

2015 District of Columbia 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. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. 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

6. How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

7. How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
●	①	⑩
②	①	①
③	②	●
	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. 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

9. Which of the following best describes you?
 A. Heterosexual (straight)
 B. Gay or lesbian
 C. Bisexual
 D. Not sure
10. A **transgender** person is someone whose biological sex at birth **does not match** the way they think or feel about themselves. Are you **transgender**?
 A. No, I am not transgender
 B. Yes, I am transgender and I think of myself as really a boy or man
 C. Yes, I am transgender and I think of myself as really a girl or woman
 D. Yes, I am transgender and I think of myself in some other way
 E. I do not know if I am transgender
 F. I do not know what this question is asking
11. Is one or more of your parents or guardians gay, lesbian, bisexual, or transgender?
 A. Yes
 B. No
 C. Not sure
12. 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

The next 3 questions ask about safety.

13. During the past 12 months, when you rode a bicycle or used rollerblades or a skateboard, how often did you wear a helmet?
 A. I did not ride a bicycle or use rollerblades or a skateboard during the past 12 months
 B. Never wore a helmet
 C. Rarely wore a helmet
 D. Sometimes wore a helmet
 E. Most of the time wore a helmet
 F. Always wore a helmet
14. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
 A. 0 times
 B. 1 time
 C. 2 or 3 times
 D. 4 or 5 times
 E. 6 or more times

15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
 A. I did not drive a car or other vehicle during the past 30 days
 B. 0 times
 C. 1 time
 D. 2 or 3 times
 E. 4 or 5 times
 F. 6 or more times

The next 13 questions ask about violence-related behaviors.

16. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?
 A. 0 days
 B. 1 day
 C. 2 or 3 days
 D. 4 or 5 days
 E. 6 or more days
17. 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
18. During the past 12 months, how many times have you been afraid of being beaten up **at school**?
 A. 0 times
 B. 1 time
 C. 2 or 3 times
 D. 4 or 5 times
 E. 6 or 7 times
 F. 8 or 9 times
 G. 10 or 11 times
 H. 12 or more times
19. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
 A. 0 times
 B. 1 time
 C. 2 or 3 times
 D. 4 or 5 times
 E. 6 or 7 times
 F. 8 or 9 times
 G. 10 or 11 times
 H. 12 or more times

20. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **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
21. During the past 12 months, how many times were you in a physical fight?
- 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
22. 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
23. During the past 12 months, how many times have you been harassed **on school property** because someone thought you were gay, lesbian, bisexual, or transgendered?
- 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
24. During the past 12 months, have you been a member of a gang or crew?
- Yes
 - No
25. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes
 - No
26. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
27. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- I did not date or go out with anyone during the past 12 months
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
28. During the past 12 months, have you seen or heard people where you live be violent and abusive? (This is not 'play fighting' but could include serious hitting, shouting, throwing items, yelling, or name calling.)
- Yes
 - No
- The next 3 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.**
29. During the past 12 months, have you ever been bullied **on school property**?
- Yes
 - No
30. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- Yes
 - No
31. During the past 12 months, have you ever bullied someone else **on school property**?
- Yes
 - No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

32. 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
33. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
B. No
34. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
B. No
35. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times
36. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
B. Yes
C. No

The next 3 questions ask about tobacco use.

37. 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 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older

38. 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
39. 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.

40. Have you ever used an electronic vapor product?
- A. Yes
B. No
41. 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 6 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.

42. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
B. 1 or 2 days
C. 3 to 9 days
D. 10 to 19 days
E. 20 to 39 days
F. 40 to 99 days
G. 100 or more days

43. 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 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
44. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 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
45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days
46. How much do you think people risk harming themselves (physically or in other ways) if they have 5 or more drinks of alcohol once or twice a week?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
47. How do you think your close friends would feel about you having one or more drinks of alcohol nearly every day?
- Strongly approve
 - Approve
 - Neither approve nor disapprove
 - Disapprove
 - Strongly disapprove

The next 4 questions ask about marijuana use. Marijuana also is called grass, pot, or hashish.

48. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older

49. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
50. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once a month?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
51. How do you think your close friends would feel about you using marijuana once a month or more?
- Strongly approve
 - Approve
 - Neither approve nor disapprove
 - Disapprove
 - Strongly disapprove

The next 10 questions ask about other drugs.

52. During your life, how many times have you used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
53. During the past 30 days, how many times did you use **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
54. How much do you think people risk harming themselves (physically or in other ways) if they smoke synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks) once a month?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

55. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
56. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
57. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
58. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
59. During your life, how many times have you used **ecstasy** (also called MDMA)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
60. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

61. During the past 30 days, how many times did you use any illegal drugs?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next 13 questions ask about sexual behavior.

62. Have you ever had sexual intercourse?
- Yes
 - No
63. How old were you when you had sexual intercourse for the first time?
- I have never had sexual intercourse
 - 11 years old or younger
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
64. During your life, with how many people have you had sexual intercourse?
- I have never had sexual intercourse
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
65. During the past 3 months, with how many people did you have sexual intercourse?
- I have never had sexual intercourse
 - I have had sexual intercourse, but not during the past 3 months
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
66. The **last time** you had sexual intercourse, how many years younger or older than you was your partner?
- I have never had sexual intercourse
 - 5 or more years younger
 - 3 to 4 years younger
 - About the same age
 - 3 to 4 years older
 - 5 or more years older
 - Not sure

67. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
 A. I have never had sexual intercourse
 B. Yes
 C. No
68. 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
69. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
 A. I have never had sexual intercourse
 B. No method was used to prevent pregnancy
 C. Birth control pills
 D. Condoms
 E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 G. Withdrawal or some other method
 H. Not sure
70. During your life, with whom have you had sexual contact?
 A. I have never had sexual contact
 B. Females
 C. Males
 D. Females and males
71. During your life, with how many people have you had oral sex?
 A. I have never had oral sex
 B. 1 person
 C. 2 people
 D. 3 people
 E. 4 people
 F. 5 people
 G. 6 or more people
72. During your life, have you or your partner ever used a female condom when you had sexual intercourse?
 A. I have never had sexual intercourse
 B. Yes
 C. No
73. The **last time** you had anal sex, did you or your partner use a condom?
 A. I have never had anal sex
 B. Yes
 C. No

74. How many times have you been pregnant or gotten someone pregnant?
 A. 0 times
 B. 1 time
 C. 2 or more times
 D. Not sure

The next 5 questions ask about body weight.

75. How do **you** describe your weight?
 A. Very underweight
 B. Slightly underweight
 C. About the right weight
 D. Slightly overweight
 E. Very overweight
76. 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
77. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
 A. Yes
 B. No
78. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
 A. Yes
 B. No
79. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
 A. Yes
 B. No

The next 10 questions ask about food you ate or drank during the past 7 days. 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.

80. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 A. I did not drink 100% fruit juice 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

81. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
82. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
83. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
84. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
85. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
86. During the past 7 days, 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.)
- I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
87. 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
88. During the past 7 days, on how many days did you eat at a fast food chain or carry out restaurant?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
89. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 4 questions ask about physical activity.

90. 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
91. 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
92. 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
93. 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 6 questions ask about other topics.

94. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure
95. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
 - B. No
 - C. Not sure
96. Have you ever been tested for a sexually transmitted disease (STD)?
- A. Yes
 - B. No
 - C. Not sure
97. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
98. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
- A. Yes
 - B. No
 - C. Not sure
99. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?
- A. Yes
 - B. No

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