

2017 Rhode Island 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.

- How old are you?
 - 10 years old or younger
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old or older
- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 6th grade
 - 7th grade
 - 8th grade
 - Ungraded or other grade
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? (Select one or more responses.)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
- Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
 - Yes
 - No
 - Not sure
- Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
 - Yes
 - No
 - Not sure

The next 2 questions ask about safety.

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

The next 2 questions ask about violence-related behaviors.

- Have you ever carried a **weapon**, such as a gun, knife, or club?
 - Yes
 - No
- During the past 12 months, how many times were you in a **physical fight on school property**?
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times

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.

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

The next 4 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

14. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
A. Yes
B. No
15. Have you ever **seriously** thought about killing yourself?
A. Yes
B. No
16. Have you ever made a **plan** about how you would kill yourself?
A. Yes
B. No
17. Have you ever **tried** to kill yourself?
A. Yes
B. No

The next 4 questions ask about cigarette smoking.

18. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No
19. 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
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. Does anyone who lives with you smoke cigarettes?
A. Yes
B. No

The next 3 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.

22. Have you ever used an electronic vapor product?
A. Yes
B. No
23. 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
24. 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 18 years old or older gave them to me
G. I took them from a store or another person
H. I got them some other way

The next 3 questions ask about other tobacco products.

25. 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.)
- 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
26. 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
27. How old were you when you first smoked a cigar, cigarillo or little cigar or used a hookah or an electronic vapor product, even if only for one or two puffs? (Do **not** count cigarettes in your answer.)
- A. I have never smoked a cigar, cigarillo or little cigar or used a hookah or an electronic vapor product
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 or older

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 grass, pot, or weed.

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 other drugs.

32. 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 2 questions ask about sexual intercourse.

33. Have you ever had sexual intercourse?
A. Yes
B. No
34. 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

The next 4 questions ask about physical activity.

35. 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
36. 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

37. 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 media.)
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
38. 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

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.

39. 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 3 questions ask about your teeth and mouth.

40. When was the last time you saw a dentist for a check-up, exam, 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
41. During the past 12 months, how many times have your teeth or mouth been painful or sore?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
42. During the past 12 months, how often were you self-conscious or embarrassed because of your teeth or mouth?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 5 questions ask about other health-related topics.

43. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure

44. Do you agree or disagree that you feel like you belong at your school?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
45. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. 0 adults
 - B. 1 adult
 - C. 2 adults
 - D. 3 adults
 - E. 4 adults
 - F. 5 or more adults
46. Have you ever had the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?
- A. Yes
 - B. No
 - C. Not sure
47. 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.**