

# 2007 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 or your answer sheet. 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 on the answer sheet and make sure that the question number on the answer sheet matches the question number in the survey booklet. 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.
- ☒ Answer only on answer sheet.
- ☒ Make dark marks.
- ☒ Fill in a response like this:
 

1.	<input type="checkbox"/>
2.	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
- ☒ To change your answer, erase completely.

What is your zip code?

How tall are you without your shoes on?

How much do you weigh without your shoes on?

1. How old are you?
  1. 12 years old or younger
  2. 13 years old
  3. 14 years old
  4. 15 years old
  5. 16 years old
  6. 17 years old
  7. 18 years old or older
2. What is your sex?
  1. Female
  2. Male
3. Which of the following best describes you?
  1. Heterosexual (straight)
  2. Gay or lesbian
  3. Bisexual
  4. Not sure
  5. None of the above
4. In what grade are you?
  1. 9th grade
  2. 10th grade
  3. 11th grade
  4. 12th grade
  5. Ungraded or other grade
5. Are you Hispanic or Latino?
  1. Yes
  2. No

6. What is your race? (Select one or more responses.)
  1. American Indian or Alaska Native
  2. Asian
  3. Black or African American
  4. Native Hawaiian or Other Pacific Islander
  5. White
7. How long have you lived in the United States?
  1. Less than one year
  2. 1 to 3 years
  3. 4 to 6 years
  4. 7 or more years
8. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
  1. Yes
  2. No
  3. Not sure

The next 5 questions ask about personal safety.

9. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
  1. I did not ride a bicycle during the past 12 months
  2. Never wore a helmet
  3. Rarely wore a helmet
  4. Sometimes wore a helmet
  5. Most of the time wore a helmet
  6. Always wore a helmet

10. How often do you wear a seat belt when riding in a car driven by someone else?
1. Never
  2. Rarely
  3. Sometimes
  4. Most of the time
  5. Always
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?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or more times
12. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or more times
13. How often do you feel safe and secure in your neighborhood?
1. Never
  2. Rarely
  3. Sometimes
  4. Most of the time
  5. Always

The next 7 questions ask about harassment at school. Harassment can include threatening; bullying; name calling or obscenities; offensive notes or graffiti; exclusion from groups; unwanted attention or unwanted touching; and physical assault.

14. During the past 12 months, have you ever been harassed at school (or on the way to or from school)?
1. Yes
  2. No

15. During the past 12 months, in which of the following school locations have you been harassed? (Select all that apply)
1. Inside the school building
  2. Outside on school grounds
  3. At a school-sponsored event after school hours
  4. On the school bus
  5. On the way to or from school (not on bus)
  6. Have never been harassed at school
16. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your race or ethnic origin?
1. Yes
  2. No
17. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because someone thought you were gay, lesbian or bisexual?
1. Yes
  2. No
18. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your religious beliefs?
1. Yes
  2. No
19. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your weight, size, or physical appearance?
1. Yes
  2. No
20. During the past 12 months, have you received unwanted sexual comments or attention at school (or on your way to or from school)?
1. Yes
  2. No

The next 11 questions ask about violence-related behaviors.

21. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
1. 0 days
  2. 1 day
  3. 2 or 3 days
  4. 4 or 5 days
  5. 6 or more days

22. During the past 30 days, on how many days did you carry a gun?
1. 0 days
  2. 1 day
  3. 2 or 3 days
  4. 4 or 5 days
  5. 6 or more days
23. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
1. 0 days
  2. 1 day
  3. 2 or 3 days
  4. 4 or 5 days
  5. 6 or more days
24. 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?
1. 0 days
  2. 1 day
  3. 2 or 3 days
  4. 4 or 5 days
  5. 6 or more days
25. 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?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or 7 times
  6. 8 or 9 times
  7. 10 or 11 times
  8. 12 or more times
26. During the past 12 months, how many times were you in a physical fight?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or 7 times
  6. 8 or 9 times
  7. 10 or 11 times
  8. 12 or more times
27. 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?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or more times
28. During the past 12 months, how many times were you in a physical fight on school property?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or 7 times
  6. 8 or 9 times
  7. 10 or 11 times
  8. 12 or more times
29. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
1. Yes
  2. No
30. Have you ever been forced to have sexual intercourse when you did not want to?
1. Yes
  2. No
31. Other than forced sexual intercourse, have you ever been touched sexually when you did not want to be touched?
1. Yes
  2. 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.
32. 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?
1. Yes
  2. No
33. During the past 12 months, did you ever seriously consider attempting suicide?
1. Yes
  2. No

34. During the past 12 months, did you make a plan about how you would attempt suicide?
1. Yes
  2. No
35. During the past 12 months, how many times did you actually attempt suicide?
1. 0 times
  2. 1 time
  3. 2 or 3 times
  4. 4 or 5 times
  5. 6 or more times
36. 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?
1. I did not attempt suicide during the past 12 months
  2. Yes
  3. No

The next 15 questions ask about tobacco use.

37. Have you ever tried cigarette smoking, even one or two puffs?
1. Yes
  2. No
38. How old were you when you smoked a whole cigarette for the first time?
1. I have never smoked a whole cigarette
  2. 8 years old or younger
  3. 9 or 10 years old
  4. 11 or 12 years old
  5. 13 or 14 years old
  6. 15 or 16 years old
  7. 17 years old or older
39. During the past 30 days, on how many days did you smoke cigarettes?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days
40. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
1. I did not smoke cigarettes during the past 30 days
  2. Less than 1 cigarette per day
  3. 1 cigarette per day
  4. 2 to 5 cigarettes per day
  5. 6 to 10 cigarettes per day
  6. 11 to 20 cigarettes per day
  7. More than 20 cigarettes per day
41. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
1. I did not smoke cigarettes during the past 30 days
  2. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  3. I bought them from a vending machine
  4. I gave someone else money to buy them for me
  5. I borrowed (or bummed) them from someone else
  6. A person 18 years old or older gave them to me
  7. I took them from a store or family member
  8. I got them some other way
42. During the past 30 days, on how many days did you smoke cigarettes on school property?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days
43. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
1. Yes
  2. No
44. During the past 12 months, did you ever try to quit smoking cigarettes?
1. I did not smoke during the past 12 months
  2. Yes
  3. No

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?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days
46. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days
47. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days
48. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
1. No risk
  2. Slight risk
  3. Moderate risk
  4. Great risk
49. How wrong do you think it is for someone your age to smoke cigarettes?
1. Very Wrong
  2. Wrong
  3. A Little Bit Wrong
  4. Not Wrong at All
50. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have smoked cigarettes?
1. None of my friends
  2. One of my friends
  3. Two of my friends
  4. Three of my friends
  5. Four of my friends
51. How wrong do your parents/guardians feel it would be for you to smoke cigarettes?
1. Very Wrong
  2. Wrong
  3. A Little Bit Wrong
  4. Not Wrong at All
- The next 10 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.
52. During your life, on how many days have you had at least one drink of alcohol?
1. 0 days
  2. 1 or 2 days
  3. 3 to 9 days
  4. 10 to 19 days
  5. 20 to 39 days
  6. 40 to 99 days
  7. 100 or more days
53. How old were you when you had your first drink of alcohol other than a few sips?
1. I have never had a drink of alcohol other than a few sips
  2. 8 years old or younger
  3. 9 or 10 years old
  4. 11 or 12 years old
  5. 13 or 14 years old
  6. 15 or 16 years old
  7. 17 years old or older
54. During the past 30 days, on how many days did you have at least one drink of alcohol?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days

55. 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?
1. 0 days
  2. 1 day
  3. 2 days
  4. 3 to 5 days
  5. 6 to 9 days
  6. 10 to 19 days
  7. 20 or more days
56. During the past 30 days, how did you usually get the alcohol you drank?
1. I did not drink during the past 30 days
  2. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  3. I bought it at a restaurant, bar, or club
  4. I bought it at a public event such as a concert or sporting event
  5. I gave someone else money to buy it for me
  6. Someone gave it to me
  7. I took it from a store or family member
  8. I got it some other way
57. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
1. 0 days
  2. 1 or 2 days
  3. 3 to 5 days
  4. 6 to 9 days
  5. 10 to 19 days
  6. 20 to 29 days
  7. All 30 days
58. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
1. No risk
  2. Slight risk
  3. Moderate risk
  4. Great risk
59. How wrong do you think it is for someone your age to drink beer, wine, or hard liquor, (for example, vodka, whiskey, or gin) regularly?
1. Very Wrong
  2. Wrong
  3. A Little Bit Wrong
  4. Not Wrong at All
60. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?
1. None of my friends
  2. One of my friends
  3. Two of my friends
  4. Three of my friends
  5. Four of my friends
61. How wrong do your parents/guardians feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?
1. Very Wrong
  2. Wrong
  3. A Little Bit Wrong
  4. Not Wrong at All
- The next 8 questions ask about marijuana use. Marijuana also is called grass or pot.
62. During your life, how many times have you used marijuana?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 to 99 times
  7. 100 or more times
63. How old were you when you tried marijuana for the first time?
1. I have never tried marijuana
  2. 8 years old or younger
  3. 9 or 10 years old
  4. 11 or 12 years old
  5. 13 or 14 years old
  6. 15 or 16 years old
  7. 17 years old or older
64. During the past 30 days, how many times did you use marijuana?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times

65. During the past 30 days, how many times did you use marijuana on school property?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
66. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
1. No risk
  2. Slight risk
  3. Moderate risk
  4. Great risk
67. How wrong do you think it is for someone your age to smoke marijuana?
1. Very Wrong
  2. Wrong
  3. A Little Bit Wrong
  4. Not Wrong at All
68. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used marijuana?
1. None of my friends
  2. One of my friends
  3. Two of my friends
  4. Three of my friends
  5. Four of my friends
69. How wrong do your parents/guardians feel it would be for you to smoke marijuana?
1. Very Wrong
  2. Wrong
  3. A Little Bit Wrong
  4. Not Wrong at All
- The next 11 questions ask about other drugs.
70. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
71. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
72. 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?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
73. During your life, how many times have you used heroin (also called smack, junk, or China White)?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
74. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
75. During the past 30 days, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times

76. During your life, how many times have you used ecstasy (also called MDMA)?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
77. During your life, how many times have you used any other type of illegal drug such as LSD (acid), PCP, mushrooms, Ketamine (Special K), Rohypnol (Roofies), or GHB?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
78. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
1. 0 times
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 to 19 times
  5. 20 to 39 times
  6. 40 or more times
79. During your life, how many times have you used a needle to inject any illegal drug into your body?
1. 0 times
  2. 1 time
  3. 2 or more times
80. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
1. Yes
  2. No
- The next 9 questions ask about sexual behavior.
81. Have you ever had sexual intercourse?
1. Yes
  2. No
82. How old were you when you had sexual intercourse for the first time?
1. I have never had sexual intercourse
  2. 11 years old or younger
  3. 12 years old
  4. 13 years old
  5. 14 years old
  6. 15 years old
  7. 16 years old
  8. 17 years old or older
83. The first time you had sexual intercourse, how old was your partner?
1. I have never had sexual intercourse
  2. 5 or more years younger
  3. 3 to 4 years younger
  4. About the same age
  5. 3 to 4 years older
  6. 5 or more years older
84. During your life, with how many people have you had sexual intercourse?
1. I have never had sexual intercourse
  2. 1 person
  3. 2 people
  4. 3 people
  5. 4 people
  6. 5 people
  7. 6 or more people
85. During the past 3 months, with how many people did you have sexual intercourse?
1. I have never had sexual intercourse
  2. I have had sexual intercourse, but not during the past 3 months
  3. 1 person
  4. 2 people
  5. 3 people
  6. 4 people
  7. 5 people
  8. 6 or more people
86. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
1. I have never had sexual intercourse
  2. Yes
  3. No

87. The last time you had sexual intercourse, did you or your partner use a condom?
1. I have never had sexual intercourse
  2. Yes
  3. No
88. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
1. I have never had sexual intercourse
  2. No method was used to prevent pregnancy
  3. Birth control pills
  4. Condoms
  5. Depo-Provera (injectable birth control)
  6. Withdrawal
  7. Some other method
  8. Not sure
89. How many times have you been pregnant or gotten someone pregnant?
1. 0 times
  2. 1 time
  3. 2 or more times
  4. Not sure

The next 7 questions ask about body weight.

90. How do you describe your weight?
1. Very underweight
  2. Slightly underweight
  3. About the right weight
  4. Slightly overweight
  5. Very overweight
91. Which of the following are you trying to do about your weight?
1. Lose weight
  2. Gain weight
  3. Stay the same weight
  4. I am not trying to do anything about my weight
92. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
1. Yes
  2. No
93. 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?
1. Yes
  2. No

94. 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?
1. Yes
  2. No
95. 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.)
1. Yes
  2. No
96. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
1. Yes
  2. No

The next 4 questions ask about physical activity.

97. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
1. 0 days
  2. 1 day
  3. 2 days
  4. 3 days
  5. 4 days
  6. 5 days
  7. 6 days
  8. 7 days
98. On an average school day, how many hours do you watch TV?
1. I do not watch TV on an average school day
  2. Less than 1 hour per day
  3. 1 hour per day
  4. 2 hours per day
  5. 3 hours per day
  6. 4 hours per day
  7. 5 or more hours per day

99. 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? (Include activities such as Nintendo, Gamy Boy, PlayStation, Xbox, computer games, and the Internet.)

1. I do not play video or computer games or use a computer for something that is not school work
2. Less than 1 hour per day
3. 1 hour per day
4. 2 hours per day
5. 3 hours per day
6. 4 hours per day
7. 5 or more hours per day

100. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

1. 0 teams
2. 1 team
3. 2 teams
4. 3 or more teams

The next 3 questions ask about other health-related topics.

101. 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?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or 7 times
6. 8 or 9 times
7. 10 or 11 times
8. 12 or more times

102. On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?

1. 0 days
2. 1 day
3. 2 days
4. 3 days
5. 4 days
6. 5 days
7. 6 days
8. 7 days

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

1. Yes
2. No
3. Not sure

---

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