

2017 Nevada 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. Are either of your parents or other adults in your home serving on active duty in the military?
 - A. Yes
 - B. No

7. During the past 12 months, has a parent or other adult in your home serving on active duty in the military **ever been deployed** outside the United States?
 - A. I do not have a parent or guardian who has ever served in the military.
 - B. Yes
 - C. No
8. Do you currently qualify for or get free or reduced price lunches at school?
 - A. Yes
 - B. No
 - C. Not sure

The next 4 questions ask about safety.

9. **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
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
11. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure
12. Have you ever ridden in a car driven by someone who had been using marijuana (also called grass, pot, or weed)?
 - A. Yes
 - B. No
 - C. Not sure

The next 10 questions ask about violence-related behaviors.

13. During the past 30 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. Yes
B. No
14. During the past 12 months, did you carry a **weapon**, such as a gun, knife, or club **on school property**?
A. Yes
B. No
15. During the past 12 months, were you in a **physical fight**?
A. Yes
B. No
16. During the past 12 months, were you in a physical fight **on school property**?
A. Yes
B. No
17. During the past 12 months, has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
A. Yes
B. No
18. How often do you feel safe and secure at school?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
19. Have you ever been hit, beaten, kicked, or physically hurt in any way by an adult? (Do not include being spanked for bad behavior.)
A. Yes
B. No
20. Have you ever seen or heard adults in your home slap, hit, kick, punch, or beat each other up?
A. Yes
B. No

21. How often has an adult in your home **ever** sworn at you, insulted you, or put you down?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
22. Have you ever been physically forced to have sexual intercourse when you did not want to?
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.

23. During the past 12 months, have you ever been bullied **on school property**?
A. Yes
B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
A. Yes
B. No

The next question asks about hurting yourself on purpose.

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

The next 5 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

26. Have you ever felt 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
27. Have you ever **seriously** thought about killing yourself?
A. Yes
B. No
28. Have you ever made a **plan** about how you would kill yourself?
A. Yes
B. No
29. Have you ever **tried** to kill yourself?
A. Yes
B. No
30. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
A. I do not feel sad, empty, hopeless, angry, or anxious
B. Never
C. Rarely
D. Sometimes
E. Most of the time
F. Always

The next 5 questions ask about cigarette smoking.

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

32. 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
33. 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
34. 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
35. 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 got them on the Internet
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

The next 4 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

36. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
37. How old were you when you first tried an electronic vapor product?
- A. I have never tried an electronic vapor product
 - 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
38. 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
39. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - C. I got them on the Internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed them from someone else
 - F. A person 18 years old or older gave them to me
 - G. I took them from a store or another person
 - H. I got them some other way

The next 2 questions ask about other tobacco products.

40. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (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
41. 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.

42. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No
43. 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

44. 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 4 questions ask about marijuana use. Marijuana also is called grass, pot, or weed.

45. Have you ever used marijuana?
- A. Yes
 - B. No
46. 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
47. During the past 30 days, on how many days did you use marijuana?
- 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
48. During the past 30 days, how did you **usually** use marijuana?
- A. I did not use marijuana during the past 30 days
 - B. I smoked it in a joint, bong, pipe, or blunt
 - C. I ate it in food such as brownies, cakes, cookies, or candy
 - D. I drank it in tea, cola, alcohol, or other drinks
 - E. I vaporized it
 - F. I used it some other way

The next 7 questions ask about other drugs.

49. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
 - B. No
50. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
 - B. No
51. Have you ever used **heroin** (also called smack, junk, or China White)?
- A. Yes
 - B. No
52. Have you ever used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. Yes
 - B. No
53. Have you ever used **ecstasy** (also called MDMA)?
- A. Yes
 - B. No
54. Have you ever used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
- A. Yes
 - B. No
55. 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 eating habits.

56. 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
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

The next 4 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, 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 iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
- A. I do not watch TV, 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
60. 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
61. 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 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.

62. 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 6 questions ask about other health-related topics.

63. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
- A. Yes
 - B. No
 - C. Not sure
64. Have you ever lived with someone who was a problem drinker or alcoholic or abused street or prescription drugs?
- A. Yes
 - B. No
 - C. Not sure
65. How often do your parents or other adults in your family ask where you are going or with whom you will be?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

66. 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
67. 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
68. 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

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