

2013 Florida Middle School Health Behavior Survey Questionnaire

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 develop better 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) (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. 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. 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 4 questions ask about safety.

7. 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

8. 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

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 6 questions ask about violence-related behaviors.

11. During the past month, did you ever carry a weapon such as a gun, knife, or club?

- (A) Yes
- (B) No

12. During the past month, did you ever carry a weapon such as a gun, knife, or club on school property?

- (A) Yes
- (B) No

13. During the past year, were you in a physical fight?

- (A) Yes
- (B) No

14. 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

15. During the past year, were you in a physical fight **on school property**?

- (A) Yes
- (B) No

16. 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.

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

- (A) Yes
- (B) No

18. 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

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

- (A) Yes
- (B) No

20. 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 6 questions ask about sad feelings, hurting yourself, 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.

21. 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

22. 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

23. 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

24. Have you ever **seriously** thought about killing yourself?

- (A) Yes
- (B) No

25. Have you ever made a **plan** about how you would kill yourself?

- (A) Yes
- (B) No

26. Have you ever **tried** to kill yourself?

- (A) Yes
- (B) No

The next 4 questions ask about tobacco use.

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

- (A) Yes
- (B) No

28. How old were you when you smoked a whole cigarette for the first time?

- A I have never smoked a whole cigarette
- 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

29. 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

30. During the past month, did you smoke cigarettes **on school property**?

- A Yes
- B No

The next 4 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.

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

- A Yes
- B No

32. 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

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

- A Yes
- B No

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

- A Yes
- B No

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

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

38. During the past month, did you use marijuana **on school property**?

- A Yes
- B No

The next 4 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 a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A Yes
- B No

41. 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

42. 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 14 questions ask about body weight.

43. How tall are you without your shoes?

(Write your height in the blank boxes. Fill in the matching oval below each written number.)

| Example Height | | Height | |
|------------------------------------|------------------------------------|--------------------------|--------------------------|
| 5' | 7" | ' | " |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input checked="" type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input checked="" type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |
| | <input type="radio"/> 10 | <input type="radio"/> 10 | <input type="radio"/> 10 |
| | <input type="radio"/> 11 | <input type="radio"/> 11 | <input type="radio"/> 11 |

44. How much do you weigh without your shoes on?

(Write your weight in the blank boxes. Fill in the matching oval below each written number.)

| Example Weight | | | Weight | | |
|------------------------------------|------------------------------------|------------------------------------|-------------------------|-------------------------|-------------------------|
| 1 | 5 | 2 | | | |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input checked="" type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input checked="" type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| | <input checked="" type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

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

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

46. 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

47. Have you ever **exercised** to lose weight or to keep from gaining weight?

- (A) Yes
- (B) No

48. During the past month, did you **exercise** to lose weight or to keep from gaining weight?

- (A) Yes
- (B) No

49. 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

50. 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

51. 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

52. 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

53. 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

54. 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

55. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?

- A Yes
- B No

56. 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 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.

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** 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

58. 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

59. 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

60. 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

61. 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

62. 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

63. 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

64. 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

65. 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

66. 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

67. 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

68. 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

69. 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

70. 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

71. 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

72. 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

73. 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

The next 9 questions ask about physical activity.

74. 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

75. 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

76. 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

77. 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

78. 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

79. 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 iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, 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

80. 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

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

- A Yes
- B No

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

- A Yes
- B No

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

83. 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

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

- A Yes
- B No
- C Not sure

85. 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

86. 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

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

- A Yes
- B No
- C Not sure

88. Has a doctor or nurse ever told you that you have asthma?

- A Yes
- B No
- C Not sure

89. Do you still have asthma?

- A I have never had asthma
- B Yes
- C No
- D Not sure

90. 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

91. Have you ever used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)

- A Yes
- B No

92. 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 Not sure

93. 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

94. 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.**

PROOF

