

2019 Florida 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 circles 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 C D
- If you change your answer, erase your old answer completely.

Incorrect Marks



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. 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

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

- a. Yes
- b. No
- c. Not sure

The next 6 questions ask about violence-related behaviors.

10. During the past month, did you ever carry a weapon such as a gun, knife, or club?
 a. Yes b. No
11. During the past month, did you ever carry a weapon such as a gun, knife, or club on school property?
 a. Yes b. No
12. During the past year, were you in a physical fight?
 a. Yes b. No
13. During the past year, were you in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
 a. Yes b. No
14. During the past year, were you in a physical fight on school property?
 a. Yes b. No
15. Has someone you were dating or going out with ever physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
 a. Yes b. No

The next 4 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.

16. During the past year, have you ever been bullied on school property?
 a. Yes b. No
17. During the past year, have you ever been teased, threatened, or had rumors spread about you through e-mail, chat rooms, instant messaging, websites, or texting?
 a. Yes b. No
18. During the past year, have you ever been the victim of teasing or name calling because of your weight?
 a. Yes b. No
19. During the past year, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
 a. Yes b. No

The next 2 questions ask about hurting yourself on purpose without wanting to die.

20. During the past year, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- a. Yes b. No
21. Have you ever participated in a game or challenge, by yourself or with others, that involved getting dizzy or passing out on purpose for the feeling it caused? (This game or challenge is also called the Choking Game, the Fainting Game, Pass Out, Knock Out, Tap Out, or Black Out.)
- 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.

22. During the past year, 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
23. Have you ever seriously thought about killing yourself?
- a. Yes b. No
24. Have you ever made a plan about how you would kill yourself?
- a. Yes b. No
25. Have you ever tried to kill yourself?
- a. Yes b. No

The next 3 questions ask about cigarette smoking.

26. Have you ever tried cigarette smoking, even one or two puffs?
- a. Yes b. No
27. 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
28. 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 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

29. Have you ever used an electronic vapor product?
- a. Yes b. No

30. 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

31. 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

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.

32. Have you ever had a drink of alcohol, other than a few sips?

- a. Yes
- b. No

33. 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

34. During the past month, have you had one or more drinks of alcohol?

- a. Yes
- b. No

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

35. Have you ever used marijuana?

- a. Yes
- b. No

36. 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

37. During the past month, did you use marijuana?

- a. Yes
- b. No

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.

38. Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- a. Yes
- b. No

The next 3 questions ask about other drugs.

39. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- a. Yes b. No
40. Have you ever taken an over-the-counter drug (a drug that can be purchased from a store without a doctor's prescription) to get high?
- a. Yes b. No
41. During the past year, has anyone offered, sold, or given you any drugs on school property, specifically for getting high?
- a. Yes b. No

The next 12 questions ask about body weight.

42. How do you describe your weight?
- a. Very underweight
 b. Slightly underweight
 c. About the right weight
 d. Slightly overweight
 e. Very overweight
43. 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
44. Have you ever exercised to lose weight or to keep from gaining weight?
- a. Yes b. No
45. During the past month, did you exercise to lose weight or to keep from gaining weight?
- a. Yes b. No

46. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- a. Yes b. No
47. During the past month, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- a. Yes b. No
48. Have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- a. Yes b. No
49. During the past month, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- a. Yes b. No
50. Have you ever taken any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast.)
- a. Yes b. No
51. During the past month, 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 count meal replacement products such as Slim Fast.)
- a. Yes b. No
52. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?
- a. Yes b. No
53. During the past month, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- a. Yes b. No

The next 11 questions ask about food you ate or drank during the past 7 days. 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.

54. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- a. I did not drink 100% fruit juice 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

55. 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

56. 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

57. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)

- a. I did not drink soda or pop 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

58. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or Powerade), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop or 100% fruit juice.)

- a. I did not drink sugar-sweetened drinks 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

59. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- a. I did not drink milk during the past 7 days
- b. 1 to 3 glasses during the past 7 days
- c. 4 to 6 glasses during the past 7 days
- d. 1 glass per day
- e. 2 glasses per day
- f. 3 glasses per day
- g. 4 or more glasses per day

60. When you drink milk, what kind do you drink **most often**?

- a. I do not drink milk
- b. Skim or non-fat milk
- c. 1% milk
- d. 2% milk
- e. Whole milk
- f. Soy milk
- g. Nut milk (such as almond or cashew milk)
- h. Some other kind of milk

61. 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

62. During the past 7 days, including weekend days, on how many days did you eat at fast food restaurants like McDonalds, Burger King, Pizza Hut, Taco Bell, Kentucky Fried Chicken, or Subway?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

63. During the past 7 days, on how many days did you and your parents or guardians eat dinner together?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

64. How often do you read food labels for “low fat”, “less calories”, or “low carbs” before you choose or buy food or snacks?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

The next 7 questions ask about physical activity.

65. 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

66. 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

67. 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

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

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days

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

- a. 0 teams
- b. 1 team
- c. 2 teams
- d. 3 or more teams

70. Do you have a TV or computer in the room where you usually sleep?

- a. Yes
- b. No

71. Does your family have rules about how much time you spend watching TV or using the computer?

- 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.

72. 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 12 questions ask about other health-related topics.

73. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

- a. Yes
- b. No
- c. Not sure

74. Have you ever been taught about AIDS or HIV infection in school?

- a. Yes
- b. No
- c. Not sure

75. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

- a. Yes
- b. No
- c. Not sure

76. During the past year, did you visit a dentist for a check-up?

- a. Yes
- b. No
- c. Not sure

77. During the past year, did you visit a doctor for a check-up? (Do not count visiting a doctor because you were sick or injured.)

- a. Yes
- b. No
- c. Not sure

78. Have you ever received a flu shot?

- a. Yes
- b. No
- c. Not sure

79. How often do you wear sunscreen or sun block when you are outside for more than 15 minutes?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

80. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing school work, playing sports, or being with friends?

- a. Yes
- b. No
- c. Not sure

81. During an average week, on how many days do you provide care for someone in your family or household who is chronically ill (lasts 3 months or more), elderly, or disabled with activities they would have difficulty doing on their own?

- a. There is no one in my family or home who is chronically ill, elderly, or disabled who needs care
- b. 0 days per week
- c. 1 or 2 days per week
- d. 3 to 5 days per week
- e. 6 or 7 days per week

82. 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

83. 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

84. How important is it for schools to help students address the problems of today such as drug abuse, violence, AIDS/HIV, teen pregnancy, abuse, and suicide?

- a. Very important
- b. Important
- c. Somewhat important
- d. Not important

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

PROOF

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #