

2018 New York City 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
6. Was either of your parents born outside of the United States? (Count Puerto Rico and the U.S. Virgin Islands as **outside** of the U.S.)
 - A. Yes
 - B. No
 - C. Not sure

7. A transgender person is someone who does not feel the same inside as the sex they were born with. Are you **transgender**?
 - A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I do not know if I am transgender
 - D. I do not know what this question is asking
8. Who are you sexually attracted to?
 - A. Girls
 - B. Boys
 - C. Girls and boys
 - D. Not sure

The next 2 questions ask about safety.

9. **When you ride a bicycle, scooter or skateboard**, how often do you wear a helmet?
 - A. I do not ride a bicycle, scooter, or 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
10. 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

The next 3 questions ask about violence-related behaviors.

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

12. Have you ever been in a physical fight?
 A. Yes
 B. No
13. Did **someone you were dating or going out with** ever 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.)
 A. I have never dated or gone out with someone
 B. Yes
 C. 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.

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

The next 2 questions ask about mental health.

16. During the past 30 days, have you often been bothered by feeling down, depressed, irritable, or hopeless?
 A. Yes
 B. No

17. Did you ever do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
 A. Yes
 B. No

The next 2 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?
 A. Yes
 B. No
19. Have you ever **tried** to kill yourself?
 A. Yes
 B. No

The next 3 questions ask about cigarette smoking.

20. Have you ever tried cigarette smoking, even one or two puffs?
 A. Yes
 B. No
21. 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

22. 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 2 questions ask 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.

23. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
24. 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 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.

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

26. 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

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

27. Have you ever used marijuana?
- A. Yes
 - B. No
28. 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 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.

29. 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 sexual behavior.

30. Have you ever had sexual intercourse?
A. Yes
B. No
31. 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
32. During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself?
A. Yes
B. No

The next question asks about body weight.

33. How do **you** describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight

The next question asks about eating breakfast.

34. 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 5 questions ask about physical activity.

35. 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
36. 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
37. 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
38. 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

39. 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 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.

40. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

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

41. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure

42. Has a dentist, doctor, or nurse ever told you that you have a dental cavity or decayed teeth?
- A. Yes
 - B. No
 - C. Not sure
43. How would you describe your swimming ability?
- A. I do not know how to swim
 - B. I can swim a little and can float in shallow water
 - C. I can swim somewhat well but cannot swim the entire length of a pool
 - D. I can swim the entire length of a pool
44. What time do you usually wake up on school mornings?
- A. Before 6:00 AM
 - B. Between 6:00 and 6:29 AM
 - C. Between 6:30 and 6:59 AM
 - D. Between 7:00 and 7:29 AM
 - E. 7:30 AM or later
45. What time do you usually go to sleep on school nights?
- A. Before 8:00 PM
 - B. Between 8:00 and 8:29 PM
 - C. Between 8:30 and 8:59 PM
 - D. Between 9:00 and 9:29 PM
 - E. Between 9:30 and 9:59 PM
 - F. 10:00 PM or later
46. During the past 12 months, was there a time when you did not have a usual place to sleep or slept in a homeless shelter?
- A. Yes
 - B. No
47. During the past 12 months, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
- A. Yes
 - B. No

48. 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
49. Is there at least one adult in your life who you can talk to if you have a problem? (Count adult family members, adults at school, and adults at activities outside of school.)
- A. Yes
 - B. No
 - C. Not sure

50. Has either of your parents ever served time in jail or prison?
- A. Yes
 - B. No
 - C. Not sure

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