

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 develop better health education for young people like yourself. Please help us help you.

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. Your answers will not affect your grade in this class.

Make sure to read and answer every question. Circle the letter that corresponds with your answer or write in an answer where appropriate.

Thank you very much for your help.

1. How old are you?
A. 12 years old or younger E. 16 years old
B. 13 years old F. 17 years old
C. 14 years old G. 18 years old or older
D. 15 years old

2. What is your sex?
A. Female B. Male

3. In what grade are you?
A. 8th grade D. 11th grade
B. 9th grade E. 12th grade
C. 10 grade F. Ungraded or other grade

4. How do you describe yourself?
A. [insert ethnicity here] B. Other (please specify: _____)

5. How tall are you without your shoes on? _____ cm

6. How much do you weigh without your shoes on? _____ kg.

The next 5 questions ask about personal safety.

7. **When you rode a motorcycle** during the past **12 months**, how often did you wear a helmet?
A. I did not ride a motorcycle during the past 12 months D. Sometimes wore a helmet
B. Never wore a helmet E. Most of the time wore a helmet
C. Rarely wore a helmet F. Always wore a helmet

8. **When you rode a bicycle** during the past **12 months**, how often did you wear a helmet?
A. I did not ride a bicycle during the past 12 months D. Sometimes wore a helmet
B. Never wore a helmet E. Most of the time wore a helmet
C. Rarely wore a helmet F. Always wore a helmet

9. How often do you wear a seat belt when **riding in** a car driven by someone else?
A. Never D. Most of the time
B. Rarely E. Always
C. Sometimes

10. During the past **30 days**, how many times did you **ride** in a car or other **vehicle driven by someone who had been drinking alcohol**?
A. 0 times D. 4 or 5 times
B. 1 time E. 6 or more times
C. 2 or 3 times

11. During the past **30 days**, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 16 questions ask about violence-related behaviors.

12. During the past **30 days**, on how many days did you carry **a weapon** such as a knife?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
13. During the past **30 days**, on how many days did you carry **a gun**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
14. During the past **30 days**, on how many days did you carry **a weapon** such as a gun or knife on **school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. During the past **30 days**, on how many days did you **not go to school** because you felt you would be **unsafe** at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
16. During the past **12 months**, how many times has someone **threatened** or injured you with a weapon such as a gun or knife **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
17. During the past **12 months**, how many times were you in a **physical fight**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. During the past **12 months**, how many times were you in a **physical fight** in which **you were injured** and had to be treated by a doctor or nurse?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
19. During the past **12 months**, how many times were you in a **physical fight on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
20. Have you ever been **forced** to have **sexual intercourse** when you did not want to?
- A. Yes
 - B. No
21. Have you ever witnessed any personal **violence in your home**. (When one family member physically hurts another family member.)
- A. Yes
 - B. No

22. If yes, which member(s) of your **family** are **violent** at times?
- A. No one in my home is violent F. Brother(s) (How many? _____)
 B. Grandfather G. Sister(s) (How many? _____)
 C. Grandmother H. Yourself
 D. Father I. Other (Please specify: _____)
 E. Mother
23. Which member or members of your family is/are the **victim(s) of violence at home**? (Circle all that apply.)
- A. No one in my home is violent F. Brother(s) (How many? _____)
 B. Grandfather G. Sister(s) (How many? _____)
 C. Grandmother H. Yourself
 D. Father I. Other (Please specify: _____)
 E. Mother
24. During the past **12 months**, how many times did you witness **family members hurting each other**?
- A. 0 times D. 4 or 5 times
 B. 1 time E. 6 or more times
 C. 2 or 3 times
25. During the past **12 months**, how many times has anyone in your home needed **medical care because** of being **hurt intentionally** by another family member(s)?
- A. 0 times D. 4 or 5 times
 B. 1 time E. 6 or more times
 C. 2 or 3 times
26. How often are you **afraid** of being hurt at **home**?
- A. Never C. Sometimes
 B. Rarely D. Often
27. 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

The next 7 questions ask about tobacco use.

28. **How old** were you when you **smoked** a whole cigarette for the first time?
- A. I have never smoked a whole cigarette E. 13 or 14 years old
 B. 8 years old or younger F. 15 or 16 years old
 C. 9 or 10 years old G. 17 years old or older
 D. 11 or 12 years old
29. During the past **30 days**, on how many days did you **smoke** cigarettes?
- A. 0 days E. 10 to 19 days
 B. 1 or 2 days F. 20 to 29 days
 C. 3 to 5 days G. All 30 days
 D. 6 to 9 days
30. During the past **30 days**, on the days you smoked, how many cigarettes did you **smoke per day**?
- A. I did not smoke cigarettes during the past 30 days. E. 6 to 10 cigarettes per day
 B. Less than 1 cigarette per day F. 11 to 20 cigarettes per day
 C. 1 cigarette per day G. More than 20 cigarettes per day
 D. 2 to 5 cigarettes per day
31. During the past **30 days**, how did you usually **get our own cigarettes** (Select only one response)
- A. I did not smoke cigarettes during the past 30 days E. I borrowed them from someone else
 B. I bought them in a store F. I stole them
 C. I bought them from a person selling them on the street G. I gave someone else money to buy them for me
 D. I got them some other way (please specify: _____)

32. During the past **30 days**, on how many days did you smoke **cigarettes on school property**?

- 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

33. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?

- A. Yes
- B. No

34. Have you ever **successfully** tried to **quit smoking** cigarettes?

- A. I have never smoked regularly
- B. Yes
- C. No

The next 8 questions ask about drinking alcoholic beverages and alcohol. Alcoholic beverages include drinking beer, wine and liquor such as vodka, gin, cognac, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

35. **How old** were you when you had your first drink of an **alcoholic beverage** other than a few sips?

- A. I have never had a drink of an alcoholic beverage other than a few sips
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

36. During the past **30 days**, on how many days did you have at least one drink of an **alcoholic beverage**?

- 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

37. During the past **30 days**, on how many days did you have 5 or more drinks of an **alcoholic beverage** in a row, that is, within a couple of hours?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

38. During the past 30 days, on how many days did you have at least one drink of an **alcoholic beverage on school property**?

- 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

39. **How old** were you when you had your first drink of alcohol other than a few sips?

- A. I have had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

40. 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

41. During the past **30 days**, on how many days did you have 5 or more drinks of **alcohol** in a row, that is, within a couple of hours?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

42. During the past **30 days**, on how many days did you have at least one drink of **alcohol on school property**?
- 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 11 questions ask about drug use.

43. How old were you when you tried **marijuana** (also called grass or pot) for the **first time**?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

44. 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

45. During the past **30 days**, how many times did you use **marijuana on school property**?
- 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

46. How old were you when you tried **heroin** for the **first time**?
- A. I have never tried heroin
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

47. During the past **30 days**, how many times did you use **heroin**?
- 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

48. During the past **30 days**, how many times did you use **heroin on school property**?
- 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

49. How old were you when you tried **amphetamines** (also called speed) for the **first time**?
- A. I have never tried amphetamines
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

50. During the past **30 days**, how many times did you use **amphetamines**?
- 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

51. During the past **30 days**, how many times did you use **amphetamines on school property**?
- 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

52. During your **life**, how many times have you used a **needle and syringe to inject any drug** into your body?
- A. 0 times
 - B. 1 time
 - C. 2 or more times

53. During the past **12 months**, has anyone offered, sold, or given you a **drug on school property**?
A. Yes B. No

The next 5 questions ask about sexual behavior.

54. How old were you when you had **sexual intercourse** for the **first time**?
A. I have never had sexual intercourse E. 14 years old
B. 11 years old or younger F. 15 years old
C. 12 years old G. 16 years old
D. 13 years old H. 17 years old or older
55. During your life, with how many **partners** have you had **sexual intercourse**?
A. I have never had sexual intercourse E. 4 partners
B. 1 partner F. 5 partners
C. 2 partners G. 6 or more partners
D. 3 partners
56. During the past **3 months**, with how many **partners** did you have **sexual intercourse**?
A. I have never had sexual intercourse E. 3 partners
B. I have had sexual intercourse, but not during the past 3 months F. 4 partners
C. 1 partner G. 5 partners
D. 2 partners H. 6 or more partners
57. What **methods** do you or your partner(s) usually use to **prevent pregnancy**? (Circle all that apply.)
A. I have never had sexual intercourse E. Withdrawal
B. No method was used F. Some other method
C. Birth control pills G. Not sure
D. Condoms
58. How many **times** have you been **pregnant or got someone pregnant**?
A. 0 times C. 2 or more times
B. 1 time D. Not sure

The next 6 questions ask about body weight.

59. How do **you** describe your **weight**?
A. Very underweight D. Slightly overweight
B. Slightly underweight E. Very overweight
C. About the right weight
60. Which of the following are you trying to do about your weight?
A. **Gain** weight C. **Stay** the same weight
B. **Lose** weight D. **I am not trying to do anything** about my weight
61. During the past **30 days**, did **you eat less food**, to lose weight or to keep from gaining weight?
A. Yes B. No
62. During the past **30 days**, 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
63. During the past **30 days**, did you **take any diet pills** without a doctor's advice to lose weight or to keep from gaining weight?
A. Yes B. No
64. For the past 30 days were you doing any **exercises** in order to **lose weight**?
A. Yes B. No

The next 6 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.

65. During the past **7 days**, how many times did you drink 100% **fruit juices** such as orange juice, apple juice, or grape juice?
- 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
66. During the past **7 days**, how many times did you **eat fruit**? (Do not count fruit juice.)
- 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
67. During the past **7 days**, how many times did you eat **potatoes**? (Do not count potato chips.)
- 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
68. During the past **7 days**, how many times did you eat **carrots**?
- 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
69. During the past **7 days**, how many times did you eat **other vegetables**? (Do **not** count potatoes or carrots.)
- 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
 - F. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
70. 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.)
- 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

The next 5 questions ask about physical activity.

71. On how many of the past **7 days** did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, football, running, weight-lifting, fast bicycling, or similar aerobic activities?
- 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. On an **average school day**, how many hours do you watch **TV**?
- A. We do not have electricity
 - B. We have electricity, but no TV
 - C. We have a TV, but I do not watch TV on an average school day
 - D. Less than 1 hour per day
 - E. 1 hour per day
 - F. 2 hours per day
 - G. 3 hours per day
 - H. 4 hours per day
 - I. 5 or more hours per day
73. In an average **week** when you are in **school**, on how many days do you go to **physical education classes**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

74. During the past **12 months**, on how many team **sports** did you play? (Include any teams run by your school or community groups.)
 A. 0 teams C. 2 teams
 B. 1 team D. 3 or more teams
75. During the past **12 months**, how many times were you **injured** while **exercising**, playing sports, or being physically active and had to be treated by a doctor or nurse?
 A. 0 times D. 3 times
 B. 1 time E. 4 times
 C. 2 times F. 5 or more times

The next 9 questions are related to your personal health

76. How often have you seen a **primary care doctor** within the last **12 months**?
 A. None D. 3 times
 B. Once E. 4 or more
 C. 2 times
77. How often have you been to the **dentist** within last **12 months**?
 A. None D. 3 times
 B. Once E. 4 or more
 C. 2 times
78. How often do you **brush** your **teeth**?
 A. Never D. 1 time a day
 B. 1-3 times a week E. 2 times a day
 C. 4-6 times a week F. 3 or more times a day
79. How would you estimate your **health condition** in general?
 A. Excellent D. Satisfactory
 B. Very good E. Poor
 C. Good
80. Have you ever been **taught about AIDS or HIV infection** in **school**?
 A. Yes B. No
81. Has your **doctor** ever **taught** you about **AIDS or HIV infection**?
 A. Yes B. No
82. Have you been diagnosed with any of the following **venereal diseases**? (Circle all that apply.)
 A. Syphilis E. Condyloma
 B. Hlamidomanada F. Hepatitis B
 C. Gonorrhea G. Others (Please specify: _____)
 D. Herpes genitalis
83. What **health problems**, do you think, are the most serious among children of your age in your **city/village**?
84. What **problems**, other than health problems, are the most serious among children of your age in your **city/village**?

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

The following questions are exclusively for girls.

85. How many **children** do you have?

- A. 0
- B. 1
- C. 2
- D. 3 and more

86. Where do your **children live**? (Circle all that apply.)

- A. At home
- B. At a relative's home
- C. At an orphanage
- D. Other (Please specify: _____)

87. How many **abortions** have you had?

- A. 0
- B. 1
- C. 2
- D. 3 and more

88. If you have had an **abortion, where** was it performed?

- A. Have not had an abortion
- B. Hospital
- C. Other (Please specify where and method used _____)

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