

## 2021 WILMINGTON MS YRBS

This survey is about youth health behavior, and was developed so that you can help us to better understand some of the leading health issues and risk factors for people your age today. We will use this information to improve our health education program and better support you and your classmates.

Questions will be asked on a variety of subjects, such as:

- Safety
- Violence-related behaviors
- Bullying
- Mental health
- Alcohol, tobacco, and other drug use
- Electronic vapor product
- Sexual behavior [Will not include in 6<sup>th</sup> grade survey]
- Body weight
- Nutrition
- Physical activity

Completing the survey is voluntary and will not affect your grades. There are no right or wrong answers, however, please read the questions carefully and answer honestly. Do not pick an answer just because you think that's what someone wants you to say. Pay attention to the different scales of time asked throughout the survey (i.e., lifetime, 12 months, 30 days) as this might affect your answer. If you are not comfortable answering a question, you may leave the question blank.

We will maintain strict procedures to protect your privacy. The survey is anonymous, so no one will know your answers. Please do not include your name anywhere in your survey answers. The results of this survey will never be reported by name or class.

When you finish the survey, follow the instructions of the person giving you the survey. If you wish to change your answer to any question, please do so before you submit your survey. Once you click the "Submit" button, you will no longer have access to your survey.

Thank you very much for your help.

**1) Where are you taking the survey today?**

- At school
- At home

**2. In this school year, how did you primarily attend school?**

- In-Person: I only go to my school and take classes there
- Online: I only take my classes online from home
- Both (hybrid): Some days I go to school and take classes there and other days I take my classes online from home

**DEMOGRAPHICS**

The next 9 questions ask about your background. The answers that you give will only be used to describe the types of students completing this survey. The information WILL NOT be used to find out your name.

**3) 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

**4) In what grade are you?**

- 6th grade
- 7th grade
- 8th grade
- Ungraded or other grade

**5) What sex were you assigned at birth?**

- Female
- Male

**6) What is your gender?**

- Male
- Female
- Genderqueer or not exclusively male or female (e.g., gender fluid, gender non-binary)
- Something else
- I don't know

**7) Do you think of yourself as:**

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Something else
- I don't know

**8) Do you identify as transgender or transsexual?**

- Yes
- No
- I don't know

**9) Are you Hispanic or Latino?**

- Yes
- No

**10) What is your race?** You can choose more than one answer.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**11) During the past 30 days, where did you usually sleep?**

- In my parent's or guardian's home
- 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
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

**SAFETY**

The next 4 questions ask about safety.

**12) 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

**13) 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

**14) How often do you wear a seat belt when riding in a car?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

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

- Yes
- No
- Not sure

### **VIOLENCE-RELATED BEHAVIORS**

The next 2 questions ask about violence-related behaviors.

**16) Have you ever carried a weapon, such as a gun or knife?**

- Yes
- No

**17) Have you ever been in a physical fight?**

- Yes
- No

### **BULLYING**

The next 4 questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

**18) Have you ever been bullied on school property?**

- Yes
- No

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

- Yes
- No

**20) During the past 12 months, how many times has someone posted something about you on social media that made you upset or uncomfortable?** Social media apps include Instagram, Twitter, Facebook, Twitch, etc.

- Never. No one has posted something that made me feel upset or uncomfortable.
- A few times
- Once or twice a month
- Once or twice a week
- Almost every day

**21) Have you told anyone about being bullied? And if so, who?** You can choose more than one answer.

- I have not been bullied
- I have not told anyone
- A parent or guardian
- Sibling or other relative
- Teacher, principal, school nurse, coach, guidance counselor, or religious leader
- Friend, girlfriend, or boyfriend
- Mental health counselor or therapist
- Police
- Some other person

## **MENTAL HEALTH**

The next 6 questions are about mental health.

**22) During the past 30 days, how often was your mental health not good?** Poor mental health includes stress, anxiety, and depression.

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**23) Which of the following do you find causes the most negative stress for you?** Choose only one answer.

- Busy schedule (school, activities, sports, etc.)
- Parent or family demands or expectations about academics, grades, etc.
- Difficulty getting enough sleep
- Extracurricular activity demands or pressures
- School demands or expectations (assignments, homework, etc.)
- Social pressures from friends, peers, etc.
- Other family or personal issues which cause emotional stress for you
- Worrying about the future such as college, career, etc.

**24) Which of the following do you find the most stressful about school?** Choose only one answer.

- Having to study things you do not understand
- Teachers expecting too much from you
- Keeping up with schoolwork
- Having to concentrate too long during the school day
- Having to study things you are not interested in
- Pressure of study
- Getting up early in the morning to go to school
- Going to school

**25) Do you have a healthy activity or behavior that helps you relieve stress?** Examples include listening to music, meditating, and taking care of your body by getting enough sleep, exercising, and eating healthy foods.

- Yes
- No

**26) Is there at least one teacher or other adult in your school that you can talk to if you have a problem?**

- Yes
- No

**27) Can you talk with at least one of your parents or other adult family members about things that are important to you?**

- Yes
- No
- Not sure

### **SUICIDE**

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.

**28) Have you ever seriously thought about killing yourself?**

- Yes
- No

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

- Yes
- No

**30) Have you ever tried to kill yourself?**

- Yes
- No

### **TOBACCO USE**

The next 6 questions ask about tobacco use.

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

- Yes
- No

**32) How old were you when you first tried cigarette smoking, even one or two puffs?**

- I have never tried cigarette smoking, not even one or two puffs
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

**33) During the past 30 days, on how many days did you smoke part or all of a cigarette?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**34) During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?**

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

**35) During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**36) During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Zyn, 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.**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

### **RISKS & PERCEPTIONS OF SMOKING TOBACCO**

The next 3 questions ask about the risks of and how people perceive smoking tobacco.

**37) How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?**

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

**38) How wrong do your parents/guardians feel it would be for you to smoke tobacco?**

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

**39) How wrong do your friends feel it would be for you to smoke tobacco?**

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

### **ELECTRONIC VAPOR PRODUCTS**

The next 5 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.

**40) Have you ever used an electronic vapor product?**

- Yes
- No

**41) During the past 30 days, on how many days did you use an electronic vapor product?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**42) During the past 30 days, on how many days did you use an electronic vapor product on school property?**

- I have not been on school property in the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**43) During the past 30 days, on how many days did you vape nicotine on school property?** Nicotine is vaped using vaping devices such as JUUL, blu, Logic, etc.

- I have not been on school property in the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**44) During the past 30 days, how did you usually get your own electronic vapor products?** Choose only one answer. If you got them from more than one place, choose the one where you got them most often.

- I did not use any electronic vapor products during the past 30 days
- I bought or got them from a friend, family member, or someone else
- I bought them myself from a vape shop or tobacco shop
- I bought them myself in a convenience store, supermarket, discount store, or gas station
- I bought them myself at a mall or shopping center kiosk or stand
- I bought them myself on the Internet
- I took them from a store or another person
- I got them some other way

#### **RISKS & PERCEPTIONS OF ELECTRONIC VAPOR PRODUCTS**

The next 3 questions ask about the risks of and how people perceive using electronic vapor products.

**45) How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes or other vaping devices?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**46) How wrong do your parents feel it would be for you to use electronic vapor products?**

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

**47) How wrong do your friends feel it would be for you to use electronic vapor products?**

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

## **ALCOHOL USE**

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.

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

- Yes
- No

**49) How old were you when you had your first drink of alcohol other than a few sips?**

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

**50) During the past 30 days, on how many days did you drink one or more drinks of alcohol?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

## **RISKS & PERCEPTIONS OF ALCOHOL USE**

The next 5 questions ask about the risks of drinking alcohol and how you think people perceive alcohol consumption.

**51) How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?**

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

**52) How much do you think people risk harming themselves (physically or in other ways) when they take one or two drinks of an alcoholic beverage nearly every day?**

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

**53) How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**

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

**54) How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**

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

**55) How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?**

- Neither Approve nor Disapprove
- Somewhat Disapprove
- Strongly Disapprove
- Don't know or can't say

#### **MARIJUANA USE**

The next 3 questions ask about marijuana use. Marijuana also is called grass, pot, or weed.

**56) Have you ever used marijuana?**

- Yes
- No

**57) How old were you when you tried marijuana for the first time?**

- I have never tried marijuana
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

**58) During the past 30 days, on how many days did you use marijuana?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

## **RISKS & PERCEPTIONS OF MARIJUANA USE**

The next 3 questions ask about the risks of smoking marijuana and how people perceive smoking marijuana.

**59) How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?**

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

**60) How wrong do your parents feel it would be for you to smoke marijuana?**

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

**61) How wrong do your friends feel it would be for you to smoke marijuana?**

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

## **PRESCRIPTION DRUGS**

The next 2 questions ask about prescription drug use. A prescription drug is a drug that requires a prescription from a doctor. This is different from over-the-counter drugs which can be bought without a prescription.

**62) During the past 30 days, did you use prescription drugs not prescribed to you? This means without a doctor's prescription or differently than how a doctor told you to use it.**

- Yes
- No

**63) Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?** Prescription drugs require a prescription with specific instructions from a doctor. Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

- Yes
- No

## **RISKS & PERCEPTIONS OF PRESCRIPTION DRUG USE**

The next 3 questions ask about the risks of prescription drugs and how people perceive using prescription drugs not prescribed to them. A prescription drug is a drug that requires a prescription from a doctor. This is different from over-the-counter drugs which can be bought without a prescription.

**64) How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?**

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

**65) How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?**

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

**66) How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?**

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

## **OTHER DRUGS**

The next 2 questions ask about other drugs.

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

- Yes
- No

**68) Have you ever sniffed glue, breathed the contents of spray cans, or inhaled nitrous oxide (also called whippets), paints, or sprays to get high?**

- Yes
- No

## **SEXUAL BEHAVIOR [This section will not be asked on 6<sup>th</sup> grade survey]**

The next 6 questions ask about sexual intercourse.

**69) Have you ever had sexual intercourse?**

- Yes
- No

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

- I have never had sexual intercourse
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

**71) With how many people have you ever had sexual intercourse?**

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

**72) The last time you had sexual intercourse, did you drink alcohol or use drugs beforehand?**

- I have never had sexual intercourse
- Yes
- No

**73) The last time you had sexual intercourse, did you or your partner use a condom?**

- I have never had sexual intercourse
- Yes
- No

**74) Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically (sent by text, Snapchat, Twitch, etc.)?**

- Yes
- No

## **BODY WEIGHT**

The next 2 questions ask about body weight.

**75) How do you describe your weight?**

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

**76) 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

## **BREAKFAST**

The next question asks about eating breakfast.

**77) During the past 7 days, on how many days did you eat breakfast?**

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

## **PHYSICAL ACTIVITY**

The next 4 questions ask about physical activity.

**78) 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.

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

**79) 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.

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

**80) In an average week when you are in school, on how many days do you go to physical education (PE) classes?**

- I have not been in school this year
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**81) During the past 12 months, on how many sports teams did you play?** Count any teams run by your school or community groups.

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

### **CONCUSSIONS**

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.

**82) During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?**

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

### **ORGANIZED ACTIVITIES**

The next question asks about your participation in organized activities.

**83) In a typical week, how many days are you involved in organized activities such as sports, school clubs, community groups, music/art/dance lessons, drama, church, or other supervised activities?**

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

### **CORONAVIRUS (COVID-19) PANDEMIC**

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. The next questions ask about your experiences during this time.

**84) During the COVID-19 pandemic, how often was your mental health not good?** Poor mental health includes stress, anxiety, and depression.

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**85) During the past 12 months, did any of these things happen to you?** You can choose more than one answer.

- My family had a serious financial problem (for example, a parent or adult in your home lost their job even for a short amount of time)
- I was hungry because there was not enough money to buy food for my home
- My family moved because of financial problems
- I was left alone at home for significant periods of time when I was not in school
- A family member had a serious illness
- A family member or close friend died

The coronavirus pandemic has had a major effect on our lives. Many of us are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Public health actions, such as social distancing, are necessary to reduce the spread of coronavirus, but they can make us feel isolated and lonely and can increase stress and anxiety.

**86) Do you agree or disagree that you feel close to people at your school?**

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

**87) During this school year (since September), did you do any of these things?** You can choose more than one answer.

- Participate in academic groups, clubs, or student government
- Participate in music, band, choir, arts, theatre, or dance
- Participate in community service, in or out of school
- Participate in school organized or interscholastic sports (such as junior varsity, varsity, 9th grade, or clubs)
- Participate in community organized youth sports

**88) During the coronavirus pandemic, have you experienced any of the following?** You can choose more than one answer.

- Feelings of fear, anger, sadness, worry, numbness, or frustration
- Changes in appetite, energy, desires, and interests
- Difficulty concentrating and making decisions
- Difficulty sleeping or nightmares
- Physical reactions, such as headaches, body pains, stomach problems, and skin rashes
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of tobacco, alcohol, and other substances

## **OTHER HEALTH-RELATED TOPICS**

The next 8 questions ask about other health-related topics.

**89) During the past 12 months, how would you describe your grades in school?**

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

**90) During your life, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**91) Have you ever personally seen or heard racially discriminatory actions or language from school students, teachers, or staff? Include all forms of text or social media. You can choose more than one answer.**

- I have not seen or heard any discriminatory actions based on race/ethnicity
- I have seen or heard an individual being called names, insulted, or verbally assaulted because of their race/ethnic origin
- I have seen or heard an individual being excluded from a social event or activities because of their race/ethnic origin
- I have seen or heard an individual being subjected to hostile stares because of their race/ethnic origin
- I have seen or heard an individual being threatened or attacked because of their race/ethnic origin
- I have seen or heard an individual being targeted because of a foreign accent or for speaking a language other than English
- I have seen or heard racist jokes, cartoons, graffiti, or flyers

**92) During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**93) Has a doctor or nurse ever told you that you have asthma?**

- Yes
- No
- Not sure

**94) Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of behavioral health, mental health condition or emotional problem?**

- Yes
- No

**95) During the past 12 months, how many times have you talked with your parents about alcohol or other drug use?**

- Not at all
- 1 time
- 2 or 3 times
- 4 or more times

**96) On an average school night, how many hours of sleep do you get?**

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

**This is the end of the survey. If you do not want to change any of your answers, click "Submit". Thank you for your time and input today.**