

---

# 2011 Vermont Youth Risk Behavior Survey Statewide Report

## Middle School Survey

---

Every other year, since 1993, the Department of Health Division of Alcohol and Drug Abuse Programs and the Department of Education Student Health and Learning team sponsor the Vermont Youth Risk Behavior Survey (YRBS).

The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The survey provides accurate information about Vermont students and helps communities and schools increase the resiliency of young people by reducing high-risk behaviors and promoting healthy behaviors. The YRBS helps us:

- **monitor** trends in adolescent health and risk behaviors
- **compare** Vermont students with a national sample of students
- **plan, evaluate, and improve** community and school programs that prevent health problems and promote healthy behaviors

Participation by schools and individual students is voluntary. To protect student privacy, the questionnaire and survey process are anonymous. It is impossible to identify an individual student's responses.

We thank the principals and superintendents who chose to participate in the YRBS, the teachers and school staff who administered or in other ways supported the survey, and the students who took the time and effort to share a piece of their lives with us. We also thank the Centers for Disease Control and Prevention, Division of Adolescent and School Health for sponsoring the survey through a cooperative agreement with the Vermont Department of Education, and the CDC and Westat for technical assistance.

This report and previous years' reports are available online at: <http://healthvermont.gov/research/yrbs.aspx>

---

# Table of Contents

---

<b>BACKGROUND INFORMATION .....</b>	<b>1</b>
Survey Changes in 2011.....	1
How to Use the Youth Risk Behavior Survey.....	2
About this Report .....	3
A Word of Caution.....	4
About the Surveys.....	5
References.....	10
<b>MIDDLE SCHOOL SURVEY RESULTS .....</b>	<b>15</b>
Sample Demographics.....	17
Personal Safety.....	18
Alcohol, Tobacco, and Other Drug Use .....	28
Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use .....	40
Body Image.....	44
Nutrition and Physical Activity.....	46
Youth Assets.....	51

---

## Survey Changes in 2011

---

Before 2011, students in grades eight through twelve took the Vermont Youth Risk Behavior Survey. In 2011, we conducted two surveys:

- a **high school survey** of students in grades nine through twelve, and
- a **middle school survey** of students in grades six through eight.

**All results in the 2011 high school survey report are for grades nine through twelve only.** Results from earlier surveys that appear in the 2011 high school survey report will be different from those published previously. Since the middle school survey is new, there are no comparisons to previous years in the middle school survey results.

The middle school and high school surveys differed slightly. The shorter middle school survey included questions on fighting, bullying, suicidality, substance use, attitudes and perceptions about substance use, body image, physical activity, and youth assets. The high school survey included questions on these topics as well as self-reported height and weight, driving behaviors, other drug use, sexual behavior and orientation, and nutrition.

Copies of both surveys can be found online at: <http://healthvermont.gov/research/yrbs.aspx>

---

## How to Use the YRBS

---

The YRBS can detect changes in risk behaviors over time and identify differences among ages, grades, and genders. With these data, we can focus prevention efforts and determine whether school policies and community programs are having the intended effect on student behaviors.

Think of the YRBS as a tool for starting discussions, for educating the community, for planning and evaluating programs, and for comparing Vermont students with other students nationwide.

- **Start the Conversation:** Use the YRBS to begin a conversation with teens about the personal choices they make or about the health of their community. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? From their perspective, what is or is not working? How would they promote healthy behaviors?
- **Increase Awareness:** The YRBS provides an opportunity to break through “denial” and make community members aware of the risks that their young people face. It can also dispel myths and correct misinformation about the “average teenager.” The YRBS can accentuate the positive and celebrate the fact that many students are abstaining from behaviors that endanger their health and their ability to succeed.
- **Plan and Evaluate Programs:** The YRBS can serve as the basis of a community needs assessment. It can help identify strengths and weaknesses in communities, and can inform strategies to address those weaknesses.

**Remember to Look at the Positive Side:** In most cases, the majority of adolescents are NOT engaging in risky behaviors. Although most of the charts examine the prevalence of risk behaviors, please do not forget about the percentage of adolescents who are NOT engaging in these behaviors.

---

## About this Report

---

**Format:** The results appear in data tables, pie charts, bar graphs, and line graphs with explanatory text. In most cases, we report data by gender and grade. All results are percentages of students who responded affirmatively. The percentages in some charts may not total 100% due to rounding.

**Statistical Comparisons:** We note significant differences in the explanatory text. For the 2011 results, we compared the 95 percent confidence intervals separately by grade and gender to determine if the percentages were statistically different. If the confidence intervals overlapped, the percentages were not different. For comparison of 2009 results to 2011 results, we used chi-square tests. If the p-value from the chi-square test was less than 0.05 ( $p < 0.05$ ), we determined the difference was statistically significant. For trend comparisons, we used the Centers for Disease Control and Prevention (CDC) trend analysis report. The trend analysis report uses logistic regression models that assess linear and quadratic time effects over all years of available data while controlling for gender, race/ethnicity, and grade.

**Weighting:** The results in this report are weighted by gender, grade, and race/ethnicity in order to compensate for differences between the sample and the population of all public students in grades six through eight (middle school survey) and grades nine through twelve (high school survey). The weighting procedure ensures that the sample is representative of this population, permitting us to draw inferences about the school-based student population based on the results of this sample.

---

## A Word of Caution

---

The YRBS represents the most complete and most recent information available about risk behaviors among Vermont students. However, the YRBS has some limitations that you should keep in mind when interpreting the results.

- **Data Quality:** We take numerous precautions to ensure the reliability and validity of the results. The Centers for Disease Control and Prevention (CDC) carefully designed and thoroughly tested the questionnaire. The anonymous survey encourages students to be honest and forthright. The CDC runs over 100 consistency checks on the data to exclude careless, invalid, or logically inconsistent answers. We statistically adjust, or weight, the results so that the sample accurately represents all Vermont public school students based on gender, grade, and race/ethnicity. These precautions can reduce some sources of error, but not all.
- **Who's Not Included:** Administrators make every effort to have all students complete the YRBS. However, students who are not at school the day of the survey are not included in the results. Additionally, students who are home schooled, attend private schools, or dropped out of school are not included. Students who attend public/private or interstate schools are included.
- **Comparing Supervisory Unions/School Districts to Each Other and to the State:** Participating supervisory unions and school districts receive reports of their results. It is natural to want to know how individual supervisory unions or school districts compare to the state overall or to each other. We urge caution in making such comparisons because the statewide results are weighted and the local results are not. As a result, it is possible that apparent differences, especially small differences, are due to demographic characteristics rather than to true differences in prevalence. Furthermore, small differences may not be statistically different and may simply be a function of normal sampling error.
- **What, not Why:** The YRBS can indicate what students are doing. It can also suggest which groups of students are more likely to engage in these behaviors. However, the survey does not answer the most important question: Why are they doing it?

---

## Personal Safety

---

Feeling safe – whether at school, in a car, or in a relationship – fosters positive adolescent development. The high school and middle school surveys included questions on fighting, bullying, seat belt use, safety at school, helmet use, and suicidality. The high school survey included additional questions on driving behaviors, dating violence, and self harm.

- Physical fighting is a marker for problem behaviors<sup>1</sup> and is associated with serious injury.<sup>2,3</sup> Abuse by an intimate partner and forced sex are associated with negative psychosocial outcomes, poor mental health outcomes, and other risk behaviors among both males and females.<sup>4,5,6</sup>
- Both being a bully and being victimized by bullies have been increasingly recognized as health problems for children because of their association with a range of problems, including poor psychological adjustment,<sup>7,8</sup> poor academic achievement,<sup>8</sup> and violent behavior.<sup>9</sup>
- Motor vehicle crash injuries are the leading cause of death among youth ages 15 to 19 in the U.S.<sup>10</sup> Proper use of safety belts reduces the risk of fatal injury to front seat passengers by 45% and risk of moderate to critical injury by 50%.<sup>11</sup>
- Bicycle helmets are 85% to 88% effective at reducing the impact of head and brain injuries due to bicycle crashes.<sup>12</sup> Despite this, less than one quarter of bicyclists wear helmets.<sup>12</sup>
- In 2009, alcohol use was associated with nearly four in ten motor vehicle-related fatalities nationwide and in Vermont.<sup>13</sup> Additionally, research examining drugs other than alcohol indicates that marijuana is the most prevalent drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims nationwide.<sup>14</sup>

---

## Alcohol, Tobacco, and Other Drugs

---

Early use of alcohol, tobacco, and other drugs is associated with myriad problems later in life. The high school and middle school surveys asked about tobacco, alcohol, marijuana, inhalant, and prescription drug use. The surveys also asked the age at which students first used alcohol, cigarettes, and marijuana. The high school survey asked additional questions on other drug use, such as heroin, methamphetamines, and hallucinogens. Both surveys asked about ease of availability of alcohol, cigarettes, and marijuana, peer disapproval of use of these substances, perceived parental disapproval of use, and the risk of harm associated with use of these substances.

- Alcohol use is a major contributing factor in about half of all homicides and sexual assaults,<sup>15</sup> and about one-third of all motor vehicle crash fatalities.<sup>16</sup> Heavy drinking among youth has been linked to violence, academic and job problems, suicidal behavior, trouble with law enforcement authorities, risky sexual behavior, and use of cigarettes, marijuana, cocaine, and other illegal drugs.<sup>17,18</sup>
- Tobacco use is the single most preventable cause of death in the United States,<sup>19</sup> contributing to more than one of every five deaths.<sup>20</sup> Cigarette smoking increases the risk of heart disease, chronic obstructive pulmonary disease, acute respiratory illness, stroke, and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix.<sup>19</sup>
- Marijuana use is associated with smoking-related respiratory damage, temporary short-term memory loss, decreased motivation, and psychological dependence.<sup>21</sup> Other reactions include feelings of distrust, anxiety, or depression.<sup>21</sup> In Vermont, more teens enter treatment with a primary diagnosis for marijuana dependence than all other illicit drugs combined.<sup>22</sup>
- Other drug use is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases (STDs), including HIV infection.<sup>23</sup>
- Multi-year results from the Monitoring the Future survey indicate that the prevalence of marijuana use among youth declines as the percentage of youth expressing disapproval of marijuana increases.<sup>24</sup> As perception of harm of using alcohol and other drugs decreases, there is a tendency for use to increase.<sup>24</sup> Increased use is also associated with the perception that substances are readily available, regardless of whether the perception is accurate.<sup>24</sup>

---

## Sexual Behavior and Orientation

---

Experimentation with sexual behaviors and orientation often starts during adolescence. The high school survey asked about age of first sexual intercourse, frequency, sexual partners, sexual orientation, alcohol and drug use related to sexual intercourse, contraceptive use, and HIV testing. The middle school survey did not ask any questions about sex.

- Early sexual activity and having multiple sexual partners are associated with an increased risk of unwanted pregnancy, sexually transmitted diseases (STDs) including HIV infection,<sup>25</sup> and negative effects on social and psychological development.<sup>26</sup> Alcohol and drug use may serve as predisposing factors for initiation of sexual activity.<sup>27</sup>
- Of the nearly 19 million new cases of STDs per year in the United States, almost half are among youth ages 15-24.<sup>28</sup> STDs may result in infertility and facilitation of HIV transmission and may have an adverse effect on pregnancy outcomes and maternal and child health.<sup>26</sup> Besides abstinence, condom use is currently the most effective means of preventing sexual transmission of HIV and other STDs.<sup>29</sup>
- Although many lesbian, gay, bisexual, and transgender adolescents lead happy and healthy lives, others face tremendous challenges to growing up physically and mentally healthy. Compared to heterosexual youth, lesbian, gay, bisexual, and transgender youth are at higher risk for depression, tobacco, alcohol and other drug use, suicide, and unhealthy sexual behaviors.<sup>30</sup>

---

## Body Image

---

Negative feelings about weight and body image often develop in adolescence. The high school and middle school surveys included questions about weight perception and weight control. The high school survey asked for students' height and weight to calculate body mass index, and about use of artificial tanning devices.

- There are more than three times as many overweight children and adolescents in the U.S. than there were in 1980.<sup>31</sup> Obesity in childhood and adolescence is associated with negative psychological and social consequences and adverse health outcomes, including type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and metabolic syndrome.<sup>32</sup> Overweight and obesity acquired during childhood or adolescence may persist into adulthood.<sup>33</sup> Approximately 400,000 deaths a year in the United States are currently associated with overweight and obesity.<sup>20</sup>
- However, overemphasis on slenderness during adolescence may contribute to eating disorders such as anorexia nervosa and bulimia.<sup>34,35</sup> Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors such as fasting and self-induced vomiting that can lead to abnormal physical and psychological development.<sup>36,37</sup>
- Indoor tanning increases risk for melanoma and non-melanoma cancers. In the U.S., the incidence of melanoma is increasing more rapidly than that of any other cancer, particularly among girls and women between the ages of 15 and 39. Some evidence suggests that repeated UV irradiation, and the use of indoor tanning beds specifically, may have important behavioral consequences, including mood changes, pain, and physical dependency.<sup>38</sup>

---

## Nutrition and Physical Activity

---

Nutritious eating and physical activity are two cornerstones of healthy adolescent development. The high school and middle school surveys asked about breakfast consumption, physical activity, physical education classes, and television, computer, and video game use. The high school survey also asked about consumption of fruits, vegetables, soda, and sugar-sweetened beverages.

- Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a variety of health benefits, including a decreased risk for some types of cancer.<sup>39-43</sup>
- In recent years, soft drink consumption has significantly increased among children and adolescents. Consumption of sugar-sweetened drinks, including soft drinks, appears to be associated with an increased risk for being overweight in children.<sup>44-45</sup>
- Regular physical activity builds and maintains healthy bones and muscles, controls weight, builds lean muscle, reduces fat, reduces feelings of depression and anxiety. It also decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.<sup>46</sup> The U.S. Department of Health and Human Services recommends that young people ages 6–17 participate in at least 60 minutes of physical activity every day.<sup>46</sup>
- By 12th grade, more than half of female students in the U.S. do not participate in vigorous physical activity regularly. School physical education classes can increase adolescent participation in physical activity and help adolescents develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.<sup>47-50</sup>
- Television viewing is the principal sedentary leisure time behavior in the U.S. Studies have shown that television viewing in young people is related to obesity<sup>51</sup> and violent or aggressive behavior.<sup>52-54</sup> Using the computer for fun and playing video games have become increasingly common sedentary leisure time activities among young people as well.

---

## Measures of Youth Assets

---

Adolescent achievement requires sources of positive influence. The high school and middle school surveys asked about school and community connectivity as well as parental conversations about school. The high school survey asked additional questions about volunteerism and grades earned in school.

- Above-average school performance is one of many developmental assets, or factors promoting positive development. Studies have shown that students who get higher grades in school are less likely to use cigarettes, alcohol, or marijuana, and are more likely to postpone sexual intercourse.<sup>55</sup>
- One of the strongest predictors of students' success in school is the extent to which their parents stay involved with their schoolwork.<sup>56</sup> A national study of adolescent health found that youth who reported a “connectedness” to their parents/family and school were the least likely to engage in risky behaviors.<sup>57</sup> Parental expectations regarding school achievement were also associated with lower levels of risk behaviors.<sup>57</sup>
- Research shows that involvement in constructive, supervised extracurricular activities is associated with reduced likelihood of involvement in risky behaviors such as school failure, drug use, and delinquency.<sup>58</sup> In addition, evidence is emerging that students who participate in such activities are also more likely to engage in other “thriving” behaviors.<sup>59</sup>
- Youth are not simply objects of adult efforts to modify their behaviors. Rather, if given the opportunities, they can make significant contributions to their families, schools, and communities. Adolescents, especially, need to exercise decision-making power in as many settings as is practical, so that they can develop into competent adults. Schools are a natural setting for youth to share in decisions that affect their lives.

---

## References

---

1. Sosin, D.M., Koepsell, T.D., Rivara, F.P., Mercy, J.A. Fighting as a marker for multiple problem behaviors in adolescents. Journal of Adolescent Health 16(3):209-215, 1995.
2. Borowsky, I.W., Ireland, M. Predictors of future fight-related injury among adolescents. Pediatrics 113(3 pt 1):530-536, 2005.
3. Pickett, W., Craig, W., Harel, Y., et al. Cross-national study of fighting and weapon carrying as determinants of adolescent injury. Pediatrics 116(6):e855-863, 2005.
4. Roberts, T.A., Klein, J.D., Fisher, S. Longitudinal effect of intimate partner abuse and high-risk behavior among adolescents. Archives of Pediatrics and Adolescent Medicine 157(9):875-881, 2003.
5. Ackard, D.M., Neumark-Sztainer, D. Date violence and date rape among adolescents: association with disordered eating behaviors and psychological health. Child Abuse and Neglect 26(5):455-473, 2002.
6. Howard, D.E., Wang, M.Q. Psychosocial correlates of U.S. adolescents who report a history of forced sexual intercourse. Journal of Adolescent Health 36(5):372-379, 2005.
7. Juvonen, J., Graham, S., Schuster, M.A. Bullying among young adolescents: the strong, the weak, and the troubled. Pediatrics 112(6 pt 1): 1231-1237, 2003.
8. Spivak, H., Prothrow-Stith, D. The need to address bullying-an important component of violence prevention. JAMA 285(16):2131-2132, 2001.
9. Nansel, T.R., Overpeck, M., Pilla, R.S., et al. Bullying behaviors among U.S. youth: prevalence and association with psychological adjustment. JAMA 285(16):2094-2100, 2001.
10. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Online: [www.cdc.gov/injury/wisqars/index.html](http://www.cdc.gov/injury/wisqars/index.html)
11. National Highway Traffic Safety Administration. Traffic safety facts: occupant protection, 2007. Online: [www-nrd.nhtsa.dot.gov/Pubs/810991.PDF](http://www-nrd.nhtsa.dot.gov/Pubs/810991.PDF)
12. National Highway Traffic Safety Administration. Traffic safety facts: bicycle helmet use laws, 2008. Online: [www.nhtsa.dot.gov/people/injury/TSFLaws/PDFs/810886.pdf](http://www.nhtsa.dot.gov/people/injury/TSFLaws/PDFs/810886.pdf)
13. National Highway Traffic Safety Administration. Traffic safety facts: state alcohol-impaired driving estimates, 2009. Online: [www-nrd.nhtsa.dot.gov/Pubs/811398.pdf](http://www-nrd.nhtsa.dot.gov/Pubs/811398.pdf)
14. Jones, R.K., Shinar, D., Walsh, J.M. State of Knowledge of Drug-Impaired Driving. National Highway Traffic Safety Administration Technical Report DOT HS 809 642. Washington, DC: U.S. Department of Transportation, 2003.
15. Abbey, A., Zawacki, T., Buck, P.O., et al. Alcohol and sexual assault. Alcohol Research and Health 25(1):43-51, 2001.
16. Miller, J.W., Naimi, T.S., Brewer, R.D., Jones, S.E. Binge drinking and associated health risk behaviors among high school students. Pediatrics 119(1):76-85, 2007.

---

## References

---

17. National Research Council and Institute of Medicine (2004). Reducing Underage Drinking: A Collective Responsibility. Committee on Developing a Strategy to Reduce and Prevent Underage Drinking, Richard J. Bonnie and Mary Ellen O'Connell, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
18. U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.
19. U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services; Centers for Disease Control and Prevention; National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health, 2004.
20. Mokdad, A.H., Marks, J.S., Stroup, D.F., Gerberding, J.L. Actual causes of death in the United States, 2000. JAMA 291(10):1238-1245, 2004.
21. National Institute on Drug Abuse. Research Report Series: Marijuana Abuse (NIH Publication 05-3859). Bethesda, MD: National Institute on Drug Abuse, 2002.
22. Vermont Substance Abuse Treatment Information System. Data online at: [www.healthvermont.gov/adap/clearinghouse/documents/AdolescentsbySAandFY.pdf](http://www.healthvermont.gov/adap/clearinghouse/documents/AdolescentsbySAandFY.pdf)
23. Newcomb, M.D., Locke T. Health, social, and psychological consequences of drug use and abuse. In: Epidemiology of Drug Abuse (Z. Sloboda, ed.). Springer U.S., 2006.
24. Johnston, L., O'Malley, P., Bachman, J. G., Shulenberg, J.E. National Survey Results on Drug Use From the Monitoring the Future Study, 1975-2007, Volume I: Secondary School Students (NIH Publication No. 08-6418A). Bethesda, MD: National Institute of Drug Abuse, 2008.
25. Abma JC, Martinez GM, Copen CE. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006-2008. National Center for Health Statistics. Vital Health Stat 23 (30). 2010.
26. Centers for Disease Control and Prevention. Fact sheet on STDs and pregnancy. Online: [www.cdc.gov/std/pregnancy/STDs-and-pregnancy-fact-sheet.pdf](http://www.cdc.gov/std/pregnancy/STDs-and-pregnancy-fact-sheet.pdf)
27. Cavazos-Rehg, P.A., Krauss, M.J., Spitznagel, E.L., et al. Substance use and the risk for sexual intercourse with and without a history of teenage pregnancy among adolescent females. Journal of Studies on Alcohol and Drugs 72(2): 194-198, 2011.
28. Gavin, L., MacKay, A.P., Brown, K., et al. Sexual and reproductive health of persons aged 10-24 years – United States, 2002-2007. MMWR Surveillance Summaries 58(6): 1-58, 2009.
29. Joint United Nations Programme on HIV/AIDS (UNAIDS). Fast Facts about HIV Prevention. Online at: [www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2008/20080501\\_fastfacts\\_prevention\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2008/20080501_fastfacts_prevention_en.pdf)
30. Kann, L., Olsen, E.O., McManus, T., et al. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009. MMWR Early Release 60(7): 1-133, 2011.
31. Ogden, C.L., Carroll, M.D. Prevalence of obesity among children and adolescents: United States, trends 1963-1965 through 2007-2008. National Center for Health Statistics Health E-Stats, June 2010.

---

## References

---

32. Daniels, S.R., Arnett, D.K., Eckel, R.H., et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. Circulation 111(15):1999-2012, 2005.
33. Wright, C.M., Parker, L., Lamont, D., Craft, A.W. Implications of childhood obesity for adult health: findings from thousand families cohort study. British Medical Journal 323(7324):1280-1284, 2001.
34. Tremblay, L., Lariviere, M. The influence of puberty onset, body mass index, and pressure to be thin on disordered eating behaviors in children and adolescents. Eating Behaviors 10(2):75-83, 2009.
35. Mitchell, J.E., Eckert, E.D. Scope and significance of eating disorders. Journal of Consulting Clinical Psychology 55:628-634, 1987.
36. Neumark-Sztainer, D., Hannan, P.J. Weight-related behaviors among adolescent girls and boys: results from a national survey. Archives of Pediatric and Adolescent Medicine 154(6):569-577, 2000.
37. Neumark-Sztainer, D., Story, M., Hannan, P.J., et al. Weight-related concerns and behaviors among overweight and nonoverweight adolescents: implications for preventing weight-related disorders. Archives of Pediatric and Adolescent Medicine 156(2):171-178, 2002.
38. Fisher, D.E. and James, W.D. Indoor tanning — science, behavior, and policy. New England Journal of Medicine 363:901-903, 2010.
39. Key, T.J., Schatzkin, A., Willet, W.C., et al. Diet, nutrition, and the prevention of cancer. Public Health Nutrition 7(1A):187-200, 2004.
40. National Cancer Institute. 5 A Day for Better Health Program (NIH Publication 01-5019). Bethesda, MD, 2001.
41. Kavey, R.E., Daniels, S.R., Lauer, R.M., et al. American Heart Association guidelines for primary prevention of atherosclerotic cardiovascular disease beginning in childhood. Journal of Pediatrics 142(4):368-372, 2003.
42. Terry, P., Terry, J.B., Wolk, A. Fruit and vegetable consumption in the prevention of cancer: an update. Journal of Internal Medicine 250(4):280-290, 2001.
43. Van Duyn, M.A., Pivonka, E. Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: selected literature. Journal of the American Dieticians Association 100(12):1511-1521, 2000.
44. Malik, V.S., Schulze, M.B., Hu, F.B. Intake of sugar-sweetened beverages and weight gain: a systematic review. American Journal of Clinical Nutrition 84(2):274-288, 2006.
45. Ludwig, D.S., Peterson, K.E., Gortmaker, S.L. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. Lancet 357(9255):505-508, 2001.
46. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, D.C.: U.S. Department of Health and Human Services, 2008.
47. Durant, N., Harris, S.K., Doyle, S., et al. Relation of school environment and policy to adolescent physical activity. Journal of School Health 79(4):153-159, 2009.
48. McKenzie, K.L., Li, D., Derby, C.A., et al. Maintenance of effects of the CATCH Physical Education Program: results from the CATCH-ON Study. Health Education & Behavior 30(4):447-462, 2003.

---

## References

---

49. U.S. Department of Health and Human Services and U.S. Department of Education. Promoting better health for young people through physical activity and sports. 2000. Online: [www.cdc.gov/HealthyYouth/physicalactivity/promoting\\_health/pdfs/ppar.pdf](http://www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/pdfs/ppar.pdf)
50. Center for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. Morbidity and Mortality Weekly Report 46 (No. RR-6):1-36, 1997.
51. Zabinski, M.F., Norman, G.J., Sallis, J.F., et al. Patterns of sedentary behavior among adolescents. Health Psychology 26(1):113-120, 2007.
52. Crespo, C.J., Smit, E., Troiano, R.P., et al. Television watching, energy intake, and obesity in U.S. children: results from the third National Health and Nutrition Examination Survey, 1988-1994. Archives of Pediatric and Adolescent Medicine 155(3):360-365, 2001.
53. Kaur, H., Choi, W.S., Mayo, M.S., Harris, K.J. Duration of television watching is associated with increased body mass index. Journal of Pediatrics 143(4):506-511, 2003.
54. Kuntsche, E., Pickett, W., Overpeck, M., et al. Television viewing and forms of bullying among adolescents from eight countries. Journal of Adolescent Health 39(6):908-915, 2006.
55. Resnick, M.D., Bearman, P.S., Blum, R.W., et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. JAMA 278(10):823-832, 1997.
56. Fan, X., Chen, M. Parental involvement and students' academic achievement: a meta-analysis. Educational Psychology Review 13(1):1-22, 2001.
57. U.S. Council of Economic Advisors. Teens and their parents in the 21<sup>st</sup> century: An examination of trends in teen behavior and the role of parental involvement. 2000. Online: [http://clinton3.nara.gov/WH/EOP/CEA/html/Teens\\_Paper\\_Final.pdf](http://clinton3.nara.gov/WH/EOP/CEA/html/Teens_Paper_Final.pdf)
58. Fredricks, J.A., Eccles, J.S. Is extracurricular participation associated with beneficial outcomes? Developmental Psychology 42(4):698-713, 2006.
59. Scales, P.C., Benson, P.L., Leffert, N., Blyth, D.A. Contribution of developmental assets to prediction of thriving among adolescents. Applied Developmental Science 4(1):27-46, 2000

## 2011 Vermont Middle School Youth Risk Behavior Survey

---

In February and March 2011, 13,431 students at 111 middle schools took the 2011 Vermont Middle School Youth Risk Behavior Survey. Any school that included grades six through eight, including public/private and interstate schools, could participate in the middle school survey. Students attending schools that terminated at 6th grade (for example, K-6 schools) were not included. Students completed a self-administered 71-item questionnaire. Survey procedures protected the privacy of students by allowing for anonymous and voluntary participation.

This report contains the results from the representative statewide sample. The Centers for Disease Control and Prevention chose 25 schools to comprise this sample. Any school that included grades six through eight, including public/private and interstate schools, was eligible for the sample. Schools that terminated at 6th grade were not eligible. The CDC chose the high school sample and middle school samples independently.

The sample included 3,278 students. The school response rate was 100%, the student response rate was 88%, and the overall response rate was 88% ( $100\% \times 88\% = 88\%$ ).

The results in this report are weighted by gender, grade, and race/ethnicity to compensate for differences between the sample and the population of all students in grades six through eight in Vermont. The weighting procedure ensures that the sample is representative of this population, permitting us to draw inferences about the school-based student population based on the results of this sample.

---

# 2011 Vermont Middle School Youth Risk Behavior Survey

---

Sample Demographics ..... 17

Personal Safety ..... 18

Alcohol, Tobacco, and Other Drugs..... 28

Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use ..... 40

Body Image..... 44

Nutrition and Physical Activity..... 46

Youth Assets..... 51

## Sample Demographics

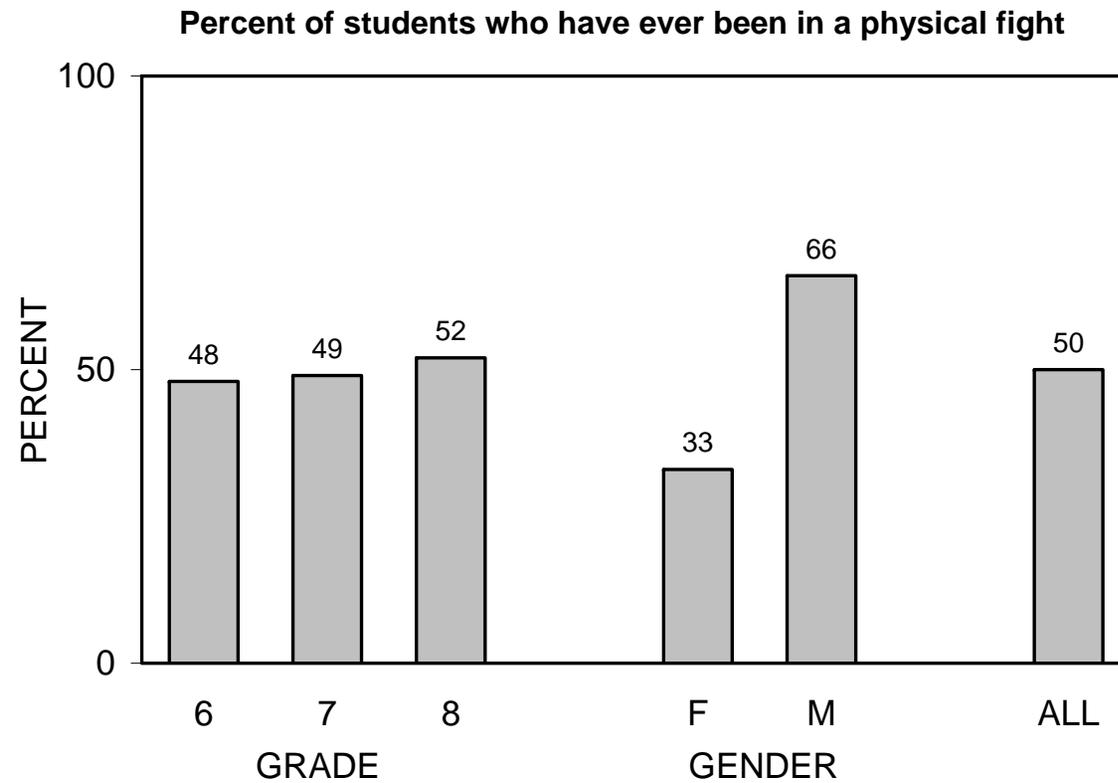
	Grade			Gender		All*
	6	7	8	Females	Males	
<b>Number of students</b>	636	1,312	1,318	1,599	1,673	3,278

\*NOTE: Some students did not indicate their grades or genders. Therefore, totals by grade and by gender do not equal the overall total.

<b>Race and Ethnicity</b>	
White non-Hispanic	93%
Racial or Ethnic Minority	7%
<b>Age</b>	
11 or younger	10%
12	30%
13	38%
14 or older	22%

## Physical Fighting

- One half of students (50%) reported that they have ever been in a physical fight.
- Males were significantly more likely to have been in a physical fight than females. There were no differences by grade.



## Safety at School

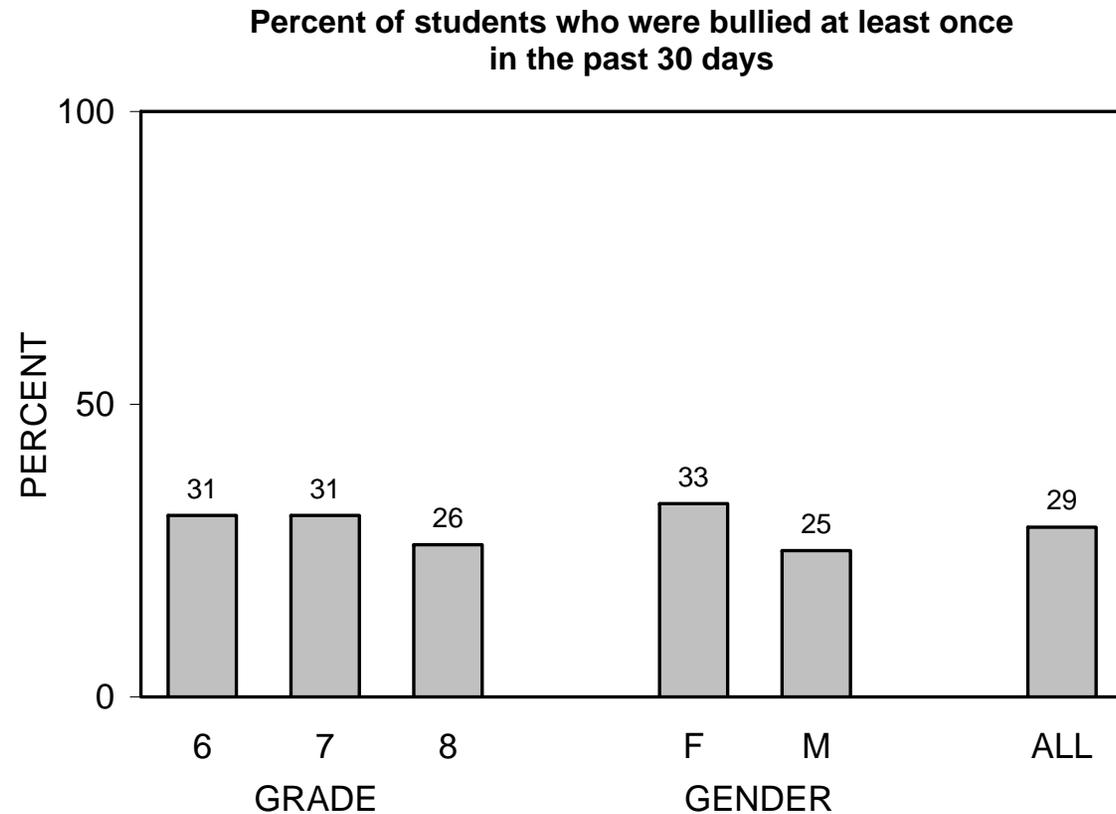
- **Nearly half (48%) of students reported that they had ever been bullied on school property.** There were no differences by grade or gender.
- **In the past 30 days, 7% of students did not go to school because they felt they would be unsafe at school or on their way to or from school.** There were no differences by grade or gender.

Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Were ever bullied at school	48	49	49	45	50	46
Did not go to school during the past 30 days because they felt unsafe	7	8	7	6	8	6

For the purposes of the Vermont YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her, or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property; on a school bus; or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

## Were Bullied

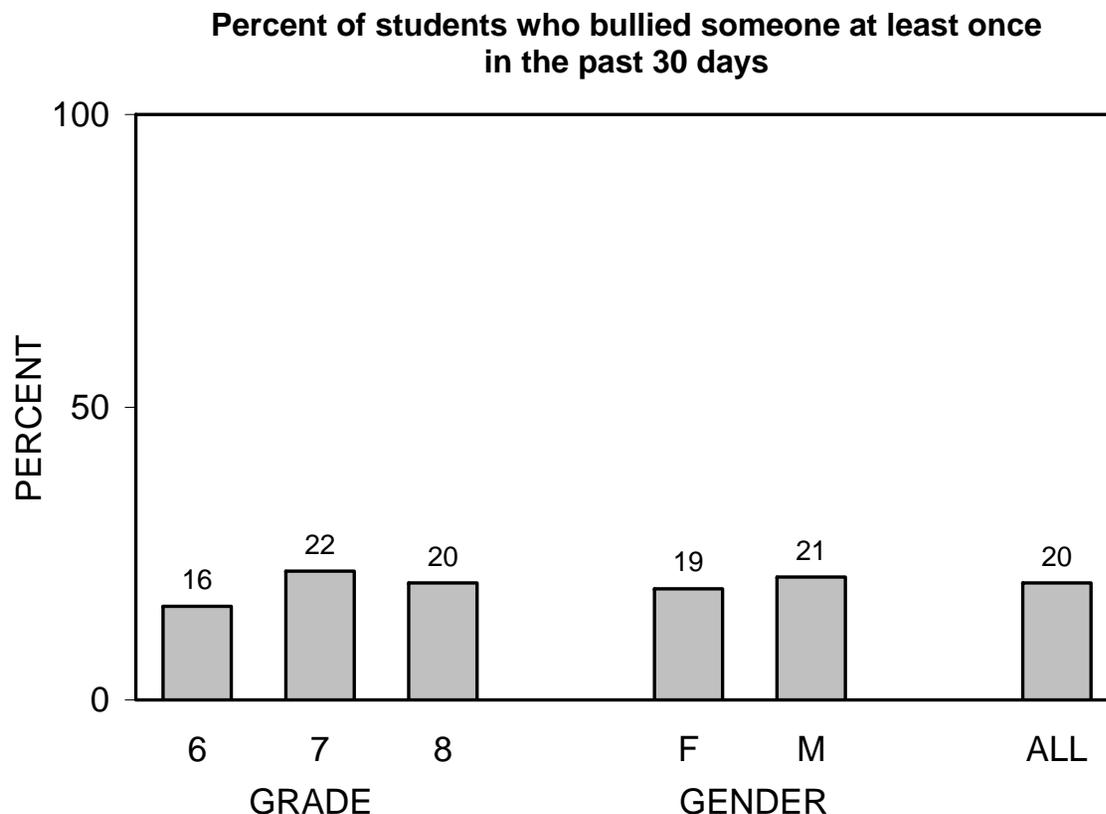
- Three in ten (29%) students were bullied at least once in the past 30 days.
- Females were significantly more likely than males to have been bullied. There were no differences by grade.



For the purposes of the Vermont YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her, or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property; on a school bus; or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

## Bullied Someone

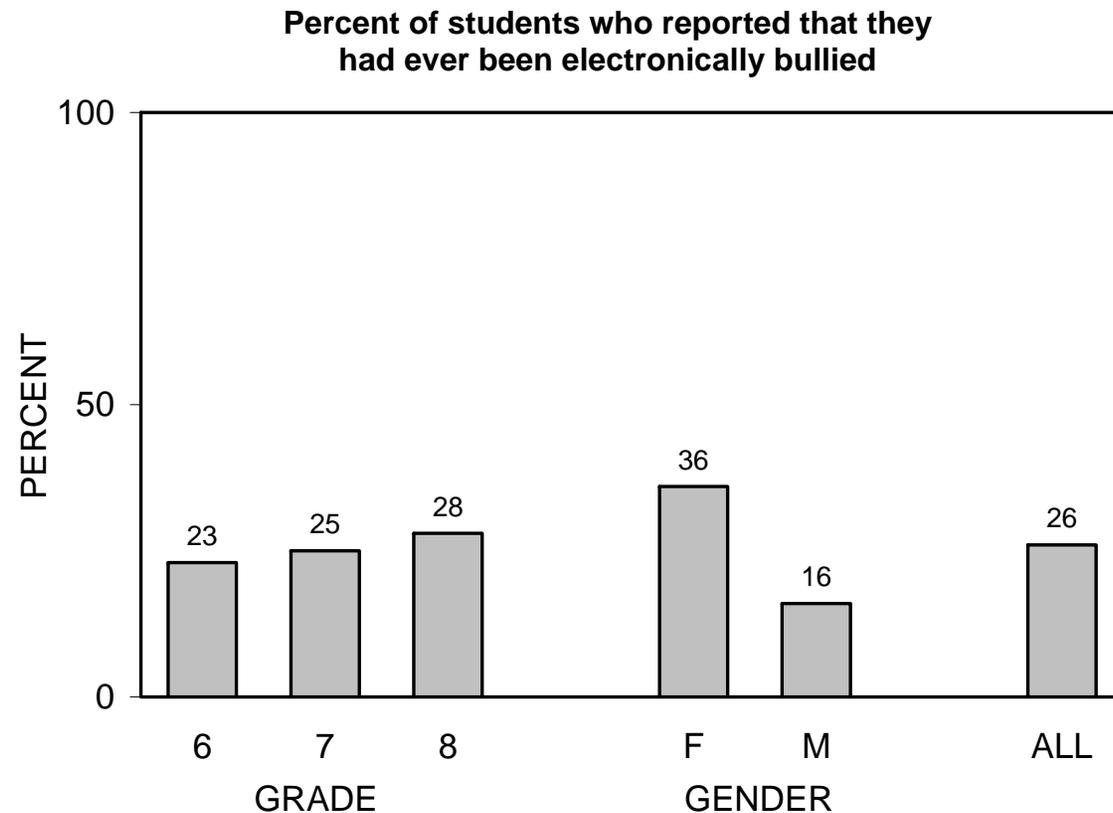
- One in five (20%) students reported bullying someone at least once in the past 30 days.
- There were no differences by grade or gender.



For the purposes of the Vermont YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her, or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property; on a school bus; or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

## Electronic Bullying

- One out of four students (26%) reported that they had ever been electronically bullied.
- Females were significantly more likely than males to report electronic bullying. There were no differences by grade.



For the purposes of the Vermont YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her, or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property; on a school bus; or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

Electronic bullying includes through e-mail, chat rooms, instant messaging, Web sites, or texting.

## Bicycle Helmet Use

- Nine out of ten students (92%) reported that they ride a bicycle.
- **Of those students, 46% always or almost always wore a helmet while 38% rarely or never wore a helmet.**
- Students in 8th grade were significantly less likely to report always wearing a helmet, and significantly more likely to report rarely or never wearing a helmet, than students in 6th grade. There were no differences by gender.

Percent of bicycle riders who wore a helmet:	All	Grade			Gender	
	2011	6	7	8	F	M
Always	23	29	23	19	23	23
Most of the time	23	26	23	20	25	21
Sometimes	16	12	18	16	16	16
Never or rarely	38	33	35	45	36	40

## Helmet Use while Rollerblading or Skateboarding

- Nearly half of students (46%) reported that they rollerblade or ride a skateboard.
- Of those students, 42% always or almost always wore a helmet while 45% rarely or never wore a helmet.**
- Students in 8th grade were significantly more likely to report rarely or never wearing a helmet than students in 6th grade. There were no differences by gender.

Percent of students who rollerblade or skateboard who wear a helmet:	All	Grade			Gender	
	2011	6	7	8	F	M
Always	25	30	28	19	27	24
Most of the time	17	21	18	13	17	17
Sometimes	13	13	13	13	14	13
Never or rarely	45	36	41	55	42	47

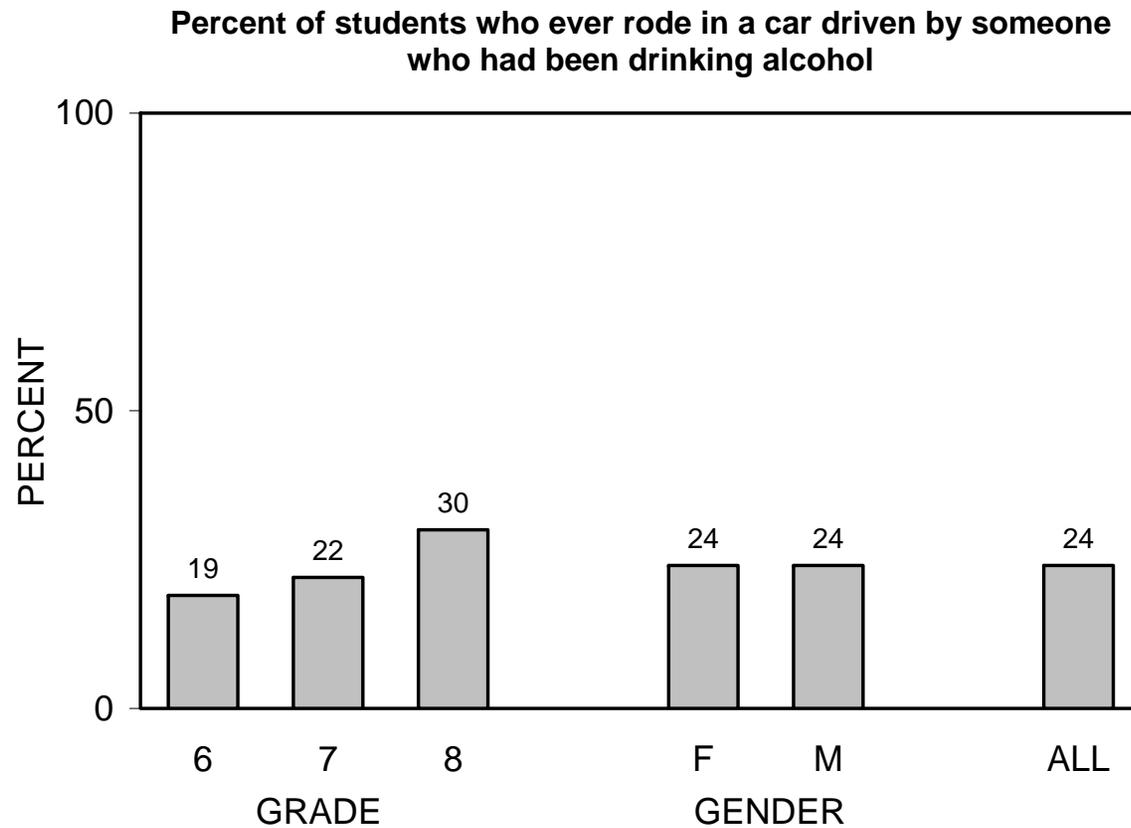
## Seat Belt Use

- Overall, 90% of students reported always or almost always wearing a seat belt when riding in a car.
- Students in 8th grade were significantly less likely to report always wearing a seat belt and significantly more likely to report rarely or never wearing a seat belt than those in 6th grade. There were no differences by gender.

Percent of students who wear a seat belt while riding in a car:	All	Grade			Gender	
	2011	6	7	8	F	M
Always	71	78	71	66	73	69
Most of the time	19	16	19	21	19	19
Sometimes	6	4	5	7	5	7
Rarely or never	5	2	4	6	3	6

## Riding in a Car with a Drinking Driver

- One out of four students (24%) reported that they had ever ridden in a car with someone who had been drinking.
- Students in 8th grade were significantly more likely than those in 6th or 7th grade to report this behavior. There were no differences by gender.



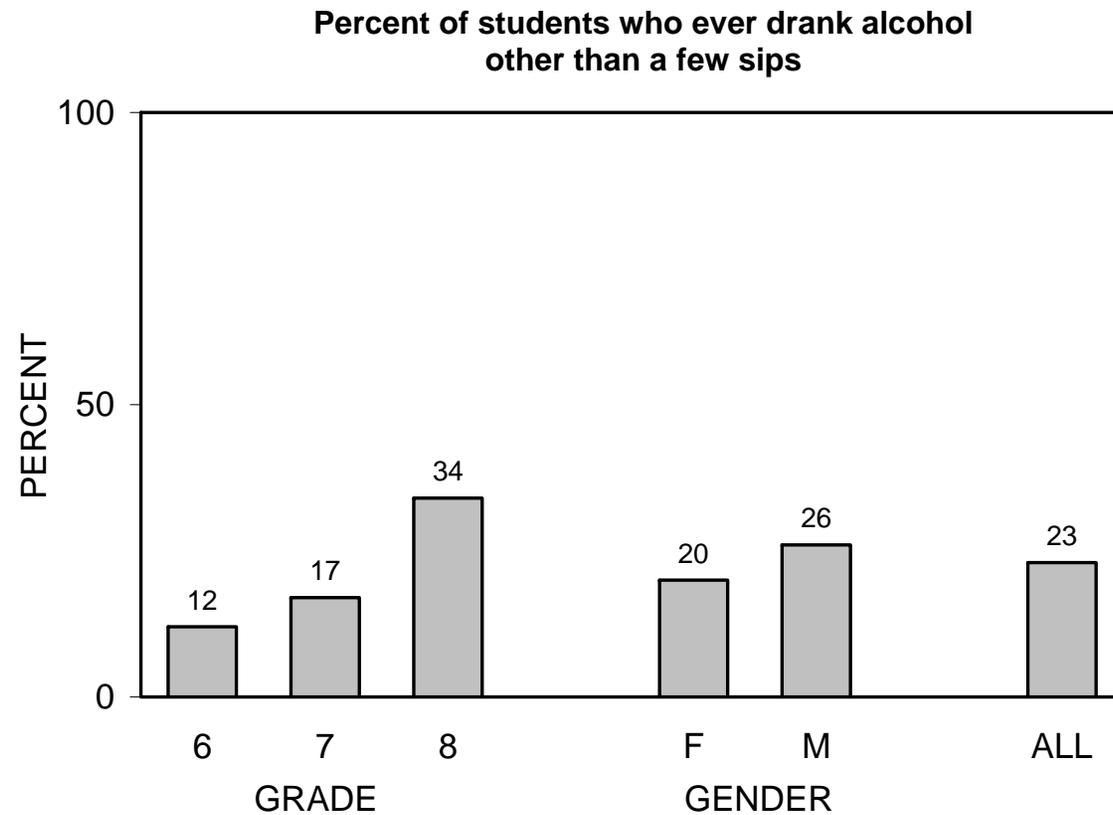
## Suicide

- **Overall, 17% of students reported that they ever seriously thought about killing themselves, 11% made a suicide plan, and 5% made a suicide attempt.**
- Females were significantly more likely than males to report that they ever seriously thought about killing themselves or made a suicide attempt.
- Students in 6th grade were significantly less likely than students in 8th grade to report that they ever made a suicide plan. Other measures were not significantly different by grade.

Percent of students who ever:	All	Grade			Gender	
	2011	6	7	8	F	M
Seriously thought about killing themselves	17	16	15	20	22	13
Made a plan about how they would kill themselves	11	8	10	13	13	9
Tried to kill themselves	5	4	5	6	7	3

## Lifetime Alcohol Use

- Nearly one in four students (23%) reported ever drinking alcohol.
- Students in 8th grade were significantly more likely than those in 6th or 7th grades to report alcohol use. There were no differences by gender.



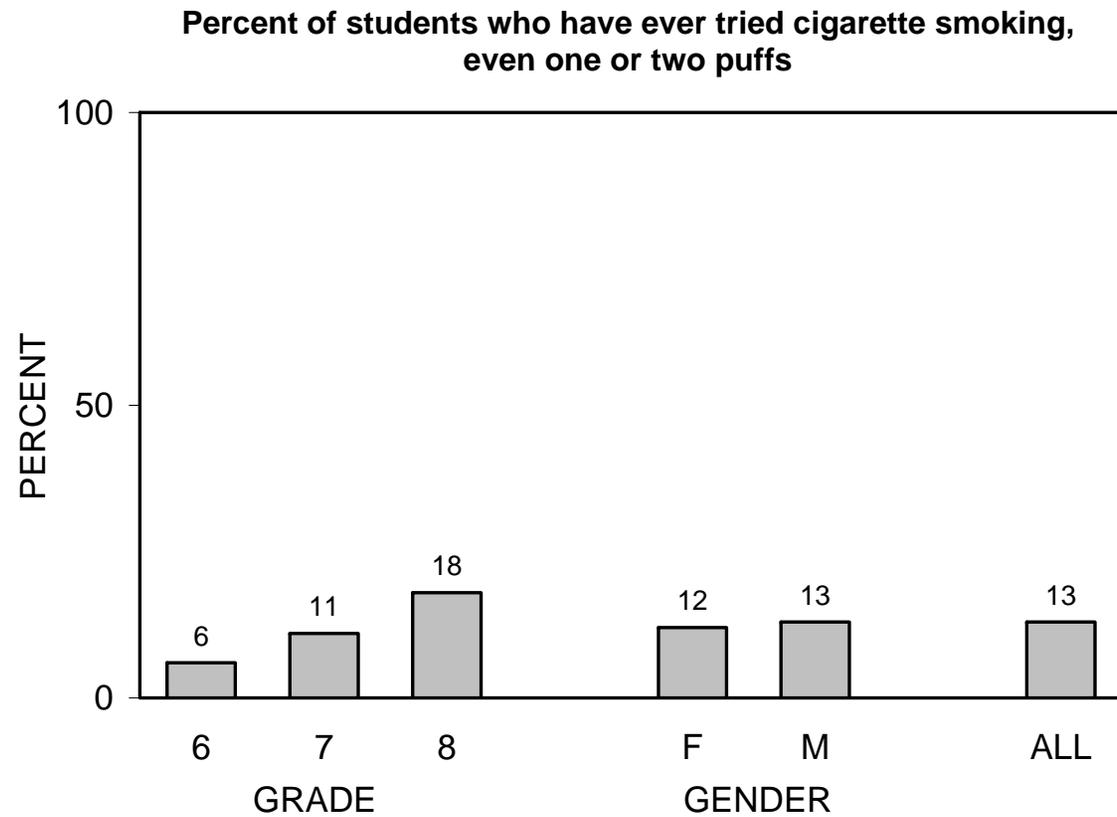
## Alcohol Use

- **One in ten students (9%) drank alcohol other than a few sips before age 11.**
- **One in ten students (9%) drank any alcohol in the past 30 days.**
- Students in 6th grades were significantly less likely to report drinking in the past 30 days than students in 8th grade. There were no differences by gender.
- Of all students, 4% reported binge drinking in the past 30 days. Students in 8th grade were more likely to report binge drinking than those in 6th grade. There were no differences by gender.

Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Drank before age 11	9	10	7	10	7	11
Drank any alcohol in the past 30 days	9	5	7	13	8	10
Had five or more drinks of alcohol in a row, that is, within a couple of hours in the past 30 days	4	1	3	6	3	4

## Lifetime Cigarette Use

- Overall, 13% of students reported having ever tried cigarette smoking.
- Students in 6th grade were significantly less likely to report ever smoking than those in 8th grade. There were no differences by gender.



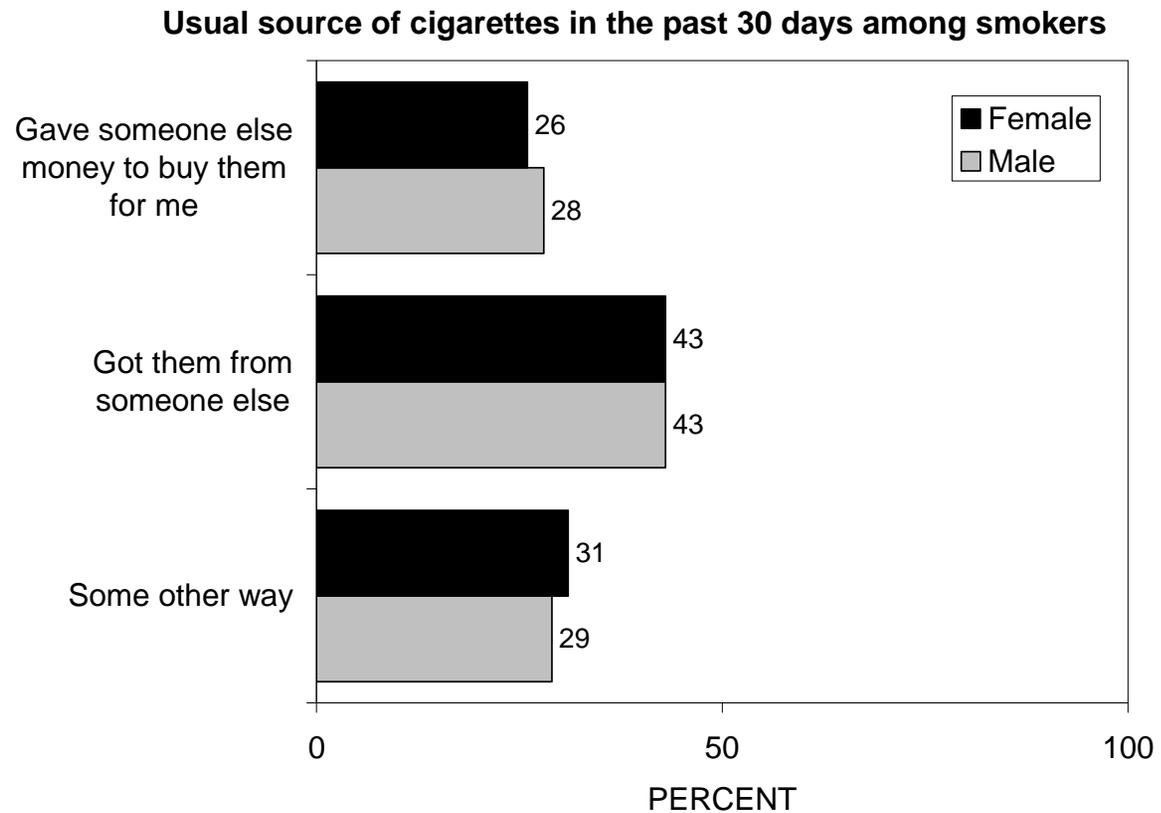
## Cigarette Use

- **Less than 5% of students reported smoking before age 11, smoking in the past 30 days, or smoking one or more cigarettes per day.**
- Students in 8th grade were more likely to smoke in the past 30 days or to smoke one or more cigarettes per day than those in 6th grade. There were no differences by gender.

Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Smoked a whole cigarette before age 11	3	2	3	4	3	3
Smoked cigarettes in the past 30 days	3	1	3	5	4	3
Smoked 1 or more cigarettes per day on days smoked	2	1	2	3	2	2

## Among Smokers

- Of students who smoked in the past 30 days, 27% gave someone money to buy cigarettes for them, 44% got them from someone else, and 30% got them some other way.
- Not enough students purchased cigarettes to report this group.
- The category “someone else” includes: borrowed (or bummed) them; person 18 or older gave them to me; took them from a store or family member.
- Of smokers, 50% tried quitting in the past 12 months.



## Other Tobacco Use

- Overall, 2% of students reported using chewing tobacco, snuff, or dip during the past 30 days.** Males were significantly more likely than females to use smokeless tobacco. There were no differences by grade
- Of all students, 2% smoked cigars, cigarillos, or little cigars in the past 30 days.** Males were significantly more likely than females, and 8th graders were significantly more likely than 6th and 7th graders, to smoke cigars.
- Overall, 4% of students have ever used snus.** There were no differences by grade or gender.

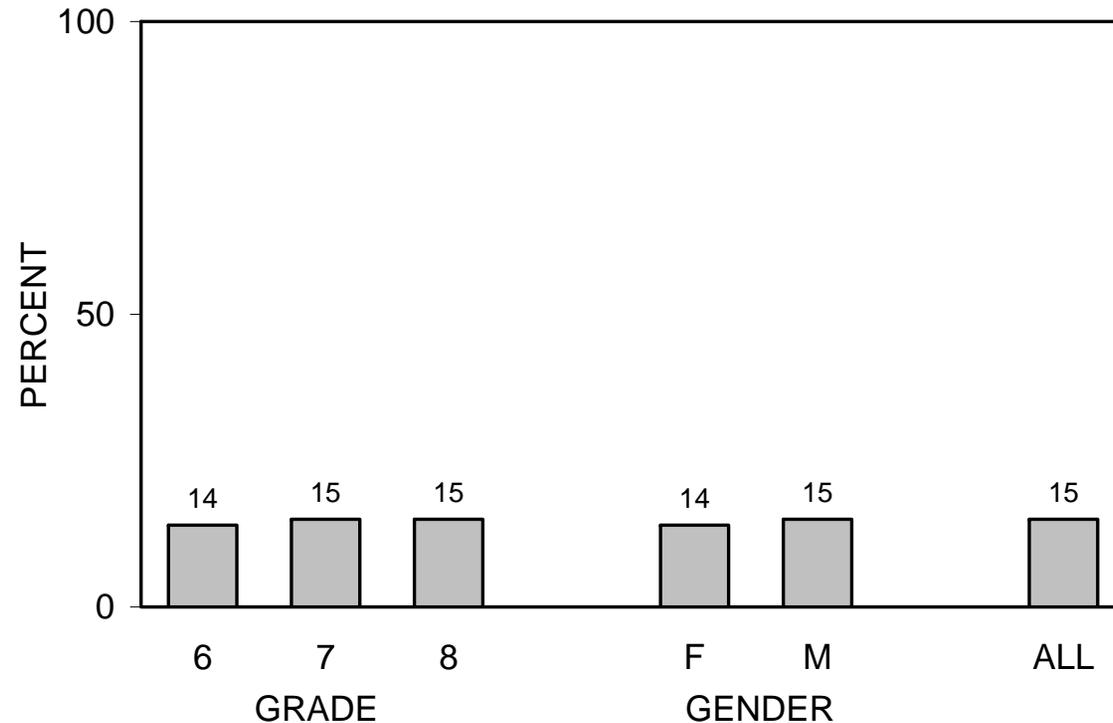
Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Used chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen on one or more of the past 30 days	2	<1	2	3	<1	3
Smoked cigars, cigarillos, or little cigars on one or more of the past 30 days	2	<1	1	4	1	3
Ever used snus, such as Camel Snus or Marlboro Snus	4	2	3	5	3	4

## Awareness of Students' Smoking

The survey asked, "Out of 100 Vermont high school students, how many do you think smoke cigarettes?"

- Over half (51%) of all students think that less than one quarter of students smoke. Of those, 20% think that 15 or fewer students smoke and 31% think that up to one quarter of students smoke.
- Overall, 15% think that more than half of students smoke. Of those, 7% think that 56 to 75 students smoke and 7% think that more than three quarters of students smoke.
- Two in ten (22%) think that between one quarter and one half of students smoke.

Percent who think that, out of 100 Vermont high school students, 56 or more smoke cigarettes



## Exposure to Cigarette Smoke

- Overall, 37% of students were in the same room with someone who was smoking cigarettes during the past seven days and 29% were in same car with someone who was smoking.
- There were no differences by gender or grade.

Percent of students who during the past 7 days:	All	Grade			Gender	
	2011	6	7	8	F	M
Were in the same room with someone who was smoking cigarettes	37	33	36	41	39	35
Were in the same car with someone who was smoking cigarettes	29	26	27	32	31	26

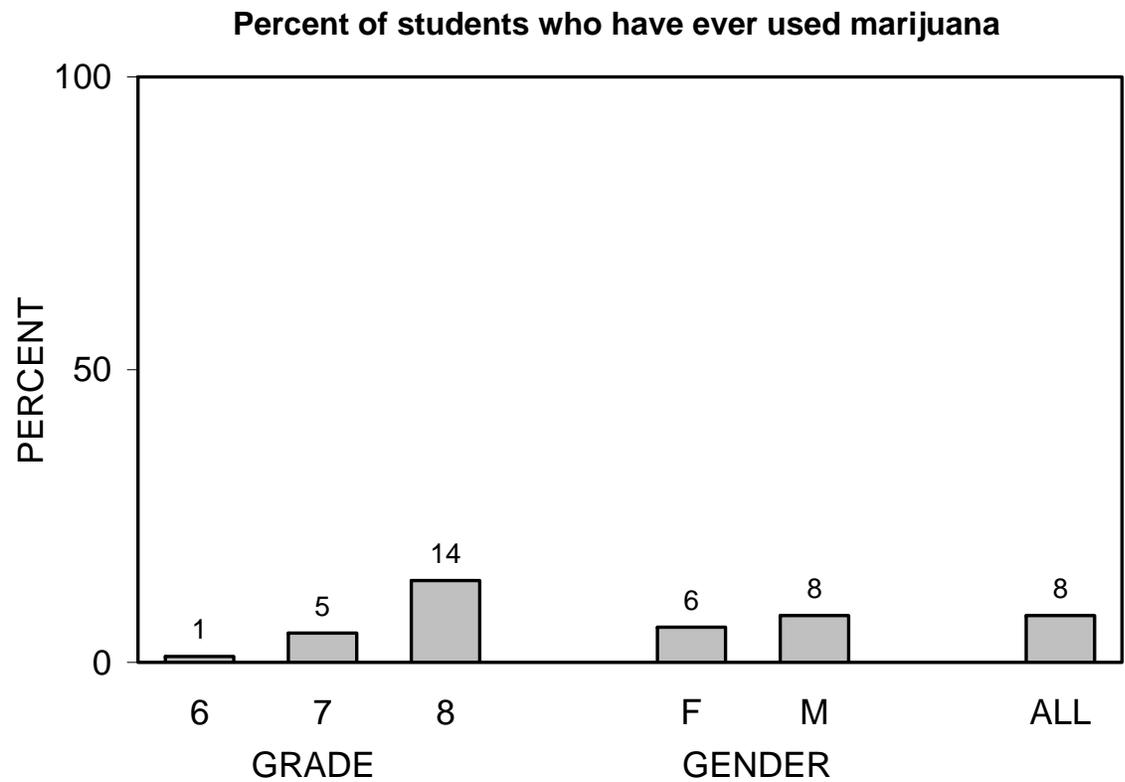
## Discussions about Smoking

- Overall, 20% of students were asked if they smoked by a health professional in the past 12 months.** Students in 8th grade were significantly more likely to report talking to a health professional about smoking. There were no differences by gender.
- Nearly half of students (46%) discussed the dangers of tobacco use with parents or guardians in the past 12 months.** Students in 6th and 7th grade were significantly more likely to talk with their parents about tobacco. There were no differences by gender.

Percent of students who in the past 12 months:	All	Grade			Gender	
	2011	6	7	8	F	M
Were asked if they smoked by any doctor, dentist, nurse, or other health professional	20	12	19	25	21	19
Discussed the dangers of tobacco use with parents or guardians	46	54	47	41	45	48

## Lifetime Marijuana Use

- Overall, 8% of students have ever used marijuana.
- Marijuana use increased significantly with each grade. There were no differences by gender.



## Marijuana Use

- Only 1% of students reported using marijuana before age 11.
- Overall, 5% of students smoked marijuana in the past 30 days.
- Students in 8th grade were significantly more likely to use marijuana in the past 30 days than students in 6th or 7th grades. There were no differences by gender.

Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Used marijuana before age 11	1	<1	1	2	1	1
Used marijuana in the past 30 days	5	1	3	8	4	5

## Other Drug Use

- **Of all students, 7% reported ever using inhalants and 4% reported ever misusing prescription drugs.**
- Students in 8th grade were significantly more likely to have ever used inhalants than those in 6th grade, and were significantly more likely to have ever misused a prescription drug than those in 6th or 7th grade. There were no differences by gender.

Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Ever used inhalants	7	4	8	8	7	7
Ever took a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription	4	2	3	6	4	4

## Parental Disapproval of Alcohol, Cigarette, and Marijuana Use

- **Students are highly likely to perceive that their parents think it is wrong or very wrong for them to use cigarettes, alcohol, or marijuana.**
- Students in 8th grade were less likely to think that their parents would disapprove if they used marijuana than those in 6th or 7th grades. There were no differences by gender.

Percent of students who think their parents would think it is <i>wrong</i> or <i>very wrong</i> for them to:	All	Grade			Gender	
	2011	6	7	8	F	M
Smoke cigarettes	96	97	96	95	97	95
Drink alcohol	89	92	91	86	91	88
Smoke marijuana	95	98	97	92	95	95

## Peer Disapproval of Alcohol, Cigarette, and Marijuana Use

- A majority of students think it would be wrong or very wrong for someone their age to use cigarettes, alcohol, or marijuana.
- The percent of students who reported that they disapprove of peer alcohol use decreased significantly with each grade.
- Students in 8th grade were significantly less likely to disapprove of their peers smoking cigarettes or marijuana.
- There were no differences by gender.

Percent of students who think it would be <i>wrong</i> or <i>very wrong</i> for someone their age to:	All	Grade			Gender	
	2011	6	7	8	F	M
Smoke cigarettes	93	97	95	87	94	92
Drink alcohol	85	94	88	75	87	82
Smoke marijuana	91	98	95	82	92	89

## Perceived Harmfulness of Alcohol, Cigarette, and Marijuana Use

- **Students were more likely to perceive that people their age greatly risk harming themselves by smoking a pack of cigarettes daily or marijuana regularly, than by having five or more drinks of alcohol once or twice each weekend.**
- Students in 8th grade were significantly less likely to perceive great risk of harm from having five or more drinks of alcohol once or twice each weekend or smoking marijuana regularly than those in 6th and 7th grades. There were no differences in perceived risk of harm of cigarette use by grade.
- There were no differences by gender.

Percent of students who think <i>people their age</i> greatly risk harming themselves (physically or in other ways) if they:	All	Grade			Gender	
	2011	6	7	8	F	M
Smoke one or more packs of cigarettes per day	70	70	72	69	71	70
Have five or more drinks of alcohol once or twice each weekend	52	55	55	46	55	49
Smoke marijuana regularly	66	74	71	57	68	64

## Perceived Availability of Alcohol, Cigarette, and Marijuana Use

- **Four in ten students (40%) perceive that alcohol is easy to obtain, compared to 32% who perceive cigarettes are easy to obtain and 18% who perceive marijuana is easy to obtain.**
- Students in 8th grade were significantly more likely to perceive that cigarettes, alcohol, and marijuana are easy or very easy to obtain than those in 6th and 7th grades.
- There were no differences by gender.

Percent of students who report that it would be easy or very easy to get:	All	Grade			Gender	
	2011	6	7	8	F	M
Cigarettes	32	17	27	44	29	34
Alcohol	40	26	37	51	39	41
Marijuana	18	7	13	30	16	21

## Perceived Weight

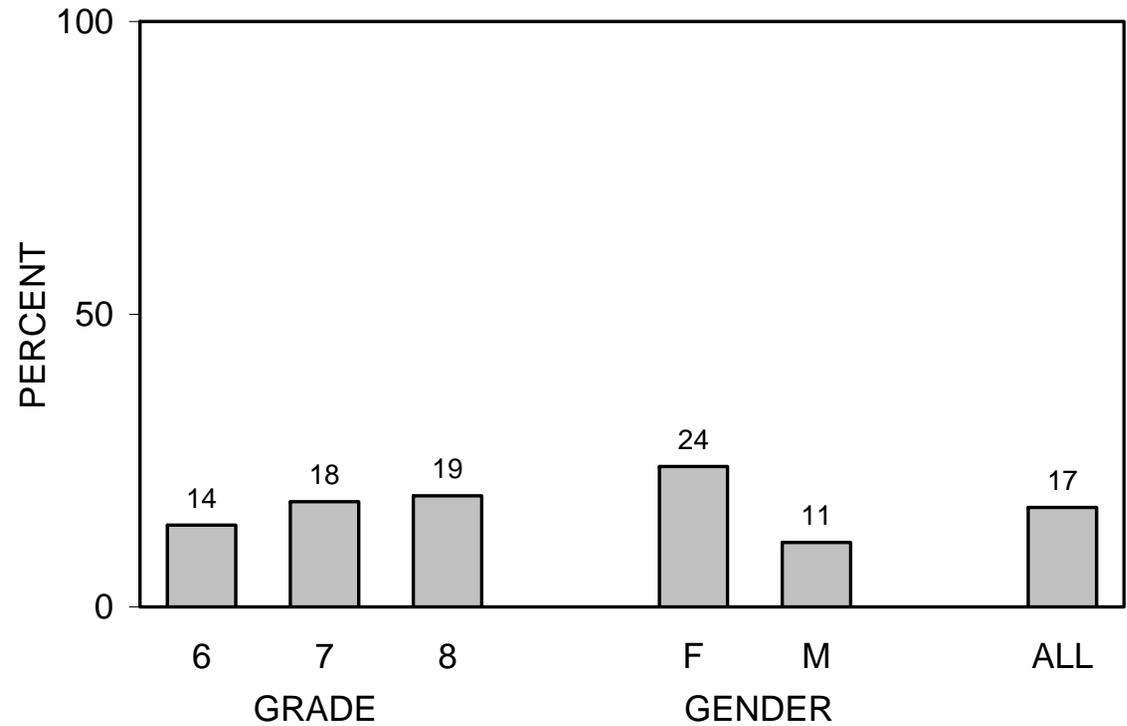
- **A majority of students (57%) think that they are about the right weight.** There were no differences by grade or gender.
- **Of all students, 44% are trying to lose weight.** Females were significantly more likely to report trying to lose weight. Males were significantly more likely to report trying to gain weight. There were no differences by grade.

	All	Grade			Gender	
	2011	6	7	8	F	M
<b>Percent of students who describe themselves as:</b>						
Underweight	16	19	17	14	15	18
About the right weight	57	56	57	58	58	56
Overweight	27	26	26	28	28	26
<b>Percent of students who are trying to:</b>						
Lose weight	44	42	43	45	52	35
Gain weight	10	12	10	10	5	15
Stay the same weight	23	26	23	22	22	24
Not trying to do anything	23	20	25	23	20	25

## Skipping Meals

- Overall, 17% of students reported skipping meals to lose weight or to keep from gaining weight in the past 30 days.
- Females were significantly more likely to report this behavior than males. There were no differences by grade.

Percent of students who skipped meals to lose weight or to keep from gaining weight during the past 30 days



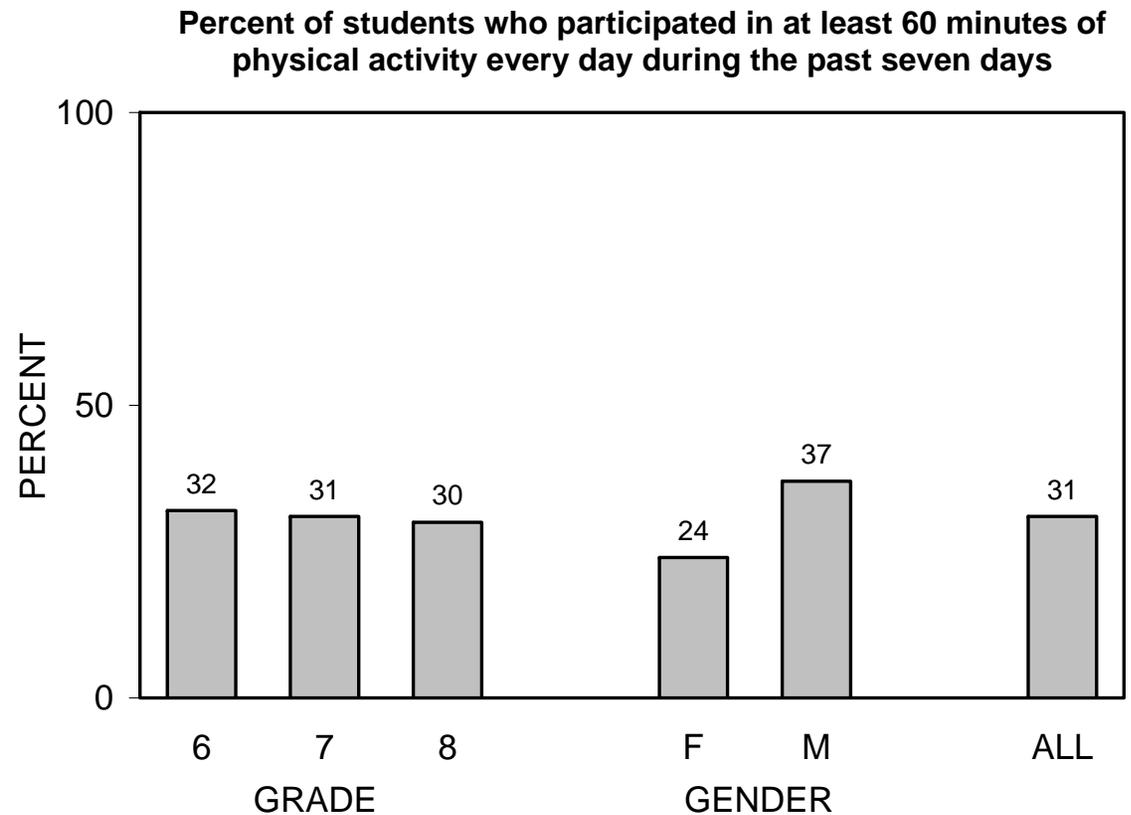
## Breakfast Consumption

- **Almost half of all students (46%) ate breakfast every day in the past week.**
- Females were significantly less likely to eat breakfast every day than males. There were no differences by grade.

Percent of students who ate breakfast:	All	Grade			Gender	
	2011	6	7	8	F	M
On all of the past seven days	46	52	45	42	38	53
At least three of the past seven days	78	83	78	74	73	82
On zero of the past seven days	10	7	10	12	11	9

## Physical Activity

- **Three in ten students (31%) participated in 60 minutes of physical activity every day, per the U.S. Department of Health and Human Services Guidelines.**
- Females were significantly less likely to participate in daily physical activity than males. There were no differences by grade.
- Of all students, 8% reported zero days with at least 60 minutes of physical activity in the past week. There were no differences by grade or gender.



## Physical Education

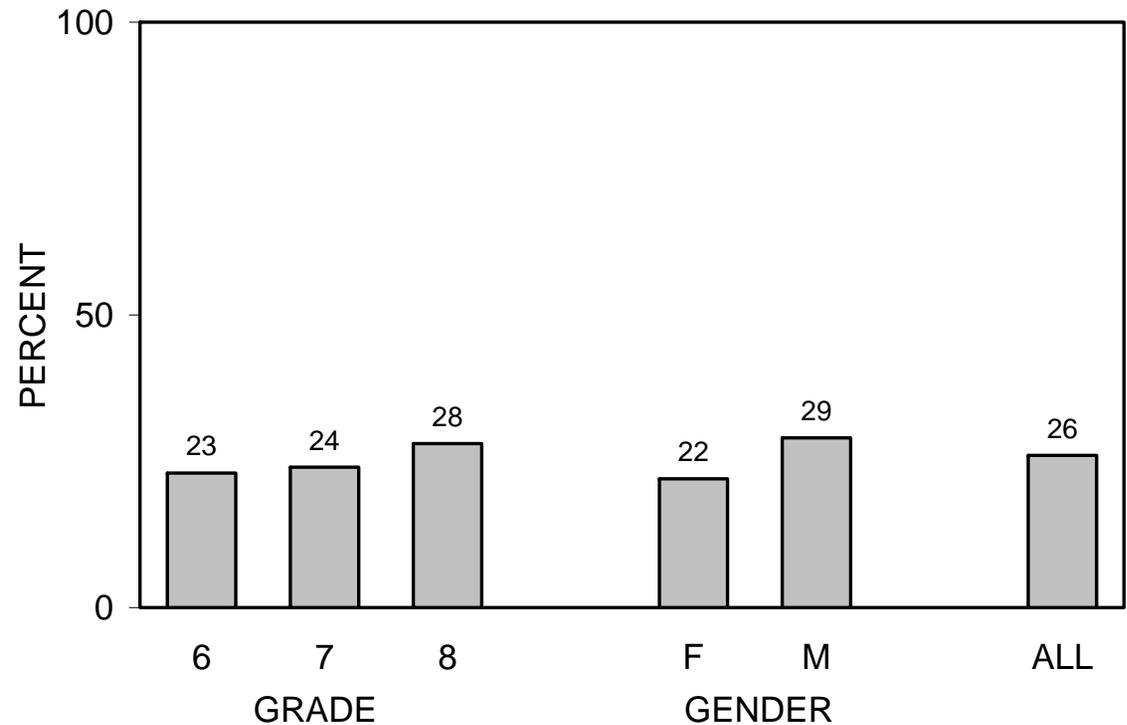
- **Eight in ten students (82%) participated in physical education classes at least once a week.**
- **Overall, 14% of students participated in physical education class every day during an average school week.**
- There were no differences by grade or gender on either measure.

Percent of students who:	All	Grade			Gender	
	2011	6	7	8	F	M
Attended physical education (PE) classes one or more days in an average week when they were in school	82	86	82	80	82	82
Attended physical education (PE) classes daily in an average week when they were in school	14	8	17	15	12	17

## Television on an Average School Day

- **One quarter of students (26%) watched three hours or more of TV on an average school day.**
- There were no differences by grade or gender.
- Of all students, 7% of students spent five or more hours per school day watching TV on an average school day.

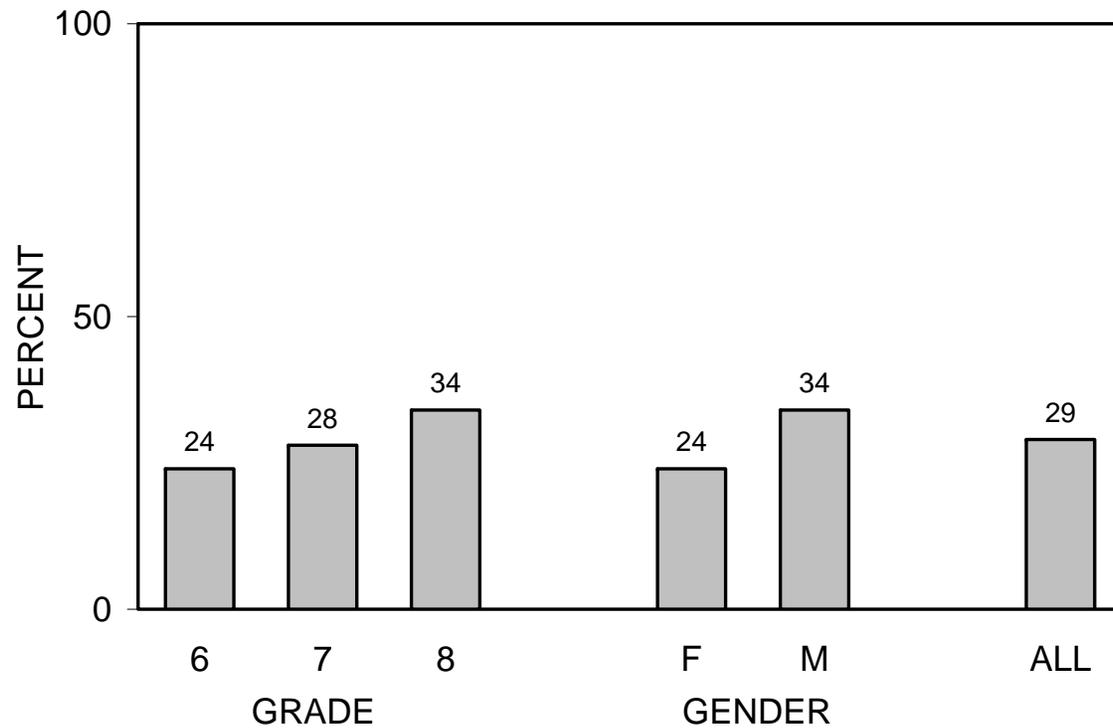
**Percent of students who watched three or more hours of TV per day on an average school day**



## Computer Use on an Average School Day

- **Three in ten students (29%) played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day.**
- Males were significantly more likely than females to report this behavior, as were students in 8th grade compared to 6th grade students.
- One in ten students (10%) spent five or more hours per school day playing video or computer games or using a computer for something that was not school work.

**Percent of students who played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day**



## Internet Usage

- Overall, 43% of students went online on six or seven days in the past week for something that was not for school.
- Students in 8th grade were significantly less likely to report going online zero or one days than those in 6th or 7th grade.
- There were no differences by gender.

Percent of students who, in the past 7 days, went online for something that was not for school:	All	Grade			Gender	
	2011	6	7	8	F	M
0 to 1 days	23	33	23	16	19	26
2 to 3 days	18	22	19	15	20	16
4 to 5 days	17	15	18	16	17	16
6 to 7 days	43	30	40	53	44	41

## Talk to Parents about School

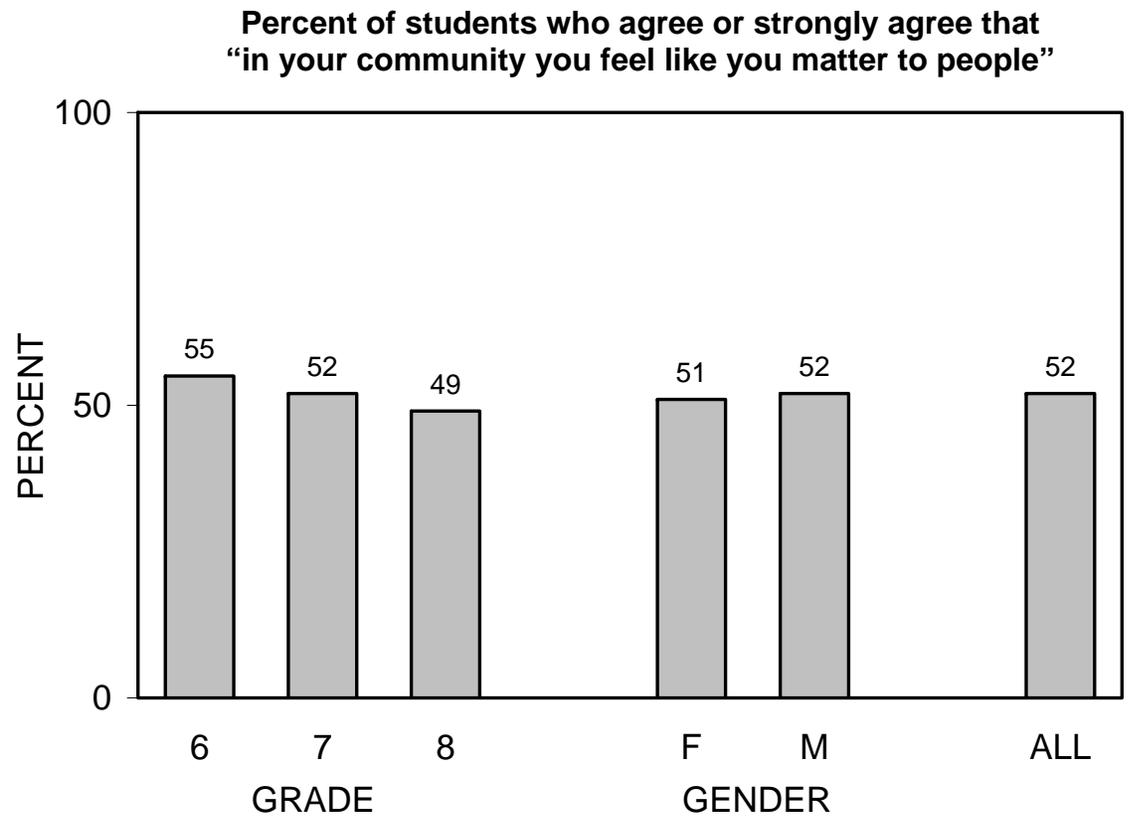
- **Three out of four students (74%) talk to their parents about school at least once a week.** There were no differences by grade or gender.

**How often does one of your parents talk with you about what you are doing in school?**

	All	Grade			Gender	
	2011	6	7	8	F	M
Almost every day	45	50	47	40	46	44
About once or twice a week	29	25	27	33	29	29
About once or twice a month	11	11	12	10	11	11
Less than once a month	8	7	7	9	8	8
Never	7	7	7	8	7	8

## Feel Valued by Community

- Over half (52%) of students agree or strongly agree that they matter to people in their communities.
- There were no differences by grade or gender.



## Feel Valued at School

- **Six in ten (61%) students agreed or strongly agreed that their teachers really care about them and give them a lot of encouragement.** There were no differences by grade or gender.
- **Overall, 44% agree or strongly agree that students help decide what goes on in their school.** Students in 8th grade were significantly less likely than those in 6th grade to agree that students help decide what goes on in school. There were no differences by gender.

Percent of students who <i>agree or strongly agree</i> that:	All	Grade			Gender	
	2011	6	7	8	F	M
Their teachers really care about them and give them a lot of encouragement	61	68	61	57	62	60
Students help decide what goes on in school	44	49	46	38	44	43