2023 North Dakota 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.
- 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
- 6. How long have you lived in the United States?
 - A. Less than 1 year
 - B. 1 to 3 years
 - C. 4 to 6 years
 - D. More than 6 years but not my whole life
 - E. I have always lived in the United States

- 7. 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

The next 3 questions ask about safety.

- 8. **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
- 9. How often do you wear a seat belt when **riding** in a car?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
- 10. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about violencerelated behaviors and experiences.

- 11. During the past 12 months, did someone do sexual things to you that you did not want to do by pressuring you, lying to you, making promises about the future, threatening to end your relationship, or threatening to spread rumors about you?
 - A. Yes
 - B. No

- 12. During the past 12 months, did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
 - A. Yes
 - B. No

The next question asks about times that you felt you were treated badly or unfairly.

- 13. 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

The next 2 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

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.

- 16. 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
- 17. Have you ever **seriously** thought about killing yourself?
 - A. Yes
 - B. No
- 18. Have you ever made a **plan** about how you would kill yourself?
 - A. Yes
 - B. No
- 19. Have you ever **tried** to kill yourself?
 - A. Yes
 - B. No

The next 2 questions ask about cigarette smoking.

- 20. Have you ever smoked a cigarette, even one or two puffs?
 - A. Yes
 - B. No
- 21. 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 2 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

- 22. Have you ever used an electronic vapor product?
 - A. Yes
 - B. No
- 23. 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

The next 2 questions ask about other tobacco products.

- 24. 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, Camel Snus, or Velo Nicotine Lozenges? (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
- 25. During the past 30 days, on how many days did you smoke **cigars**, **cigarillos**, **or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
 - 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 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.

- 26. Have you ever had a drink of alcohol, other than a few sips?
 - A. Yes
 - B. No
- 27. 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
- 28. During the past 30 days, on how many days did you have at least one drink of alcohol?
 - 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. Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
 - A. Yes
 - B. No

The next 3 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.

- 30. 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
- 31. 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
- 32. During the past 30 days, how many times did you use 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 or more times

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.

- 33. 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 question asks about other drugs.

- 34. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
 - A. Yes
 - B. No

The next 2 questions ask about body weight.

- 35. How do **you** describe your weight?
 - A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
- 36. 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 6 questions ask about food you ate or drank. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

- 37. 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

- 38. During the past 7 days, how many times did you eat **vegetables**? (Do **not** count french fries, fried potatoes, or potato chips.)
 - 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
- 39. During the past 7 days, how many times did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.)
 - A. I did not drink water 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
- 40. 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
- 41. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

- 42. 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

The next 3 questions ask about physical activity.

- 43. 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
 - H. 7 days
- 44. 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
- 45. 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.

- 46. 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 question asks about social media, such as Instagram, Tik Tok, Snapchat, and Twitter.

- 47. How often do you use social media?
 - A. I do not use social media
 - B. A few times a month
 - C. About once a week
 - D. A few times a week
 - E. About once a day
 - F. Several times a day
 - G. About once an hour
 - H. More than once an hour

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

- 48. 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

- 49. 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
- 50. 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
- 51. 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
- 52. 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
- 53. 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

The next 2 questions ask about gender and sexual identity.

- 54. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
 - A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking
- 55. Which of the following best describes you?
 - A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (questioning)
 - F. I do not know what this question is asking

The next 3 questions ask about sexual behaviors.

- 56. Have you ever had sexual intercourse?
 - A. Yes
 - B. No
- 57. The **last time** you had sexual intercourse, did you or your partner use a condom?
 - A. I have never had sexual intercourse
 - B. Yes
 - C. No
- 58. During the past 12 months, from which source did you receive the most information about sexual health? (Select only **one** response.)
 - A. I did not receive information about sexual health during the past 12 months
 - B. An online source, such as a website or social media
 - C. A friend
 - D. An adult at school, such as a teacher or school nurse
 - E. A parent, guardian, or other trusted adult outside of school
 - F. Some other source

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