself?	18
	•	17
A	Yes	16
B	No	15
		14
52. H	Have you ever tried to seriously hurt yourself or	13
	Il yourself?	11
A	No, never	10
	Yes, more than a year ago	9
	Yes, in the past year	8
	Yes, in the past 4 weeks	7
E	Yes, in the past 7 days	6
<u> </u>		5

Have you ever been in a physical fight in which

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- 57. 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
- © I bought them from a vending machine
- I gave someone else money to buy them for me
- E I borrowed (or bummed) them from someone else
- 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
- 58. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A Yes
- B No
- 59. 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
- © 3 to 5 days
- 6 to 9 days
- (E) 10 to 19 days
- ② 20 to 29 days
- G All 30 days
- 60 During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- A 0 days
- 1 or 2 days
- © 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- ② 20 to 29 days
- G All 30 days

The next 2 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.

- 61. Have you ever had a drink of alcohol, other than a few sips?
- A Yes
- B No
- 62 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
- © 9 years old
- 10 years old
- (E) 11 years old
- f) 12 years old
- © 13 years old or older

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

- 63. Have you ever used marijuana?
- A Yes
- B No
- 64. How old were you when you tried marijuana for the first time?
- A I have never tried marijuana
- 8 years old or younger
- © 9 years old
- 10 years old
- (E) 11 years old
- f) 12 years old
- © 13 years old or older

The next 3 questions ask about other drugs.

- 65. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
 - A Yes
 - B No
- 66. 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
- 67. Have you ever used **steroid pills or shots** without a doctors prescription?
 - A Yes
 - B No

The next two questions ask you about dating relationships

- 68. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
 - A Yes
 - B No
- 69. During the past 12 months has your boyfriend or girlfriend ever said things to you or to other people about you to purposely hurt you?
 - A Yes
 - B No

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The next 5 questions ask about physical activity.

- 81. 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 makes you breathe hard some of the time).
 - A 0 days
 - B 1 day
 - © 2 days
 - 3 days
 - 4 days
 - f 5 days
 - 6 days
 - 7 days
- 82. 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
 - © 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - F 4 hours per day
 - ⑤ 5 or more hours per day
- 83. 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, Play Station, 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
 - © 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 6 5 or more hours per day

- 84. 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
 - © 2 days
 - 3 days
 - 4 days
 - f 5 days
 - 35. 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
 - © 2 teams
 - 3 or more teams

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CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW: <u>53</u>										
HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY	52 51 50			
94. Argue or fight with either of your parents/guardians?	0	0	0	0	0	0	49 48 47			
95. Hit someone with the intention of hurting them?	0	0	0	0	0	0	46			
96. Take part in a fight where a group of your friends are against another group?	0	0	0	0	0	0	44 43			
97. Steal something from a store without paying for it?	0	0	0	0	0	0	42 41 40			
98. Break into a car, house or other building?	0	0	0	0	0	0	39			
99. Damage or destroy property that does not belong to you?	0	0	0	0	0	0	37 36 35 34			
100. Sneak money from an adult's wallet, purse, or other place?	0	0	0	0	0	0	33 32 31			
101. Participate in a gang or gang activities?	0	0	0	0	0	0	30			
102. Cheat on a test in class?	0	0	0	0	0	0	29			
103. Skip or miss classes (not the whole school day) without permission?	0	0	0	0	0	0	27 26 25			
104. Get suspended or expelled from school?	0	0	0	0	0	0	24 23 22			

This is the end of the survey.

Thank you very much for your help.

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