

2018 Tazewell

MIDDLE SCHOOL
7th and 8th Grade
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 confidential. 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.

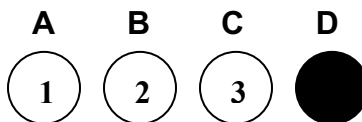
The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

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.



REVISED 10.18.18

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 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)
 - A. American Indian or Alaskan Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Native Hawaiian or Other Pacific Islander
 - F. White
 - G. Multi-racial (two or more)
5. During the past 12 months, how would you describe your grades in school?
 - A. Mostly A's and B's
 - B. Mostly B's and C's
 - C. Mostly C's and D's
 - D. Mostly D's and F's
6. Have you been a Tazewell County Middle or High School student for two years or more?
 - A. Yes
 - B. No

The next 3 questions ask about personal safety.

7. How often do you wear a seat belt when riding in a car?
 - A. Never
 - B. Rarely
 - C. Most of the time
 - D. Always
8. When you a ride a bike, rollerblade or ride a skateboard, how often do you wear a helmet?
 - A. I do not bike, rollerblade or ride a skateboard
 - B. I never wear a helmet
 - C. I rarely wear a helmet
 - D. Most of the time I wear a helmet
 - E. I always wear a helmet
9. Have you ever ridden in a car driven by someone who has been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure

The next 9 questions are violence related.

10. Have you ever carried a weapon such as a gun, knife, or club?
 - A. Yes
 - B. No
11. Are you aware of any gang activities in your school?
 - A. Yes
 - B. No
12. Have you ever been approached to join in gang activities?
 - A. Yes
 - B. No
13. Have you ever been in a physical fight?
 - A. Yes
 - B. No
14. 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
15. How often do you feel afraid of getting hurt by someone in your home?
 - A. Never
 - B. Rarely
 - C. Most of the time
 - D. Always
16. Have you ever been physically harmed (that caused you to have a scar, black and blue marks, welts, bleeding or a broken bone) by someone in your family or someone living with you?
 - A. Never
 - B. Once
 - C. 2 or 3 times
 - D. 4 to 10 times
 - E. More than 10 times
17. Do you find yourself getting impatient immediately when things don't go your way?
 - A. Yes
 - B. No
18. Have you ever seen or heard someone in your home being physically harmed (that caused a scar, black and blue marks, welts, bleeding or a broken bone)?
 - A. Never
 - B. Once
 - C. 2 or 3 times
 - D. 4 to 10 times
 - E. More than 10 times

The next 7 questions ask about sad feelings, self-injury, and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

19. Have you ever seriously thought about killing yourself?
 - A. Yes
 - B. No

20. Have you ever made a plan to kill yourself?
A. Yes B. No
21. Have you ever tried to kill yourself?
A. Yes B. No
22. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?
A. Yes B. No
23. During your life, how many times have you intentionally cut, pinched, bruised or burned yourself?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 or more times
24. During the past 30 days, how many times have you intentionally cut, pinched, bruised or burned yourself?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 or more times
25. How many people do you know who have intentionally cut, pinched, bruised, or burned themselves?
A. 0 people
B. 1 or 2 people
C. 3 or 4 people
D. 5 or more people

The next 9 questions ask about tobacco use.

26. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes B. No
27. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?
A. A. No Risk
B. Slight Risk
C. Moderate Risk
D. Great Risk
28. 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 or older

29. During the past 30 days did you smoke part or all of a cigarette?
A. Yes
B. No
30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke?
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
31. How wrong do your friends feel it would be for you to smoke tobacco?
A. Not at all wrong
B. A little bit wrong
C. Wrong
D. Very Wrong
32. How much has your family talked to you about the dangers of smoking cigarettes?
A. A lot
B. Some
C. Not much
D. Not at all
33. How wrong do your parents feel it would be for you to smoke cigarettes?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not wrong at all
34. 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

The next 10 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.

35. Have you ever had a drink of alcohol, other than a few sips?
A. Yes B. No

36. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- A. No Risk
 - B. Slight Risk
 - C. Moderate Risk
 - D. Great Risk
37. 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 or older
 - H. Probably impossible
38. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very Wrong
39. How much has your family talked to you about the dangers of using/drinking alcohol?
- A. A lot
 - B. Some
 - C. Not much
 - D. Not at all
40. During the past 30 days, how did you usually get your own alcohol? (**Select only one response.**)
- A. I did not drink alcohol during the past 30 days.
 - B. I bought alcohol in a store such as a convenience store, supermarket, discount store, or gas station.
 - C. I gave someone else money to buy alcohol for me.
 - D. A non-family member gave it to me.
 - E. A family member gave it to me.
 - F. I took alcohol from a store or from my home.
 - G. I got alcohol some other way.
41. How wrong do you think your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong

42. During the past 30 days did you drink one or more drinks of an alcoholic beverage?
- A. Yes
 - B. No
43. My family has clear rules about alcohol use.
- A. Yes
 - B. No
44. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?
- A. No Risk
 - B. Slight Risk
 - C. Moderate Risk
 - D. Great Risk
45. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very Wrong

The next 8 questions ask about marijuana use. Marijuana also is called grass or pot.

46. Have you ever used marijuana?
- A. Yes
 - B. No
47. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- A. No Risk
 - B. Slight Risk
 - C. Moderate Risk
 - D. Great Risk
48. How much has your family talked to you about the dangers of smoking marijuana?
- A. A lot
 - B. Some
 - C. Not much
 - D. Not at all
49. How wrong do you think your friends feel it would be for you to smoke marijuana?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong

50. How wrong do your parents feel it would be for you to smoke marijuana?
A. Not at all wrong
B. A little bit wrong
C. Wrong
D. Very Wrong
51. Have you ever used K-2, Spice or other synthetic marijuana?
A. Yes
B. No
C. No, I've never heard of them
52. During the past 30 days have you used marijuana or hashish?
A. Yes
B. No

The next 12 questions ask about other drug use.

53. Have you ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high (huffing)?
A. Yes B. No
54. Have you ever used any form of cocaine?
A. Yes B. No
55. Have you ever used steroids without a doctor's prescription?
A. Yes B. No
56. Have you ever taken over-the-counter drugs to get high?
A. Yes B. No
57. How wrong do you think your friends feel it would be for you to use prescription drugs not prescribed to you?
A. Not at all wrong
B. A little bit wrong
C. Wrong
D. Very wrong
58. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
A. Risk
B. Slight Risk
C. Moderate Risk
D. Great Risk
59. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
A. Not at all wrong
B. A little bit wrong
C. Wrong
D. Very Wrong

60. During the past 30 days have you used prescription drugs not prescribed to you?
A. Yes
B. No
61. Have you ever used methamphetamines (also called speed, crystal, crank, or ice)?
A. Yes B. No
62. Have you ever used ecstasy (also called MDMA)?
A. Yes B. No
63. My family has clear rules about drug use.
A. Yes B. No

The next 5 questions ask about sexual behavior.

64. Have you ever had sexual intercourse?
A. Yes B. No
65. How old were you when you had sexual intercourse for the first time?
A. I have never had sexual intercourse.
B. 8 years old or younger
C. 9-10 years old
D. 11-12 years old
E. 13 years old or older
66. With how many people have you had sexual intercourse?
A. I have never had sexual intercourse.
B. 1 person
C. 2 people
D. 3 people
E. 4 or more people
67. 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
68. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
A. I have never had sexual intercourse
B. Yes
C. No

The next 4 questions ask about body weight.

69. How would you describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight

70. Have you ever gone without eating for 24 hours or more to lose weight or to keep from gaining weight?
A. Yes B. 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?
A. Yes B. No
72. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?
A. Yes B. No

The next 2 questions ask about physical activity.

73. 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
74. In an average week, how many days do you participate in moderate to vigorous physical activity?
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days

The next 7 questions ask about technology use.

75. I have a Facebook, twitter or other web based technology account that I use personally.
A. Yes B. No
76. On an average week day, how many hours do you spend texting, blogging, chatting, etc.?
A. I do not text, blog, or chat with others on an average weekday.
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
77. Have you ever received any threatening or intimidating communication online or through texting?
A. I have never received threatening or intimidating communication online or through cell phones.
B. Yes, fewer than 5 times
C. Yes, 5 times or more
D. I do not use either a computer or cell phone.

78. Have you ever sent any threatening or intimidating communication online or through texting?
A. I have never sent threatening or intimidating communication online or through cell phones.
B. Yes, fewer than 5 times
C. Yes, 5 times or more
D. I do not use either a computer or cell phone.
79. Have you ever sent sexually inappropriate pictures or messages using a cell phone or computer?
A. Yes B. No
80. Would your parents be nervous if they knew what you do on the internet or texting?
A. Yes B. No
81. I feel very informed about using the internet safely.
A. Yes B. No

The next 6 questions ask about bullying. For these questions consider bullying as physical intimidation, taunting, name-calling, lying about others, and insults or other comments related to race, gender, religion, physical ability or character that occurs repeatedly and over time.

82. Have you ever been bullied?
A. Yes B. No
83. If you have been bullied, how often has it occurred?
A. I have not been bullied
B. Several times per day
C. Daily
D. Weekly
E. Monthly
F. A few times per year
84. If another student was bullying you, would you tell a teacher or staff member at school?
A. Yes B. No
85. Have you ever been a bystander while someone else was being bullied?
A. Yes B. No
86. Have you ever bullied someone else?
A. Yes B. No
87. Have you ever missed school because you were afraid of being bullied?
A. Yes B. No

The next 7 questions are about social behaviors.

88. How wrong do your parents feel it would be for you to break the law (steal, property damage, vandalism, picking a fight)?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not wrong at all

89. There are many chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
A. Yes B. No
90. The school lets me and/or my parents know when I have done something well.
A. Yes B. No
91. I have one or more adults (who are not my parents) in my life who encourage and listen to me.
A. Yes B. No
92. Did you volunteer in your community in the past year (such as helping out at a hospital, day care

center, food pantry, youth program, community service agency, or faith based program)?

- A. Yes B. No

93. When I am not at home, one of my parents knows where I am and whom I am with.

- A. Yes B. No

94. Would your parents know if you did not come home on time?

- A. Yes B. No

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

