

2007 North Dakota Youth Risk Behavior Survey Middle School (Grades 7-8) Questionnaire

Instructions:

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:

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B ● D.
- o If you change your answer, erase your old answer 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

The next 3 questions ask about safety.

6. **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
7. 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
8. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure

The next 3 questions ask about violence-related behaviors.

9. Have you ever carried a weapon, such as a gun, knife, or club, **on school property**?
 - A. Yes
 - B. No
10. During the past 12 months, were you harassed or bullied **on school property by other students**?
 - A. Yes
 - B. No
11. During the past 12 months, were you in a physical fight **on school property**?
 - A. Yes
 - B. No

The next 6 questions ask about sad feelings and attempted suicide, that is, taking some action to end ones own life.

12. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- A. I do not feel sad, empty, hopeless, angry, or anxious
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
13. Do you agree or disagree that you can resist negative peer pressure and dangerous situations?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
14. Have you ever **seriously** thought about killing yourself?
- A. Yes
 - B. No
15. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
 - B. No
16. Have you ever **tried** to kill yourself?
- A. Yes
 - B. No
17. 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?
- A. Yes
 - B. No

The next 10 questions ask about tobacco use.

18. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
19. 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

20. 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
21. 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
22. 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
23. **When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy cigarettes in a store during the past 30 days
 - B. Yes, I was asked to show proof of age
 - C. No, I was not asked to show proof of age
24. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No

25. How old were you when you used **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, for the first time?
- I have never used chewing tobacco, snuff, or dip
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old or older
26. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**?
- 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
27. 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.

28. Have you ever had a drink of alcohol, other than a few sips?
- Yes
 - No
29. 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

30. Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- Yes
 - No

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

31. Have you ever used marijuana?
- Yes
 - No
32. 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

The next 3 questions ask about other drug use.

33. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- Yes
 - No
34. Have you ever taken **steroid pills or shots** without a doctor's prescription?
- Yes
 - No
35. Have you ever used **methamphetamines** (also called speed, crystal, crank, or ice)?
- Yes
 - No

The next 6 questions ask about body weight.

36. How do **you** describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
37. 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

38. 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
39. 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
40. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
 A. Yes
 B. No
41. During your last visit with a doctor or nurse, did they discuss how to maintain a healthy weight?
 A. Yes
 B. No
 C. Not sure

The next 6 questions ask about food you ate or drank during the past 7 days. 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.

42. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
 A. I did not drink milk during the past 7 days
 B. 1 to 3 glasses during the past 7 days
 C. 4 to 6 glasses during the past 7 days
 D. 1 glass per day
 E. 2 glasses per day
 F. 3 glasses per day
 G. 4 or more glasses per day
43. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
 A. I did not eat fruit 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

44. During the past 7 days, how many times did you eat **vegetables**? (Do **not** count french fries, fried potatoes, or potato chips.)
 A. I did not eat 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
45. On how many of the past 7 days did you eat breakfast?
 A. 0 days
 B. 1 day
 C. 2 days
 D. 3 days
 E. 4 days
 F. 5 days
 G. 6 days
 H. 7 days
46. During the past 7 days, how many times did you eat at a fast food restaurant?
 A. 0 times
 B. 1 time
 C. 2 times
 D. 3 or more times
47. Yesterday, did you eat a meal with your family?
 A. Yes
 B. No

The next 5 questions ask about physical activity.

48. 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 increases your heart rate and 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
49. 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

50. 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, PlayStation, 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
 - 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
51. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
 - B. Less than 10 minutes
 - C. 10 to 20 minutes
 - D. 21 to 30 minutes
 - E. 31 to 40 minutes
 - F. 41 to 50 minutes
 - G. 51 to 60 minutes
 - H. More than 60 minutes
52. During the past 30 days, did you see a doctor or nurse for an injury that happened while exercising or playing sports?
- A. I did not exercise or play sports during the past 30 days
 - B. Yes
 - C. No

The next 3 questions ask about oral health.

53. When was the last time you saw a dentist for a check-up, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
54. How many cavities have you had in your permanent teeth?
- A. 0 cavities
 - B. 1 cavity
 - C. 2 or 3 cavities
 - D. 4 or 5 cavities
 - E. 6 or more cavities
 - F. Not sure
55. How many times per day do you brush your teeth?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 times
 - F. 5 or more times

The next 4 questions ask about asthma. Asthma is defined as coughing, wheezing, shortness of breath, and chest tightness when you do not have a cold.

56. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
57. Do you still have asthma?
- A. I have never had asthma
 - B. Yes
 - C. No
 - D. Not sure
58. Do you currently have an asthma action plan, that is, written instructions from a doctor or nurse on how to care for your asthma?
- A. I do not have asthma
 - B. Yes
 - C. No
59. During the past 12 months, how many times did you go to an emergency room or urgent care center because of your asthma?
- A. I do not have asthma
 - B. 0 times
 - C. 1 to 3 times
 - D. 4 to 9 times
 - E. 10 to 12 times
 - F. 13 or more times

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