

# 2001

## YOUTH RISK BEHAVIOR SURVEY

### HAWAI'I MIDDLE SCHOOL 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 circles on the answer sheet completely. Do not write on this survey. 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.
- To change your answer, erase completely.

1. How old are you?  
A. 11 years old or younger  
B. 12 years old  
C. 13 years old  
D. 14 years old  
E. 15 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
4. How do you describe yourself? (**Select one or more responses.**)  
A. Black  
B. Caucasian/White  
C. Chinese  
D. Filipino  
E. Hawaiian/Part Hawaiian  
F. Japanese  
G. Samoan  
H. Other

5. 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

6. How tall are you without your shoes on?  
Directions: Write your height in the shaded blank boxes on your answer sheet. Fill in the matching circle below each number.

**Example**

Height	
Feet	Inches
5	11
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	●

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

Directions: Write your weight in the shaded blank boxes on your answer sheet. Fill in the matching circle below each number.

**Example**

<b>Weight</b>		
<b>Pounds</b>		
<b>1</b>	<b>5</b>	<b>3</b>
●	①	①
②	①	①
③	②	②
	③	●
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

**The next 10 questions ask about personal safety and violence-related behaviors.**

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. 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

10. When involved in other popular activities such as rollerblading, riding a skateboard, or riding a scooter how often do you wear a helmet?

- A. I do not rollerblade, ride a skateboard or ride a scooter
- 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

11. **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
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

12. **During the past 30 days**, on how many days did you carry a gun (not for hunting)?

- 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 any other weapon besides a gun, such as a knife or club?

- 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, knife, or club **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 12 months**, how many times has someone stolen or deliberately damaged your property, clothing, or books **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
16. **During the past 30 days**, on how many days did you feel unsafe at school or on your way to or from school?
- 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 or more days
17. **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

**The next 5 questions are about physical fighting. Do not include fooling around with family or friends, but do include being attacked.**

18. **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 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 more times
20. **During the past 12 months**, have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
- A. Yes
  - B. No
21. **During the past 12 months**, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
  - C. I did not have a boyfriend or girlfriend in the past 12 months

22. Have you ever been physically forced to have sexual intercourse when you did not want to?

- A. Yes
- B. No

**Sometimes people feel so sad and unhappy that they may think about attempting suicide or killing themselves. The next 4 questions ask about attempted suicide.**

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

26. If you tried to kill yourself, did you get care from a counselor, doctor or other health care professional?

- A. I did not try to kill myself
- B. I tried to kill myself and then got care
- C. I tried to kill myself but did not get care

**The next 9 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
- H. 14 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 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
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

31. **When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?

- A. I did not try to buy cigarettes in a store during the past 30 days
- B. Yes, I was asked to show proof of age
- C. No, I was **not** asked to show proof of age

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. **During the past 12 months**, have you ever tried to **quit** smoking cigarettes?

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

34. **During the past 30 days**, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 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

35. **During the past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?

- 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 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.**

36. 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 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 years old or older

37. **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 9 days
- D. 10 to 19 days
- E. 20 or more days

38. **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 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 or more days

**The next 3 questions ask about the use of marijuana, which is also called grass, pot, weed, buds, reefer, or pakalōlō.**

39. 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 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 years old or older

40. **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 or more times

41. **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 or more times

**The next 10 questions ask about cocaine and other drug use.**

42. How old were you when you tried **any** form of cocaine, including powder, crack, or freebase, for the first time?

- A. I have never tried cocaine
- 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 years old or older

43. **During your life**, how many times did you use **any** form of cocaine, including powder, crack or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

44. **During your life**, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

45. **During your life**, how many times have you taken **steroid** pills or shots **without** a doctor's prescription?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

46. **During your life**, how many times have you used LSD, PCP, or mushrooms?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

47. **During your life**, how many times have you used ecstasy?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

48. **During your life**, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

49. **During your life**, how many times have you used sedatives or downers **without** a doctor's prescription?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

50. **During you life**, how many times have you used a needle to inject any illegal drug into your body?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

51. **During the past 12 months**, has anyone offered, sold or given you an illegal drug **on school property**?

- A. Yes
- B. No

**The next 2 questions ask about HIV/AIDS education and information.**

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

- A. Yes
- B. No
- C. Not sure

53. 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

**The next 5 questions ask about sexual intercourse.**

54. How old were you when you had sexual intercourse for the first time?

- A. I have never had sexual intercourse
- 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 years old or older

55. With how many people have you ever had sexual intercourse?
- A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 or 3 people
  - D. 4 or more people
56. The **last time** you had sexual intercourse, did you or your partner drink alcohol or use drugs?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
57. 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
58. The **last time** you had sexual intercourse, what **one** method did you or your partner use to try to **prevent pregnancy**?
- A. I have never had sexual intercourse
  - B. No method was used to prevent pregnancy
  - C. Birth control pills
  - D. Condom
  - E. Depo-Parvera injectable birth control)
  - F. Withdrawal
  - G. Some other method
  - H. Not sure

**The next 6 questions ask about body weight.**

59. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
60. 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
61. **During the past 30 days**, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
62. **During the past 30 days**, 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
63. **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** include meal replacement products such as Slim Fast.)
- A. Yes
  - B. No

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

- A. Yes
- B. No

**The next 5 questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until the time you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

**SELECT ONLY ONE RESPONSE**

65. Yesterday, how many times did you eat fruit?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

66. Yesterday, how many times did you drink fruit juice (only 100% juice such as orange, apple, or grape juice)?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

67. Yesterday, how many times did you drink soda?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

68. Yesterday, how many times did you eat green salad?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

69. Yesterday, how many times did you eat **cooked** vegetables?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

**The next 3 questions ask about physical activity.**

70. **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, soccer, running, swimming laps, fast bicycling, fast dancing, 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

71. Do you participate in **any organized physical activity** such as sports teams, dance, gymnastics, or swimming?

- A. Yes
- B. No

72. What do you do **most** afternoons after school? (Select only **one** response.)
- A. Stay home with an adult or stay some other place with an adult
  - B. Got to the mall
  - C. Take care of myself – no adult present (go to the beach, library)
  - D. Take care of younger brothers/sisters/cousins – no adult present
  - E. Go to my house or a friend's house – no adult present
  - F. Go to an organized program (lessons, clubs, sports, school, church, community program) until an adult picks me up
  - G. Go to parent's workplace
  - H. Other

**The following 4 questions ask if there are adults or others in your life who you feel are supportive of you and who you could go to if you had a problem.**

73. Students in my school respect and care about me.
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
74. At my school there is a teacher or some other adult who really cares about me.
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

75. Not counting my parent/guardians, I know at least one other adult who I can go to for help if I have an important life question.
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
76. I know where to go for help with a problem.
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

**The following 7 questions give information on how you communicate with others and make difficult decisions.**

77. I try to work out problems by talking about them.
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
78. I can do most things if I try.
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

79. I can work with someone who has different opinions than mine.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

80. I stand up for myself without putting others down.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

81. I have goals and plans for the future.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

82. I am good at making decisions and following through on them.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

83. I can resist negative peer pressure and dangerous situations.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

**The next 8 questions ask you where you would go to get help with a variety of health-related problems.**

84. Who would you go to FIRST for help if you had a relationship problem with someone in your family? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

85. Who would you go to FIRST for help if you were feeling sad or depressed? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

86. Who would you go to FIRST for help if you needed birth control information? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

87. Who would you go to FIRST for help if you thought you were pregnant or got someone pregnant? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

88. Who would you go to FIRST for help if you were feeling angry or out of control? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

89. Who would you go to FIRST for help if you were being sexually or physically abused? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

90. Who would you go to FIRST for help if you had an alcohol or drug use problem? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

91. Who would you go to FIRST for help if you had a relationship problem with a boyfriend/girlfriend? (Select only **one** response.)

- A. Parent/Guardian
- B. Other relative (brother, sister, cousins, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor/School Health Service Center/School Health Room
- E. Doctor/Health Professional
- F. Peer Educator/Peer Mediator
- G. No one
- H. Other

**This is the end of the survey  
Thank you very much for your help  
2001 Middle School YRBS**