

1999 Oregon Youth Risk Behavior Survey

This survey has been developed to learn about risks to students' health and safety. The information you give will be used to develop better health education and services, and to improve student health and safety in Oregon.

DO NOT WRITE YOUR NAME ON THIS SURVEY OR ON THE ANSWER SHEET. *The answers you give will be kept private. No one will know how you answer.*

Use the back of your answer sheet to write any comments - good or bad - and any suggestions.

Completing this survey is **VOLUNTARY**. *If you are not comfortable answering a question, just leave it blank. If you do not understand a question or can not find an answer that applies to you, please also leave that question blank.*

The questions that ask about your background will only be used 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.

Place all your answers on the answer sheet. Fill in the boxes completely. When you are finished, follow the instructions of the person administering the survey.

The survey is designed so that participating students take approximately the same amount of time to fill in their answers. This process helps to keep your answers confidential while you take the survey in a classroom setting.

Because a question is asked DOES NOT mean that we believe you have engaged in a particular behavior. Each question has a response to indicate if you DID NOT engage in that behavior.

THANK YOU VERY MUCH FOR YOUR HELP.

Write your school code here. Your proctor / teacher has written this number on the board or told you the number.

Write your class code here.

IMPORTANT

- Choose only one answer for each question.
- Use a #2 pencil.
- Erase completely to change your answer.

1. How old are you?

- a. 12 years old or younger
- b. 13 years old
- c. 14 years old
- d. 15 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. 9th grade
- d. Ungraded or other grade

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. How tall are you without your shoes on?

Directions: Write you height on the answer sheet. Fill in the matching oval below each number.

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

6. How much do weigh without your shoes on?

Directions: Write your weight on the answer sheet. Fill in the matching oval below each number.

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

The next five questions ask about personal safety.

7. How often do you wear a seat belt when riding in a car driven by someone else?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

- a. I did not ride a bicycle during the past 12 months
- b. Never wore a helmet
- c. Rarely wore a helmet
- d. Sometimes wore a helmet
- e. Most of the time wore a helmet
- f. Always wore a helmet

9. If you used roller blades or a skateboard during the past 12 months, how often did you wear a helmet?

- a. I did not ride a skateboard or roller blade during the past 12 months
- b. Never wore a helmet
- c. Rarely wore a helmet
- d. Sometimes wore a helmet
- e. Most of the time wore a helmet
- f. Always wore a helmet

10. During the past 30 days, did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- a. Yes
- b. No

11. When you are scared, worried, or concerned about yourself or your friends, is there a caring adult you can talk to?
- No, there is no adult
 - Yes, 1 adult
 - Yes, 2 or 3 adults
 - Yes, 4 or more adults

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

12. During the past 12 months, have you ever been harassed at school (or on the way to or from school) because of your race or ethnic origin?
- Yes
 - No
13. During the past 12 months have you ever been harassed at school (or on your way to or from school) because someone thought you were gay, lesbian or bisexual?
- Yes
 - No
14. During the past 12 months, have you received unwanted sexual comments or attention at school (or on you way to or from school)?
- Yes
 - No

The next series of questions ask about violence related behavior.

15. During the past 30 days, did you carry a weapon such as a gun, knife or club?
- Yes
 - No
16. If you carried a gun in the last 30 days, who did the gun belong to?
- I did not carry a gun
 - Gun belongs to me
 - Gun belongs to another person who lives in my house
 - Gun belongs to someone that does not live in my home
17. During the past 30 days, did you carry a gun as a weapon on school property?
- Yes
 - No

18. During the past 30 days, did you carry a weapon (other than a gun) such as a knife or club on school property?

- Yes
- No

19. During the past 30 days, 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?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

20. During the past 12 months, how many times were you in a physical fight?

- 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

21. During the past 12 months, were you in a physical fight on school property?

- Yes
- No

22. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No
- Did not have a boyfriend or girlfriend during the last 12 months

23. During the past 12 months did any adult family member ever hit slap or physically hurt you on purpose?

- Yes
- No

The next 3 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life.

24. 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?

- Yes
- No

25. During the past 12 months, did you ever *seriously* consider attempting suicide?

- a. Yes
- b. No

26. During the past 12 months, how many times did you actually attempt suicide?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

The next twenty-one questions ask about tobacco use.

27. If one of your best friends were to offer you a cigarette, would you try it?

- a. Definitely No
- b. Probably No
- c. Probably Yes
- d. Definitely Yes

28. Have you ever tried cigarette smoking, even one or two puffs?

- a. Yes
- b. No

29. 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 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 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

32. Have you ever smoked regularly, that is, at least one cigarette every day for 30 days?

- a. Yes
- b. No

33. During the past 30 days, have you gotten cigarettes from ANY of the following sources?

(Mark all that apply)

- a. I did not smoke cigarettes during the last 30 days
- b. A friend gave them to me
- c. I got them from family members (with or without permission)
- d. I gave someone else money to buy them for me
- e. I bought them from a grocery store, convenience store or gas station
- f. I bought them from a vending machine
- g. I stole them from a grocery store, gas station or convenience store
- h. I got them some other way

34. During the past 30 days, where have you *most often* gotten you cigarettes?

(Select only one response)

- a. I did not smoke cigarettes during the past 30 days
- b. A friend gave them to me
- c. I got them from family members (with or without permission)
- d. I gave someone else money to buy them for me
- e. I bought them from a grocery store, convenience store or gas station
- f. I bought them from a vending machine
- g. I stole them from a grocery store, gas station or convenience store
- h. I got them some other way

35. Does someone living in your house (other than you) smoke cigarettes?

- a. Nobody smokes
- b. Someone smokes, but not inside the house
- c. Someone smokes inside the house

36. During the past 30 days, on how many days did you use chewing tobacco or snuff, 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

37. During the past 30 days, did you smoke cigars, cigarillos, or little cigars?

- a. Yes
- b. No

38. During the past 30 days, on how many days did you smoke cigarettes or chew tobacco on school property?

- 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

39. Is there a rule at your school that students are not allowed to smoke on school property?

- a. Yes
- b. No
- c. I don't know

40. How strictly are the non-smoking rules for students enforced at your school?

- a. Very strictly enforced
- b. Somewhat enforced
- c. Not enforced at all
- d. I don't know
- e. There are no rules against students smoking

41. During this school year, have you seen teachers or staff smoke on school property?

- a. Yes
- b. No

42. In the last 30 days, has anyone offered you a cigarette or chewing tobacco for you to use?

- a. No, no one has offered me tobacco
- b. Yes, but I did not use it
- c. Yes, and I used the tobacco at least once

43. During this school year, have you talked with a parent or other adult family member about tobacco use?

- a. Yes
- b. No

44. During this school year, have you practiced how to refuse tobacco if it is offered to you?

- a. Yes
- b. No

45. During this school year, have you participated in any classroom activities to prevent tobacco use?

- a. Yes
- b. No

46. During this school year, have you participated in any organized activities, outside the classroom, to prevent tobacco use (for example, after school or in the community)?

- a. Yes
- b. No

47. During this school year, have you encouraged any smoker (for example, family or friend) to try to quit smoking?

- a. Yes
- b. No

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.

48. Have you ever had a drink of alcohol other than a few sips?

- a. Yes
- b. No

49. 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 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or older

50. During the past 30 days, did you have at least one drink of alcohol?

- a. Yes
- b. No

The next 3 questions ask about the use of marijuana, which is also called grass or pot.

51. Have you ever used marijuana?

- a. Yes
- b. No

52. 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 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 years or older

53. During the past 30 days, did you use marijuana?

- a. Yes
- b. No

The next 5 questions ask about cocaine and other drug use.

54. Have you ever tried any form of cocaine, including powder, crack, or freebase?

- a. Yes
- b. No

55. **Have you ever tried any form of carbodroxyl (also known as carbs or droxy)?**
 a. Yes
 b. No
56. **Have you ever you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?**
 a. Yes
 b. No
57. **Have you ever taken steroid pills or shots without a doctor's prescription?**
 a. Yes
 b. No
58. **During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?**
 a. Yes
 b. No
- Remember the survey is designed so that participating students take approximately the same amount of time to fill in their answers. This process helps to keep your answers confidential while you take the survey in a classroom setting.
- Because a question is asked DOES NOT mean that we believe you have engaged in a particular behavior. *Each question has a response to indicate if you DID NOT engage in that behavior.*
- The next questions ask about sexual behavior.**
59. **Many middle school students take the STARS (Students Today Aren't Ready for Sex) classes. These classes teach refusal skills to limit sexual involvement. Have you been in or taken a STARS class?**
 a. Yes
 b. No
 c. Don't remember; Don't know
60. **If a classmate, your same age and gender, asked you for your advice about whether to start having sexual intercourse, what would you probably say?**
 a. Wait until you're married
 b. Wait until you are older
 c. Go ahead and do it
61. **What percentage of your classmates, your same age and gender, have had sexual intercourse? Would you guess:**
 a. less than 5%
 b. 5%-9%
 c. 10%-19%
 d. 20%-29%
 e. 30%-39%
 f. more than 40%
62. **Have you ever had sexual intercourse?**
 a. Yes
 b. No (if no, skip to question 70)
63. **How old were you when you had sexual intercourse for the first time?**
 a. I have never had sexual intercourse
 b. 11 years old or younger
 c. 12 years old
 d. 13 years old
 e. 14 years old
 f. 15 years old
 g. 16 years old
 h. 17 years old or older
64. **During your life, with how many people have you had sexual intercourse?**
 a. I have never had sexual intercourse
 b. 1 person
 c. 2 people
 d. 3 people or more
65. **During the past 3 months, have you had sexual intercourse?**
 a. Yes
 b. No
66. **Did you drink alcohol or use drugs before you had sexual intercourse the last time?**
 a. I have never had sexual intercourse
 b. Yes
 c. No
67. **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

68. **The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?** (Select only one response)
- I have never had sexual intercourse
 - No method was used to prevent pregnancy
 - Birth control pills
 - Condoms
 - Depo Provera (birth control shot)
 - Withdrawal
 - Some other method
 - Not sure

The next two questions asks about HIV/AIDS.

70. **What do you consider to be the one most reliable or accurate source from where you have gotten your information about AIDS/HIV infection?** (Choose one)
- From classroom instruction
 - From a teacher or school counselor
 - From parents or other adults in my family
 - From friends
 - From brochures available at schools or school health centers
 - From TV or radio
 - Other sources not mentioned above
71. **During the last 12 months have you ever been taught about AIDS or HIV infection in school?**
- Yes
 - No
 - Not sure

The next seven questions ask about body weight.

72. **How do you describe your weight?**
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
73. **Which of the following are you trying to do about your weight?**
- Lose weight
 - Gain weight
 - Stay the same weight
 - I am not trying to do anything about my weight
74. **During the past 30 days, did you exercise to lose weight or to keep from gaining weight?**
- Yes
 - No
75. **During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?**
- Yes
 - No

76. **During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?**
- Yes
 - No
77. **During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?** (Do not include meal replacement products such as Slim Fast.)
- Yes
 - No
78. **During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?**
- Yes
 - No

The next 6 questions ask about food you ate or drank during the past 7 days. 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.

79. **During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, or grape juice?** (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
80. **During the past 7 days, how many times did you eat fruit?** (Do not count fruit juice.)
- I did not eat fruit during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
81. **In the past 7 days, how many times did you eat raw or cooked vegetables (including green salad)?**
- I did not eat raw or cooked vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

- 82. In the past 7 days, how many days did you eat breakfast?**
- 0 days
 - 1 days
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
- 83. How many times during the past 7 days did you eat a meal with your family?**
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 - 6 times
 - I ate with my family daily
 - I was away from home and not with my family during the last 7 days.
- 84. 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.)
- I did not drink milk during the past 7 days
 - 1 to 3 glasses during the past 7 days
 - 4 to 6 glasses during the past 7 days
 - 1 glass per day
 - 2 glasses per day
 - 3 glasses per day
 - 4 or more glasses per day
- 86. During the past 12 months, on how many sports teams did you play?** (Include any teams run by your school or community groups).
- 0 teams
 - 1 team
 - 2 team
 - 3 or more teams
- 87. On an average school day, how many hours do you watch TV ?**
- I do not watch TV on an average school day
 - Less than 1 per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
- 88. Thinking back over the last month, in an average week how many hours do you spend in volunteer work, religious activities, youth groups, music, drama or special school activities such as year book, both at school and away from school?** (Do **not** include hours spent on the sports teams you previously indicated).
- 0 hours
 - 1- 2 hours
 - 3-5 hours
 - 6-10 hours
 - 11-17 hours
 - 18-24 hours
 - 25 or more hours

These questions ask about health care and community resources.

The next 4 questions ask about exercise, sports and other activities

- 85. 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?**
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
- 89. When did you last go to a doctor or nurse practitioner?**
- During the past 12 months
 - Within the past two years
 - Within the past five years
 - More than five years ago
 - Never been to doctor
 - Don't know
- 90. When did you last go to a dentist?**
- During the past 12 months
 - Within the past two years
 - Within the past five years
 - More than five years ago
 - Never been to dentist
 - Don't know if I've been to dentist

- 91. During the past 12 months, did you have any of the following health care needs? (Mark all that apply.)**
- a. Check-up or sports physical
 - b. Injury or accident
 - c. Illness
 - d. Immunization
 - e. Reproductive health services (exam or birth control/condoms)
 - f. Pregnancy test or sexually transmitted disease test
 - g. Alcohol or other drug problem
 - h. Personal or emotional problem
 - i. Other need not listed
 - j. I had no health care needs

- 92. During the past 12 months, did you have any of the following health care needs that were *not met*? (Mark all that apply.)**
- a. Check-up or sports physical
 - b. Injury or accident
 - c. Illness
 - d. Immunization
 - e. Reproductive health services (exam or birth control/condoms)
 - f. Pregnancy test or sexually transmitted disease test
 - g. Alcohol or other drug problem
 - h. Personal or emotional problem
 - i. Other need not listed
 - j. I had no health care needs

- 93. During the past 12 months, where did you *usually* go to meet your health care needs? (Choose only one.)**
- a. Emergency room
 - b. Family doctor
 - c. County or community health clinic
 - d. School-based health center
 - e. Other place not listed
 - f. I needed care, but didn't see anyone
 - g. I did not need care during the past 12 months

- 94. Does your school have a School Based Health Center?**
- a. Yes
 - b. No
 - c. Don't know

- 95. Have you registered or do you have permission to use the School Based Health Center?**
- a. Yes
 - b. No
 - c. Don't have School Based Health Center

- 96. Have you used the School Based Health Center services at this school?**
- a. Yes
 - b. No
 - c. Don't have a School Based Health Center

After completing this survey, if you have time, please write your comments below. Your opinions are important and will be used.

Write your COMMENTS!

Teenagers as a group are relatively healthy and practice good health behaviors. What things or who helps you keep a healthy lifestyle.?

What do you think are your unhealthy behaviors and is there something we could do to help you lead a more healthy lifestyle?

Thanks for your opinions!