

# 2023 Vermont Middle School Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

- How old are you?
  - 10 years old or younger
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old or older
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 6th grade
  - 7th grade
  - 8th grade
  - Ungraded or other grade
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- Which of the following best describes you?
  - Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - I describe my sexual identity some other way
  - I am not sure about my sexual identity (questioning)
  - I do not know what this question is asking

- A transgender person is someone who does not feel the same inside as the sex they were born with. Are you **transgender**?
  - No, I am not transgender
  - Yes, I am transgender
  - I do not know if I am transgender
  - I do not know what this question is asking
- How often do the people in your home speak a language other than English?
  - Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

**The next 5 questions ask about safety.**

- 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
- When you rollerblade or ride a skateboard**, how often do you wear a helmet?
  - I do not rollerblade or ride a skateboard
  - Never wear a helmet
  - Rarely wear a helmet
  - Sometimes wear a helmet
  - Most of the time wear a helmet
  - Always wear a helmet
- How often do you wear a seat belt when **riding** in a car?
  - Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

12. Have you ever ridden in a car driven by someone who had been drinking alcohol?  
 A. Yes  
 B. No  
 C. Not sure
13. Have you ever ridden in a car driven by someone who had been using marijuana?  
 A. Yes  
 B. No  
 C. Not sure

**The next 4 questions ask about violence-related behaviors and experiences.**

14. Have you ever been in a physical fight?  
 A. Yes  
 B. No
15. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?  
 A. 0 days  
 B. 1 day  
 C. 2 or 3 days  
 D. 4 or 5 days  
 E. 6 or more days
16. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?  
 A. Yes  
 B. No
17. Has **anyone** ever done sexual things to you that you did not want? (Count things such as kissing, touching or sexual intercourse.)  
 A. Yes  
 B. No

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

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

**The next 4 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

19. Have you ever been bullied **on school property**?  
 A. Yes  
 B. No
20. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  
 A. Yes  
 B. No
21. During the past 30 days, on how many days were you bullied?  
 A. 0 days  
 B. 1 or 2 days  
 C. 3 to 5 days  
 D. 6 or more days
22. During the past 30 days, on how many days did you bully someone?  
 A. 0 days  
 B. 1 or 2 days  
 C. 3 to 5 days  
 D. 6 or more days

**The next question asks about your mental health.**

23. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next question asks about hurting yourself on purpose.**

24. Have you ever done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. Yes
  - B. No

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

25. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
  - B. No
26. Have you ever **seriously** thought about killing yourself?
- A. Yes
  - B. No
27. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
  - B. No
28. Have you ever **tried** to kill yourself?
- A. Yes
  - B. No

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

29. How old were you when you first smoked a cigarette, even one or two puffs?
- A. I have never smoked a cigarette, not even one or two puffs
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older
30. 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
31. 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

**The next 4 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.**

32. How old were you when you first tried an electronic vapor product?
- A. I have never tried an electronic vapor product
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older
33. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
34. What is the **main** reason you have used electronic vapor products? (Select only **one** response.)
- A. I have never used an electronic vapor product
  - B. Friend or family member used them
  - C. To get a high or buzz from nicotine
  - D. I was feeling anxious, stressed, or depressed
  - E. I was curious about them
  - F. They are less harmful than other forms of tobacco
  - G. They are available in flavors, such as mint, candy, fruit, or chocolate
  - H. I used them for some other reason

35. During the past 30 days, which type of electronic vapor product did you **usually** use? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. JUUL or other rechargeable device that uses pods
  - C. Vape pen or rechargeable e-cigarette (Do **not** count JUUL.)
  - D. Disposable e-cigarette or vaping device (non-rechargeable)
  - E. Mods or a modular device with a tank that you refill with liquids or e-juice
  - F. Some other type of electronic vapor product
  - G. Not sure

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

36. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do **not** count any electronic vapor products.)
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
37. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 2 questions ask about all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products.**

38. How old were you when you first tried any tobacco product flavored to taste like menthol (mint), clove, spice, alcohol (wine or cognac), candy, fruit, chocolate, or other sweets?
- A. I have never tried a flavored tobacco product
  - B. 8 years or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older
39. During the past 12 months, did a doctor, dentist, or nurse ask you if you used a tobacco product?
- A. I did not talk with a doctor, dentist, or nurse during the past 12 months
  - B. Yes
  - C. No
  - D. Not sure

**The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

40. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older

41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
42. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
  - B. 1 or 2 drinks
  - C. 3 drinks
  - D. 4 drinks
  - E. 5 drinks
  - F. 6 or 7 drinks
  - G. 8 or 9 drinks
  - H. 10 or more drinks

**The next 2 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.**

43. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older
44. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

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

45. Have you ever taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. Yes
  - B. No

**The next question asks about other drugs.**

46. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
  - B. No

**The next 2 questions ask about sexual intercourse.**

47. Have you ever had sexual intercourse?
- A. Yes
  - B. No
48. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No

**The next 2 questions ask about nutrition.**

49. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

50. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 3 questions ask about physical activity.**

51. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
52. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams
53. In an average week when you are in school, on how many days do you walk or ride your bike **to school** when weather allows you to do so?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

54. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active?**
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 or more times

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

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

**The next 10 questions ask about your perceptions about alcohol, tobacco, and marijuana.**

56. If you wanted to get electronic vapor products, how hard or easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
57. If you wanted to get alcohol, how hard or easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy

58. If you wanted to get marijuana, how hard or easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
59. How wrong do you think it is for **someone your age** to use electronic vapor products?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
60. How wrong do your parents or guardians feel it would be for you to use electronic vapor products?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure
61. How wrong do your parents or guardians feel it would be for you to drink alcohol?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure
62. How wrong do your parents or guardians feel it would be for you to use marijuana?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure
63. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products regularly?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

64. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
65. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 10 questions ask about other health-related topics.**

66. During the past 12 months, how many times have you had a sunburn? (Count the number of times even a small part of your skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device.)
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 times
  - F. 5 or more times
67. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

68. During the past 30 days, where did you usually sleep?
- A. In my parent's or guardian's home
  - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
  - C. In a shelter or emergency housing
  - D. In a motel or hotel
  - E. In a car, park, campground, or other public place
  - F. I do not have a usual place to sleep
  - G. Somewhere else
69. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or other adult family member?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
70. Do you agree or disagree that in your community you feel like you matter to people?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

71. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
- A. I do not feel sad, empty, hopeless, angry, or anxious
  - B. Parent or other adult family member
  - C. Teacher, counselor, or other adult in this school
  - D. Adult outside of school who is not a family member
  - E. Friend
  - F. Sibling
  - G. Someone else
  - H. Not sure
72. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- A. I do not feel sad, empty, hopeless, angry, or anxious
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

73. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
- A. Yes
  - B. No
  - C. Not sure
74. Do you agree or disagree that your school has clear rules and consequences for behavior?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
75. In an average week when you are in school, how many total hours do you participate in afterschool activities such as sports, band, drama, or clubs run by your school or community groups?
- A. 0 hours
  - B. 1 to 4 hours
  - C. 5 to 9 hours
  - D. 10 to 19 hours
  - E. 20 or more hours

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