

# 2019 District of Columbia 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
  - Which of the following best describes you?
    - Heterosexual (straight)
    - Gay or lesbian
    - Bisexual
    - Not sure
  - A transgender person is someone who does not feel the same inside as the sex they were born with. Are you **transgender**?
    - No, I am not transgender
    - Yes, I am transgender
    - I do not know if I am transgender
    - I do not know what this question is asking
  - A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?
    - Very feminine
    - Mostly feminine
    - Somewhat feminine
    - Equally feminine and masculine
    - Somewhat masculine
    - Mostly masculine
    - Very masculine
  - In what District of Columbia ward do you live?
    - Ward 1
    - Ward 2
    - Ward 3
    - Ward 4
    - None of these
    - Not sure
  - In what District of Columbia ward do you live?
    - Ward 5
    - Ward 6
    - Ward 7
    - Ward 8
    - None of these
    - Not sure
- The next 8 questions ask about violence-related behaviors.**
- Have you ever carried a **weapon**, such as a gun, knife, or club?
    - Yes
    - No

12. 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
13. 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
14. Have you ever been in a physical fight?
- A. Yes
  - B. No
15. 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.)
- A. Yes
  - B. No
16. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

17. 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.)
- A. I did not date or go out with anyone during the past 12 months
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
18. During the past 12 months, did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
- A. I did not date or go out with anyone during the past 12 months
  - B. Yes
  - C. 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.**

19. Have you ever been bullied **on school property**?
- A. Yes
  - B. No
20. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
  - B. No

21. During the past 12 months, have you ever bullied someone **on school property**?
- 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.**

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

**The next 2 questions ask about cigarette smoking.**

25. 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
26. 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

**The next question asks about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

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 2 questions ask about other tobacco products.**

28. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (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
29. 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 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.**

30. 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
31. 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 pot, weed, or cannabis.**

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

33. 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 question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.**

34. During the past 30 days, how many times did you use **synthetic 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 question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

35. 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

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

36. Have you ever used **any** form of cocaine, including powder, crack, or freebase?  
A. Yes  
B. No
37. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?  
A. Yes  
B. No
38. Have you ever taken **steroid pills or shots** without a doctor's prescription?  
A. Yes  
B. No

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

39. Have you ever had sexual intercourse?  
A. Yes  
B. No
40. 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
41. 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

42. 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 3 questions ask about body weight.**

43. How do **you** describe your weight?  
A. Very underweight  
B. Slightly underweight  
C. About the right weight  
D. Slightly overweight  
E. Very overweight
44. 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
45. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?  
A. Yes  
B. No

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

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

**The next 2 questions ask about physical activity.**

47. 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
48. 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- 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

**The next 10 questions ask about other health-related topics.**

49. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure

50. 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
51. 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
52. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
- A. I do not feel sad, empty, hopeless, angry, or anxious
  - B. Parent or other adult family member
  - C. Teacher or other adult in this school
  - D. Other adult
  - E. Friend
  - F. Sibling
  - G. Not sure
53. 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
54. 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

55. During the past 30 days, where did you usually sleep?
- A. In my parent's or guardian's home
  - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
  - C. In a shelter or emergency housing
  - D. In a motel or hotel
  - E. In a car, park, campground, or other public place
  - F. I do not have a usual place to sleep
  - G. Somewhere else
56. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
- A. Yes
  - B. No

57. 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
58. Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?
- A. Yes
  - B. No

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