

# **2022 Maryland Middle School Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)**

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.

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

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

6. **When you ride a bicycle**, how often do you wear a helmet?
  - A. I do not ride a bicycle
  - B. Never wear a helmet
  - C. Rarely wear a helmet
  - D. Sometimes wear a helmet
  - E. Most of the time wear a helmet
  - F. Always wear a helmet

7. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
  - A. I do not rollerblade or ride a skateboard
  - B. Never wear a helmet
  - C. Rarely wear a helmet
  - D. Sometimes wear a helmet
  - E. Most of the time wear a helmet
  - F. Always wear a helmet
8. How often do you wear a seat belt when **riding** in a car?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
9. Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - A. Yes
  - B. No
  - C. Not sure
10. Have you ever ridden in a car driven by someone who was texting while they were driving the car?
  - A. Yes
  - B. No
  - C. Not sure

**The next 3 questions ask about violence-related behaviors and experiences.**

11. Have you ever been in a physical fight?
  - A. Yes
  - B. No
12. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
  - A. Yes
  - B. No

13. Did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I have never dated or gone out with someone
  - B. Yes
  - C. No

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

14. 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 2 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.**

15. Have you ever been bullied **on school property**?
- A. Yes
  - B. No
16. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- 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.**

17. 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
18. Have you ever **seriously** thought about killing yourself?
- A. Yes
  - B. No
19. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
  - B. No
20. Have you ever **tried** to kill yourself?
- A. Yes
  - B. No

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

21. Have you ever smoked a cigarette, even one or two puffs?
- A. Yes
  - B. No
22. 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

23. 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 5 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.**

24. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
25. 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
26. What kind of flavoring do you usually use with an electronic vapor product?
- A. I have never used an electronic vapor product
  - B. Tobacco flavor
  - C. Fruit flavor, such as grape, peach, or apple
  - D. Candy flavor, such as chocolate
  - E. Spice flavor, such as vanilla or cinnamon
  - F. Alcoholic beverage flavor
  - G. Menthol, mint, or wintergreen flavor
  - H. Some other flavor

27. 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 try to quit using other tobacco products
  - D. They cost less than other tobacco products
  - E. They are easier to get than other tobacco products
  - 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
28. Do you think you will use an electronic vapor product in the next year?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

**The next 3 questions ask about other tobacco products.**

29. 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

30. 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
31. During the past 30 days, which flavored tobacco products (such as fruit-, candy-, or alcohol-flavored tobacco products) did you use? (Do **not** count menthol cigarettes.)
- A. **I did not use** any flavored tobacco products during the past 30 days
  - B. Only flavored cigars, cigarillos, or little cigars
  - C. Only flavored smokeless tobacco products
  - D. Both flavored cigar products and flavored smokeless tobacco products

**The next 5 questions ask about any tobacco use. This could include cigarettes, waterpipes, electronic vapor products, smokeless tobacco, cigars, or any other product that includes tobacco.**

32. During the past 12 months, did you try or use tobacco products for the first time?
- A. Yes
  - B. No
33. During the past 12 months, did you completely quit using all tobacco products?
- A. I did not use any tobacco products during the past 12 months
  - B. Yes, I completely quit using all tobacco products during the past 12 months
  - C. No, I did not completely quit using all tobacco products during the past 12 months

34. During the past 30 days, how did you **usually** get your own tobacco products? (Select only one response.)
- A. I did not use tobacco products during the past 30 days
  - B. I bought them myself in a convenience store, supermarket, discount store, gas station, tobacco shop, or vape shop
  - C. I bought them myself on the Internet, such as from a product website, vape or tobacco shop website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - D. I bought them myself at a mall or shopping center kiosk or stand
  - E. I bought them from a friend, family member, or someone else
  - F. I borrowed (or bummed) them from someone else
  - G. I took them from a store or another person
  - H. I got them in some other way
35. **When you bought or tried to buy tobacco products** in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy tobacco products in a store during the past 30 days
  - B. Yes, I was asked to show proof of age
  - C. No, I was not asked to show proof of age
36. During the past 30 days, did anyone refuse to sell you tobacco products because of your age?
- A. I did not try to buy tobacco products during the past 30 days
  - B. Yes
  - C. No

**The next 3 questions ask about secondhand smoke.**

37. Does anyone who lives with you now smoke cigarettes or cigars?  
A. Yes  
B. No
38. Which statement best describes the rules about smoking inside your home? (Do not count decks, garages, or porches.)  
A. Smoking is not allowed anywhere inside my home  
B. Smoking is allowed in some places or at some times inside my home  
C. Smoking is allowed anywhere inside my home  
D. There are no rules about smoking inside my home
39. During the past 7 days, on how many days were you in the same room with someone who was smoking?  
A. 0 days  
B. 1 day  
C. 2 days  
D. 3 days  
E. 4 days  
F. 5 days  
G. 6 days  
H. 7 days

**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. Have you ever had a drink of alcohol, other than a few sips?  
A. Yes  
B. No

41. 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
42. 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

**The next 3 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. Have you ever used marijuana?  
A. Yes  
B. No
44. 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

45. 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.**

46. 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 2 questions ask about other drugs.**

47. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
  - B. No
48. 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 question asks about sexual intercourse.**

49. Have you ever had sexual intercourse?
- A. Yes
  - B. No

**The next 2 questions ask about body weight.**

50. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight

51. Which of the following are you trying to do about your weight?
- A. **Lose** weight
  - B. **Gain** weight
  - C. **Stay** the same weight
  - D. I am **not trying to do anything** about my weight

**The next question asks about eating breakfast.**

52. 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

**The next 4 questions ask about physical activity.**

53. 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

54. 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
55. 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
56. 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

**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.**

57. 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 6 questions ask about other health-related topics.**

58. 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
59. 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
60. During the past 12 months, did you or anyone in your home test positive for COVID-19?
- A. Yes
  - B. No
  - C. Not sure
61. 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



62. 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
63. 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?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next question asks about having a disability or long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision or attention problems.**

64. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing schoolwork, playing sports, or being with friends?
- A. Yes
  - B. No
  - C. Not sure

**The next 2 questions ask about school-related topics.**

65. During the last school year, were you taught in any of your classes about the dangers of tobacco use?
- A. Yes
  - B. No
  - C. Not sure
66. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?
- A. Yes
  - B. No

**The next 2 questions are about the food situation in your home during the past 12 months.**

67. During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?
- A. Never
  - B. Sometimes
  - C. Often
68. During the past 12 months, how often did the food your family bought not last and they did not have money to get more?
- A. Never
  - B. Sometimes
  - C. Often

**The next 2 questions ask about your attitudes and beliefs about tobacco use.**

69. Do you think young people who smoke have more friends?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

70. Do you think smoking makes young people look cool or fit in?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

**The next 4 questions ask about your attitudes and beliefs about drinking alcohol.**

71. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
- A. Strongly approve
  - B. Somewhat approve
  - C. Neither approve nor disapprove
  - D. Somewhat disapprove
  - E. Strongly disapprove
72. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (such as vodka, whiskey, or gin) at least once or twice a month?
- A. Very wrong
  - B. Wrong
  - C. A little wrong
  - D. Not at all wrong
73. How much do people risk harming themselves (physically and in other ways) if they have one or two drinks of alcohol (beer, wine, or liquor) nearly every day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
74. How much do people risk harming themselves (physically and in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 4 questions ask about other experiences you may have had during your life.**

75. During your life, how often has a parent or other adult in your home insulted you or put you down?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
76. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
- A. Yes
  - B. No
77. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?
- A. Yes
  - B. No
78. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- A. Yes
  - B. No

**The next 5 questions ask about whether others are available to talk to you when you need to.**

79. Outside of school, is there an adult you can talk to about things that are important to you?
- A. Yes
  - B. No

80. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. 0 adults
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults
81. During your life, how often have you felt that you were able to talk to a friend about your feelings?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

82. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?
- A. Yes
  - B. No
83. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

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