

# 2025 NH 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.

Completing the survey is voluntary and will not affect your grade in this class. There are no right or wrong answers, however, please read the questions carefully and answer honestly. Do not pick a response just because you think that's what someone wants you to say. **If you are not comfortable answering a question, you may leave the question blank.**

We will maintain **strict procedures to protect your privacy**. Please **DO NOT include your name anywhere** in your survey responses. The questions that ask about you and your background will be used only to describe the types of students completing this survey. **The answers you give will be kept private and the results of this survey will never be reported by name or class.**

Make sure to **read every question**. Pay attention to the different references to time asked throughout the survey (i.e., lifetime, 12 months, 30 days) as this might affect your answer.

When you are finished, follow the instructions of the person giving you the survey. If you wish to change your answer to any question, please do so before you submit your survey. **Once you click the "Submit" button, you will no longer have access to your survey.**

*Thank you very much for your help.*

## DEMOGRAPHICS

**These first 5 questions ask about you and your background.** The answers that you give will only be used to describe the types of students completing this survey. The information will not be used to find out your name.

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. What is your gender identity?
  - a. Male
  - b. Female
  - c. I do not identify as either male or female
  - d. I'm not sure
4. In what grade are you?
  - a. 6th grade
  - b. 7th grade
  - c. 8th grade
  - d. Ungraded or other grade
5. What is your race and/or ethnicity? **(Select one or more responses.)**
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Hispanic or Latino
  - e. Middle Eastern or North African
  - f. Native Hawaiian or Pacific Islander
  - g. White

## **SAFETY**

**The next 4 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

## **VIOLENCE-RELATED BEHAVIOR**

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

10. Have you ever been in a physical fight?
  - a. Yes
  - b. No
11. Have you ever seen someone get into a fight, physically attacked, beaten, or stabbed **in your school**?
  - a. Yes
  - b. No

12. Have you ever seen someone get physically attacked, beaten, stabbed, or shot **in your neighborhood**?

- a. Yes
- b. No

### **TREATED BADLY OR UNFAIRLY**

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

13. 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

### **BULLYING**

**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.**

14. Have you ever been bullied **on school property**?

- a. Yes
- b. No

15. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Tik Tok, Snapchat, or other social media)

- a. Yes
- b. No

### **STRESS AND MENTAL HEALTH**

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

16. Have you ever done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- a. Yes
- b. 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.**

17. Have you ever **seriously thought** about killing yourself?

- a. Yes
- b. No

18. Have you ever made **a plan** about how you would kill yourself?

- a. Yes
- b. No

19. Have you ever **tried** to kill yourself?

- a. Yes
- b. No

## **CIGARETTE USE**

**The next 4 questions ask about cigarette smoking.**

20. Have you **ever** smoked a cigarette, even one or two puffs?

- a. Yes
- b. No

21. 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

22. 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

23. During the **past 30 days**, on the days you smoked, how many cigarettes did you smoke per day?

- a. I did not smoke cigarettes during the past 30 days
- b. Less than 1 cigarette per day
- c. 1 cigarette per day
- d. 2 to 5 cigarettes per day
- e. 6 to 10 cigarettes per day
- f. 11 to 20 cigarettes per day
- g. More than 20 cigarettes per day

## **ELECTRONIC VAPOR PRODUCTS**

**The next 4 questions ask about electronic vapor products, such as Crave, Puff Bar, JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. 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. How old were you when you first used an electronic vapor product, even one or two puffs?
- a. I have never used an electronic vapor product, 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
26. 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
27. On the days that you used an electronic vapor product, what type did you use? (**Check all that apply**)
- a. Rechargeable E-Cigarette (common brand names are JUUL, Bo, and myblu)
  - b. Disposable E-Cigarette (common brand names include Puff Bar, Crave, Zig Zag, Vapor4Life, V2, and White Cloud)
  - c. Vaping tank system (common brand names are Aspire, Smok, Vaporesso, and Kangertech)
  - d. Vape Pen (common pen brands are JUUL, Aspire, Apollo, and Kanger)
  - e. I am not sure what type of product I used

## **TOBACCO AND NICOTINE PRODUCT USE**

**The next 2 questions ask about other tobacco and nicotine products.**

28. 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 ZYN, Copenhagen, Grizzly, Skoal, Camel Snus, on!, or Velo? (*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
29. 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

#### **ALCOHOL USE**

**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.**

30. Have you **ever** had a drink of alcohol, other than a few sips?
- a. Yes
  - b. No
31. 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
32. During the **past 30 days**, did you drink one or more drinks of an alcoholic beverage?
- 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
33. Have you **ever** had 5 or more drinks of alcohol in a row, that is, within a couple of hours

- a. Yes
- b. No

### **MARIJUANA USE**

**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.**

34. Have you **ever** used marijuana?
- a. Yes
  - b. No
35. 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
36. During the **past 30 days** have you used marijuana or hashish? (e.g., smoked, vaped, edibles)
- 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

### **PRESCRIPTION MEDICINE AND OTHER DRUGS**

**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.**

37. 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
38. During the **past 30 days** have you used prescription drugs not prescribed to you?
- 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 other drugs.**

39. Have you **ever** used synthetic marijuana (also called K2 or Spice)?
- a. Yes
  - b. No
40. Have you **ever** used any form of cocaine, including powder, crack, or freebase?
- a. Yes
  - b. No
41. Have you **ever** sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- a. Yes
  - b. No

## **RISK OF HARM**

**These next 5 questions ask about perception of risk.**

42. 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
43. 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
44. How much do you think people risk harming themselves (physically or in other ways) if they use **e-cigarettes or vaping devices**?
- a. No risk
  - b. Slight risk
  - c. Moderate risk
  - d. Great risk
45. How much do you think people risk harming themselves (physically or in other ways) if they use **marijuana once or twice a week**? (e.g., smoking, vaping, edibles)

- a. No Risk
- b. Slight Risk
- c. Moderate Risk
- d. Great Risk

46. 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

**These next 5 questions are on perception of peer disapproval.**

47. 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

48. 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

49. How wrong do your **friends** feel it would be for you to **use an electronic vapor product**?

- a. Not at all wrong
- b. A little bit wrong
- c. Wrong
- d. Very wrong

50. How wrong do your **friends** feel it would be for you to **use marijuana**? (e.g., smoking, vaping, edibles)

- a. Not at all wrong
- b. A little bit wrong
- c. Wrong
- d. Very wrong

51. 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

## **SEXUAL INTERCOURSE**

**The next 4 questions ask about sexual intercourse.**

52. Have you ever had sexual intercourse?

- a. Yes
- b. No

53. How old were you when you had sexual intercourse for the first time?

- a. I have never had sexual intercourse
- 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

54. With how many people have you ever had sexual intercourse?

- a. I have never had sexual intercourse
- b. 1 person
- c. 2 people
- d. 3 people
- e. 4 people
- f. 5 people
- g. 6 or more people

55. The last time you had sexual intercourse, did you or your partner use a condom?

- a. I have never had sexual intercourse
- b. Yes
- c. No

**These next 5 questions are about perception of parental/guardian/caregiver disapproval.**

56. How wrong do your **parents or guardians** 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

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

- a. Not at all wrong
- b. A little bit wrong

- c. Wrong
  - d. Very wrong
58. How wrong do your **parents or guardians** feel it would be for you to **use an electronic vapor product**?
- a. Not at all wrong
  - b. A little bit wrong
  - c. Wrong
  - d. Very wrong
59. How wrong do your **parents or guardians** feel it would be for you to **use marijuana**?  
(e.g., smoking, vaping, edibles)
- a. Not at all wrong
  - b. A little bit wrong
  - c. Wrong
  - d. Very wrong
60. How wrong do your **parents or guardians** 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

## **HEALTH**

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

61. How do you describe your weight?
- a. Very underweight
  - b. Slightly underweight
  - c. About the right weight
  - d. Slightly overweight
  - e. Very overweight
62. 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.**

63. 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 3 questions ask about physical activity.**

64. 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
65. 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
66. 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.**

67. 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 3 questions ask about screen time and social media, such as Instagram, TikTok, Snapchat, Twitch, and X (formerly known as Twitter).**

68. How often do you use social media?
- a. I do not use social media
  - b. A few times a month
  - c. About once a week
  - d. A few times a week
  - e. About once a day
  - f. Several times a day
  - g. About once an hour
  - h. More than once an hour
69. 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. I do not spend any time in front of a screen or other electronic device that is not for school work
  - b. Less than 1 hour per day
  - c. 1 hour per day
  - d. 2 hours per day
  - e. 3 hours per day
  - f. 4 hours per day
  - g. 5 or more hours per day
70. When you go to sleep for the night, do you usually have an electronic device (television, computer, video game, and mobile device such as smartphones and tablet) with you in your room?
- a. Yes
  - b. No

**The next 6 questions ask about other health-related topics.**

71. 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
72. During the **past 12 months**, when you have felt sad, empty, hopeless, angry, or anxious,

how often did you get the kind of help you needed?

- a. I did not need help with any of these emotions during the past 12 months
- b. Never
- c. Rarely
- d. Sometimes
- e. Most of the time
- f. Always

73. 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

74. During the **past 12 months**, 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

75. 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. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

76. During the **past 12 months**, how often did the food your family bought run out and they did not have money to buy more?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

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