2013 Massachusetts
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. 12 years old or younger
   - B. 13 years old
   - C. 14 years old
   - D. 15 years old
   - E. 16 years old
   - F. 17 years old
   - G. 18 years old or older

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

3. In what grade are you?
   - A. 9th grade
   - B. 10th grade
   - C. 11th grade
   - D. 12th grade
   - E. 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. Asian
   - C. Black or African American
   - D. Native Hawaiian or Other Pacific Islander
   - E. White

6. How tall are you without your shoes on?

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

   Example

Height	
Feet	**Inches**
5	***7***
③	⓪
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

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

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

   Example

Weight		
Pounds		
1	***5***	***2***
⓪	⓪	⓪
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. 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

9. How long have you lived in the United States?
   A. Less than 1 year
   B. 1 to 3 years
   C. 4 to 6 years
   D. More than 6 years but not my whole life
   E. I have always lived in the United States

10. Where do you typically sleep at night?
   A. At home with my parents or guardians
   B. At a friend's or relative's home with my parents or guardians
   C. At a friend's or relative's home without my parents or guardians
   D. In a supervised shelter with my parents or guardians
   E. In a supervised shelter without my parents or guardians
   F. In a hotel or motel, car, park, campground, or other public place with my parents or guardians
   G. In a hotel or motel, car, park, campground, or other public place without my parents or guardians
   H. Somewhere else

11. Which of the following best describes you?
   A. Heterosexual (straight)
   B. Gay or lesbian
   C. Bisexual
   D. Not sure

12. A **transgender** person is someone whose biological sex at birth **does not match** the way they think or feel about themselves. Are you **transgender**?
   A. No, I am not transgender
   B. Yes, I am transgender and I think of myself as really a boy or man
   C. Yes, I am transgender and I think of myself as really a girl or woman
   D. Yes, I am transgender and I think of myself in some other way
   E. I do not know if I am transgender
   F. I do not know what this question is asking

13. Do you have any long-term learning disabilities? (Long-term means 6 months or more.)
   A. Yes
   B. No
   C. Not sure

14. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
   A. Yes
   B. No
   C. Not sure

15. Do you agree or disagree that your teachers really care about you and give you encouragement and support?
    A. Strongly agree
    B. Agree
    C. Not sure
    D. Disagree
    E. Strongly disagree

16. Can you talk with at least one of your parents or other adult family members about things that are important to you?
    A. Yes
    B. No
    C. Not sure

The next 5 questions ask about safety.

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

18. 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

19. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol?**
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 times
    C. 1 time
    D. 2 or 3 times
    E. 4 or 5 times
    F. 6 or more times

20. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days

21. During the past 30 days, on how many days did you **talk on a cell phone** while **driving** a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days

The next 11 questions ask about violence-related behaviors.

22. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

23. 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

24. 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

25. 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

26. 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

27. 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

28. 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

29. 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

30. During the past 12 months, have you

been a member of a gang?
A. Yes
B. No

31. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, or forced into any sexual activity.)
A. I have never been on a date or gone out with anyone
B. Yes, I have been hurt physically by a date or someone I was going out with
C. No, I have **not** been hurt physically by a date or someone I was going out with

32. Has anyone ever had **sexual contact** with you against your will?
A. Yes
B. No

The next 2 questions ask about bullying. Bullying is when 1 or more students repeatedly threaten, spread rumors about, hit, shove, or hurt another student or place the other student in fear of harm to himself or his property.

33. During the past 12 months, have you ever been bullied **on school property**?
A. Yes
B. No

34. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
A. Yes
B. No

The next question asks about hurting yourself on purpose.

35. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

The next 5 questions ask about having sad feelings or attempting suicide, that is, taking some action to end your own life.

36. 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

37. During the past 12 months, did you ever **seriously** consider attempting suicide?
A. Yes
B. No

38. During the past 12 months, did you make a plan about how you would attempt suicide?
A. Yes
B. No

39. During the past 12 months, how many times did you actually attempt suicide?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

40. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
    A. **I did not attempt suicide** during the past 12 months
    B. Yes
    C. No

The next 6 questions ask about tobacco use.

41. Have you ever tried cigarette smoking, even one or two puffs?
    A. Yes
    B. No

42. 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 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

43. 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

44. 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

45. 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

46. 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 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade or hard cider, 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.

47. During your life, on how many days have you had 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 to 39 days
    F. 40 to 99 days
    G. 100 or more days

48. 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

49. 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

50. 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 4 questions ask about marijuana use. Marijuana also is called grass, pot, weed, or reefer.

51. During your life, how many times have you used 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 to 99 times
   G. 100 or more times

52. 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 or 16 years old
   G. 17 years old or older

53. 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

54. 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

The next 8 questions ask about cocaine, ecstasy, and other drugs.

55. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
   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

56. 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 to 19 times
E. 20 to 39 times
F. 40 or more times

57. During your life, how many times have you used **heroin** (also called smack, junk, or diesel)?
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

58. 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 to 19 times
E. 20 to 39 times
F. 40 or more times

59. 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 to 19 times
E. 20 to 39 times
F. 40 or more times

60. 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

61. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?
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

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

The next 3 questions ask about communication and education on sexuality and AIDS prevention.

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

64. Have you ever been taught in school about how to use condoms?
A. Yes
B. No
C. Not sure

65. During the past 12 months, how often did you talk with your parents or other adults in your family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy?
A. Not at all during the past 12 months
B. About once during the past 12 months
C. About once every few months
D. About once a month
E. More than once a month

The next 12 questions ask about sexual behavior.

66. Have you ever had sexual intercourse?
    A. Yes
    B. No

67. How old were you when you had sexual intercourse for the first time?
    A. I have never had sexual intercourse
    B. 11 years old or younger
    C. 12 years old
    D. 13 years old
    E. 14 years old
    F. 15 years old
    G. 16 years old
    H. 17 years old or older

68. During your life, with how many people have you 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

69. During the past 3 months, with how many people did you have sexual intercourse?
    A. I have never had sexual intercourse
    B. I have had sexual intercourse, but not during the past 3 months
    C. 1 person
    D. 2 people
    E. 3 people
    F. 4 people
    G. 5 people
    H. 6 or more people

70. 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

71. 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

72. The **last time** you had sexual intercourse, what **one** method did you or your partner use 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. Condoms
    E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
    F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
    G. Withdrawal or some other method
    H. Not sure

73. 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

74. 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

75. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
   A. Yes
   B. No
   C. Not sure

76. Have you ever been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts?
   A. Yes
   B. No
   C. Not sure

77. Have you ever been told by a doctor or nurse that you had HIV infection or any other sexually transmitted disease (STD)?
   A. Yes
   B. No
   C. Not sure

The next 5 questions ask about body weight.

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

79. 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

80. 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

81. 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** count meal replacement products such as Slim Fast.)
   A. Yes
   B. No

82. 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 10 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.

83. During the past 7 days, how many times did you eat **fruit** or drink **100% fruit juices?** (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
   A. I did not eat fruit or 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

84. 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

85. 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

86. During the past 7 days, how many times did you eat **other vegetables** such as carrots, peas, or broccoli? (Do **not** count green salad or potatoes.)
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

87. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
A. I did not drink soda or pop 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

88. During the past 7 days, how many times did you drink **a can, bottle, or glass of a sports drink** such as Gatorade or Powerade? (Do **not** count low-calorie sports drinks such as Propel or G2.)
A. I did not drink sports drinks 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

89. During the past 7 days, how many **glasses of milk** did you drink? (Count 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

90. 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

91. Have you been taught in school about how to choose foods that will keep you healthy and how to eat a balanced, nutritious diet?
   A. Yes
   B. No
   C. Not sure

92. Are you eligible to get a free or reduced-price lunch at school?
   A. Yes
   B. No
   C. Not sure

The next 4 questions ask about physical activity.

93. 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

94. 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

95. 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

96. Have you ever been taught in school how to follow a personal fitness plan, including setting fitness goals for yourself and keeping track of your progress?
   A. Yes
   B. No
   C. Not sure

The last 3 questions ask about how you spend your free time.

97. 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

98. 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 iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
    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

99. During an average month when you are in school, how many hours do you spend on volunteer work, community service, or helping people outside of your home without getting paid? (Do not include community service work that you are required to do as a punishment.)
    A. 0 hours
    B. 1 to 4 hours
    C. 5 to 9 hours
    D. 10 or more hours

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