

2021 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. Which of the following best describes you?
 - A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (questioning)
 - F. I do not know what this question is asking
8. A transgender person is someone who does not feel the same inside as the sex they were born with. Are you transgender?
 - A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I do not know if I am transgender
 - D. I do not know what this question is asking
9. Are either of your parents or other adults in your family serving on active duty in the military?
 - A. Yes
 - B. No

The next 8 questions ask about violence-related behaviors and experiences.

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 seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
 - A. Yes
 - B. No
13. Have you ever been physically forced to have sexual intercourse when you did not want to?
 - A. Yes
 - B. No

14. 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
15. During the past 12 months, did **someone you were dating or going out with** 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. 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 **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
17. 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

The next 3 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. 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.

21. 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.

22. 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
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 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 3 questions ask about cigarette smoking.

27. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
28. 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
29. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?
- A. I did not smoke cigarettes during the past 30 days
 - B. Yes
 - C. No

The next 3 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

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

32. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I got or bought them from a friend, family member, or someone else
 - C. I bought them myself in a vape shop or tobacco shop
 - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
 - E. I bought them myself at a mall or shopping center kiosk or stand
 - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
 - G. I took them from a store or another person
 - H. I got them in some other way

The next question asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, and pipe tobacco when answering this question.

33. During the past 7 days, on how many days did someone smoke or vape tobacco products in your home while you were there?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 3 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.

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 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older
35. During the past 30 days, did you have at least one drink of alcohol?
- A. Yes
 - B. No
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 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days

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

37. 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

38. 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 2 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

39. 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
40. During the past 30 days, how many times did you take **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- 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 2 questions ask about methamphetamines. Methamphetamines also are called speed, crystal meth, crank, ice, batu, or meth.

41. Have you ever used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. Yes
 - B. No
42. How much do people risk harming themselves physically and in other ways when they try methamphetamines once or twice?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
 - E. Not sure

The next 5 questions ask about other drugs.

43. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
A. Yes
B. No
44. 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
45. 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
46. Have you ridden in a car driven by someone who was "high" or had been using alcohol or drugs?
A. Yes
B. No
47. During the past 12 months, have you ever attended school under the influence of alcohol, marijuana, or other drugs?
A. Yes
B. No

The next 5 questions ask about sexual behaviors.

48. 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
49. 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

50. 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
51. 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
52. 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

The next question asks about body weight.

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

The next 2 questions ask about eating.

54. 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
55. 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 9 questions ask about physical activity.

56. 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
57. 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
58. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- A. Less than 1 hour per day
 - B. 1 hour per day
 - C. 2 hours per day
 - D. 3 hours per day
 - E. 4 hours per day
 - F. 5 or more hours per day
59. 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
60. Do you agree or disagree that the physical education (PE) classes you took during the past 12 months offered a variety of physical activities?
- A. I did not take PE classes during the past 12 months
 - B. Strongly agree
 - C. Agree
 - D. Not sure
 - E. Disagree
 - F. Strongly disagree
61. During the past 12 months, were you **usually** physically active at least half of the time during physical education (PE) classes?
- A. I did not take PE classes during the past 12 months
 - B. Yes
 - C. No
62. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do **not** count physical education teacher.)
- A. Yes
 - B. No
63. In an average week when you are in school, how do you usually get to school?
- A. Walk or wheelchair
 - B. Bicycle
 - C. School bus
 - D. Public transportation
 - E. Family car, truck, van, or motorcycle
 - F. Carpool
 - G. Rideshare, such as Uber or Lyft
 - H. Some other way
64. What is the main reason you do not walk or bike to school? (Select only **one** response.)
- A. I do walk or bike to school
 - B. Distance
 - C. Lack of sidewalks or pathways
 - D. Unsafe traffic
 - E. Unsafe intersections or crossings
 - F. Unsafe neighborhood
 - G. Weather or climate
 - H. Some other reason

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.

65. 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.

66. 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
67. 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
68. 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

69. 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
70. During the past 12 months, how many times have you missed school because of problems with your teeth or mouth? (Do not include times you missed school for routine dental or orthodontic appointments.)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
71. 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
72. 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
73. 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

74. 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
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. 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
77. Is there a teacher or other adult in your school who really cares about you?
- A. Yes
 - B. No
 - C. Not sure
78. 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
79. 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
80. Have you ever been taught in school about sexually transmitted diseases (STDs)?
- A. Yes
 - B. No
 - C. Not sure
81. Have you ever talked about birth control with your parents or other adults in your family?
- A. Yes
 - B. No
 - C. Not sure
82. During the past 12 months, did you receive help from a special education teacher, speech therapist, or behavior health specialist at school?
- A. Yes
 - B. No
 - C. Not sure
83. 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
84. 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

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