

2021 North Carolina 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

The next 3 questions ask about safety.

- When you ride a bicycle**, how often do you wear a helmet?
 - I do not ride a bicycle
 - Never wear a helmet
 - Rarely wear a helmet
 - Sometimes wear a helmet
 - Most of the time wear a helmet
 - Always wear a helmet

- When you rollerblade or ride a skateboard**, how often do you wear a helmet?
 - I do not rollerblade or ride a skateboard
 - Never wear a helmet
 - Rarely wear a helmet
 - Sometimes wear a helmet
 - Most of the time wear a helmet
 - Always wear a helmet

- Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - Yes
 - No
 - Not sure

The next 5 questions ask about violence-related behaviors and experiences.

- Have you ever carried a **weapon**, such as a gun, knife, or club?
 - Yes
 - No
- Have you ever been in a physical fight?
 - Yes
 - No
- Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
 - Yes
 - No
- 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?
 - Yes
 - No
- How long would it take you to get and be ready to fire a loaded gun **without a parent or other adult's permission**? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.
 - I could not get a loaded gun
 - Less than 10 minutes
 - 10 or more minutes, but less than 1 hour
 - 1 or more hours, but less than 4 hours
 - 4 or more hours, but less than 24 hours
 - 24 or more hours

The next 4 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
16. Have you seen other students being bullied in your school?
- A. Yes
B. No
C. Not sure
17. Have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
- A. Yes
B. No

The next 4 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

18. 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
19. Have you ever **seriously** thought about killing yourself?
- A. Yes
B. No
20. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
B. No

21. Have you ever **tried** to kill yourself?
- A. Yes
B. No

The next question asks about cigarette smoking.

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 4 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, 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

25. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I got or bought them from a friend, family member, or someone else
 - C. I bought them myself in a vape shop or tobacco shop
 - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
 - E. I bought them myself at a mall or shopping center kiosk or stand
 - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
 - G. I took them from a store or another person
 - H. I got them in some other way

26. What is the **main** reason you have used electronic vapor products? (Select only **one** response.)
- A. I have never used an electronic vapor product
 - B. Friend or family member used them
 - C. To get a high or buzz from nicotine
 - D. I was feeling anxious, stressed, or depressed
 - E. I was curious about them
 - F. They are less harmful than other forms of tobacco
 - G. They are available in flavors, such as mint, candy, fruit, or chocolate
 - H. I used them for some other reason

The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

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

28. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

The next 2 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

29. Have you ever used marijuana?
- A. Yes
 - B. No
30. During the past 30 days, did you use marijuana?
- A. Yes
 - B. No

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.

31. Have you ever taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. Yes
 - B. No

The next 3 questions ask about other drugs.

32. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
A. Yes
B. No
33. Have you ever used **heroin** (also called smack, junk, or China White)?
A. Yes
B. No
34. Have you ever used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
A. Yes
B. No

The next 6 questions ask about abstinence, AIDS and STD education, and sexual behavior.

35. Have you ever been taught about abstaining from sexual activity?
A. Yes
B. No
C. Not sure
36. Have you ever been taught about AIDS or HIV infection in school?
A. Yes
B. No
C. Not sure
37. Have you ever been taught about chlamydia, gonorrhea, syphilis, human papillomavirus, or genital warts?
A. Yes
B. No
C. Not sure

38. When you have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention, with whom do you usually talk?
A. I do not have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention
B. Doctor or nurse
C. Parent or other adult family member
D. Teacher or other adult in this school
E. Religious leader
F. Friend or sibling
G. Other adult
H. Not sure
39. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
A. Yes
B. No
C. Not sure
40. Have you ever had sexual intercourse?
A. Yes
B. No

The next 4 questions ask about body weight.

41. How do **you** describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight
42. Have you ever exercised to lose weight or to keep from gaining weight?
A. Yes
B. No
43. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
A. Yes
B. No
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

The next question asks about eating breakfast.

45. 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.

46. 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
47. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- A. Less than 1 hour per day
 - B. 1 hour per day
 - C. 2 hours per day
 - D. 3 hours per day
 - E. 4 hours per day
 - F. 5 or more hours per day
48. 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

49. 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
50. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do **not** count your physical education teacher.)
- A. Yes
 - B. No

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.

51. 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 3 questions ask about disabilities. A disability can be physical, mental, emotional, or communication-related.

52. Do you consider yourself to have a disability?
- A. Yes
 - B. No
 - C. Not sure
53. Are you limited in any way in any activities because of a disability or health problem?
- A. Yes
 - B. No
 - C. Not sure
54. Do you have trouble learning, remembering, or concentrating because of a disability or health problem?
- A. Yes
 - B. No
 - C. Not sure

The next 16 questions ask about other health-related topics.

55. 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
56. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
57. 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
58. Do you agree or disagree that you feel good about yourself?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
59. Do you agree or disagree that you feel alone in your life?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
60. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
61. 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
62. Do you agree or disagree that students help decide what goes on in your school?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
63. Do you agree or disagree that your school has clear rules and consequences for behavior?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
64. Do you agree or disagree that you feel like you belong at your school?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
65. During your life, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

66. On an average school day, how long after school are you alone without a parent or adult?
- A. I am not alone after school
 - B. Less than 1 hour per day
 - C. 1 or 2 hours per day
 - D. 3 hours per day
 - E. 4 hours per day
 - F. 5 hours per day
 - G. 6 or more hours per day
67. Do you participate in school activities other than sports, such as band, drama, clubs, or student government?
- A. Yes
 - B. No
68. 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

69. 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
70. 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.**