

# 2015 South Carolina 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
- Are either of your parents or other adults in your family serving on active duty in the military?
  - Yes
  - No

**The next 4 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 rollerblade or ride a skateboard**, how often do you wear a helmet?
  - I do not rollerblade or ride a skateboard
  - 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

**The next 3 questions ask about violence-related behaviors.**

- Have you ever carried a **weapon**, such as a gun, knife, or club?
  - Yes
  - No
- Have you ever been in a physical fight?
  - Yes
  - No
- Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
  - Yes
  - No

**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

15. Have you ever been **electronically** bullied?  
(Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)  
A. Yes  
B. No

**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 7 questions ask about tobacco use.**

19. Have you ever tried cigarette smoking, even one or two puffs?  
A. Yes  
B. No
20. 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
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

23. 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 got them on the Internet  
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

24. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?  
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 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 electronic vapor products, such as blu, NJOY, or Starbuzz. 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

**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?  
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
30. During the past 30 days, on how many days did you have at least one drink of alcohol?  
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 marijuana use. Marijuana also is called grass or pot.**

31. Have you ever used marijuana?  
A. Yes  
B. No

32. 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 4 questions ask about other drugs.**

33. Have you ever used **any** form of cocaine, including powder, crack, or freebase?  
A. Yes  
B. No
34. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?  
A. Yes  
B. No
35. Have you ever taken **steroid pills or shots** without a doctor's prescription?  
A. Yes  
B. No
36. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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 5 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
43. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
44. 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** count meal replacement products such as Slim Fast.)
- A. Yes
  - B. No
45. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No

**The next 2 questions ask about eating habits.**

46. 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

47. 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 6 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 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
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? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, 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. 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
52. 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
53. 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 9 questions ask about other health-related topics.**

54. 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
55. How would you describe the condition of your teeth?
- A. Excellent
  - B. Very good
  - C. Good
  - D. Fair
  - E. Poor

56. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
57. Have you ever been taught in school about sexually transmitted diseases (STDs)?
- A. Yes
  - B. No
  - C. Not sure
58. Have you ever been taught in school about birth control methods?
- A. Yes
  - B. No
  - C. Not sure
59. Have you ever been taught in school about the benefits of not having sexual intercourse to prevent pregnancy and sexually transmitted diseases?
- A. Yes
  - B. No
  - C. Not sure
60. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
61. 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
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.**