

# 2021 Nevada 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
- Are either of your parents or other adults in your home serving on active duty in the military?
  - Yes
  - No
- Do you currently qualify for or get free or reduced price lunches at school?
  - Yes
  - No
  - Not sure

- During the past 30 days, where did you usually sleep?
  - In my parent's or guardian's home
  - 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
  - In a shelter or emergency housing
  - In a motel or hotel
  - In a car, park, campground, or other public place
  - I do not have a usual place to sleep
  - Somewhere else

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

- Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - Yes
  - No
  - Not sure
- Have you ever ridden in a car driven by someone who had been using marijuana (also called pot or weed)?
  - Yes
  - No
  - Not sure

**The next 5 questions ask about violence-related behaviors.**

- During the past 30 days, did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
  - Yes
  - No
- Have you ever been hit, beaten, kicked, or physically hurt in any way by an adult? (Do not include being spanked for bad behavior.)
  - Yes
  - No

13. Have you ever seen or heard adults in your home slap, hit, kick, punch, or beat each other up?  
 A. Yes  
 B. No
14. Have you ever been physically forced to have sexual intercourse when you did not want to?  
 A. Yes  
 B. No
15. How often has an adult in your home **ever** sworn at you, insulted you, or put you down?  
 A. Never  
 B. Rarely  
 C. Sometimes  
 D. Most of the time  
 E. Always

**The next question asks 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.**

16. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  
 A. Yes  
 B. No

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

17. During the past 12 months, have you done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?  
 A. Yes  
 B. No

**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

18. 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
19. During the past 12 months, did you ever **seriously** think about killing yourself?  
 A. Yes  
 B. No
20. During the past 12 months, did you make a **plan** about how you would kill yourself?  
 A. Yes  
 B. No
21. During the past 12 months, did you **try** to kill yourself?  
 A. Yes  
 B. No
22. 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

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

23. Have you ever tried cigarette smoking, even one or two puffs?  
 A. Yes  
 B. No

24. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried cigarette smoking, 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

25. 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

**The next 6 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

26. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
27. 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

28. 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

29. During the past 30 days, on how many days did you use an electronic vapor product **to vape marijuana** (also called pot or weed), including THC, THC concentrates, hash oil, or waxes?
- 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

30. During the past 30 days, on how many days did you use an electronic vapor product **to vape nicotine**?
- 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, how did you **usually** get your own electronic vapor products?  
(Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. I got or bought them from a friend, family member, or someone else
  - C. I bought them myself in a vape shop or tobacco shop
  - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
  - E. I bought them myself at a mall or shopping center kiosk or stand
  - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - G. I took them from a store or another person
  - H. I got them in some other way

**The next question asks about other tobacco products.**

32. 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, or Camel Snus? (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

**The next 4 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.**

33. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
34. 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
35. 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

36. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way

**The next 4 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.**

37. Have you ever used marijuana?
- A. Yes
  - B. No
38. 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
39. 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

40. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)
- A. I did not use marijuana during the past 30 days
  - B. I smoked it in a joint, bong, pipe, or blunt
  - C. I ate it in food such as brownies, cakes, cookies, or candy
  - D. I drank it in tea, cola, alcohol, or other drinks
  - E. I vaporized it
  - F. I dabbed it using waxes or concentrates
  - G. I used it some other way

**The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.**

41. Have you ever used synthetic marijuana?
- A. Yes
  - B. No

**The next 2 questions ask 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.**

42. 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
43. In the past 30 days, did you take **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 4 questions ask about other drugs.**

44. Have you ever used **any** form of cocaine, including powder, crack, or freebase?  
A. Yes  
B. No
45. Have you ever used **heroin** (also called smack, junk, or China White)?  
A. Yes  
B. No
46. Have you ever used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?  
A. Yes  
B. No
47. Have you ever used **ecstasy** (also called MDMA or Molly)?  
A. Yes  
B. No

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

48. 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

49. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)  
A. Less than 1 hour per day  
B. 1 hour per day  
C. 2 hours per day  
D. 3 hours per day  
E. 4 hours per day  
F. 5 or more hours per day
50. In an average week when you are in school, on how many days do you go to physical education (PE) classes?  
A. 0 days  
B. 1 day  
C. 2 days  
D. 3 days  
E. 4 days  
F. 5 days

**The next 3 questions ask about other experiences you may have had during your life.**

51. Have you ever lived with someone who was depressed, mentally ill, or suicidal?  
A. Yes  
B. No  
C. Not Sure
52. Have you ever lived with someone who was a problem drinker or alcoholic or abused street or prescription drugs?  
A. Yes  
B. No  
C. Not Sure
53. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?  
A. Yes  
B. No  
C. Not sure

**The next 4 questions ask about other health-related topics.**

54. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
55. 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
56. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
  - B. 5 hours
  - C. 6 hours
  - D. 7 hours
  - E. 8 hours
  - F. 9 hours
  - G. 10 or more hours
57. Have you or anyone in your home ever tested positive for COVID-19?
- A. Yes
  - B. No

**The next 6 questions ask about your home and your school.**

58. How often do you talk to your parents or other adults in your home about your problems?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

59. How often do you talk to your parents about what is right and wrong?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
60. How often do you feel comfortable talking to your parents about personal matters?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
61. How often do you feel close to people at your school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
62. How often are you happy to be at your school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
63. How often do the teachers at your school treat students fairly?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always



**The next 4 questions ask about your perception of risk related to substance use.**

64. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- 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 smoke one or more packs of cigarettes per day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
66. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
67. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 4 questions ask about your perception of parental disapproval of substance use.**

68. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong
69. How wrong do your parents feel it would be for you to smoke tobacco?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong
70. How wrong do your parents feel it would be for you to smoke marijuana?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong
71. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong

**The next 4 questions ask about your perception of peer disapproval of substance use.**

72. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong

73. How wrong do your friends feel it would be for you to smoke tobacco?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong
74. How wrong do your friends feel it would be for you to smoke marijuana?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong

75. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
- A. Not at all wrong
  - B. A little bit wrong
  - C. Wrong
  - D. Very wrong

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