

# 2017 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 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.

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. Black or African American
  - C. Filipino
  - D. Japanese
  - E. Native Hawaiian/Part Hawaiian
  - F. Other Asian
  - G. Other Pacific Islander
  - H. White

6. Which one of these groups **best** describes you? (Select only **one** response.)
    - A. Hispanic or Latino
    - B. Native Hawaiian
    - C. Filipino
    - D. Japanese
    - E. White
    - F. Other Pacific Islander
    - G. Some other race or ethnicity
    - H. I do not describe myself as only one race or ethnicity
  7. Are either of your parents or other adults in your family serving on active duty in the military?
    - A. Yes
    - B. No
  8. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?
    - A. Yes
    - B. No
- The next 9 questions ask about violence-related behaviors.**
9. During the past 12 months, did you carry a **weapon** such as a gun, knife, or club?
    - A. Yes
    - B. No
  10. During the past 12 months, did you ever **not** go to school because you felt you would be unsafe at school or on your way to or from school?
    - A. Yes
    - B. No
  11. During the past 12 months, have you been in a physical fight?
    - A. Yes
    - B. No
  12. Have you ever been physically forced to have sexual intercourse when you did not want to?
    - A. Yes
    - B. No

13. During the past 12 months, did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)  
A. Yes  
B. No
14. During the past 12 months, did **someone you were dating or going out with** purposely try 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. I did not date or go out with anyone during the past 12 months  
B. Yes  
C. No
15. During the past 12 months, did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)  
A. I did not date or go out with anyone during the past 12 months  
B. Yes  
C. No
16. During the past 12 months, did you physically hurt **someone you were dating or going out with**? (Count such things as hitting them, slamming them into something, or injuring them with an object or weapon.)  
A. I did not date or go out with anyone during the past 12 months  
B. Yes  
C. No
17. During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself?  
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.**

18. Have you ever been bullied **on school property**?  
A. Yes  
B. No
19. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  
A. Yes  
B. No
20. Have you ever **electronically** bullied someone? (Count bullying through texting, Instagram, Facebook, or other social media.)  
A. Yes  
B. No
21. Do you agree or disagree that harassment and bullying by other students is a problem at your school?  
A. Strongly agree  
B. Agree  
C. Not sure  
D. Disagree  
E. Strongly disagree

**The next question asks about hurting yourself on purpose.**

22. Have you ever done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?  
A. Yes  
B. No

**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

23. Have you ever felt 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 any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  
A. I did not try to kill myself  
B. Yes  
C. No

**The next 2 questions ask about cigarette smoking.**

28. How old were you when you first tried cigarette smoking, even one or two puffs?  
A. I have never tried cigarette smoking, not even one or two puffs  
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

**The next 2 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.**

30. Have you ever used an electronic vapor product?  
A. Yes  
B. No
31. 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 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.**

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 30 days, did you have at least one drink of alcohol?  
A. Yes  
B. No
34. 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
35. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (such as rum, gin, vodka, or whiskey) regularly?  
A. Very wrong  
B. Wrong  
C. A little bit wrong  
D. Not at all wrong  
E. Not sure

**The next 2 questions ask about marijuana use. Marijuana also is called grass, pot, weed, or pakalōlo.**

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 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 5 questions ask about other drugs.**

38. Have you ever used **any** form of cocaine, including powder, crack, or freebase?  
A. Yes  
B. No
39. Have you ever used **methamphetamines** (also called speed, crystal, crank, or ice)?  
A. Yes  
B. No
40. Have you ever used **ecstasy** (also called MDMA)?  
A. Yes  
B. No
41. Have you ever taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)  
A. Yes  
B. No
42. 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

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

43. 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 years old  
D. 10 years old  
E. 11 years old  
F. 12 years old  
G. 13 years old or older

44. 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
45. 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
46. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
  - B. Females
  - C. Males
  - D. Females and males
47. Which of the following best describes you?
- A. Heterosexual (straight)
  - B. Gay or lesbian
  - C. Bisexual
  - D. Not sure

**The next 3 questions ask about body weight.**

48. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
49. 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

50. During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals?
- A. Yes
  - B. No
  - C. Not sure

**The next 2 questions ask about eating.**

51. 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
52. 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

**The next 7 questions ask about physical activity.**

53. 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

54. During the past 7 days, on how many 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

55. 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

56. 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 iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook or other social media.)
- 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

57. 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

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

59. 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

**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.**

60. 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 19 questions ask about other health-related topics.**

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

62. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
63. During the past 30 days, on how many days did you **not** go to school because you were sick?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 or more days
64. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
65. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
66. During the past 12 months, did you have a toothache?
- A. Yes
  - B. No
  - C. Not sure
67. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
68. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
69. 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
70. 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
71. How likely is it that you will complete high school?
- A. Definitely will not
  - B. Probably will not
  - C. Probably will
  - D. Definitely will
  - E. Not sure
72. 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
73. 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

74. Is there a teacher or some other adult at your school who really cares about you?
- A. Yes
  - B. No
  - C. Not sure
75. Outside of school, is there an adult you can talk to about things that are important to you?
- A. Yes
  - B. No
  - C. Not sure
76. During the past 12 months, have you talked with at least one of your parents or another adult in your family about the dangers of tobacco, alcohol, or drug use?
- A. Yes
  - B. No
  - C. Not sure
77. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
- A. Yes
  - B. No
  - C. Not sure
78. Have you ever talked with your parents or other adults in your family about how to say no to having sex?
- A. Yes
  - B. No
  - C. Not sure
79. 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

**The next 7 questions ask about alcohol and drugs.**

80. Have you ridden in a car driven by someone, including yourself, who was “high” or had been using alcohol or drugs?
- A. Yes
  - B. No
81. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- A. Yes
  - B. No
82. Do you ever use alcohol or drugs while you are alone?
- A. Yes
  - B. No
83. Do you ever forget things you did while using alcohol or drugs?
- A. Yes
  - B. No
84. Do your family or friends ever tell you that you should cut down on your drinking or drug use?
- A. Yes
  - B. No
85. Have you ever gotten into trouble while you were using alcohol or drugs?
- A. Yes
  - B. No
86. During the past 12 months, have you ever attended school under the influence of alcohol, marijuana, or other drugs?
- A. Yes
  - B. No

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