

# 2019 Broward County Middle 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 improve 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.
- 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. Ungraded or other grade
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 4 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. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
  - A. I do not rollerblade 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
8. 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
9. Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - A. Yes
  - B. No
  - C. Not sure

**The next 2 questions ask about violence-related behaviors.**

10. Have you ever carried a **weapon**, such as a gun, knife, or club?
  - A. Yes
  - B. No
11. Have you ever been in a physical fight?
  - A. Yes
  - B. No

**The next 3 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.**

12. Have you ever been bullied **on school property**?
  - A. Yes
  - B. No

13. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  
A. Yes  
B. No
14. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?  
A. Yes  
B. No

**The next question asks about hurting yourself on purpose.**

15. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?  
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or more times

**The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

16. Have you ever **seriously** thought about killing yourself?  
A. Yes  
B. No
17. Have you ever made a **plan** about how you would kill yourself?  
A. Yes  
B. No
18. Have you ever **tried** to kill yourself?  
A. Yes  
B. No

**The next 4 questions ask about cigarette smoking.**

19. Have you ever tried cigarette smoking, even one or two puffs?  
A. Yes  
B. No
20. How old were you when you first tried cigarette smoking, even one or two puffs?  
A. I have never tried cigarette smoking, not even one or two puffs  
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
21. 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
22. 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

**The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

23. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
24. During the past 30 days, on how many days did you use an electronic vapor product?
- 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
25. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
  - C. I got them on the Internet
  - D. I gave someone else money to buy them for me
  - E. I borrowed them from someone else
  - F. A person who can legally buy these products gave them to me
  - G. I took them from a store or another person
  - H. I got them some other way

**The next 2 questions ask about other tobacco products.**

26. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)
- 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
27. 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

**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.**

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

29. 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

**The next 2 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.**

30. Have you ever used marijuana?
- A. Yes
  - B. No
31. 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 question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.**

32. Have you ever used synthetic marijuana?
- A. Yes
  - B. No

**The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

33. 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.)
- A. Yes
  - B. No

**The next 3 questions ask about other drugs.**

34. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
  - B. No
35. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
  - B. No
36. Have you ever taken **steroid pills or shots** without a doctor's prescription?
- A. Yes
  - B. No

**The next 4 questions ask about sexual intercourse.**

37. Have you ever had sexual intercourse?
- A. Yes
  - B. No

38. 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
39. With how many people have you ever 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
40. 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 2 questions ask about body weight.**

41. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
42. 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

**The next question asks about eating breakfast.**

43. During the past 7 days, on how many 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

**The next 5 questions ask about physical activity.**

44. 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
45. 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

46. 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- 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
47. 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
48. During the past 12 months, on how many sports teams did you play? (Count 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 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.**

49. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 or more times

**The next 13 questions ask about other health-related topics.**

50. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
51. Have you ever had sex education in school?
- A. Yes
  - B. No
  - C. Not sure
52. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
53. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
- A. Yes
  - B. No
  - C. Not sure

54. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?  
 A. Yes  
 B. No
55. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?  
 A. Strongly agree  
 B. Agree  
 C. Not sure  
 D. Disagree  
 E. Strongly disagree
56. Do you agree or disagree that you feel close to people at your school?  
 A. Strongly agree  
 B. Agree  
 C. Not sure  
 D. Disagree  
 E. Strongly disagree
57. 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
58. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?  
 A. I do not feel sad, empty, hopeless, angry, or anxious  
 B. Parent or other adult family member  
 C. Teacher or other adult in this school  
 D. Other adult  
 E. Friend  
 F. Sibling  
 G. Not sure
59. Do you agree or disagree that your school has clear rules and consequences for behavior?  
 A. Strongly agree  
 B. Agree  
 C. Not sure  
 D. Disagree  
 E. Strongly disagree
60. On an average school night, how many hours of sleep do you get?  
 A. 4 or less hours  
 B. 5 hours  
 C. 6 hours  
 D. 7 hours  
 E. 8 hours  
 F. 9 hours  
 G. 10 or more hours
61. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?  
 A. Very feminine  
 B. Mostly feminine  
 C. Somewhat feminine  
 D. Equally feminine and masculine  
 E. Somewhat masculine  
 F. Mostly masculine  
 G. Very masculine
62. During the past 12 months, how would you describe your grades in school?  
 A. Mostly A's  
 B. Mostly B's  
 C. Mostly C's  
 D. Mostly D's  
 E. Mostly F's  
 F. None of these grades  
 G. Not sure

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