

2013 Georgia 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 3 questions ask about violence-related behaviors.

10. Have you ever carried a **weapon**, such as a gun, knife, or club?
 - A. Yes
 - B. No

11. Have you ever been in a physical fight?
 A. Yes
 B. No
12. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
 A. Yes
 B. 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.

13. Have you ever been bullied **on school property**?
 A. Yes
 B. No
14. 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.

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 8 questions ask about tobacco use.

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

22. 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 bought them from a vending machine
 - 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
23. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No
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 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.

26. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No
27. 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
28. 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.

29. Have you ever used marijuana?
A. Yes
B. No
30. 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 7 questions ask about other drugs.

31. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
A. Yes
B. No
32. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
A. Yes
B. No
33. 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

34. During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
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
35. How old were you when you took a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription for the first time?
A. I have never taken a prescription drug without a doctor's prescription
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
36. Do you agree or disagree that it is easy to get prescription drugs without a doctor's prescription?
A. Strongly agree
B. Agree
C. Not sure
D. Disagree
E. Strongly disagree
37. Do you agree or disagree that using prescription drugs without a doctor's prescription is harmful to your health?
A. Strongly agree
B. Agree
C. Not sure
D. Disagree
E. Strongly disagree

The next 3 questions ask about body weight.

38. 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
39. 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
40. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
A. Yes
B. No

The next 17 questions ask about food you ate or drank. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

41. Yesterday, how many times did you eat **fruit**? (Do **not** count fruit juice.)
A. 0 times
B. 1 time
C. 2 times
D. 3 or more times
42. Yesterday, how many times did you drink **100% fruit juice** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
A. 0 times
B. 1 time
C. 2 times
D. 3 or more times

43. Yesterday, how many times did you eat **green salad**?
A. 0 times
B. 1 time
C. 2 times
D. 3 or more times
44. Yesterday, how many times did you eat **other vegetables**? (Do **not** count green salad.)
A. 0 times
B. 1 time
C. 2 times
D. 3 or more times
45. Yesterday, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
A. 0 times
B. 1 time
C. 2 times
D. 3 or more times
46. Yesterday, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
A. 0 times
B. 1 time
C. 2 times
D. 3 or more times
47. What kind of milk do you **usually** drink? (Select only **one** response.)
A. I do not drink milk
B. Whole milk
C. 2% milk
D. 1% milk
E. Skim or non-fat milk
F. Not sure

48. Yesterday, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times
49. Yesterday, how many times did you drink a cup, can, or bottle of **coffee, coffee drinks, or any kind of tea**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times
50. Yesterday, how many times did you drink a **can, bottle, or glass of a sports drink** such as Gatorade or PowerAde? (Do **not** count low-calorie sports drinks such as Propel or G2.)
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times
51. Yesterday, how many times did you drink a **can, bottle, or glass of an energy drink**, such as Red Bull or Jolt? (Do **not** count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times
52. Yesterday, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times
53. 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
54. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
55. Which of these statements **best** describes healthy eating to you? (Select only **one** response.)
- A. Eating fruits and vegetables
 - B. Avoiding "junk" food
 - C. Limiting sugary foods and drinks
 - D. Not eating very much

56. Why are you **most likely** to eat healthy foods? (Select only **one** response.)
- A. I do not eat healthy foods
 - B. My friends are watching
 - C. I like how healthy foods taste
 - D. My family eats healthy foods
 - E. My doctor told me to
 - F. I want to look good
 - G. I want to be healthy
 - H. Some other reason

57. Where are you **most likely** to eat healthy foods? (Select only **one** response.)
- A. I do not eat healthy foods
 - B. At home
 - C. At school
 - D. At a restaurant
 - E. Some other place

The next 10 questions ask about physical activity.

58. 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

59. 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

60. 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

61. 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

62. On how many of the past 7 days did you do **stretching exercises**, such as toe touching, knee bending, or leg stretching?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
63. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
64. Why are you **most likely** to exercise? (Select only **one** response.)
- A. I do not exercise
 - B. My friends exercise
 - C. I enjoy exercise
 - D. My family exercises
 - E. My doctor told me to
 - F. I want to look good
 - G. I want to be healthy
 - H. Some other reason
65. Where are you **most likely** to exercise? (Select only **one** response.)
- A. I do not exercise
 - B. At home
 - C. At school
 - D. At a fitness center
 - E. Some other place

66. Who are you **most likely** to exercise with? (Select only **one** response.)
- A. I do not exercise
 - B. My friends
 - C. Myself
 - D. Someone in my family
 - E. Someone else
67. 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 7 questions ask about other health-related topics.

68. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure
69. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
70. 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
71. How many cavities have you had in your permanent teeth?
- A. 0 cavities
 - B. 1 cavity
 - C. 2 or 3 cavities
 - D. 4 or 5 cavities
 - E. 6 or more cavities
 - F. Not sure

72. 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
73. During the past 12 months, how many times have you missed school because of problems with your teeth or mouth?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

74. During the past 12 months, how many times did you go to an emergency room or urgent care center for problems with your teeth or mouth?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

**This is the end of the survey.
Thank you very much for your help.**