



**YOUTH RISK BEHAVIOR
SURVEY**

COPY FOR PARENT/COMMUNITY REVIEW

**HIGH SCHOOL 2018
MIDDLE SCHOOL 2018**

HIGH SCHOOL 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 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.

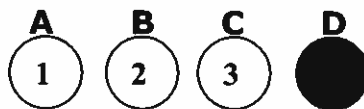
The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

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.



1. How old are you?
 - A. 14 years old or younger
 - B. 15 years old
 - C. 16 years old
 - D. 17 years old
 - E. 18 years or older
 2. What is your gender?
 - A. Female
 - B. Male
 3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 4. How do you describe yourself? (Select one)
 - 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
 - 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 an Alleghany County Middle or High School student for two years or more?
 - A. Yes
 - B. No
-

The next 4 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. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
 9. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - A. I do not drive a vehicle
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or more times
 10. During the past 30 days, how many times did you drive a car or other vehicle under the influence of marijuana or other drugs?
 - A. I do not drive a vehicle
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or more times
-

The next 15 questions ask about violence-related behaviors.

11. 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?

- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or more days
12. During the past 30 days, on how many days did you carry a gun, knife, or other weapon on school property?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or more days
13. During the past 30 days, on how many days have you seen others carrying a gun, knife, or other weapon on school property?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
14. During the past 12 months, how many times has someone threatened or injured you with a gun, knife, or other weapon on school property or in the community?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
15. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
16. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a medical professional?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
17. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. I have not been in a dating relationship in the past 12 months
 - B. Yes
 - C. No
18. Have you ever been physically harmed (that caused 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 – 3 times
 - D. 4 or more times
19. 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 – 3 times
 - D. 4 or more times
20. Have you ever been physically forced to have sexual activity when you did not want to?
- A. Yes
 - B. No
21. Are you aware of any gang activities in your school?
- B. Yes
 - B. No
22. Have you ever been approached to join in gang activities?
- A. Yes
 - B. No
23. Which would you rather have?

- A. \$75 in three days
 - B. \$115 dollars in three months
24. Which would you rather have?
- A. \$50 in three days
 - B. \$115 dollars in three months
25. Which would you rather have?
- A. \$25 in three days
 - B. \$115 dollars in three months

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

26. 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
27. During the past 12 months, did you ever seriously consider attempting suicide?
- A. Yes
 - B. No
28. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
29. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
30. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a medical professional?
- A. I did not attempt suicide during the past 12 months
 - B. Yes – I was treated
 - C. No – I was not treated
31. During your life, how many times have you intentionally cut, pinched, bruised or burned yourself?
- A. 0 times
 - B. 1 time
 - C. 2 to 3 times
 - D. 4 or more times
32. 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 8 questions ask about tobacco use.

33. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
34. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
35. 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
36. How wrong do your friends feel it would be for you to smoke tobacco?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
37. During the past 12 months, did you ever try to quit smoking cigarettes?
- A. I did not smoke during the past 12 months
 - B. Yes
 - C. No
38. 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 20 days
 - D. More than 20 days
39. During the past 30 days, on how many days did you use vaping products, such as blu, NJOY, or Juul.
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
40. How much do you think people risk harming themselves (physically or other ways) if they use electronic vapor devices and products?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk

The next 11 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.

41. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
42. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
43. During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple of hours?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
44. During the past 30 days, on how many days did you have at least one drink of alcohol on school property or at a school activity?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
45. 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.
 - 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.
- G. I took alcohol from my home.
- H. I got alcohol some other way.

46. 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 (a can of beer, glass of wine, liquor) nearly every day?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
47. How wrong do your parents feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
48. How wrong do your friends feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
49. My family has clear rules about alcohol use.
- A. Yes
 - B. No

The next 9 questions ask about marijuana use. Marijuana also is called grass or pot.

50. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 20 times
 - D. More than 20 times
51. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 20 times
 - D. More than 20 times
52. During the past 30 days, how many times did you use marijuana on school property?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 20 times
 - D. More than 20 times
53. If you consume marijuana what method do you most commonly use?
- A. I do not consume marijuana
 - B. Smoke
 - C. Vaping
 - D. Edibles
54. Have you used an electronic vapor device to smoke marijuana?
- A. Yes
 - B. No
55. How easy do you think it would be for you to get marijuana if you wanted some?
- A. Very easy
 - B. Fairly easy
 - C. Hard
 - D. Very hard
 - E. Probably impossible
56. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

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

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

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

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

The next 18 questions ask about other drugs.

59. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high (huffing)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

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

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

61. During your life, how many times have you used heroin?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

62. During the past 30 days, how many times did you use heroin?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

63. During your life, how many times have you used methamphetamines (also called meth or crystal)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

64. During your life, how many times have you used ecstasy (also called Molly)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

65. During your life, how many times have you used a needle to inject any illegal drug into your body?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 20 times
- D. More than 20 times

66. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property or at a school activity?

- A. Yes
- B. No

67. During the past 12 months, has anyone offered, sold, or given you an illegal drug in your neighborhood or community?

- A. Yes
- B. No

68. During the past 30 days, on how many days did you use anti-anxiety medication (such as Xanax) that were not prescribed for you to get high?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
69. During the past 30 days, on how many days did you use ADHD drugs (such as Adderall) that were not prescribed for you to get high?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
70. During the past 30 days, on how many days did you use prescription pain medication to get high?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
71. During the past 30 days, how did you get prescription pain medication (such as oxycodone, OxyContin, hydrocodone, Percocet, etc.)?
- A. I did not take prescription pain medication.
 - B. I took pain medication that was prescribed to me.
 - C. A family member gave me pain medication (not prescribed to me).
 - D. A non-family member gave it to me.
 - E. I took pain medication (not prescribed to me) from my home.
 - F. I took it from another person's home.
 - G. I bought it from someone.
72. How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs to get high?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
73. How wrong do your parents feel it would be for you to use prescription drugs to get high?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
74. How wrong do your friends feel it would be for you to use prescription drugs to get high?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
75. My family has clear rules about drug use.
- A. Yes
 - B. No
76. Engaging in risk behaviors such as smoking, alcohol and other substance use as a teenager will have negative effects on my future health status.
- A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

The next 7 questions ask about sexual behavior.

77. Have you ever had sexual intercourse?
- A. Yes
 - B. No
78. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old

- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

79. With how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2-3 people
 - D. 4 or more people
80. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2-3 people
 - E. 4 or more people
81. 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
82. 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
83. How many times have you been pregnant or gotten someone pregnant?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
 - D. Not sure

The next 5 questions ask about body weight.

84. How do you describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
85. 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.
86. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
87. During the past 30 days, did you take 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
88. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 3 questions ask about physical activity.

89. 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
90. In 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.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
91. On an average school day, how many hours do you spend looking at a screen not related to school work (TV, tablet, phone, laptop, PC, gaming systems, etc.)?
- A. I do not spend time looking at a screen not related to school work.
 - B. Less than 1 hour per day
 - C. 1-3 hours per day
 - D. 4-6 hours per day
 - E. More than 6 hours per day
-

The next 8 questions ask about technology use.

92. At what age did you receive your own smart phone?
- A. I do not have a smart phone.
 - B. 5-7 years old
 - C. 8-10 years old
 - D. 11-13 years old
 - E. 14 years or older
93. At what age did you begin using social media?
- A. I do not use social media.
 - B. 7 years old or younger
 - C. 8-10 years old
 - D. 11-13 years old
 - E. 14 years or older
94. Have you ever received any threatening or intimidating communication through social media, texting, or online?
- A. I do not use either a computer or cell phone.
 - B. I have never received threatening or intimidating communication through social media, texting, or online
 - C. Yes, fewer than 5 times
 - D. Yes, 5 times or more
95. Have you ever sent any threatening or intimidating communication through social media, texting, or online?
- A. I do not use either a computer or cell phone.
 - B. I have never sent any communication through social media, texting, or online.
 - C. Yes, fewer than 5 times
 - D. Yes, 5 times or more
96. Have you ever sent sexually inappropriate pictures or messages using a cell phone or computer?
- A. Yes
 - B. No
97. Would your parents be nervous or upset if they knew what you do on the internet or via cell phone?
- A. Yes
 - B. No
98. Do your parents set clear rules around how you use electronic devices and social media safely?
- A. Yes
 - B. No
 - C. I do not use electronic devices or social media
99. In the past 30 days, have you used your phone while driving?
- A. Yes
 - B. No
 - C. I do not drive

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

100. Have you ever been bullied?
A. Yes B. No
101. 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
102. If someone were bullying you, who would you most likely tell?
A. Parent/guardian
B. Other family member
C. Teacher, school counselor, principal, or coach .
D. Another adult (youth leader, outside counselor, etc.)
E. A friend
F. No one
103. Have you ever been a bystander while someone else was being bullied?
A. Yes B. No
104. Have you ever bullied someone else?
A. Yes B. No
105. In the past 12 months, how often have you missed school because you were afraid of being bullied?
A. 0 days
B. 1 day
C. 2 to 4 days
D. 5 or more days

The next 7 questions are about social behaviors.

106. 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
107. 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
108. The school (teachers, coaches, counselors, or principal) lets me and/or my parents know when I have done something well.
A. Yes B. No
109. I have one or more adults in my life (who are not my parents) who encourage and listen to me.
A. Yes B. No
110. Do you volunteer (help without getting paid) in your community (such as helping out at a hospital, day care center, food pantry, youth program, community service agency, or faith-based program)?
A. No, I do not volunteer.
B. Yes, up to 1 hour per week.
C. Yes, 2-10 hours per week.
D. Yes, 11 or more hours per week.
111. When I am not at home, one of my parents knows where I am and whom I am with.
A. Yes B. No
112. Would your parents know if you did not come home on time?
A. Yes B. No

The next 3 questions are about eating behaviors.

113. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?
- A. Never
 - B. 1-2 times
 - C. 3-4 times
 - D. 5-6 times
 - E. 7 times
 - F. More than 7 times
114. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? (Do not count fruit or vegetable juice.)
- A. I did not eat fruit or vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
115. During the past 7 days, how many times did you drink a sugar sweetened beverage, such as regular soda, sweet tea, sweetened juice drinks, energy (such as Monster, Red Bull, RockStar) or sports drinks (such as PowerAde, Gatorade)?
- A. I did not drink any sugar sweetened drinks during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

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

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.

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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.

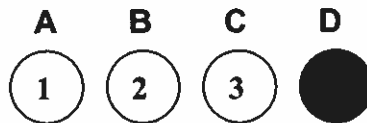
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Thank you very much for your help.

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- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:
- 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 or older
 2. What is your gender?
 - A. Female
 - B. Male
 3. In what grade are you?
 - A. 6th grade
 - B. 7th grade
 - C. 8th grade
 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 an Alleghany County Middle 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 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 12 questions are violence related.

10. During the past 30 days, on how many days did you carry a gun, knife, or other weapon on school property?
 - A. Yes
 - B. No

11. During the past 30 days, on how many days have you seen others carrying a gun, knife, or other weapon on school property?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or more times
12. During the past 12 months, have you been in a physical fight?
- A. Yes
 - B. No
13. Have you ever been in a physical fight in which you were hurt and had to be treated by a medical professional?
- A. Yes
 - B. No
14. 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
15. 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 or more times
16. 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 or more times
17. Are you aware of any gang activities in your school?
- A. Yes
 - B. No
18. Have you ever been approached to join in gang activities?
- A. Yes
 - B. No
19. Which would you rather have?
- A. \$75 in three days
 - B. \$115 in three months
20. Which would you rather have?
- A. \$50 in three days
 - B. \$115 dollars in three months
21. Which would you rather have?
- A. \$25 in three days
 - B. \$115 dollars in three months

The next 6 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.

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. Have you ever seriously thought about killing yourself?
A. Yes B. No
24. During the past 12 months, have you ever made a plan to kill yourself?
A. Yes B. No
25. During the past 12 months, have you ever tried to kill yourself?
A. Yes B. No
26. During your life, how many times have you intentionally cut, pinched, bruised or burned yourself?
A. 0 times
B. 1 time
C. 2 to 3 times
D. 4 or more times
27. 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.

28. During the past 30 days, on how many days did you smoke cigarettes?
A. 0 days
B. 1 or 2 days
C. 3 to 20 days
D. More than 20 days
29. How easy do you think it would be for you to get tobacco products if you wanted some?
A. Very easy
B. Fairly easy
C. Hard
D. Very hard
E. Probably impossible
30. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day?
A. Great risk
B. Moderate risk
C. Slight risk
D. No risk
31. 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
32. 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
33. How wrong do your friends feel it would be for you to smoke tobacco?
A. Very wrong
B. Wrong

- C. A little bit wrong
- D. Not at all wrong

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 20 days
 - D. More than 20 days
35. During the past 30 days, on how many days did you use electronic vapor products, such as such as blu, NJOY, or Juul.
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
36. How much do you think people risk harming themselves (physically or other ways) if they use electronic vapor devices and products?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk

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.

37. Have you ever had a drink of alcohol?
- A. Yes
 - B. No
38. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
39. During the past 30 days, on how many days did you have at least one drink of alcohol on school property or at a school activity?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 20 days
 - D. More than 20 days
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.
 - 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 easy do you think it would be to get alcohol if you wanted some?
- A. Very easy
 - B. Fairly easy
 - C. Hard
 - D. Very hard
 - E. Probably impossible

42. 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 (a can of beer, glass of wine, liquor) nearly every day?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
43. 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
44. How wrong do your parents feel it would be for you to drink beer, wine or liquor (for example, vodka, whiskey or gin) regularly (or at least twice a month)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
45. How wrong do your friends feel it would be for you to drink beer, wine or liquor (for example, vodka, whiskey or gin) regularly (or at least twice a month)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
46. My family has clear rules about alcohol use.
- A. Yes
 - B. No

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

47. Have you ever used marijuana?
- A. Yes
 - B. No
48. During the past 30 days, on how many days did you have at least one puff of marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 20 times
 - D. More than 20 times
49. Have you used an electronic vapor device to smoke marijuana?
- A. Yes
 - B. No
50. How easy do you think it would be for you to get marijuana if you wanted some?
- A. Very easy
 - B. Fairly easy
 - C. Hard
 - D. Very hard
 - E. Probably impossible
51. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
52. 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

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

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

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

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

The next 13 questions ask about other drug use.

55. 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

56. Have you ever used any form of cocaine, including powder, crack, or freebase?

- A. Yes
- B. No

57. Have you ever used heroin?

- A. Yes
- B. No

58. Have you ever used methamphetamines (also called meth or crystal)?

- A. Yes
- B. No

59. Have you ever used ecstasy (also called Molly)?

- A. Yes
- B. No

60. During the past 30 days, did you use anti-anxiety medication (such as Xanax) that were not prescribed for you to get high?

- A. Yes
- B. No

61. During the past 30 days, did you use ADHD drugs (such as Adderall) that were not prescribed for you to get high?

- A. Yes
- B. No

62. During the past 30 days, on how many days did you use prescription pain medication to get high?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 20 days
- D. More than 20 days

63. How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs to get high?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

64. How wrong do your parents feel it would be for you to use prescription drugs to get high?

- A. Very wrong
- B. Wrong
- C. A little bit wrong

- D. Not wrong at all
65. How wrong do your friends feel it would be for you to use prescription drugs to get high?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong
66. My family has clear rules about drug use.
- A. Yes
 - B. No
67. Engaging in risk behaviors such as smoking, alcohol and other substance use as a teenager will have negative effects on my future health status.
- A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

The next 5 questions ask about sexual behavior.

68. Have you ever had sexual intercourse?
- A. Yes
 - B. No
69. 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
70. With how many people have you had sexual intercourse?
- A. I have never had sexual intercourse.
 - B. 1 person
 - C. 2 -3 people
 - D. 4 or more people
71. 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
72. 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 5 questions ask about body weight.

73. How would you describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
74. 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

75. 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
76. 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
77. 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.

78. 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
79. 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.)
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days
80. On an average school day, how many hours do you spend looking at a screen not related to school work (TV, tablet, phone, laptop, PC, gaming systems, etc.)?
A. I do not spend time looking at a screen not related to school work.
B. Less than 1 hour per day
C. 1-3 hours per day
D. 4-6 hours per day
E. More than 6 hours per day

The next 9 questions ask about technology use.

81. At what age did you receive your own smart phone?
A. I do not have a smart phone
B. 5-7 years old
C. 8-10 years old
D. 11-13 years old
E. 14 years or older
82. At what age did you begin using social media?
A. I do not use social media
B. 7 years old or younger
C. 8-10 years old
D. 11-13 years old
E. 14 years or older

83. Have you ever received any threatening or intimidating communication through social media, texting, or online?
A. I do not use either a computer or cell phone.
B. No, I have not.
C. Yes, fewer than 5 times
D. Yes, 5 times or more
84. If another student sent you a threatening communication through social media, texting, or online, would you tell an adult?
A. Yes B. No
85. Have you ever sent a threatening or intimidating communication through social media, texting, or online?
A. I do not use either a computer or cell phone
B. No, I have not.
C. Yes, fewer than 5 times
D. Yes, 5 times or more
86. Have you ever sent inappropriate pictures or messages using a cell phone or computer?
A. Yes B. No
87. Would your parents be nervous or upset if they knew what you do on the internet or texting?
A. Yes B. No
88. Do your parents set clear rules around how you use electronic devices and social media safely?
Yes B. No C. I do not use electronic devices or social media
89. I feel very informed about using the internet safely.
A. Yes B. No

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

90. Have you ever been bullied?
A. Yes B. No
91. 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
92. If someone were bullying you, who would you most likely tell?
A. Parent/guardian
B. Other family member
C. Teacher, school counselor, principal, or coach .
D. Another adult (youth leader, outside counselor, etc.)
E. A friend
F. No one
93. Have you ever been a bystander while someone else was being bullied?
A. Yes B. No
94. Have you ever bullied someone else?
A. Yes B. No

95. In the past 12 months, have you ever missed school because you were afraid of being bullied?

- A. Yes B. No
-

The next 7 questions are about social behaviors.

96. 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

97. 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

98. The school (teachers, coaches, counselors, or principal) lets me and/or my parents know when I have done something well.

- A. Yes B. No

99. I have one or more adults (who are not my parents) in my life who encourage and listen to me.

- A. Yes B. No

100. Did you volunteer (help others without getting paid) 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

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

- A. Yes B. No

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

- A. Yes B. No
-

The next 3 questions are about eating behaviors.

103. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

- A. Never
B. 1-2 times
C. 3-4 times
D. 5-6 times
E. 7 times
F. More than 7 times

104. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice.

- A. I did not eat fruit or vegetables during the past 7 days
B. 1 to 3 times during the past 7 days
C. 4 to 6 times during the past 7 days
D. 1 time per day
E. 2 times per day
F. 3 times per day
G. 4 or more times per day

105. During the past 7 days, how many times did you drink a sugar sweetened beverage, such as regular soda, sweet tea, sweetened juice drinks, energy (such as Monster, Red Bull, RockStar) or sports drinks (such as PowerAde, Gatorade)?

- A. I did not drink any sugar sweetened drinks during the past 7 days
B. 1 to 3 times during the past 7 days
C. 4 to 6 times during the past 7 days

- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

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