

2005 North Dakota Middle School Youth 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 the answer sheet or survey booklet. 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 asked 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 circles completely. When you have completed the survey, put your answer sheet in the envelope provided. Return the envelope to the individual who handed out 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
- To change your answer, erase 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. 7th grade
B. 8th grade
C. Other
4. How do you describe yourself?
(Select one or more responses.)
A. American Indian or Alaska Native
B. Asian
C. Black or African American
D. Hispanic or Latino
E. Native Hawaiian or Other Pacific Islander
F. White
5. Are you limited in any activities because of disabilities or long term health problems, including physical health, emotional, or learning problems? (Long-term means six months or more.)
A. Yes
B. No

6. How tall are you without your shoes on?

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

Example:

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

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

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

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

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

8. How often do you wear a seat belt when riding in a car?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
9. When you ride a bicycle, how often do you wear a helmet?
- I do not ride a bicycle
 - Never wear a helmet
 - Rarely wear a helmet
 - Sometimes wear a helmet
 - Most of the time wear a helmet
 - Always wear a helmet

10. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?
- I did not ride a motorcycle during the past 12 months
 - Never wore a helmet
 - Rarely wore a helmet
 - Sometimes wore a helmet
 - Most of the time wore a helmet
 - Always wore a helmet
11. Have you carried a weapon, such as a gun, knife, or club, other than for hunting?
- Yes, in the past 30 days
 - Yes, but not in the past 30 days
 - No
12. Have you carried a weapon such as a gun, knife, or club on school property?
- Yes, in the past 30 days
 - Yes, but not in the past 30 days
 - No
13. During the past 12 months, how many times were you in a physical **fight on school property**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times
14. Have you been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
- Yes, in the past 30 days
 - Yes, but not in the past 30 days
 - No

15. Have you ridden in a car driven by someone who had been drinking alcohol?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No
 - D. Not sure

The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

16. Have you ever **seriously** thought about killing yourself?
- A. Yes, in the past 12 months
 - B. Yes, but not in the past 12 months
 - C. No
17. Have you ever made a **plan** about how you would kill yourself?
- A. Yes, in the past 12 months
 - B. Yes, but not in the past 12 months
 - C. No
18. Have you ever **tried** to kill yourself?
- A. Yes, in the past 12 months
 - B. Yes, but not in the past 12 months
 - C. No

The next question asks about oral health.

19. During the past 12 months, did you visit the dentist for a check-up, exam, teeth cleaning, or other dental work? (Do not include visits for orthodontics/braces.)
- A. Yes
 - B. No

The next 10 questions ask about tobacco use.

20. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
21. 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 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old or older
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. **During the past 30 days**, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day

24. **During the past 30 days**, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store, such as a convenience store, supermarket, discount store, or gas station
 - C. I bought them from a vending machine
 - D. I gave someone else money to buy them for me
 - E. I borrowed (or bummed) them from someone else
 - F. A person 18 years old or older gave them to me
 - G. I took them from a store or family member
 - H. I got them some other way
25. **When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy cigarettes in a store during the past 30 days
 - B. Yes, I was asked to show proof of age
 - C. No, I was **not** asked to show proof of age
26. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No
27. **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
28. How old were you when you used **chewing tobacco, snuff, or dip** for the first time?
- A. I have never used chewing tobacco, snuff, or dip
 - 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
 - H. 14 years old or older
29. **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

The next 3 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.

30. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No
31. 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
 - H. 14 years old or older
32. Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No

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

33. Have you ever used marijuana?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No

34. 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
 - H. 14 years old or older

The next 5 questions ask about other drug use.

35. Have you used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No
36. How old were you when you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high for the first time?
- A. I have never tried inhalants
 - 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
 - H. 14 years old or older
37. Have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No
38. Have you ever used **steroids**?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No

39. Have you used a needle to inject any **illegal** drug into your body?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No

The next 4 questions ask about body weight.

40. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
41. 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
42. Have you **exercised** to lose weight or to keep from gaining weight?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No
43. Have you **eaten less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes, in the past 30 days
 - B. Yes, but not in the past 30 days
 - C. No

The next 12 questions ask about food you ate or drank recently. 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.

44. During the past 7 days, how many glasses of **milk** did you drink? (Include 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
45. What type of milk do you usually drink or use on cereal?
- A. I do not drink milk
 - B. Skim milk
 - C. 1% milk
 - D. 2% milk
 - E. Whole or regular milk
 - F. Not sure
 - G. Other

46. During the past 7 days, how many sugar containing beverages did you drink per day? (Include soda pop, sweetened ice teas, lemonade, Powerade/Gatorade, Kool-Aid, and fruit drinks like Hawaiian Punch that are not 100% pure fruit juice. Count cans, bottles, and fountain drinks - small, medium, large or super-sized cups.)
- A. I did not drink any sugar containing beverages during the past 7 days
 - B. Less than 12 ounces (1 can) per day
 - C. 12 ounces (about 1 can) per day
 - D. 13 to 24 ounces (about 2 cans) per day
 - E. 25 to 36 ounces (about 3 cans) per day
 - F. 37 to 48 ounces (about 4 cans) per day
 - G. 49 or more ounces (more than 4 cans) per day
47. On how many of the past 7 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
48. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not 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
49. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit 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
50. 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

51. 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
52. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots 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
53. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes or carrots.)
- 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
54. Yesterday, did you eat a meal with your family?
- A. Yes
 - B. No

55. During the past 7 days, how many times did you eat at a fast food restaurant?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times

The next 7 questions ask about physical activity.

56. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- 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. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- 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 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
59. 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, Game Boy, Play Station, computer games, 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
 - C. 1 hour
 - D. 2 hours
 - E. 3 hours
 - F. 4 hours
 - G. 5 or more hours
60. **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

61. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
 - B. Less than 10 minutes
 - C. 10 to 20 minutes
 - D. 21 to 30 minutes
 - E. 31 to 40 minutes
 - F. 41 to 50 minutes
 - G. 51 to 60 minutes
 - H. More than 60 minutes
62. Have you played on any sports teams? (Include teams run by your school or community groups.)
- A. Yes, in the past 12 months
 - B. Yes, but not in the past 12 months
 - C. No
- The next 5 questions ask about asthma.**
63. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
64. During the past 12 months, have you had an episode of asthma or an asthma attack?
- A. I do not have asthma
 - B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months
 - C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months
 - D. Not sure

65. Symptoms of asthma include coughing, wheezing, difficulty breathing or chest tightness when you don't have a cold or other infection. During the past 12 months, about **how many days per month** did you have symptoms of asthma while awake?
- A. I do not have asthma
 - 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

66. During the past 12 months, about **how many nights per month** did you have symptoms of asthma while sleeping?
- A. I do not have asthma
 - B. 0 nights
 - C. 1 or 2 nights
 - D. 3 to 5 nights
 - E. 6 to 9 nights
 - F. 10 to 19 nights
 - G. 20 to 29 nights
 - H. All 30 nights

67. During the past 12 months, about **how many days per month** did you take medication to relieve asthma symptoms like coughing, wheezing, difficulty breathing, or chest tightness?
- A. I do not have asthma
 - 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 2 questions ask about AIDS education.

68. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure
69. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?
- A. Yes
 - B. No
 - C. Not sure

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