

FLORIDA
YOUTH
SURVEY
2011

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PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

2011 Middle School Health Behavior Survey Questionnaire

This survey is about you and what you do that may affect your health. The information you give us will be used to develop better education programs for people like you.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Remember, this is not a test. Answer the questions based on what you really do and know.

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 only be used to describe the types of students completing this survey. The information will not be used to find out who you are. No names will ever be reported.

Make sure to read every question. Fill in the ovals on the survey booklet 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.

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. Are you a male or female?

- (A) Male
- (B) Female

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. Which of the following best describes your race?

- (A) White
- (B) Black or African American
- (C) American Indian or Alaska Native
- (D) Asian
- (E) Native Hawaiian or Other Pacific Islander
- (F) Other

6. During the past year, 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) I don't know

The next 3 questions ask about safety.

7. When you rode a bicycle during the past year, how often did you wear a helmet?

- (A) I did not ride a bicycle during the past year
- (B) Never wore a helmet
- (C) Rarely wore a helmet
- (D) Sometimes wore a helmet
- (E) Most of the time wore a helmet
- (F) Always wore a helmet

8. When you rollerbladed or rode a skateboard during the past year, how often did you wear a helmet?

- (A) I did not rollerblade or ride a skateboard during the past year
- (B) Never wore a helmet
- (C) Rarely wore a helmet
- (D) Sometimes wore a helmet
- (E) Most of the time wore a helmet
- (F) Always wore 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

The next 10 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

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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. During the past year, have you been the victim of teasing or name calling because of your weight?

- A Yes
- B No

16. During the past year, have you been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?

- A Yes
- B No

17. During the past year, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- A Yes
- B No

18. 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

19. Have you ever been choked by someone or tried to choke yourself on purpose, such as with a belt, towel, or rope, for the feeling or experience it caused? (This is also called the Choking Game, Knock Out, Space Monkey, Flatlining, or the Fainting Game.)

- A Yes
- B No

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.

20. During the past year, have you ever been bullied **on school property**?

- A Yes
- B No

21. During the past year, have you ever been teased, threatened, or had rumors spread about you **through e-mail, chat rooms, instant messaging, Web sites, or text messaging**?

- A Yes
- B No

The next 6 questions ask about tobacco use.

22. Have you ever tried cigarette smoking, even one or two puffs?

- A Yes
- B No

23. During the past month, did you smoke any cigarettes?

- A Yes
- B No

24. During the past month, how did you **usually** get the cigarettes you smoked?

- A I did not smoke any cigarettes during the past month
- B I bought them from a store
- C I gave someone else money to buy them for me
- D I borrowed (or bummed) them from someone else
- E I stole them
- F I got them some other way

25. During the past month, did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- A Yes
- B No

26. During the past month, did you smoke any **cigars, cigarillos, or little cigars**?

- A Yes
- B No

27. During the past month, have you smoked any of the following specialty tobacco products?

	YES	NO
Bidis, kreteks (clove cigarettes), or tobacco in a pipe?	<input type="radio"/> A	<input type="radio"/> B
Flavored cigarettes?	<input type="radio"/> A	<input type="radio"/> B
Flavored cigars?	<input type="radio"/> A	<input type="radio"/> B
Tobacco out of a water pipe (also called a "hookah")?	<input type="radio"/> A	<input type="radio"/> B

The next 5 questions ask about alcohol. This includes 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.

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

- A Yes
- B No

29. 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

30. During the past month, have you had one or more drinks of alcohol?
- A Yes
 - B No

31. During the past month, how did you **usually** get the alcohol you drank?
- A I did not drink alcohol during the past month
 - B I bought it
 - C I gave someone else money to buy it for me
 - D Someone gave it to me
 - E I stole it
 - F I got it some other way

32. During the past month, did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A Yes
 - B No
 - C Not Sure

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

33. Have you ever used marijuana?
- A Yes
 - B No

34. 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

35. During the past month, did you use marijuana?
- A Yes
 - B No

36. During the past month, did you use marijuana **on school property**?
- A Yes
 - B No

The next 4 questions ask about other drugs.

37. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A Yes
 - B No

38. Have you ever taken **a prescription drug** (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A Yes
 - B No

39. 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

40. 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 6 questions ask about body weight.

41. How tall are you without your shoes on?
 (Write your height in the blank boxes. Fill in the matching circle below each written number.)

Example Height		Height	
5'	7"	I	II
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't know

42. How much do you weigh without your shoes on?
 (Write your weight in the blank boxes. Fill in the matching circle below each written number.)

Example Weight			Weight		
1	5	2			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't know

43. How do you describe **your weight**?

- A Very underweight
- B Slightly underweight
- C About the right weight
- D Slightly overweight
- E Very overweight

44. 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

45. During the past month, have you **intentionally** done any of the following to lose weight or to keep from gaining weight?

	YES	NO
Exercised?	<input type="radio"/> A	<input type="radio"/> B
Ate less food, fewer calories, or foods low in fat?	<input type="radio"/> A	<input type="radio"/> B
Skipped any meals?	<input type="radio"/> A	<input type="radio"/> B
Went one full day without eating?	<input type="radio"/> A	<input type="radio"/> B
Taken any diet pills, powders, or liquids without a doctor's advice? (Do not include meal replacement products such as Slim Fast)	<input type="radio"/> A	<input type="radio"/> B
Vomited or taken laxatives?	<input type="radio"/> A	<input type="radio"/> B

46. During the past year, have you been told by your parent or guardian that you needed to lose weight?

- A Yes
- B No

The next 17 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.

47. 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** include 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
- H I don't know

48. During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Monster? (Do **not** include sports drinks such as Gatorade or PowerAde).

- A I did not drink energy 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
- H I don't know

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

- A I did not drink sugared soft 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
- H I don't know

50. 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
- H I don't know

51. During the past 7 days, how many times did you eat **fruit**? (Fruit includes foods like apples, papayas, bananas, oranges, or pears. 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
- H I don't know

52. During the past 7 days, how many times did you eat **green salad**? (Example: salads that contain lettuce, spinach, or other greens.)

- A I did not eat green salad 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
- H I don't know

53. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- A I did not eat potatoes 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
- H I don't know

54. During the past 7 days, how many times did you eat **carrots**?

- A I did not eat carrots 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
- H I don't know

55. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- A I did not eat other 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
- H I don't know

56. During the past 7 days, how many **glasses of milk** did you drink? (Include 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
- H I don't know

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

- A I do not drink milk
- B Skim or fat free milk
- C 1% or low fat milk
- D 2% milk
- E Soy milk
- F Whole milk
- G Chocolate or other flavored milk
- H I don't know

58. During the past 7 days, how many times did you eat snacks like candy, chips, cookies, ice cream, or cupcakes?

- A I did not eat those snacks 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
- H I don't know

59. In an average week when you are in school, how many times do you purchase snacks like candy, chips, cookies, ice cream, or cupcakes from a vending machine at school?

- A I do not purchase snacks from a vending machine at school
- B 1 to 3 times
- C 4 to 6 times
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day
- H I don't know

60. Do you read food labels for "low fat", "less calories", or "low carbs" before you choose or buy food or snacks?

- A Always
- B Sometimes
- C Hardly ever
- D Never
- E I don't know

61. 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
- I I don't know

62. 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
- I I don't know

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
- I I don't know

The next 5 questions ask about time spent playing sports, doing exercise classes, or doing things you do for fun like biking or skating, and chores like mowing or gardening.

64. 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 spend in any kind of physical activity that increases your heart rate and makes 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

65. 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

66. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- A I do not take PE
- B Less than 10 minutes
- C 10 to 20 minutes
- D 21 to 30 minutes
- E 31 to 40 minutes
- F 41 to 50 minutes
- G 51 to 60 minutes
- H More than 60 minutes

67. During the past year, how many team sports or individual sports did you participate in regularly? (Include school sports and community sports like tennis, football, softball, bike riding, skating or skateboarding, gymnastics, dance, karate, or soccer.)

- A 0 sports
- B 1 sport
- C 2 sports
- D 3 or more sports

68. During the past 7 days, how many days did you participate in any sports or activities like the ones mentioned in the last question?

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days
- G 6 days
- H 7 days

The next 5 questions ask about screen time. Screen time is the time you spend in front of a screen, whether you're watching TV, watching DVDs, playing video games, or working on a computer.

69. 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

70. 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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)

- 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

71. On an average school day, how many hours do you use a computer for homework?

- A I do not use a computer for homework
- 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

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

- A Yes
- B No

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

- A Yes
- B No

The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves. Remember, if you are not comfortable answering a question, just leave it blank.

- 74. 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
- 75. During the past year, did you ever **seriously** think about killing yourself?
 - A Yes
 - B No
- 76. During the past year, did you make a plan about how you would kill yourself?
 - A Yes
 - B No
- 77. During the past year, did you try to kill yourself?
 - A Yes
 - B No

The next 12 questions ask about other behaviors and health-related topics.

- 78. 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
- 79. Have you ever been taught about AIDS or HIV infection in school?
 - A Yes
 - B No
 - C Not sure
- 80. 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
- 81. During the past year, did you visit a doctor for a check-up? (**Not** because you were sick?)
 - A Yes
 - B No
 - C Not sure

- 82. During the past year, did you visit a dentist for a check-up?
 - A Yes
 - B No
 - C Not sure
- 83. Have you ever been told that you have asthma by a doctor, nurse, or parent?
 - A Yes
 - B No
 - C Not sure
- 84. Do you still have asthma?
 - A I have never had asthma
 - B Yes
 - C No
 - D Not sure
- 85. 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

- 86. Have you ever skipped a grade or been held back a grade?
 - A No, I have never skipped a grade or been held back a grade
 - B Yes, I have skipped one or more grades
 - C Yes, I have been held back one or more grades
 - D I don't know

87. Does your neighborhood have the following available for you to use?
- | | YES | NO | NOT SURE |
|--|-------------------------|-------------------------|-------------------------|
| Sidewalks or walking paths? | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| Park or playground? | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| A recreation center, community center, or boys and girls club? | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| A library or bookmobile? | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |

88. 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

89. 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

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

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SCANTRON

Mark Reflex® EM-281540-2:654321

HR06

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #