

# 2021 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 and experiences.**

10. Have you ever been in a physical fight?
  - A. Yes
  - B. No
11. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
  - 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, SMOK, Suorin, Vuse, 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, flavored alcoholic beverages, 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 or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.**

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, or Black Mamba.**

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?
- A. Yes
  - B. No

**The next 2 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

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

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

38. 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
39. 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.**

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

42. 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 4 questions ask about physical activity.**

43. 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
44. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- A. Less than 1 hour per day
  - B. 1 hour per day
  - C. 2 hours per day
  - D. 3 hours per day
  - E. 4 hours per day
  - F. 5 or more hours per day
45. 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

46. 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.**

47. 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 14 questions ask about other health-related topics.**

48. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
49. Have you ever had sex education in school?
- A. Yes
  - B. No
  - C. Not sure
50. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure

51. 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
52. 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
53. 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
54. 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
55. 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

56. 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
57. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
58. 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
59. During the past 30 days, where did you usually sleep?
- A. In my parent's or guardian's home
  - B. 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
  - C. In a shelter or emergency housing
  - D. In a motel or hotel
  - E. In a car, park, campground, or other public place
  - F. I do not have a usual place to sleep
  - G. Somewhere else
60. 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
61. 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.**