



## Kenmore-Tonawanda 2018 Youth Risk Behavior Survey - Middle School

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.

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 and your answers are not linked to your log-in.

Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

1. What school do you attend?

2. What is your sex?

Female

Male

3. 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

4. In what grade are you?

- 6th grade
- 7th grade
- 8th grade
- Ungraded or other grade

5. Are you Hispanic or Latino?

- Yes
- No

6. 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

7. Would you say that in general your health is \_\_\_\_\_?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know / Not sure

8. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- Not sure



**The next 4 questions ask about safety.**

9. 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

10. 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

11. How often do you wear a seat belt when riding in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

12. 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.**

13. Have you ever carried a weapon, such as a gun, knife or club?

Yes

No

14. Have you ever been in a physical fight?

Yes

No

15. 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



Kenmore-Tonawanda Youth Risk Behavior Survey - Middle School 2018

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.

16. Have you ever been bullied on school property?

- Yes
- No

17. Have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- 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.**

18. Have you ever seriously thought about killing yourself?

- Yes
- No

19. Have you ever made a plan about how you would kill yourself?

- Yes
- No

20. Have you ever tried to kill yourself?

- Yes
- No





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

21. Have you ever tried cigarette smoking, even one or two puffs?

- Yes
- No

22. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never tried cigarette smoking, not even one or two puffs
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

23. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

24. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day



The next 2 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.

25. Have you ever used an electronic vapor product?

- Yes
- No

26. During the past 30 days, on how many days did you use an electronic vapor product?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days



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

27. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, snus, or dissolvable products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Suns, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

28. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- 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.**

29. Have you ever had a drink of alcohol, other than a few sips?

- Yes
- No

30. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older



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

31. Have you ever used marijuana?

- Yes
- No

32. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 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?

Yes

No

34. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

Yes

No

35. Have you ever taken steroid pills or shots without a doctor's prescription?

Yes

No

36. Have you ever taken a 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.)

Yes

No



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

37. Have you ever had sexual intercourse?

- Yes
- No

38. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

39. With how many people have you ever had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people



40. The last time you had sexual intercourse, did you or your partner use a condom?

I have never had sexual intercourse

Yes

No



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

41. During the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days



**The next 4 questions ask about physical activity.**

42. 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.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

43. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

44. 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 on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook or other social media.)

- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

45. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- 0 teams
- 1 team
- 2 teams
- 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.**

46. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times



**The next 3 questions ask about other health-related topics.**

47. Have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not sure

48. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not sure

49. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours



**The next question deals with school attendance.**

50. During the previous school year, choose up three (3) of the main reasons you were absent from school.

- Illness
- Transportation issue
- School feels too unsafe
- Caring for family member(s)
- Pregnant or parenting
- Tooth pain or dental-related problem
- Suspension
- Appointment (doctor, dentist, therapist, etc.)
- Embarrassed about school performance
- Worried about what teachers or other adults may say or do to me because of my school performance
- School work is not interesting
- Overslept or alarm did not go off
- Funeral or family or close relative's death
- I was not absent during the last school year

Other (please specify)



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**This is the end of the survey.**

**Thank you very much for your help.**





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**If any survey questions bring up issues you would like to confidentially discuss with an adult, there are staff at this school (counselor, social worker, psychologist) or you can call the Child Abuse and Maltreatment Hot Line 800-342-3720.**