

**2007**

**Wisconsin Youth Risk Behavior Survey  
High School Questionnaire**

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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 develop better 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.
- To change your answer, erase completely.
- Choose only one answer for each question (except question 5).

- How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th 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

- How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

HEIGHT	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

- How much do you weigh without your shoes on?

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

Example:

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

8. Do you have any long-term emotional or mental health problems like depression, anxiety, ADD/ADHD, eating disorders, or cutting? (Long term means 6 months or more.)
- Yes
  - No
  - Not sure

**The next 4 questions ask about safety.**

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
  - Never wore a helmet
  - Rarely wore a helmet
  - Sometimes wore a helmet
  - Most of the time wore a helmet
  - Always wore a helmet
10. How often do you wear a seat belt when **riding in** a car driven by someone else?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**The next 15 questions ask about violence-related behaviors.**

13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
14. During the past 30 days, on how many days did you carry **a gun**?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- 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
17. 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

18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
19. During the past 12 months, how many times were you in a physical fight **on school property**?
- 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
20. During the past 12 months, how many times has someone tried to hurt you by hitting, punching, or kicking you while **on school property**?
- 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, have you been harassed, picked on, or bullied so much that you felt unsafe at school or that it was hard to do your best at school?
- Yes
  - No
  - Not sure
22. During the past 30 days, on 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

23. When you are at school, how often do you feel safe from physical harm?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
24. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
- Strongly agree
  - Agree
  - Not sure
  - Disagree
  - Strongly disagree
25. Do you agree or disagree that violence is a problem at your school?
- Strongly agree
  - Agree
  - Not sure
  - Disagree
  - Strongly disagree
26. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes
  - No
27. Have you ever been forced, either verbally or physically, to take part in a sexual activity?
- Yes
  - No
  - Not sure

**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, that is, taking some action to end their own life.**

28. 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
29. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No

30. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
  - No
31. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
32. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide** during the past 12 months
  - Yes
  - No

**The next 13 questions ask about tobacco use.**

33. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
  - No
34. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
35. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

36. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- I did not smoke cigarettes during the past 30 days
  - Less than 1 cigarette per day
  - 1 cigarette per day
  - 2 to 5 cigarettes per day
  - 6 to 10 cigarettes per day
  - 11 to 20 cigarettes per day
  - More than 20 cigarettes per day
37. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- I did not smoke cigarettes during the past 30 days
  - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - I bought them from a vending machine
  - I gave someone else money to buy them for me
  - I borrowed (or bummed) them from someone else
  - A person 18 years old or older gave them to me
  - I took them from a store or family member
  - I got them some other way
38. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
39. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes
  - No
40. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- I did not smoke during the past 12 months
  - Yes
  - No

41. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
42. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
43. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
44. 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?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
45. How wrong do your parents feel it would be for you to smoke cigarettes?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not at all wrong
  - Not sure

**The next 7 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.**

46. During your life, on how many days have you had at least one drink of alcohol?
- 0 days
  - 1 or 2 days
  - 3 to 9 days
  - 10 to 19 days
  - 20 to 39 days
  - 40 to 99 days
  - 100 or more days
47. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
48. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
49. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
  - 1 day
  - 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 or more days

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

51. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of alcohol nearly every day?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

52. How wrong do your parents feel it would be for you to drink alcohol at least twice a month?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not at all wrong
  - Not sure

**The next 5 questions ask about marijuana use. Marijuana also is called grass or pot.**

53. During your life, how many times have you used marijuana?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 to 99 times
  - 100 or more times
54. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older

55. During the past 30 days, how many times did you use marijuana?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

56. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

57. How wrong do your parents feel it would be for you to smoke marijuana?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not at all wrong
  - Not sure

**The next 10 questions ask about other drugs.**

58. During your life, how many times have you taken **painkillers**, such as OxyContin, Percocet, or Vicodin, without a doctor's prescription?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

59. During your life, how many times have you taken a **prescription drug**, such as Ritalin, Adderall, or Xanax, without a doctor's prescription?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

60. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
61. How old were you when you tried any form of cocaine, including powder, crack, or freebase for the first time?
- I have never tried cocaine
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
62. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
63. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
64. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

65. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
66. During your life, how many times have you used ecstasy (also called MDMA)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
67. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
  - No

**The next 9 questions ask about sexual behavior.**

68. It is important to me to delay having sexual intercourse until ... (Select only **one** response.)
- I'm married
  - I'm engaged
  - I'm an adult and in a long-term committed relationship
  - I'm in love
  - I finish high school
  - It is not important to me to delay having sexual intercourse
  - Not sure
69. Have you ever had **sexual intercourse**?
- Yes
  - No
70. How old were you when you had sexual intercourse for the first time?
- I have never had sexual intercourse
  - 11 years old or younger
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older

71. During your life, with how many people have you had sexual intercourse?
- I have never had sexual intercourse
  - 1 person
  - 2 people
  - 3 people
  - 4 people
  - 5 people
  - 6 or more people
72. During the past 3 months, with how many people did you have sexual intercourse?
- I have never had sexual intercourse
  - I have had sexual intercourse, but not during the past 3 months
  - 1 person
  - 2 people
  - 3 people
  - 4 people
  - 5 people
  - 6 or more people
73. During your life, with whom have you had sexual contact?
- I have never had sexual contact
  - Females
  - Males
  - Females and males
74. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
  - Yes
  - No
75. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No
76. 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 (injectable birth control)
  - Withdrawal
  - Some other method
  - Not sure

**The next question asks about body weight.**

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

**The next 9 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.**

78. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple 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
79. 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
80. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad 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. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes 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. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots 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
83. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other 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
84. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- I did not drink soda or pop 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

85. 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. On how many of the past 7 days did you eat breakfast?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

**The next 6 questions ask about physical activity.**

87. 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
88. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

89. 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 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
90. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- I do not play video or computer games or use a computer for something that is not school work
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
91. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
92. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE
  - Less than 10 minutes
  - 10 to 20 minutes
  - 21 to 30 minutes
  - 31 to 40 minutes
  - 41 to 50 minutes
  - 51 to 60 minutes
  - More than 60 minutes

**The next 3 questions ask about other health-related topics.**

93. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?
- Yes
  - No
  - Not sure
94. Has a doctor or nurse ever told you that you have asthma?
- Yes
  - No
  - Not sure
95. Do you still have asthma?
- I have never had asthma
  - Yes
  - No
  - Not sure

**The next 4 questions are general questions about you.**

96. Do you agree or disagree that your family loves you and gives you help and support when you need it?
- Strongly agree
  - Agree
  - Not sure
  - Disagree
  - Strongly disagree
97. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- Strongly agree
  - Agree
  - Not sure
  - Disagree
  - Strongly disagree
98. Do you agree or disagree that you feel like you belong at this school?
- Strongly agree
  - Agree
  - Not sure
  - Disagree
  - Strongly disagree

99. 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

**This is the end of the survey.**

**Thank you very much for your help.**