

# 2003

## HAWAI'I 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 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. 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 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. 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.

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.

Weight		
Pounds		
1	5	3
●	①	①
②	①	①
③	②	②
	③	●
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next 4 questions ask about personal safety.

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
  - Never wore a helmet
  - Rarely wore a helmet
  - Sometimes wore a helmet
  - Most of the time wore a helmet
  - Always wore a helmet
9. How often do you wear a seat belt when riding in a car?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
10. When involved in other popular

activities such as riding a skateboard, rollerblading, or riding a scooter how often did you wear a helmet?

- I did not ride a skateboard, rollerblade, or ride a scooter
  - Never wore a helmet
  - Rarely wore a helmet
  - Sometimes wore a helmet
  - Most of the time wore a helmet
  - Always wore 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?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

The next 7 questions are about violence-related behaviors.

12. During the past 30 days, on how many days did you carry a gun (not for hunting)?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 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?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 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 threatened or injured you with a weapon such as a gun, knife, or club **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

16. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your 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 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

17. **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

18. **During the past 30 days**, 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 4 questions are about physical fighting. Do not include fooling around with family or friends, but do include being attacked.**

19. 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

20. 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

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 5 questions ask about attempted suicide.**

23. 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

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

27. 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 6 questions ask about tobacco use.**

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

- A. Yes
- B. No

29. 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

30. 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

31. 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

32. During the past 12 months, did you ever try **to quit** smoking cigarettes?

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

33. 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

**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.**

34. 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

35. 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

36. 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 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 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 3 questions ask about marijuana. Marijuana also is called grass, pot, weed, refers, or paka1ö1ö.**

38. 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
39. 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
40. 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 7 questions ask about other drugs.**

41. 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
42. 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
43. 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
44. During your life, how many times have you used ecstasy (also called MDMA)?
- 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 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

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

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

47. 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.**

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

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

49. 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 7 questions ask about sexual intercourse.**

50. Have you ever had sexual intercourse?

- A. Yes
- B. No

51. 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

52. During your life, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 or 3 people
- D. 4 or more people

53. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- A. I have never had sexual intercourse
- B. Yes
- C. No

54. 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

55. The **last time** you had sexual intercourse, what **one** method did you or your partner use to try to **prevent pregnancy**? (Select only **one** response)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condom
- E. Depo-Provera (injectable birth control)
- F. Withdrawal
- G. Some other method
- H. Not sure

56. How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. Not sure

**The next 7 questions ask about body weight.**

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

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

58. 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

59. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

60. 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

61. **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

62. **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

63. 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 8 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.**

64. 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
65. During the past 7 days, how many times did you eat **fruit**? (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
66. During the past 7 days, how many times did you eat **green salad**?
- 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
67. 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
68. 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

69. 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

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. 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

71. During the past 7 days, how many times did you drink soda?

- A. I did not drink soda 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

**The next 5 questions ask about physical activity.**

72. 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

73. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

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

74. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

- 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. 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

76. 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. Go 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 8 questions ask about your relationship with your family. Mark the word that best describes how you feel about each sentence below.**

77. My parent/guardian asks me if I've gotten my homework done.

- A. **YES!**
- B. yes
- C. no
- D. **NO!**

78. When I am not at home, one of my parents/guardians knows where I am and who I am with.

- A. **YES!**
- B. yes
- C. no
- D. **NO!**

79. My parent/guardian would know if I didn't come home on time.

- A. **YES!**
- B. yes
- C. no
- D. **NO!**

80. My parent/guardian wants me to call if I'm going to be late getting home.

- A. **YES!**
- B. yes
- C. no
- D. **NO!**

81. The rules in my family are clear.

- A. **YES!**
- B. yes
- C. no
- D. **NO!**

82. My family has clear rules about alcohol and drug use.
- A. **YES!**
  - B. yes
  - C. no
  - D. **NO!**

83. I share my thoughts and feelings with my family.
- A. **YES!**
  - B. yes
  - C. no
  - D. **NO!**

84. I enjoy spending time with my family.
- A. **YES!**
  - B. yes
  - C. no
  - D. **NO!**

**The following 4 questions ask you to think back over the past year in school.**

85. In the past year, how often do you feel that the school work you were assigned was meaningful and important?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Almost always
86. In the past year, how often did you enjoy being in school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Almost always

87. In the past year, how often did you hate being in school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Almost always

88. In the past year, how often did you try to do your best work in school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Almost always

**The following 3 questions ask about your experiences in school.**

89. How interesting are most of your classes to you?
- A. Very interesting
  - B. Quite interesting
  - C. Fairly interesting
  - D. Slightly dull
  - E. Very dull
90. How important do you think the things you are learning in school are going to be for you later in life?
- A. Very important
  - B. Quite important
  - C. Fairly important
  - D. Slightly important
  - E. Not at all important
91. Is there at least one teacher in your school that you can go to if you have a problem?
- A. Yes
  - B. No

**The next 8 questions ask you where would**

**you go to get help with a variety of health-related problems.**

92. 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, cousin, grandparent, etc.)
  - C. Friends my age
  - D. Teacher/Counselor
  - E. School Health Room
  - F. Doctor/Health Professional
  - G. No one
  - H. Other
93. 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, cousin, grandparent, etc.)
  - C. Friends my age
  - D. Teacher/Counselor
  - E. School Health Room
  - F. Doctor/Health Professional
  - G. No one
  - H. Other
94. 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, cousin, grandparent, etc.)
  - C. Friends my age
  - D. Teacher/Counselor
  - E. School Health Room
  - F. Doctor/Health Professional
  - G. No one
  - H. Other
95. 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, cousin, grandparent, etc.)
  - C. Friends my age
  - D. Teacher/Counselor
  - E. School Health Room
  - F. Doctor/Health Professional
  - G. No one
  - H. Other
96. 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, cousin, grandparent, etc.)
  - C. Friends my age
  - D. Teacher/Counselor
  - E. School Health Room
  - F. Doctor/Health Professional
  - G. No one
  - H. Other
97. 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, cousin, grandparent, etc.)
  - C. Friends my age
  - D. Teacher/Counselor
  - E. School Health Room
  - F. Doctor/Health Professional
  - G. No one
  - H. Other

98. 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, cousin, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor
- E. School Health Room
- F. Doctor/Health Professional
- G. No one
- H. Other

99. 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, cousin, grandparent, etc.)
- C. Friends my age
- D. Teacher/Counselor
- E. School Health Room
- F. Doctor/Health Professional
- G. No one
- H. Other

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