

2013 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: A B ● D

To change your answer, erase completely.

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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?

- 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

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

Age	
0	0
1	1
2	2
3	2
4	4
5	5
6	6
7	7
8	8
9	9

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

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Example

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
5	7
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

Height	
Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

Example

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.

Weight		
Pounds		
1	5	2
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

For the next 5 questions, please indicate how often this happens:	1 NEVER	2	3	4	5 ALWAYS
24. Do you get along well with people of different races, cultures, and religions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do you listen to other students' ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do you control your anger when you have a disagreement with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do you follow the rules when you are at a park, theater, or sports event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do you respect other points of view, even if you disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 4 questions ask about safety.

29. 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

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

- I do not roller blade 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

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

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

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

- Yes
- No
- Not sure

The next 5 questions ask about violence-related behaviors.

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

- Yes
- No

34. Have you ever been in a physical fight?

- Yes
- No

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

- Yes
- No

36. During the past 12 months, did someone you were dating or going out with ever say things to you or to other people about you to purposely hurt you?

- I did not date or go out with anyone during the past 12 months
- Yes
- No

37. During the past 12 months, did someone you were dating or going out with ever hit, slap, or physically hurt you on purpose?

- I did not date or go out with anyone during the past 12 months
- Yes
- No

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.

38. Have you ever been bullied on school property?

- Yes
- No

39. Have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- Yes
- No

The next question asks about intentionally hurting yourself.

40. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself on purpose?

- Yes
- No

The next 3 questions ask about attempted suicide. Sometimes people feel so sad and depressed that they may consider attempting suicide or killing themselves.

41. Have you ever seriously thought about killing yourself?

- Yes
- No

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

- Yes
- No

43. Have you ever tried to kill yourself?

- Yes
- No

The next 8 questions ask you about tobacco use.

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

- Yes
- No

45. 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

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

- 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

47. 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

48. 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

49. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- Yes
- No

50. 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?

- 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

51. 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 3 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.

52. Have you ever had a drink of alcohol other than a few sips?

- Yes
- No

53. 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 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

54. During the past 30 days, did you have a drink of alcohol, other than a few sips?

- Yes
- No

The next 3 questions ask about marijuana use.
Marijuana also is called grass or pot.

55. Have you ever used marijuana?
 Yes
 No
56. How old were you when you tried marijuana for the first time?
 I have never tried marijuana
 8 years old or younger
 9 years old
 10 years old
 11 years old
 12 years old
 13 years old or older
57. During the past 30 days, did you use marijuana?
 Yes
 No

The next 4 questions ask about other drugs.

58. Have you ever used any form of cocaine, including powder, crack, or freebase?
 Yes
 No
59. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
 Yes
 No
60. Have you ever taken steroid pills or shots without a doctor's prescription?
 Yes
 No
61. Have you ever taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
 Yes
 No

The next 4 questions ask about sexual behavior.

62. Have you ever had sexual intercourse?
 Yes
 No
63. How old were you when you had sexual intercourse for the first time?
 I have never had sexual intercourse
 8 years old or younger
 9 years old
 10 years old
 11 years old
 12 years old
 13 years old or older
64. With how many people have you ever had sexual intercourse?
 I have never had sexual intercourse
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
65. The last time you had sexual intercourse, did you or your partner use a condom?
 I have never had sexual intercourse
 Yes
 No

The next 7 questions ask about body weight.

66. How do you describe your weight?
 Very underweight
 Slightly underweight
 About the right weight
 Slightly overweight
 Very overweight

67. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

68. Have you ever exercised to lose weight or to keep from gaining weight?

- Yes
- No

69. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

- Yes
- No

70. Have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

- Yes
- No

71. 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.)

- Yes
- No } Moved ↑
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72. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?

- Yes
- No } Moved ↑
start TM = 19

The next 2 questions ask about eating meals.

73. During the past 7 days, on how many days did you eat breakfast?

- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
- } Moved ↑
start TM = 12

74. How many times in an average week do you eat dinner with your family?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times

The next 7 questions ask about food you ate or drank yesterday. 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.

75. Yesterday, 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.)

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

76. Yesterday, how many times did you eat fruit? (Do not count fruit juice.)

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

77. Yesterday, how many times did you eat green salad?

- 0 times
 - 1 time
 - 2 times
 - 3 times or more times
- } Moved ↑
start TM = 18

78. Yesterday, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- 0 times
 - 1 time
 - 2 times
 - 3 times or more times
- } Moved ↑
start TM = 10

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79. Yesterday, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

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

80. Yesterday, how many glasses of milk did you drink? (Count the milk you drank in a glass or a cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- 0 glasses
- 1 glass
- 2 glasses
- 3 times or more glasses

81. Yesterday, how many caffeinated drinks did you have? (Count coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added.)

- I did not have any caffeinated drinks yesterday
- 1 caffeinated drink
- 2 caffeinated drinks
- 3 or more caffeinated drinks

The next 5 questions ask about physical activity.

82. 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 spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

83. On an average school day, how many hours do you watch TV?

- I do not watch TV 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

84. 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? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work
- 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

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

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

86. 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

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The next 4 questions ask about health-related topics.

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

- Yes
- No
- Not sure

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

- Yes
- No
- Not sure

89. During the past 30 days, how much of a problem was your asthma when you ran, played sports, or did other physical activities?

- I do not have asthma
- Not a problem at all
- It was a little problem, but it's okay
- It was a big problem

90. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

The next question asks about where you live.

91. Where do you typically sleep at night?

- At home with your parent(s) or guardian(s)
- At a friend's or relative's home with your parent(s) or guardian(s)
- At a friend's or relative's home without your parent(s) or guardian(s)
- Somewhere else (such as a shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
- Somewhere else (such as a shelter, group home, foster care home, public place, car, hotel) without your parent(s) or guardian(s)

The next 2 questions ask about whether you have any kind of disability.

92. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)

- Yes
 - No
 - Not sure
- Moved ↓
start TM = 30

93. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)

- Yes
 - No
 - Not sure
- Moved ↓
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This is the end of the survey.

Thank you very much for your help.

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