

2025 Raymond 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 identify areas of concern and work together to increase community programming and resources.

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. Make a clear response for each question. When you are finished, follow the instructions of the person giving you the survey.

All questions on this survey originate from the Youth Risk Behavior Surveillance System for the Centers for Disease Control and Prevention (CDC), the agency that created the Youth Risk Behavior Survey.

Thank you very much for your help!

Directions

- Circle the letter next to your response, like this: . 1 (2) 3 4
- Circle only one response for each question, unless otherwise stated.
- If you change your answer, erase your old answer completely.

1. How old are you?
 1. 10 years old or younger
 2. 11 years old
 3. 12 years old
 4. 13 years old
 5. 14 years old
 6. 15 years old
 7. 16 years old or older
2. What is your sex?
 1. Female
 2. Male
3. In what grade are you?
 1. 6th grade
 2. 7th grade
 3. 8th grade
 4. Ungraded or other grade
4. What is your race?
(Select one or more responses.)
 1. American Indian/ Alaska Native
 2. Asian
 3. Black/ African American
 4. Native Hawaiian/ Pacific Islander
 5. White
5. Are you Hispanic or Latino?
 1. Yes
 2. No

The next 3 questions ask about safety.

6. **When you ride a bicycle**, how often do you wear a helmet?
 1. I did not ride a bicycle during the past 12 months
 2. Never wore a helmet
 3. Rarely wore a helmet
 4. Sometimes wore a helmet
 5. Most of the time wore a helmet
 6. Always wore a helmet
7. How often do you wear a seat belt when **riding** in a car?
 1. Never
 2. Rarely
 3. Sometimes
 4. Most of the time
 5. Always
8. Have you ever ridden in a car **driven by someone who had been drinking alcohol**?
 1. Yes
 2. No
 3. Not sure

The next 3 questions ask about violence related behaviors.

9. Have you ever carried **a weapon**, such as a gun, knife, or club?
 1. Yes
 2. No
10. Have you ever been in a physical fight?
 1. Yes
 2. No

11. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
1. Yes
 2. No

The next 2 question 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.

12. Have you ever been bullied **on school property**?
1. Yes
 2. No

13. Have you ever been **electronically** bullied?
(Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
1. Yes
 2. No

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

14. Have you ever **seriously** thought about killing yourself?
1. Yes
 2. No
15. Have you ever made a **plan** about how you would kill yourself?
1. Yes
 2. No

16. Have you ever **tried** to kill yourself?
1. Yes
 2. No

The next 4 questions ask about tobacco use.

17. Have you ever tried cigarette smoking, even one or two puffs?
1. Yes
 2. No
18. How old were you when you smoked a whole cigarette for the first time?
1. I have never smoked a whole cigarette
 2. 8 years old or younger
 3. 9 years old
 4. 10 years old
 5. 11 years old
 6. 12 years old
 7. 13 years old or older
19. During the past 30 days, on how many days did you smoke cigarettes?
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
20. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo? (Do not count any electronic vapor products.)
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days

The next 4 questions ask about electronic vapor products, such as JUUL, Sorin blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

21. Have you ever used an electronic vapor product?

1. Yes
2. No

22. During the past 30 days, on how many days did you use an electronic vapor product?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

23. During the past 30 days, on how many days did you use an electronic vapor product **on school property**?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

24. During the past 12 months, did you ever try to **quit** using electronic vapor products?

1. I did not use electronic vapor products during the past 12 months
2. Yes
3. 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.

25. Have you ever had at least one drink of alcohol other than a few sips?

1. Yes
2. No

26. How old were you when you had your first drink of alcohol other than a few sips?

1. I have never had a drink of alcohol
2. 8 years old or younger
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old or older

27. During the past 30 days, on how many days did you have at least one drink of alcohol?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

The next 4 questions ask about marijuana use. Marijuana is also called pot, grass, hash, bud, and weed. Marijuana use includes smoking, vaping, edibles, dabs, and other forms of use.

28. Have you ever used marijuana?

1. Yes
2. No

29. How old were you when you tried marijuana for the first time?

1. I have never used marijuana
2. 8 years old or younger
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old or older

30. During the past 30 days, how many times did you use marijuana?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

31. During the past 30 days, how did you usually use marijuana?

1. I did not use marijuana during the past 30 days
2. I smoked it in a joint, bong, pipe, or blunt
3. I ate it in food such as brownies, cakes, cookies, or candy
4. I drank it in tea, cola, alcohol, or other drinks
5. I vaporized it
6. I used it some other way

The next 5 questions ask about other drugs.

32. Have you ever taken a **prescription drug** without a doctor's prescription?

1. Yes
2. No

33. How old were you when you took a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription for the first time?

1. I have never taken a prescription drug without a doctor's prescription
2. 8 years old or younger
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old or older

34. During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

35. Have you ever sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

1. Yes
2. No

36. Have you ever taken an **over-the-counter drug** (a drug that can be purchased from a store without a doctor's prescription) to get high?

1. Yes
2. No

The next 3 questions ask about sexual behavior.

37. Have you ever had sexual intercourse?
1. Yes
 2. No
38. How old were you when you had sexual intercourse for the first time?
1. I have never had sexual intercourse
 2. 8 years old or younger
 3. 9 years old
 4. 10 years old
 5. 11 years old
 6. 12 years old
 7. 13 years old
 8. 14 years old or older
39. With how many people have you ever had sexual intercourse?
1. I have never had sexual intercourse
 2. 1 person
 3. 2 people
 4. 3 people
 5. 4 people or more people

The next 5 questions ask about your family, your activities, and your community.

40. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
1. Yes
 2. No
41. How often do your parents or other adults in your family know where you are going or with whom you will be?
1. Never
 2. Rarely
 3. Sometimes
 4. Most of the time
 5. Always

42. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
1. Never
 2. Rarely
 3. Sometimes
 4. Most of the time
 5. Always

43. Do you agree or disagree that in your community you feel like you matter to people?
1. Strongly agree
 2. Agree
 3. Disagree
 4. Strongly disagree

44. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
1. Yes
 2. No

The next 6 questions ask about the perceived harm from drug use.

45. 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?
1. No risk
 2. Slight risk
 3. Moderate risk
 4. Great risk
 5. I don't know

46. How much do you think people risk harming themselves (physically or in other ways) if they use an electronic vapor product regularly?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

47. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

48. 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?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

49. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

50. How much do you think people risk harming themselves if they use prescription drugs that are not prescribed to them?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

The next 13 questions ask about attitudes toward cigarette, alcohol, and other drug use.

51. How wrong do **your friends feel it would be for you** to smoke tobacco?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

52. How wrong do **your friends feel it would be for you** to have one or two drinks of an alcoholic beverage (beer, wine or liquor) nearly every day?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

53. How wrong do **your friends feel it would be for you** to use marijuana?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

54. How wrong do **your friends feel it would be for you** to use prescription drugs to get high?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

55. How wrong do **your parents or guardians feel it would be for you** to smoke tobacco?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

56. How wrong do **your parents or guardians feel it would be for you** to use an electronic vapor product?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all

57. How wrong do **your parents or guardians feel it would be for you** to drink alcohol?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

58. How wrong do **your parents or guardians feel it would be for you** to use marijuana?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

59. How wrong do your parents or **guardians feel it would be for you** to use prescription drugs to get high?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

60. How wrong do you think it is for **someone your age** to smoke cigarettes?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

61. How wrong do you think it is for **someone your age** to use electronic vapor products?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

62. How wrong do you think it is for **someone your age** to have one or two drinks of any alcoholic beverage every day?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

63. How wrong do you think it is for **someone your age** to use marijuana?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not wrong at all
5. Not sure

The next 5 questions ask about the availability of cigarettes, alcohol, and other drugs.

64. If you wanted to get some cigarettes, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

65. If you wanted to get an electronic vapor product, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

66. If you wanted to get some alcohol, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

67. If you wanted to get some marijuana, how easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

68. If you wanted to get a prescription drug without a doctor's prescription, how hard or easy would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

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