

2017 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.

PLEASE DO NOT WRITE IN THIS AREA



The next 2 questions ask about safety.

10. How often do you wear a seat belt when **riding in** a car?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
11. Have you ever ridden in a car driven by someone who had been drinking alcohol?
- Yes
 - No
 - Not sure

The next 4 questions ask about violence-related behaviors.

12. Have you ever carried a **weapon**, such as a gun, knife, or club?
- Yes
 - No
13. Have you ever been in a physical fight?
- Yes
 - No
14. During the past 12 months, did **someone you were dating or going out with purposely** try to control you or emotionally hurt you? (Count such things as being told who you could or could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
- I did not date or go out with anyone during the past 12 months
 - Yes
 - No
15. During the past 12 months, did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- 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.

16. Have you ever been bullied **on school property**?
- Yes
 - No
17. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
 - No

The next question asks about intentionally hurting yourself.

18. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting 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.

19. Have you ever **seriously** thought about killing yourself?
- Yes
 - No
20. Have you ever made a **plan** about how you would kill yourself?
- Yes
 - No

PLEASE DO NOT WRITE IN THIS AREA



21. Have you ever tried to kill yourself?

Yes

No

The next 4 questions ask about cigarette smoking.

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

Yes

No

23. 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

24. 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

25. 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

The next 4 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

26. Have you ever used an electronic vapor product?

Yes

No

27. During the past 30 days, on how many days did you use an electronic vapor product?

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

28. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)

I did not use any electronic vapor products during the past 30 days

I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store

I got them on the Internet

I gave someone else money to buy them for me

I borrowed them from someone else

A person 18 years old or older gave them to me

I took them from a store or another person

I got them some other way

29. When you have used an electronic vapor device, what did you put in it? (**Mark all that apply**)

I have never used an electronic vapor device

E-liquids that smell or taste good but have no nicotine or other drug

Tobacco or nicotine products

Marijuana or marijuana products

Synthetic marijuana

Other illegal drugs

Nothing, I use the device without anything in it

The next 2 questions ask about other tobacco products.

30. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products** such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)

- 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

31. 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.

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

- Yes
- No

33. 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

34. 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, pot, or weed.

35. Have you ever used marijuana?

- Yes
- No

36. 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

37. During the past 30 days, did you use marijuana?

- Yes
- No

The next 5 questions ask about other drugs.

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

- Yes
- No

39. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- Yes
- No

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

- Yes
- No



41. Have you ever taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- Yes
- No

42. During the past 30 days, have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- Yes
- No

The next 4 questions ask about sexual intercourse.

43. Have you ever had sexual intercourse?

- Yes
- No

44. 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

45. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

46. 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 2 questions ask about body weight.

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

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

48. 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

The next 5 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.

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

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

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

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

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

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

52. Yesterday, how many **caffeinated drinks** did you have? (Please include coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added.)
- 0 caffeinated drinks
 - 1 caffeinated drink
 - 2 caffeinated drinks
 - 3 or more caffeinated drinks

53. Yesterday, how many **sugar-sweetened** beverages did you drink from a can, bottle, or glass? (Please include sports drinks, such as Gatorade or PowerAde, energy drinks, such as Red Bull or Jolt, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight. Do **not** count soda or pop.)
- 0 sugar-sweetened beverages
 - 1 sugar-sweetened beverage
 - 2 sugar-sweetened beverages
 - 3 or more sugar-sweetened beverages

The following 3 questions ask about meals you have eaten recently.

54. 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
55. During the past 7 days, on how many days did you eat dinner **at home** with **at least one of your parents**?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

56. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 6 questions ask about physical activity.

57. 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
58. 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
59. 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 iPad or other tablet, a smartphone, texting, YouTube, Instagram, 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

60. 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

61. 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

62. How often on average do you play **violent** video games, such as games that are rated M?

- Never
- Very rarely
- 1 hour per week
- 2 to 3 hours per week
- 4 to 5 hours per week
- 6 to 10 hours per week
- More than 10 hours per week

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

63. During the past 12 months, how many times have you had a concussion **from playing a sport or being physically active**?

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

The next question asks about gambling.

64. In the past year, which of the following have you done? **(Mark all that apply)**

- Played the lottery or scratch off tickets
- Bet on fantasy sports
- Bet on individual sports teams
- Played Bingo for money
- Bet on dice games such as craps
- Bet money on a challenge (dare, fight, street race, etc.)
- Played online gambling games for money
- Bet on video games
- Bet on games of personal skill such as pool, darts, or basketball

The next 9 questions ask about other health-related topics.

65. During the last 12 months, have you been to: **(Mark all that apply)**

- A dentist for a check up, exam, or teeth cleaning
- A doctor or other healthcare provider for a routine check-up
- A mental health professional or counselor for any reason
- An emergency room for healthcare

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

- Yes
- No
- Not Sure

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

- Yes
- No
- Not sure

68. 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



69. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

70. Do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

71. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

72. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

73. Have you been identified by a doctor or other health care professional as having difficulty concentrating, remembering, making decisions, or doing things because of a physical, learning, or emotional disability? **(Mark all that apply.)**

- No
- Physical Disability
- Learning Disability
- Emotional Disability

The next question asks about where you live.

74. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

The next 5 questions ask about your feelings in the past four weeks.	1 NEVER	2	3	4	5 ALWAYS
75. How often did you feel <u>really</u> sad?	<input type="radio"/>				
76. How often did you feel <u>really</u> worried?	<input type="radio"/>				
77. How often did you feel afraid?	<input type="radio"/>				
78. How often did you have trouble relaxing?	<input type="radio"/>				
79. How often did you feel nervous?	<input type="radio"/>				

The next 8 questions ask about your relationship with your parent(s).

80. How wrong do your parents feel it would be for you to play violent video games, such as games that are rated M?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

The following 8 questions ask about your relationship with your parent(s).	1 NEVER	2	3	4	5 ALWAYS
81. How often do you get along <u>well</u> with your parent(s)?	<input type="radio"/>				
82. How often do your parent(s) spend time with you doing something fun?	<input type="radio"/>				
83. How often do your parent(s) show you they are proud of you?	<input type="radio"/>				
84. How often do your parent(s) take an interest in your activities?	<input type="radio"/>				
85. How often do your parent(s) listen to you when you talk to them?	<input type="radio"/>				
86. How often can you count on your parent(s) to be there when you need them?	<input type="radio"/>				
87. How often do you and your parent(s) talk about the things that really matter?	<input type="radio"/>				
88. How often are you comfortable sharing your thoughts and feelings with your parent(s)?	<input type="radio"/>				

PLEASE DO NOT WRITE IN THIS AREA



This is the end of the survey.

Thank you very much for your help.

PLEASE DO NOT WRITE IN THIS AREA

