

2023 Boston 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.

- 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
- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 6th grade
 - 7th grade
 - 8th grade
 - Ungraded or other grade
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? (**Select one or more responses.**)
 - American Indian, Alaska Native, or Native American
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - None of these races
- Which of the following best describes you?
 - Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - I describe my sexual identity some other way
 - I am not sure about my sexual identity (questioning)
 - I do not know what this question is asking
- A transgender person is someone who does not feel the same inside as the sex they were born with. Are you transgender?
 - No, I am not transgender
 - Yes, I am transgender
 - I do not know if I am transgender
 - I do not know what this question is asking
- How long have you lived in the United States?
 - Less than 1 year
 - 1 to 3 years
 - 4 to 6 years
 - More than 6 years but not my whole life
 - I have always lived in the United States

The next 2 questions ask about safety.

- 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
- How often do you wear a seat belt when **riding** in a car?
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 4 questions ask about violence-related behaviors and experiences.

11. Have you ever carried a **weapon**, such as a gun, knife, or club?
A. Yes
B. No
12. Have you ever been in a physical fight?
A. Yes
B. No
13. Has someone ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
A. Yes
B. No
14. Has **someone you were dating or going out with** purposely tried 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 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.

15. Have you ever been bullied **on school property**?
A. Yes
B. No
16. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
A. Yes
B. No

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

17. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always

The next 3 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.

18. 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
19. Have you ever **seriously** thought about killing yourself?
A. Yes
B. No
20. Have you ever **tried** to kill yourself?
A. Yes
B. No

The next question asks about tobacco products.

21. Have you ever used cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, or electronic vapor products?
A. Yes
B. No

The next question asks about cigarette smoking.

22. 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 question asks 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.

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 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.

24. 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

25. 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

The next 2 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.

26. 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
27. 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.

28. 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.

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

The next 3 questions ask about sexual intercourse.

30. Have you ever had sexual intercourse?
- A. Yes
 - B. No
31. With how many people have you ever had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
32. 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
33. Have you ever participated in oral sex? Oral sex is when a person puts their mouth on another person's genitals or private area.
- A. Yes
 - B. No

The next 3 questions ask about body weight.

34. 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

35. During the past 30 days, 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

36. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 3 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, 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
38. Yesterday, 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 yesterday
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

39. Yesterday, how many times did you drink a **can, bottle, or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- A. I did not drink water yesterday
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next 4 questions ask about physical activity.

40. 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
41. 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
42. 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

43. In an average week when you are in school, on how many days do you walk or ride your bike **to or from home and school** when the weather allows you to do so?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

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.

44. 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.

45. 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 question asks about topics you've been taught in school.

46. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure

The next 8 questions ask about other health-related topics.

47. During the past 30 days, how many days of school did you miss because of your asthma?
- A. I do not have asthma
 - B. 0 days
 - C. 1 day
 - D. 2 days
 - E. 3 days
 - F. 4 days
 - G. 5 or more days
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. 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
54. If you get into trouble in the water, do you have the skills to find the surface of the water and float until help arrives?
- A. I cannot swim
 - B. Yes
 - C. No

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