

National Youth Risk Behavior Survey - DMS

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.

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. When you are finished, follow the instructions of the person giving you the survey.

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-0493)

* Required

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

What is your sex? *

- A. Female
- B. Male

In what grade are you? *

- A. 6th grade
- B. 7th grade
- C. 8th grade
- D. Ungraded or other grade

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
- F. Hispanic or Latino

The next 2 questions ask about safety.

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

Have you ever ridden in a car driven by someone who had been drinking alcohol? *

- A. Yes
- B. No
- C. Not sure

The next question asks about violence-related behaviors.

Have you ever carried a weapon, such as a gun, knife, or club on school property? *

- 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.

Have you ever been bullied on school property? *

- A. Yes
- B. No

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

- 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.

Have you ever seriously thought about killing yourself? *

- A. Yes
- B. No

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

- A. Yes
- B. No

Have you ever tried to kill yourself? *

- A. Yes
- B. No

The next 2 questions ask about cigarette smoking.

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

- A. Yes
- B. No

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

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.

Have you ever used an electronic vapor product? *

- A. Yes
- B. No

The next question asks about other tobacco products.

Have you ever used cigars, cigarettos, little cigars, 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. Yes
- B. No

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.

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

- A. Yes
- B. No

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.

Have you ever used marijuana? *

- A. Yes
- B. No

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 ask 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.

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 2 questions ask about other drugs.

Have you ever used any form of cocaine, including powder, crack, or freebase? *

- A. Yes
- B. No

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

- A. Yes
- B. No

The next 2 questions ask about sexual behavior.

Have you ever had sexual intercourse? *

- A. Yes
- B. No

If you answered yes to the question above regarding sexual intercourse, did you or your partner use a condom? *

- A. I have never had sexual intercourse
- B. Yes
- C. No

The next 2 questions ask about body weight.

How do you describe your weight? *

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

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

The next question asks about eating breakfast.

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 3 questions ask about physical activity.

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

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

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 other health-related topics.

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

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

SUBMIT

National Youth Risk Behavior Survey - DHS

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.

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* Required

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

What is your sex? *

- A. Female
- B. Male

In what grade are you? *

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. Ungraded or other grade

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
- F. Hispanic or Latino

The next 3 questions ask about safety.

How often do you wear a seat belt when riding in a car driven by someone else? *

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

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

Did you ever text or e-mail while driving a car or other vehicle? *

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- C. 1 or 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 to 29 days
- H. All 30 days

The next 4 questions ask about violence-related behaviors.

During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? *

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

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

Have you ever been physically forced to have sexual intercourse when you did not want to? *

- A. Yes
- B. No

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

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.

Have you ever been bullied on school property? *

- A. Yes
- B. No

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 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.

Did you ever seriously consider attempting suicide? *

- A. Yes
- B. No

Did you make a plan about how you would attempt suicide? *

- A. Yes
- B. No

The next 2 questions ask about cigarette smoking.

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

- A. Yes
- B. No

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 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

The next question 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.

Have you ever used an electronic vapor product? *

- A. Yes
- B. No

The next question asks about other tobacco products.

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, cigars, cigarillos, or little cigars? (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

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.

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 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

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

What is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours? *

- A. I did not drink alcohol during the past 30 days
- B. 1 or 2 drinks
- C. 3 drinks
- D. 4 drinks
- E. 5 drinks
- F. 6 or 7 drinks
- G. 8 or 9 drinks
- H. 10 or more drinks

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

During your life, how many times have you used 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 to 99 times
- G. 100 or more times

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 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

The next question ask 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.

During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? *

- 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 5 questions ask about other drugs.

During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? *

- 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

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? *

- 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

During your life, how many times have you used heroin (also called smack, junk, or China White), methamphetamines (also called speed, crystal meth, crank, ice or meth), ecstasy (also called MDMA), hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms? *

- 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

During your life, how many times have you used a needle to inject any illegal drug into your body? *

- A. 0 times
- B. 1 time
- C. 2 or more times

Has anyone offered, sold, or given you an illegal drug on school property? *

- A. Yes
- B. No

The next 3 questions ask about sexual behavior.

Have you ever had sexual intercourse? *

- A. Yes
- B. No

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

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

If you answered yes, did you drink alcohol or use drugs before you had sexual intercourse? *

- A. I have never had sexual intercourse
- B. Yes
- C. No

If you answered yes, did you and your partner use a condom? *

- A. Yes
- B. No

The next 2 questions ask about food.

During the week, 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

Are there any foods that you have to avoid because eating the food could cause an allergic reaction, such as skin rashes, swelling, itching, vomiting, coughing, or trouble breathing? *

- A. Yes
- B. No
- C. Not sure

The next question ask about physical activity.

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 5 questions ask about other health-related topics.

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

During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea? *

- A. Yes
- B. No
- C. Not sure

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

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

Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions? *

- A. Yes
- B. No

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

SUBMIT