

2021 Herkimer County 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.

The answers you give will be kept private. No one will know your personal responses. Answer the questions based on what you really know, think, and 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, simply choose the 'Prefer not to answer' option. You make do this for any of the questions.

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. When you are finished, take a screenshot of the Thank You page and email it to your teacher.

Thank you very much for your help!

* 1. 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
- Prefer not to answer

* 2. What is your sex?

- Female
- Male
- Other
- Prefer not to answer

* 3. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade
- Prefer not to answer

* 4. Are you Hispanic or Latino?

- Yes
- No
- Prefer not to answer

* 5. 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
- Prefer not to answer

* 6. How tall are you without your shoes on?

* 7. How much do you weigh without your shoes on?

* 8. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual identity some other way
- I am not sure about my sexual identity (questioning)
- I do not know what this question is asking
- Prefer not to answer

* 9. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking
- Prefer not to answer

* 10. Imagine a ladder represents how American society is set up.

At the top of the ladder are people who are the best off—they have the most money, the highest amount of schooling, and the jobs that bring the most respect.

At the bottom are people who are the worst off—they have the least money, little or no education, no job or jobs that no one wants or respects.

Please tell us where you think your family would be on this ladder. Select the number that best represents where your family would be on this ladder.

- 1 (best off)
- 2
- 3
- 4
- 5
- 6
- 7
- 8 (worst off)
- Prefer not to answer

The next questions ask about safety.

* 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
- Prefer not to answer

* 12. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times
- Prefer not to answer

* 13. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called pot or weed)?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times
- Prefer not to answer

* 14. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called pot or weed)?

- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times
- Prefer not to answer

* 15. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

- I did not drive a car or other vehicle during the past 30 days
- 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
- Prefer not to answer

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

* 16. 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
- Prefer not to answer

* 17. 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
- Prefer not to answer

* 18. 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
- Prefer not to answer

* 19. 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
- Prefer not to answer

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

- Yes
- No
- Prefer not to answer

* 21. Has anyone ever done sexual things to you that you did not want? (Count such things as kissing, touching or sexual intercourse.)

- Yes
- No
- Prefer not to answer

* 22. During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you didn't do what they wanted.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times
- Prefer not to answer

* 23. During the past 12 months, how many times 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.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times
- Prefer not to answer

The next 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.

* 24. During the past 30 days, on how many days were you bullied?

- 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
- Prefer not to answer

* 25. During the past 30 days, on how many days did you bully someone?

- 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
- Prefer not to answer

* 26. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?

- Yes
- No
- Prefer not to answer

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

- Yes
- No
- Prefer not to answer

The next questions ask about your mental health.

* 28. During the past 30 days, how often did you experience stress, anxiety, and/or depression?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

* 29. During the past 12 months, how often have feelings of being nervous, anxious, or on edge interfered with your day or your activities?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

The next question asks about hurting yourself on purpose.

* 30. 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
- Prefer not to answer

The next 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.

* 31. 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
- Prefer not to answer

* 32. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No
- Prefer not to answer

* 33. 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
- Prefer not to answer

The next questions ask about cigarette smoking.

* 34. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never tried cigarette smoking, not even one or two puffs
- 7 years old or younger
- 8 years old
- 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
- Prefer not to answer

* 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
- Prefer not to answer

* 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
- Prefer not to answer

The next questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

* 37. Have you ever used an electronic vapor product?

- Yes
- No
- Prefer not to answer

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

- 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
- Prefer not to answer

* 39. During the past 30 days, how did you usually get your electronic vapor products? (Check all that apply.)

- I did not use any electronic vapor products during the past 30 days
- I got or bought them from a friend, family member, or someone else
- I bought them myself in a vape shop or tobacco shop
- I bought them myself in a convenience store, supermarket, discount store, or gas station
- I bought them myself at a mall or shopping center kiosk or stand
- I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
- I took them from a store or another person
- I got them in some other way
- Prefer not to answer

* 40. What is the main reason you have used electronic vapor products? (Check all that apply.)

- I have never used an electronic vapor product
- Friend or family member used them
- To get a high or buzz from nicotine
- I was feeling anxious, stressed, or depressed
- I was curious about them
- They are less harmful than other forms of tobacco
- They are available in flavors, such as mint, candy, fruit, or chocolate
- I used them for some other reason
- Prefer not to answer

* 41. During the past 30 days, which type of electronic vapor product did you usually use? (Check all that apply.)

- I did not use any electronic vapor products during the past 30 days
- JUUL or other rechargeable device that uses pods
- Vape pen or rechargeable e-cigarette (Do not count JUUL.)
- Disposable e-cigarette or vaping device (non-rechargeable)
- Mods or a modular device with a tank that you refill with liquids or e-juice
- Some other type of electronic vapor product
- Not sure
- Prefer not to answer

The next questions ask about other tobacco products.

* 42. 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 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days
- Prefer not to answer

* 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
- Prefer not to answer

The next questions ask about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, and pipe tobacco when answering these questions.

* 44. How old were you when you first tried any tobacco product flavored to taste like menthol (mint), clove,

- spice, alcohol (wine or cognac), candy, fruit, chocolate, or other sweets?
- I have never tried a flavored tobacco product
- 7 years old or younger
- 8 years old
- 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
- Prefer not to answer

* 45. During the past 12 months, did you ever try to quit using all tobacco products?

- I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, or pipe tobacco during
- the past 12 months
- Yes
- No
- Prefer not to answer

* 46. During the past 12 months, did a doctor, dentist, or nurse ask you if you smoke?

- I did not talk with a doctor, dentist, or nurse during the past 12 months
- Yes
- No
- Not sure
- Prefer not to answer

The next 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.

* 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
- 7 years old or younger
- 8 years old
- 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
- Prefer not to answer

* 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
- Prefer not to answer

* 49. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days
- Prefer not to answer

* 50. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- I did not drink alcohol during the past 30 days
- 1 or 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 or 7 drinks
- 8 or 9 drinks
- 10 or more drinks
- Prefer not to answer

The next 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.

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

- I have never tried marijuana
- 7 years old or younger
- 8 years old
- 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
- Prefer not to answer

* 52. 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
- Prefer not to answer

* 53. During the past 30 days, how did you usually use marijuana? (Check all that apply.)

- I did not use marijuana during the past 30 days
- I smoked it in a joint, bong, pipe, or blunt
- I ate it in food such as brownies, cakes, cookies, or candy
- I drank it in tea, cola, alcohol, or other drinks
- I vaporized it
- I dabbed it using waxes or concentrates
- I used it some other way
- Prefer not to answer

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.

* 54. 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?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Prefer not to answer

The next question asks about using prescription stimulants without a doctor's prescription or differently than how a doctor told you to use them. For this question, count such drugs as Adderall or Ritalin.

* 55. During your life, how many times have you taken prescription stimulants without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Prefer not to answer

The next question asks about using any prescription medication without a doctor's prescription or differently than how a doctor told you to use them. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, Percocet, Adderall or Ritalin.

* 56. During the past 30 days, how many times have you taken any prescription medication without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Prefer not to answer

The next questions ask about other drugs.

* 57. 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
- Prefer not to answer

* 58. 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
- Prefer not to answer

* 59. 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
- Prefer not to answer

* 60. During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Prefer not to answer

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

- Yes
- No
- Prefer not to answer

* 62. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Prefer not to answer

The next questions ask about your perceptions about alcohol, tobacco, marijuana, prescription pain medications and prescription stimulants.

* 63. If you wanted to get electronic vapor products, how hard or easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy
- Prefer not to answer

* 64. If you wanted to get alcohol, how hard or easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy
- Prefer not to answer

* 65. If you wanted to get marijuana, how hard or easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy
- Prefer not to answer

* 66. If you wanted to get prescription pain medications or prescriptions stimulants that were not yours, how hard or easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy
- Prefer not to answer

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

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Prefer not to answer

* 68. How wrong do you think it is for someone your age to drink alcohol?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Prefer not to answer

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

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Prefer not to answer

* 70. How wrong do you think it is for someone your age to use prescription pain medications or prescription stimulants that do not belong to you?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Prefer not to answer

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

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Not sure
- Prefer not to answer

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

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Not sure
- Prefer not to answer

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

- Very Wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Not Sure
- Prefer not to answer

* 74. How wrong do your parents or guardians feel it would be for you to use prescription pain medications or prescription stimulants that do not belong to you?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Not sure
- Prefer not to answer

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

- No risk
- Slight risk
- Moderate risk
- Great risk
- Prefer not to answer

* 76. 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?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Prefer not to answer

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

- No risk
- Slight risk
- Moderate risk
- Great risk
- Prefer not to answer

* 78. How much do you think people risk harming themselves (physically or in other ways) if they use prescription pain medications or prescription stimulants that do not belong to them regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Prefer not to answer

The next questions ask about sexual behavior.

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

- I have never had sexual intercourse
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older
- Prefer not to answer

* 80. When you had your first sexual encounter, was this experience consensual?

- I have never had sexual intercourse
- Yes
- No
- Unsure
- I don't know what this question is asking
- Prefer not to answer

* 81. Have all of your sexual intercourse experiences been consensual?

- I have never had sexual intercourse
- Yes
- No
- Unsure
- I don't know what this question is asking
- Prefer not to answer

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82. 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
- Prefer not to answer

83. 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
- Prefer not to answer

84. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No
- Prefer not to answer

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

- I have never had sexual intercourse
- Yes
- No
- Prefer not to answer

86. The last time you had sexual intercourse with an opposite-sex partner, what one method did you or your partner use to prevent pregnancy? (Check all that apply.)

- I have never had sexual intercourse with an opposite-sex partner
- No method was used to prevent pregnancy
- Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
- Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal or some other method
- Not sure
- Prefer not to answer

The next questions ask about physical activity.

87. 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
- Prefer not to answer

88. 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.)

- 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
- Prefer not to answer

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.

89. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times
- Prefer not to answer

The next question asks about being treated badly or unfairly because of your race, ethnicity, sexual orientation, gender identity, or age. Examples may include things like receiving poorer service, feeling like you are being watched more closely or followed around by security guards or store clerks, being harassed by police or other authorities, or having people treat you as if you are not smart.

90. In your day to day life, how often are you treated badly or unfairly because of your race, ethnicity, or cultural practices?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

91. In your day to day life, how often are you treated badly or unfairly because of your sexual orientation or gender identity?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

The next questions ask about other health-related topics.

92. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

- Yes
- No
- Not sure
- Prefer not to answer

93. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?

- Yes
- No
- Not sure
- Prefer not to answer

94. During the past 12 months, how many times have you had a sunburn? (Count the number of times even a small part of your skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device.)

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Prefer not to answer

95. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing school work, playing sports, or being with friends?

- Yes
- No
- Not sure
- Prefer not to answer

96. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- Yes
- No
- Prefer not to answer

97. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- 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
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else
- Prefer not to answer

98. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

99. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or other adult family member?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Prefer not to answer

100. How often do your parents or other adults in your family know where you are going or with whom you will be?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

101. 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
- Prefer not to answer

102. Do you agree or disagree that in your community you feel like you matter to people?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

103. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

104. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

The next questions ask about Adverse Childhood Experiences. Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect, or witnessing violence in the home or community.

105. During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

106. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

107. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

- Yes
- No
- Prefer not to answer

108. 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?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

109. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

110. Have you ever lived with someone who was having a problem with alcohol or drug use?

- Yes
- No
- Prefer not to answer

111. Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- Yes
- No
- Prefer not to answer

112. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No
- Prefer not to answer

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 questions ask about your experiences during this time, whether in the past or continuing now.

113. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)*

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

114. 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
- Prefer not to answer

115. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

116. Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

117. During the COVID-19 pandemic, did you get medical care from a doctor or nurse using a computer, phone, or other device (also called telemedicine)?

- Yes
- No
- Prefer not to answer

118. During the COVID-19 pandemic, did you get mental health care, including treatment or counseling for your use of alcohol or drugs, using a computer, phone, or other device (also called telemedicine)?

- Yes
- No
- Prefer not to answer

119. During the COVID-19 pandemic, how often were you able to spend time with family, friends, or other groups, such as clubs or religious groups, by using a computer, phone, or other device? (Do not count attending school online.)

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to answer

The next questions are about your experiences in school.

120. In an average week when you are in school, how many total hours do you participate in afterschool activities such as sports, band, drama, or clubs run by your school or community groups?

- 0 hours
- 1 to 4 hours
- 5 to 9 hours
- 10 to 19 hours
- 20 or more hours
- Prefer not to answer

121. Do you receive Special Education services through an Individualized Education Plan (IEP) or 504 plan?

- Yes, I do
- Not anymore, but I used to
- No, and I never have
- Not sure
- Prefer not to answer

122. 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
- Prefer not to answer

123. Do you agree or disagree that your school has clear rules and consequences for behavior?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

124. During the past 30 days, on how many days did you miss classes or school without permission?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 or more days
- Prefer not to answer

125. Which of the following are you most likely to do after you complete high school? (Select only one response.)

- Attend a 4-year college
- Attend community college
- Attend a technical school
- Join the military
- Work a full-time job only
- Something else
- Not sure
- Prefer not to answer

The next questions ask about your attitudes and beliefs about yourself.

126. Do you agree or disagree that you are good at making decisions and following through on them?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

127. Do you agree or disagree that you can resist peer pressure and dangerous situations?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

128. Do you agree or disagree that you feel alone in your life?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

129. Do you agree or disagree that you feel good about yourself?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree
- Prefer not to answer

2021 Herkimer County Youth Risk Behavior Survey

THANK YOU!

Thank you for participating in the 2021 Herkimer County Youth Risk Behavior Survey. Please take a screenshot of this page and email it to your teacher so you may get credit for this assignment.

If you have any questions or concerns about this survey, please reach out to Bonnie Gibb at the Herkimer County Integrated County Planning Department;

bgibb@herkimercounty.org