

# 2017 Vermont 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
- How long have you lived in the United States?
  - Less than 1 year
  - 1 to 3 years
  - 4 to 6 years
  - More than 6 years but not my whole life
  - I have always lived in the United States

- Which of the following best describes you?
  - Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - Not sure

**The next 7 questions ask about safety.**

- When you ride a bicycle**, how often do you wear a helmet?
  - I do not ride a bicycle
  - Never wear a helmet
  - Rarely wear a helmet
  - Sometimes wear a helmet
  - Most of the time wear a helmet
  - Always wear a helmet
- When you ski or snowboard**, how often do you wear a helmet?
  - I do not ski or snowboard
  - Never wear a helmet
  - Rarely wear a helmet
  - Sometimes wear a helmet
  - Most of the time wear a helmet
  - Always wear a helmet
- 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
- Have you ever ridden in a car driven by someone who had been using marijuana?
  - Yes
  - No
  - Not sure
- Have you ever been in a physical fight?
  - Yes
  - No

14. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

**The next 4 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.**

15. Have you ever been bullied **on school property**?
- A. Yes
  - B. No
16. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
  - B. No
17. During the past 30 days, on how many days were you bullied?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 or more days
18. During the past 30 days, on how many days did you bully someone?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 or more days

**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.**

19. 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
20. Have you ever **seriously** thought about killing yourself?
- A. Yes
  - B. No
21. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
  - B. No
22. Have you ever **tried** to kill yourself?
- A. Yes
  - B. No

**The next 3 questions ask about cigarette smoking.**

23. 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
24. 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

25. 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 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?
- A. Yes
  - B. No
27. 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

28. 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
29. What is the main reason you have used electronic vapor products? (Select only **one** response.)
- A. I have never tried an electronic vapor product
  - B. Friend or family member used them
  - C. To try to quit using other tobacco products
  - D. They cost less than other tobacco products
  - E. They are easier to get than other tobacco products
  - F. They are less harmful than other forms of tobacco
  - G. They are available in flavors, such as mint, candy, fruit, or chocolate
  - H. I used them for some other reason

**The next 4 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.)
- 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
31. 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
32. How old were you when you first tried a tobacco product flavored to taste like menthol (mint), clove, spice, alcohol (wine or cognac), candy, fruit, chocolate, or other sweets?
- A. I have never tried a flavored tobacco product
  - B. 8 years or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older

33. During the past 12 months, did you ever try **to quit** using **all** tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
- A. I did not use any tobacco products during the past 12 months
  - B. Yes
  - C. No

**The next 4 questions ask about exposure to tobacco products**

34. During the past 7 days, were you in the same **room** with someone who was smoking cigarettes?
- A. Yes
  - B. No
35. During the past 7 days, were you in the same **car** with someone who was smoking cigarettes?
- A. Yes
  - B. No
36. During the past 12 months, did a doctor, dentist, or nurse ask you if you smoke?
- A. I did not talk with a doctor, dentist, or nurse during the past 12 months
  - B. Yes
  - C. No
  - D. Not sure
37. When you go to a convenience store, supermarket, or gas station, how often do you see ads for cigarettes or other tobacco products?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**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.**

38. 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
39. During the past 30 days, what is the largest number of alcoholic drinks you had in a row?
- A. I did not drink alcohol during the past 30 days
  - B. 1 or 2 drinks
  - C. 3 drinks
  - D. 4 drinks
  - E. 5 drinks
  - F. 6 or 7 drinks
  - G. 8 or 9 drinks
  - H. 10 or more drinks

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

40. 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

41. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

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

42. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
  - B. No
43. 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
44. Have you ever taken **prescription stimulants** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Adderall or Ritalin.)
- A. Yes
  - B. No

**The next 2 questions ask about sexual behavior.**

45. Have you ever had sexual intercourse?
- A. Yes
  - B. No
46. Have you ever had oral sex?
- A. Yes
  - B. No

**The next 3 questions ask about nutrition.**

47. 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
48. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- A. I did not drink water 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
49. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

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

50. 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
51. 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
52. 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

53. In an average week when you are in school, on how many days do you get physical activity breaks while you are at school? (Count recess, time before or after class, or short breaks during class. Do not count your physical education (PE) class.)
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
54. In an average week when you are in school, on how many days do you walk or ride your bike **to school** when weather allows you to do so?
- 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.**

55. 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 17 questions ask about other health-related topics.**

56. If you wanted to get cigarettes, how hard or easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
57. If you wanted to get alcohol, how hard or easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
58. If you wanted to get marijuana, how hard or easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
59. How wrong do your parents or guardians feel it would be for you to smoke cigarettes?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
  - E. Not sure
60. How wrong do your parents or guardians feel it would be for you to drink alcohol?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
  - E. Not sure
61. How wrong do your parents or guardians feel it would be for you to use marijuana?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
  - E. Not sure

62. How wrong do you think it is for **someone your age** to smoke cigarettes?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
63. How wrong do you think it is for **someone your age** to drink alcohol?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
64. How wrong do you think it is for **someone your age** to use marijuana?  
 A. Very wrong  
 B. Wrong  
 C. A little bit wrong  
 D. Not wrong at all
65. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?  
 A. No risk  
 B. Slight risk  
 C. Moderate risk  
 D. Great risk
66. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?  
 A. No risk  
 B. Slight risk  
 C. Moderate risk  
 D. Great risk
67. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?  
 A. No risk  
 B. Slight risk  
 C. Moderate risk  
 D. Great risk
68. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?  
 A. Yes  
 B. No  
 C. Not sure
69. 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
70. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents?  
 A. 0 days  
 B. 1 day  
 C. 2 days  
 D. 3 days  
 E. 4 days  
 F. 5 days  
 G. 6 days  
 H. 7 days
71. Do you agree or disagree that in your community you feel like you matter to people?  
 A. Strongly agree  
 B. Agree  
 C. Not sure  
 D. Disagree  
 E. Strongly disagree
72. 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.**