

2019 WILMINGTON MS YRBS
<https://survey.jsi.com/s3/Wilmington-MS>

This survey is about youth health behavior, and has been developed so that you can help us to better understand some of the leading health issues and risk factors for people your age today. Questions will be asked on a variety of subjects, such as:

- Safety
- Violence-related behaviors
- Bullying
- Stress
- Self-harm and suicide
- Tobacco, alcohol, and other drug use
- Electronic vapor product use
- Sexual behavior
- Body weight
- Nutrition
- Physical activity
- Mental health

The information you give will be used to improve health education at Wilmington Middle School for young people like yourself.

Completing the survey is voluntary and will not affect your grade in this class. There are no right or wrong answers, however, please read the questions carefully and answer honestly. 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. Do not pick a response just because you think that's what someone wants you to say. If you are not comfortable answering a question, you may leave the question blank.

We will maintain strict procedures to protect your privacy. Please **DO NOT** include your name anywhere in your survey responses. **The answers you give will be kept private and 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.

DEMOGRAPHICS

The next 7 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.

1) 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

5) In what grade are you?

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

2) What sex were you assigned at birth?

- Male
- Female

3) What is your current gender identity?

- Male
- Female
- Trans male/Trans man (female-to-male)
- Trans female/Trans woman (male-to-female)
- Genderqueer/Gender non-conforming
- Different identity, please state:

4) Do you consider yourself to be:

- Heterosexual (Straight)
- Gay/Lesbian
- Bisexual/Pansexual
- Asexual
- Different orientation, please state:

6) Are you Hispanic or Latino?

- Yes
- No

7) What is your race? (Select all that apply)

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

SAFETY

The next 4 questions ask about safety.

- 8) 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
- 9) 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
- 10) How often do you wear a seat belt when riding in a car?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
- 11) 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.

- 12) Have you ever carried a weapon, such as a gun, knife, or club?
- Yes
 - No
- 13) Have you ever been in a physical fight?
- Yes
 - No

BULLYING

The next 3 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.

14) Have you ever been bullied on school property?

- Yes
- No

15) Have you ever been electronically bullied? Count being bullied through texting, Instagram, Twitter, Facebook, or social media apps.

- Yes
- No

16) How many times has someone posted something about you on social media that made you feel upset or uncomfortable? Social media apps include Instagram, Twitter, Facebook, etc.

- Never
- Before, but not in the past year
- A few times in the past year
- Once or twice a month
- Once or twice a week
- Almost every day

STRESS

The next 2 questions asks about stress.

17) Which of the following do you find causes the most negative stress for you? (Select only one response)

- Busy schedule (school, activities, sports, etc.)
- Parent/family demands/expectations about academics, grades, etc.
- Difficulty getting enough sleep
- Extracurricular activity demands or pressures
- School demands/expectations—such as 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.

18) Which of the following do you find the most stressful about school? (Select only one response)

- 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

SUICIDE

The next 3 questions ask about sad feelings, attempted suicide, and treatment. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

- 19) Have you ever seriously thought about killing yourself?
- Yes
 - No
- 20) Have you ever made a plan about how you would kill yourself?
- Yes
 - No
- 21) Have you ever tried to kill yourself?
- Yes
 - No

SMOKING TOBACCO

The next 6 questions ask about smoking tobacco.

- 22) Have you ever tried cigarette smoking, even one or two puffs?
- Yes
 - No
- 23) 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
- 24) During the past 30 days, did you smoke part or all of a cigarette?
- Yes
 - No
- 25) During the past 30 days, on how many days did you smoke cigarettes?
- 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

26) 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

27) 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

RISKS & PERCEPTIONS OF SMOKING TOBACCO

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

28) 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

29) 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

30) 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

OTHER TOBACCO PRODUCTS

The next question asks about using other tobacco products.

31) During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products? Examples of these products are 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

ELECTRONIC VAPOR PRODUCTS

The next 4 questions ask about electronic vapor products such as vape pens, vape pipes, e-cigarettes, e-cigars, e-pipes, e-hookahs, and hookah pens. Examples of electronic vapor product brands are JUUL, blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo.

32) Have you ever used an electronic vapor product?

- Yes
- No

33) 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

34) 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.

- 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

35) During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response)

- I did not use any electronic vapor products during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or another person
- I got them some other way

RISKS & PERCEPTIONS OF ELECTRONIC VAPOR USE

The next question asks about the risks of and how people perceive using electronic vapor products

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

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

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.

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

- Yes
- No

38) 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

39) During the past 30 days, did you drink one or more drinks of an alcoholic beverage?

- Yes
- No

RISKS & PERCEPTIONS OF ALCOHOL USE

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

40) 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

41) 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

42) 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

43) 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

44) 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. Marijuana can be used in forms such as dried flower, oils, wax, shatter, sprays, creams, tinctures, tablets, infused in edible/drinkable products, etc.

45) Have you ever used marijuana?

- Yes
- No

46) 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

47) During the past 30 days, have you used marijuana or hashish?

- Yes
- No

RISKS & PERCEPTIONS OF MARIJUANA USE

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

48) 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

49) How wrong do your parents/guardians feel it would be for you to smoke marijuana?

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

50) 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 3 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.

51) During the past 30 days, have you used prescription drugs not prescribed to you?

- Yes
- No

52) 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

53) Have you ever taken steroid pills or shots without a doctor's prescription?

- 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.

54) 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

55) How wrong do your parents/guardians 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

56) 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.

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

- Yes
- No

58) Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- Yes
- No

SEXUAL BEHAVIOR

The next 5 questions ask about sexual intercourse.

59) Have you ever had sexual intercourse?

- Yes
- No

60) 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

61) 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

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

I have never had sexual intercourse

- Yes
- No

63) Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically (sent by text, Snap Chat, etc.)?

- Yes
- No

BODY WEIGHT

The next 2 questions ask about body weight.

64) How do you describe your weight?

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

65) 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.

66) 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 5 questions ask about physical activity.

67) 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

68) On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- 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

69) 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 on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.

- I do not play video or computer games or use a computer for something that is not school work
- 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

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

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

71) 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.

72) 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.

73) 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

OTHER HEALTH-RELATED TOPICS

The next 6 questions ask about other health-related topics.

74) 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

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

- Yes
- No
- Not sure

76) 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
- Don't know/Not sure

77) 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

78) Outside of school, is there an adult (or adults) you can talk to about things that are important to you?
(Select only one response)

- Yes, parent or other adult family member
- Yes, non-family adult (such as religious leader, club advisor, neighbor, teacher, school counselor, etc.)
- Yes, both family and non-family adults
- No
- Not sure

79) 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