

# 2019 Virginia Middle School Youth 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

**The next 4 questions ask about safety.**

6. **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

7. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
  - A. I do not rollerblade or ride a 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
8. Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - A. Yes
  - B. No
  - C. Not sure
9. During the past 30 days, on how many days did you ride with someone who texted, called, or used the Internet or apps (such as YouTube, Instagram, or Facebook), on a handheld cell phone while driving a car or other vehicle?
  - 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 violence-related behaviors.**

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

The next 6 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.

12. Have you ever been bullied **on school property**?
  - A. Yes
  - B. No
13. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
  - A. Yes
  - B. No
14. During the past 12 months, have you ever **electronically** bullied someone? (Count bullying through texting, Instagram, Facebook, or other social media.)
  - A. Yes
  - B. No
15. During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?
  - A. Yes
  - B. No
16. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
  - A. Yes
  - B. No
17. During the past 12 months, how often did another student make unwelcome sexual comments, jokes, or gestures that made you feel uncomfortable on school property?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

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. Have you ever **seriously** thought about killing yourself?
  - A. Yes
  - B. No
19. Have you ever made a **plan** about how you would kill yourself?
  - A. Yes
  - B. No
20. Have you ever **tried** to kill yourself?
  - A. Yes
  - B. No
21. If you tried to kill yourself during the past 12 months, did you ask for help from someone such as a doctor, counselor, or hotline before your attempt?
  - A. I did not attempt suicide during the past 12 months
  - B. Yes
  - C. No

The next 2 questions ask about cigarette smoking.

22. 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

23. 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, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, ehookahs, hookah pens, and mods.**

24. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
25. 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
26. 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 who can legally buy these products gave them to me
  - G. I took them from a store or another person
  - H. I got them some other way

27. 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 try to quit using other tobacco products
  - D. They cost less than other tobacco products
  - E. They are easier to get than other tobacco products
  - 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 3 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

30. During the past 30 days, on how many days did you use a **waterpipe** (also called a hookah, shisha, or narghile) to smoke tobacco?
- 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.**

31. 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
32. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days

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

33. 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
34. 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.**

35. 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 4 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 used **heroin** (also called smack, junk, or China White)?
- A. Yes
  - B. No

38. Have you ever taken an **over-the-counter drug** to get high?  
A. Yes  
B. No
39. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?  
A. Yes  
B. No

**The next 2 questions ask about body weight.**

40. How do **you** describe your weight?  
A. Very underweight  
B. Slightly underweight  
C. About the right weight  
D. Slightly overweight  
E. Very overweight
41. 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 3 questions ask about eating behaviors.**

42. 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

43. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)  
A. I did not eat fruit during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

44. During the past 7 days, how many times did you eat **vegetables**?  
A. I did not eat vegetables during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

**The next 3 questions ask about physical activity.**

45. 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
46. 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

47. 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 16 questions ask about other health-related topics.**

48. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
49. 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
50. 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

51. During the past 7 days, on how many days did you eat dinner **at home** with **at least one of your parents or guardians**?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
52. During an average week, how many total hours do you participate in after school or community activities such as sports, band, drama or clubs?
- A. 0 hours
  - B. 1 to 4 hours
  - C. 5 to 9 hours
  - D. 10 to 19 hours
  - E. 20 or more hours
53. 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
54. 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

55. Do you agree or disagree that you feel good about yourself?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
56. 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
57. Is there at least one adult that you can talk to if you have a problem?
- A. Yes
  - B. No
  - C. Not sure
58. During the past 12 months, have you talked about alcohol, tobacco, or other drugs with your parents or other adults in your family?
- A. Yes
  - B. No
  - C. Not sure
59. How often do you feel safe and secure at school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
60. How often do you feel safe and secure in your neighborhood?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
61. 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
62. During the past 12 months, how often have your teeth or mouth been painful or sore?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
63. During the past 12 months, how often were you self-conscious or embarrassed because of your teeth or mouth?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

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