

# 2023 Rhode Island 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.

- How old are you?
  - 10 years old or younger
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old or older
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 6th grade
  - 7th grade
  - 8th grade
  - Ungraded or other grade
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
  - Yes
  - No
  - Not sure
- Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
  - Yes
  - No
  - Not sure

- A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?
  - Very feminine
  - Mostly feminine
  - Somewhat feminine
  - Equally feminine and masculine
  - Somewhat masculine
  - Mostly masculine
  - Very masculine

**The next 3 questions ask about safety.**

- How often do you wear a seat belt when **riding** in a car?
  - Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
- During the past 30 days, did you ride in a car driven by someone who had been drinking alcohol?
  - Yes
  - No
  - Not sure
- During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** in any form, such as edibles, dabs, joints, or electronic vapor products?
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**The next 2 questions ask about violence-related behaviors and experiences.**

12. 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
13. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
- A. Yes
  - B. No

**The next question asks about times that you felt you were treated badly or unfairly.**

14. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 2 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.**

15. Have you ever been bullied **on school property**?
- A. Yes
  - B. No
16. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
  - B. No

**The next 4 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

17. 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
18. Have you ever **seriously** thought about killing yourself?
- A. Yes
  - B. No
19. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
  - B. No
20. Have you ever **tried** to kill yourself?
- A. Yes
  - B. No

**The next 3 questions ask about cigarette smoking.**

21. Have you ever smoked a cigarette, even one or two puffs?
- A. Yes
  - B. No
22. 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
23. Does anyone who lives with you smoke cigarettes?
- A. Yes
  - B. No

**The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.**

24. Have you ever used an electronic vapor product?  
A. Yes  
B. No
25. 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
26. If you never used an electronic vapor product, have you ever thought about using one?  
A. I have used an electronic vapor product  
B. Yes  
C. No

**The next 2 questions ask about other tobacco products.**

27. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do **not** count any electronic vapor products.)  
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

28. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?  
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 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.**

29. Have you ever had a drink of alcohol, other than a few sips?  
A. Yes  
B. No
30. 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

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

31. Have you ever used marijuana?  
A. Yes  
B. No

32. 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

**The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

33. 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

**The next 2 questions ask about the use of over-the-counter drugs to get high. For these questions, count drugs such as Tylenol, Advil, cough medicine, cold medicine, and sleep aids.**

34. During your life, how many times have you taken an **over-the-counter drug** 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
35. During the past 30 days, how many times did you take an **over-the-counter drug** 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

**The next question asks about sexual intercourse.**

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

**The next question asks about body weight.**

37. 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

**The next 2 questions ask about food and drinks.**

38. What type of water do you drink most often? (Select only **one** response.)
- A. I do not drink water
  - B. Bottled water purchased from a store
  - C. Carbonated water (seltzer, sparkling water, club water, or soda stream) in either a bottle, can, or glass
  - D. Tap water or water directly from the faucet or bubbler without a filter on it
  - E. Water from a faucet, refrigerator, or pitcher with a filter on it
  - F. Some other type of water
39. 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 question asks about physical activity.**

40. 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

**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.**

41. 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 question asks about social media, such as Instagram, TikTok, Snapchat, and Twitter.**

42. How often do you use social media?
- A. I do not use social media
  - B. A few times a month
  - C. About once a week
  - D. A few times a week
  - E. About once a day
  - F. Several times a day
  - G. About once an hour
  - H. More than once an hour

**The next 8 questions ask about other health-related topics.**

43. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
44. 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
45. During the past 12 months, how many times have your teeth or mouth been painful or sore?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
46. During the past 12 months, how often were you self-conscious or embarrassed because of your teeth or mouth?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
47. 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

48. 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
49. 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
50. 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

**The next 2 questions ask about other experiences you may have had during your life.**

51. Have you ever lived with someone who was having a problem with alcohol or drug use?
- A. Yes
  - B. No
52. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
- A. Yes
  - B. No

**The next 4 questions ask about social norms. Social norms are what you believe concerning the use of the following substances by your peers. Remember the question is asking you your thoughts on your peers' usage in your school.**

53. Do you agree or disagree that youth at your school drink alcohol?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
54. Do you agree or disagree that youth at your school use tobacco products?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
55. Do you agree or disagree that youth at your school use electronic vapor products?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
56. Do you agree or disagree that youth at your school use marijuana or marijuana products?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

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