

WISCONSIN 2021 MIDDLE SCHOOL YOUTH RISK BEHAVIOR SURVEY

**Note: This is a reference version of the standard middle school survey.
Formatting looks different when the survey is taken online.**

1) 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

2) What is your sex?

- Male
- Female

3) In what grade are you?

- 6th grade
- 7th grade
- 8th grade
- Other

4) What is your race or ethnicity? **(Select one or more responses.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino

5) How often do you wear a seatbelt when riding in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

6) How often do you wear a helmet when riding a bicycle?

- I do not ride a bicycle
- Never wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

7) During the past 7 days, on how many days did you: **eat breakfast**?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

8) 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.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

9) Do you participate in any school activities, such as sports, band, drama, or clubs?

- Yes
- No

10) Is there at least one teacher or other adult in your school that you can talk to if you have a problem?

- Yes
- No
- Not sure

11) *Do you agree or disagree:* I feel like I belong at this school.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

12) *Do you agree or disagree:* My teachers really care about me.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

13) How often do you feel safe at school?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

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.

14) *Do you agree or disagree:* Bullying is a problem at this school.

- Strongly Agree
- Agree
- Not sure
- Disagree
- Strongly disagree

The next questions ask you to think about things you may have done or experienced during the past 12 months, or since about this time last year.

15) *During the past 12 months, have you:* ever been bullied **on school property?**

- Yes
- No

16) *During the past 12 months, have you:* ever been **electronically** bullied?
(Count being bullied through texting, Instagram, Facebook, or other social media.)

Yes

No

17) *During the past 12 months, how many times have you:* carried a weapon on school property? (Count a gun, knife, club, or other weapon.)

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

18) *During the past 12 months, how many times have you:* been in a physical fight on school property?

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

19) *During the past 12 months, have you:* had **significant** problems with feeling very anxious, nervous, tense, scared, or like something bad was going to happen?

Yes

No

20) *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

21) *During the past 12 months, did you:* ever **seriously** think about killing yourself?

Yes

No

22) *During the past 12 months, did you:* ever make a plan about how you would try to kill yourself?

Yes

No

23) *During the past 12 months, did you:* ever try to kill yourself?

Yes

No

24) *During the past 12 months, how many times did you:* do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

25) *During the past 12 months has: anyone offered, sold, or given you an illegal drug on school property?*

Yes

No

26) *During the past 12 months, on how many days have you: used **any illegal drug besides marijuana?***

0 days

1 day

2 to 3 days

4 to 5 days

6 or more days

The next questions ask you to think about things you may have done during the past 30 days, or since about this time last month.

27) *During the past 30 days, on how many days did you: smoke cigarettes?*

0 days

1 day

2 to 3 days

4 to 5 days

6 or more days

28) *During the past 30 days, on how many days did you: use an electronic vapor product? (Include JUUL, Vuse, MarkTen, and blu e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.)*

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

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, or Camel Snus? (Do not count any electronic vapor products.)*

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

30) During *the past 30 days*, on how many days did you: smoke cigars, cigarillos, or little cigars?

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

31) During *the past 30 days*, on how many days did you: use marijuana?

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

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32) *During the past 30 days, on how many days did you: have at least one drink of alcohol? (Do not count having a few sips of wine for religious purposes.)*

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

33) *During the past 30 days, on how many days did you: not go to school because you felt unsafe at school or on your way to or from school?*

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

34) *During the past 30 days, on how many days did you: receive, send, or share nude photos or other sexual images? (Count photos of yourself or of someone else.)*

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

The next questions ask about things that have ever happened during your life.

35) During your life, how many times have you: taken an over-the-counter drug to get high? (An "over-the-counter drug" is something that can be bought at a store without a prescription.)

- 0 times
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 or more times

36) During your life, how many times have you: taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- 0 times
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 or more times

37) Have you ever had sexual intercourse?

- Yes
- No

38) Has anyone ever forced you to do sexual things when you did not want to? (Count kissing, touching, or sexual intercourse.)

- Yes
- No
- Not sure

39) How many apartments, houses, or other places have you lived in? (Count each apartment, house, or other place you lived, even if they are all in the same town or city.)

- 1 place. I have always lived in the home I live in now
- 2 or 3 places
- 4 or 5 places
- 6 or 7 places
- 8 or 9 places
- 10 or more places

The next questions ask about things you usually do.

40) On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

41) On an average school day, how much time do you spend on screens for something that is **not school work**? (Count time spent playing games, watching TV or videos, texting, or using social media on a smartphone, computer, TV, Xbox, PlayStation, iPad, or other tablet.)

- 0 hours
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 or more hours

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42) How many school nights a week do you use technology **between midnight and 5AM**? (Count time spent playing games, watching videos, texting, or using social media on a smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)

- 0 school nights
- 1 school night
- 2 school nights
- 3 school nights
- 4 school nights
- 5 school nights

The next questions ask about your life right now.

43) How often do you go hungry because there is not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

44) How often do you feel safe and secure in your neighborhood?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

45) When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?

- I do not feel sad, empty, hopeless, angry, or anxious
- Never
- Rarely
- Sometimes
- Most of the time
- Always

46) When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?

- I do not feel sad, empty, hopeless, angry, or anxious
- Parent or other adult family member
- Teacher or other adult in this school
- Other adult
- Friend
- Sibling
- Not sure

47) Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?

- 0 adults
- 1 adult
- 2 adults
- 3 adults
- 4 adults
- 5 or more adults

48) *Do you agree or disagree:* My family gives me help and support when I need it.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

49) How would you describe your grades in school during the past 12 months?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 2 questions ask about your experiences during this time, whether in the past or continuing now.

50) During the COVID-19 pandemic, **did a parent or other adult in your home** lose their job even for a short amount of time?

My parents and other adults in my home did not have jobs before the COVID-19 pandemic started

Yes

No

51) Counting yourself, how many people you know died or got very sick from COVID-19 or coronavirus? (Count someone as “very sick” if they had to spend one or more nights at the hospital.)

0 people

1 or 2 people

3 or 4 people

5 or 6 people

7 or 8 people

9 or 10 people

More than 10 people

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