



ROANOKE COUNTY

Public Schools

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Welcome to RCPS Youth Risk Behavior Survey

This survey is about health behavior. It has been developed to gather information about behaviors and choices that may affect one's health. The information you provide will be used to develop better health education for young people like yourself.

The answers you give will be kept private. No one will know what you answer. Please answer the questions honestly, based on what you really do.

The questions about your background will be used only to describe the types of students completing this survey. The information will not be used in any way to determine your identity.

Completing the survey is voluntary. If you are not comfortable answering a question, just leave it blank. Your completion of this survey will have no effect on your grade in this class.

Please read each question and the corresponding answers carefully before choosing your answer.

Thank you very much for your participation.



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Demographics

* 1. How old are you?

- 11 years old or younger
- 12 years old
- 13 years old or older

* 2. What is your sex?

- Female
- Male

* 3. In what grade are you?

- 6th grade

4. How do you describe yourself? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino

5. During the past 12 months, how would you describe your grades in school?

- Mostly A's and B's
- Mostly B's and C's
- Mostly C's and D's
- Mostly D's and F's

6. Have you been a Roanoke County Public School student for two years or more?

- Yes
- No



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Personal Safety

7. How often do you wear a seat belt when riding in a car?

- Never
- Rarely
- Most of the time
- Always

8. When you ride a bike, rollerblade or ride a skateboard, how often do you wear a helmet?

- I do not bike, rollerblade or ride a skateboard
- I never wear a helmet
- I rarely wear a helmet
- Most of the time I wear a helmet
- I always wear a helmet

9. Have you ever ridden in a car driven by someone who has been drinking alcohol?

- Yes
- No
- Not sure



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Violence Related Behaviors

10. How often do you feel afraid of getting hurt by someone in your home?

- Never
- Rarely
- Most of the time
- Always

11. During the **past 30 days**, on how many days did you

	0 days	1 day	2 or 3 days	4 or more days
not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carry a gun, knife, or other weapon on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
see others carrying a gun, knife, or other weapon on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the **past 12 months**, how many times

	0 times	1 time	2 or 3 times	4 or more times
has someone threatened or injured you with a gun, knife, or other weapon on school property or in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you in a physical fight in which you were injured and had to be treated by a medical professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. During your **life**, how many times have you ever

	Never	Once	2 or 3 times	4 or more times
been physically harmed (that caused a scar, black and blue marks, welts, bleeding or a broken bone) by someone in your family or someone living with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seen or heard someone in your home being physically harmed (that caused a scar, black and blue marks, welts, bleeding or a broken bone)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Are you aware of any gang activities in your school?

Yes

No

15. Have you ever been approached to join in gang activities?

Yes

No

16. Which would you rather have?

\$75 in three days

\$115 in three months

17. Which would you rather have?

\$50 in three days

\$115 dollars in three months

18. Which would you rather have?

\$25 in three days

\$115 dollars in three months



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Self-Injury and Suicide

The following questions ask about sad feelings, self-injury and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, which is taking some action to end their own life.

19. During the **past 12 months**

	Yes	No
did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?	<input type="radio"/>	<input type="radio"/>
did you ever feel anxious almost every day for 2 weeks or more and it impacted your daily life and activities?	<input type="radio"/>	<input type="radio"/>
did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>



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Self-Injury and Suicide - continued

20. During the **past 12 months**, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or more times

21. If you attempted suicide during the **past 12 months**, did any attempt result in an injury, poisoning, or overdose that had to be treated by a medical professional?

- I did not attempt suicide during the past 12 months
- Yes - I was treated
- No - I was not treated

22. During your **life**, how many times have you intentionally cut, pinched, bruised or burned yourself?

- 0 times
- 1 time
- 2 to 3 times
- 4 or more times

23. How many people do you know who have intentionally cut, pinched, bruised, or burned themselves?

- 0 people
- 1 or 2 people
- 3 or 4 people
- 5 or more people

24. Are you aware of the resources available if you had thoughts of self-injury or suicide?

- Yes
- No

25. If you have thought of self-injury or suicide, have you ever reached out for help?

- Yes
- No
- I have not thought of self-injury or suicide



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Tobacco, Alcohol, and other Drug Use

The following questions ask about substance use.

Alcohol use 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.

Marijuana is also called weed, grass, or pot.

26. How much has your family talked to you about the dangers of smoking cigarettes?

- A lot
- Some
- Not much
- Not at all

27. During **your life**, how many times have you

	0 times	1 time	3 to 20 times	More than 20 times
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used chewing tobacco, snuff, dip, snus or dissolvable tobacco products? (Do not count any electronic vapor products.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used vaping products, such as JUUL? Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e- hookahs, hookah pens, and mods?				
had at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had 5 or more drinks of alcohol within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had at least one drink of alcohol on school property or at a school activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana (also called weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high (huffing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used methamphetamines (also called meth or crystal)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used ecstasy (also called Molly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used a needle to inject any illegal drug into your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used anti-anxiety medication(s) (such as Xanax) that was not prescribed for you to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription pain medication (such as codeine, oxycodone, OxyContin, hydrocodone, Percocet, Vicodin,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

etc.) to get high?

28. During the **past 30 days**, on how many days did you

	0 days	1 or 2 days	3 to 20 days	More than 20 days
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use chewing tobacco, snuff, dip, snus or dissolvable tobacco products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have 5 or more drinks of alcohol within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (also called weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high (huffing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use methamphetamines (also called meth or crystal)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use ecstasy (also called Molly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use a needle to inject any illegal drug into your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use anti-anxiety medication(s) (such as Xanax) that was not prescribed for you to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

use prescription pain medication (such as codeine, oxycodone, OxyContin, hydrocodone, Percocet, Vicodin, etc.) to get high?

29. During the **past 30 days** on **school property** or at a **school activity**, on how many days did you

	0 days	1 or 2 days	3 to 20 days	More than 20 days
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use chewing tobacco, snuff, dip, snus or dissolvable tobacco products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (also called weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use anti-anxiety medication(s) (such as Xanax) that was not prescribed for you to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription pain medication (such as codeine, oxycodone, OxyContin, hydrocodone, Percocet, Vicodin, etc.) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How much do **you** think people risk harming themselves (physically or other ways) if they

	Great risk	Moderate risk	Slight risk	No risk
smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use chewing tobacco, snuff, dip, snus or dissolvable tobacco products (Do not count any electronic vapor products.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use electronic vapor devices and products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take one or two drinks of an alcoholic beverage (a can of beer, glass of wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (also called weed) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high (huffing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use methamphetamines (also called meth or crystal)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use ecstasy (also called Molly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use a needle to inject any illegal drug into your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. How wrong do your **parents** feel it would be for you to

	Very wrong	Wrong	A little bit wrong	Not at all wrong
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use electronic vapor devices and products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (also called weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How wrong do your **friends** feel it would be for you to

	Very wrong	Wrong	A little bit wrong	Not at all wrong
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use electronic vapor devices and products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (also called weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. My family has clear rules about

	Yes	No
tobacco use	<input type="radio"/>	<input type="radio"/>
alcohol use	<input type="radio"/>	<input type="radio"/>
marijuana use	<input type="radio"/>	<input type="radio"/>
other illegal drug use (other than tobacco, alcohol, or marijuana)	<input type="radio"/>	<input type="radio"/>
prescription drug use	<input type="radio"/>	<input type="radio"/>

34. During the **past 12 months**, did you ever try to quit smoking cigarettes?

- I did not smoke cigarettes during the past 12 months
- Yes
- No

35. During the **past 30 days**, how did you usually get your own alcohol? (Select all that apply.)

- I did not drink alcohol during the past 30 days.
- I bought alcohol in a store.
- I gave someone else money to buy alcohol for me.
- A non-family member gave it to me.
- A family member gave it to me.
- I took alcohol from a store.
- I took alcohol from my home.
- I got alcohol some other way.

36. How easy do you think it would be to get alcohol if you wanted some?

- Very easy
- Fairly easy
- Hard
- Very hard
- Impossible

37. How much has your family talked to you about the dangers of using/drinking alcohol?

- A lot
- Some
- Not much
- Not at all

38. Have you used an electronic vapor device to smoke marijuana?

- Yes
- No

39. Have you ever dabbled?

- Yes
- No
- I do not know what it means to dab with an electronic vaping device

40. Have you ever consumed an edible containing THC?

- Yes
- No
- I don't know what an edible or THC is

41. Have you ever consumed a product containing Delta 8 or Delta 9?

- Yes
- No
- I don't know what Delta 8 or Delta 9 is

42. How easy do you think it would be for you to get marijuana if you wanted some?

- Very easy
- Fairly easy
- Hard
- Very hard
- Impossible

43. How much has your family talked to you about the dangers of smoking marijuana?

- A lot
- Some
- Not much
- Not at all

44. If you consume marijuana, what method(s) do you commonly use? (Select all that apply)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> I do not consume marijuana. | <input type="checkbox"/> Edibles |
| <input type="checkbox"/> Smoke | <input type="checkbox"/> Dab |
| <input type="checkbox"/> Vape | |

45. Engaging in behaviors such as smoking, vaping, alcohol and other substance use as a teenager will have negative effects on my future health status.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



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Body Weight

46. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

47. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight.

48. During the **past 30 days**,

Yes

No

did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

did you vomit or take laxatives to lose weight or to keep from gaining weight?



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Physical Activity

49. During the past 12 months, how many recreational, physical or athletic activities have you participated in on a regular basis (examples: team/individual sports, gymnastics, dance, martial arts, etc.)?

- 0 activities
- 1-2 activities
- 3-4 activities
- 5 or more activities

50. In a typical 7 day week, on how many days are you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity, in and out of school, that increases your heart rate and breathing rate during that activity.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

51. On an average school day, how many hours do you spend looking at a screen not related to school work (TV, tablet, phone, laptop, PC, gaming systems, etc.)?

- I do not spend time looking at a screen not related to school work.
- Less than 1 hour per day
- 1-3 hours per day
- 4-6 hours per day
- More than 6 hours per day



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Technology Use

52. At what age did you receive your own cell phone?

- I do not have a cell phone.
- 5-7 years old
- 8-10 years old
- 11-13 years old
- 14 years or older

53. At what age did you begin using social media?

- I do not use social media.
- 5-7 years old or younger
- 8-10 years old
- 11-13 years old
- 14 years or older

54. Have you ever received any threatening or intimidating communication through social media, texting, or online?

- I do not use a computer or cell phone.
- No, I have not.
- Yes, fewer than 5 times
- Yes, 5 times or more

55. If another student sent you a threatening communication through social media, texting, or online, would you tell an adult?

Yes

No

56. Have you ever sent any threatening or intimidating communication through social media, texting, or online?

I do not use a computer or cell phone.

No, I have not

Yes, fewer than 5 times

Yes, 5 times or more

57. Have you ever sent inappropriate pictures or messages using a cell phone or computer?

Yes

No

58. Would your parents be nervous or upset if they knew what you do on the internet or cell phone?

Yes

No

59. Do your parents set clear rules around how you use electronic devices and social media safely?

Yes

No

I do not use electronic devices or social media

60. I feel very informed about using the internet safely.

Yes

No



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Bullying

The following questions ask about bullying. For the sake of these questions, bullying is defined as aggressive and unwanted behavior that is intended to harm, intimidate, or humiliate another person; involves a real or perceived imbalance of power between the aggressor and the other person; and may be repeated over time or cause severe emotional trauma. Bullying does not include ordinary teasing, horseplay, argument, or peer conflict.

61. Have you ever been bullied?

Yes

No **IF NO - SURVEY SKIPS TO QUESTION 63**



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Bullying - continued

62. How often have you been bullied?

- A few times per year
- Monthly
- Weekly
- Daily
- Several times per day

63. If someone were bullying you, who would you most likely tell? (Select all that apply)

- Parent/guardian
- Other family member
- Teacher, school counselor, principal, or coach.
- Another adult (youth leader, outside counselor, etc.)
- A friend
- No one

64. Have you ever been a bystander while someone else was being bullied?

- Yes
- No

65. Have you ever bullied someone else?

Yes

No

66. In the past 12 months, have you ever missed school because you were afraid of being bullied?

Yes

No



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Social Behaviors

67. How wrong do your parents feel it would be for you to break the law (steal, damage property, vandalize, pick a fight)?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

68. There are many chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

- Yes
- No

69. The school (teachers, coaches, counselors, or principal) lets me and/or my parents know when I have done something well.

- Yes
- No

70. I have one or more adults in my life (who are not my parents) who encourage and listen to me.

- Yes
- No

71. Did you volunteer (help without getting paid) in your community in the past year (such as helping out at a hospital, day care center, food pantry, youth program, community service agency, or faith-based program)?

Yes

No

72. When I am not at home, one of my parents knows where I am and whom I am with.

Yes

No

73. Would your parents know if you did not come home on time?

Yes

No



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Eating Behaviors

74. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

- Never
- 1-2 times
- 3-4 times
- 5-6 times
- 7 times
- More than 7 times

75. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? (Do not count fruit or vegetable juice.)

- I did not eat fruit or vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

76. During the past 7 days, how many times did you drink a sugar sweetened beverage, such as regular soda, sweet tea, sweetened juice drinks, energy (such as Monster, Red Bull, RockStar) or sports drinks (such as PowerAde, Gatorade)?

- I did not drink any sugar sweetened drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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