

2007 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.

PLEASE DO NOT WRITE IN THIS AREA



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DIRECTIONS

Use a #2 pencil only.

Make dark marks.

Fill in a response like this: A B C D

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
- G 16 years old 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. Are you Hispanic or Latino?

- A Yes
- B No

5. What is your race? **(Select one or more responses.)**

- A American Indian or Alaska Native
- B Asian
- C Black or African American
- D Native Hawaiian or Other Pacific Islander
- E White

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

Age	
<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

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

Age	
<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
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The next 4 questions ask about safety.

8. When you ride a bicycle, how often do you wear a helmet?

- A I do not ride a bicycle
- B Never wear a helmet
- C Rarely wear a helmet
- D Sometimes wear a helmet
- E Most of the time wear a helmet
- F Always wear a helmet

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

- A I do not roller blade or ride a skateboard
- B Never wear a helmet
- C Rarely wear a helmet
- D Sometimes wear a helmet
- E Most of the time wear a helmet
- F Always wear a helmet

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

- A Never
- B Rarely
- C Sometimes
- D Most of the time
- E Always

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

- A Yes
- B No
- C Not sure

The next 7 questions ask about your feelings in the past four weeks.	1 NEVER	2	3	4	5 ALWAYS
12. How often did you feel <u>really</u> sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How often did you feel <u>really</u> worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How often did you feel grouchy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How often did you have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often were you moody?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
19. Have you been in a good mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Have you been cheerful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you felt under pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have you been afraid of other girls and boys?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Have other girls and boys made fun of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have other girls and boys bullied you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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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
29. How often did you get along <u>well</u> with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. How often did your parents listen to your ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. How often did your parents eat meals with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. How often did your parents spend time with you doing something fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. How often did you talk to your parents about what you were going to do the next day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. How often did your parents talk to you about how you were feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Have your parents treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. How often did your parents help you with your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
37. I would keep remembering what happened and not stop thinking about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When I would try to sleep, I would not be able to stop thinking about the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Thoughts about the problems would just pop into my head.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My mind would go blank; I wouldn't be able to think at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. It would be really hard for me to concentrate or pay attention in class when I have problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. When things would get bad in school, I would get so upset that I can't remember what happened or what I did.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 3 questions ask about violence-related behaviors.

43. Have you ever carried **a weapon**, such as a gun, knife or club?
- A Yes
 B No
44. Have you ever been in a physical fight in which you were hurt bad and had to be treated by a doctor or a nurse?
- A Yes
 B No
45. Have you ever been in a physical fight?
- A Yes
 B 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.

46. Have you ever seriously thought about killing yourself?
- A Yes
 B No
47. Have you ever made a plan about how you would kill yourself?
- A Yes
 B No
48. Have you ever tried to seriously hurt yourself or kill yourself?
- A No, Never
 B Yes, more than a year ago
 C Yes, in the past year
 D Yes, in the past 4 weeks
 E Yes, in the past 7 days

The next 8 questions ask you about tobacco use.

49. Have you ever tried cigarette smoking, even one or two puffs?
- A Yes
 B No

50. 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 old or older
51. During the past 30 days, on how many days did you smoke cigarettes?
- 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
52. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- 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
53. 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
 C I bought them from a vending machine
 D I gave someone else money to buy them for me
 E I borrowed (or bummed) them from someone else
 F 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

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

- (A) Yes
- (B) No

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55. 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?

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- (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

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

- (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

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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.

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

- (A) Yes
- (B) No

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58. 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
- (C) 8 years old or younger
- (D) 9 years old
- (E) 10 years old
- (F) 11 years old
- (G) 12 years old
- (H) 13 years old or older

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

59. Have you ever used marijuana?

- (A) Yes
- (B) No

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

- (A) I have never tried marijuana
- (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

The next 3 questions ask about other drugs.

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

- (A) Yes
- (B) No

62. 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



63. Have you ever used **steroid pills or shots** without a doctor's prescription?

- (A) Yes
(B) No

The next two questions ask you about dating relationships

64. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- (A) Yes
(B) No

65. 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

The next 4 questions ask about sexual behavior.

66. Have you ever had sexual intercourse?

- (A) Yes
(B) No

66b. 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 years old
(D) 10 years old
(E) 11 years old
(F) 12 years old
(G) 13 years old or older

67. 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 people
(F) 5 people
(G) 6 or more people

68. 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

The next 7 questions ask about body weight.

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

- (A) Very underweight
(B) Slightly underweight
(C) About the right weight
(D) Slightly overweight
(E) Very overweight

70. 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

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

- (A) Yes
(B) No

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

- (A) Yes
(B) No

73. 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

74. 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

75. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?

- (A) Yes
(B) No

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The next 5 questions ask about physical activity.

76. 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
- (C) 2 days
- (D) 3 days
- (E) 4 days
- (F) 5 days
- (G) 6 days
- (H) 7 days

77. 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
- (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

78. 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
- (C) Less than 1 hour per day
- (D) 1 hour per day
- (E) 2 hours per day
- (F) 3 hours per day
- (F) 4 hours per day
- (G) 5 or more hours per day

79. 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
- (C) 2 days
- (D) 3 days
- (E) 4 days
- (F) 5 days

80. 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

The next 3 questions ask about health-related topics.

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

- (A) Yes
- (B) No
- (C) Not sure

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

- (A) Yes
- (B) No
- (C) Not sure

83. Do you still have asthma?

- (A) I have never had asthma
- (B) Yes
- (C) No
- (D) Not sure

This is the end of the survey.

Thank you very much for your help.

PLEASE DO NOT WRITE IN THIS AREA



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