# Montana Youth Risk Behavior Survey

2025



## **Middle School**



Montana Office of Public Instruction Elsie Arntzen, Superintendent

1 2025 Standard Middle School YRBS

### 2025 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.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

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

#### Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B D.
- If you change your answer, erase your old answer completely.
- 1. How old are you?
  - A. 10 years old or younger
  - B. 11 years old
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old or older
- 2. What is your sex?
  - A. Female
  - B. Male
- 3. In what grade are you?
  - A. 7th grade
  - B. 8th grade
  - C. Ungraded or other grade
- 4. 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

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

- 5. **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

- 6. 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
- 7. Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - A. Yes
  - B. No
  - C. Not sure
- 8. 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)?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

## The next 6 questions ask about violence-related behaviors and experiences.

- 9. How often do you feel safe and secure at school?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 10. During the past 12 months, how many times were you in a **physical fight**?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times

- 11. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
- 12. **During the past 12 months**, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
- 13. Has someone you were dating or going out with ever physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
  - A. Yes
  - B. No
  - 14. Have you ever been physically forced to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
    - A. Yes
    - B. No

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

- 15. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

#### The next 4 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.

- 16. Have you ever been bullied on school property?
  - A. Yes
  - B. No
- 17. During the past 12 months, have you ever bullied someone when you were not on school property, such as on your way to or from school or wherever you spend your free time?
  A. Yes
  - B. No
- Have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
  - A. Yes
  - B. No
- 19. During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?
  - A. Yes
  - B. No
- 20. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?
  - A. Yes
  - B. No

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

- 19. 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 5 questions ask about attempted suicide. Sometimes people feel so depressed about the future that

#### they may consider attempting suicide or killing themselves.

- 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?
  - A. Yes
  - B. No
- 21. Have you ever **seriously** thought about killing yourself?
  - A. Yes
  - B. No
- 22. Have you ever made a **plan** about how you would kill yourself?
  - A. Yes
  - B. No
- 23. Have you ever tried to kill yourself?
  - A. Yes
  - B. No
- 24. If you attempted suicide during the past 12 months, did you ask for help from someone such as a doctor, counselor, or hotline before your attempt?
  - A. I did not attempt suicide during the past 12 months
  - B. Yes
  - C. No

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

- 25. Have you ever smoked a cigarette, even one or two puffs?
  - A. Yes
  - B. No
- 26. 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

- 27. 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
- 28. 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

The next 2 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, ecigs, e- hookahs, or vape pens.

- 29. Have you ever used an electronic vapor product?
  - A. Yes
  - B. No
- 30. 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

The next 2 questions ask about other tobacco products.

- 31. 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 Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, 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
- 32. 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

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.

- 33. Have you ever had a drink of alcohol, other than a few sips?
  - A. Yes
  - B. No
- 34. 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
- 35. During the past 30 days, how did you usually get the alcohol you drank?
  - A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way
- During the past 30 days, what type of alcohol did you drink most often? (Select only one response.)
  - A. I did not drink alcohol during the past 30 days
  - B. Beer
  - C. Wine
  - D. Vodka
  - E. Some other liquor, such as rum, scotch, bourbon, whiskey, or tequila
  - F. Flavored alcoholic beverages, such as hard seltzer, Smirnoff Ice. or Mike's Hard Lemonade
  - G. Some other type of alcohol

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.

- 37. Have you ever used marijuana?
  - A. Yes
  - B. No

- 38. 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
- 39. During the past 30 days, how many times did you use marijuana on school property?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

### The next 3 questions ask about other drugs.

- 40. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 41. During your life, how many times have you used the **crack or freebase** forms of cocaine?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 42. During the past 30 days, how many times did you use **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
  - A. 0 times
  - B. 1 or 2 times

- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

The next question asks about fentanyl. Fentanyl is a pain medicine that can be sold as powder, pills, or blotter paper. It can also be mixed with other drugs, such as heroin.

- 43. During your life, how many times have you used fentanyl without a doctor's prescription?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

#### The next 4 questions ask about sexual contact and intercourse.

- 44. Have you ever had sexual intercourse?
  - A. Yes
  - B. No
- 45. 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

The next question(s) ask(s) about consent. Consent is an agreement to do something or permission for something to happen. It can involve asking for consent, receiving consent, or giving consent.

- 46. The last time you had sexual contact, did you ask for consent verbally?
  - A. I have never had sexual contact
  - B. Yes
  - C. No

- 47. The last time you had sexual contact, did you give your consent verbally?
  - A. I have never had sexual contact
  - B. Yes
  - C. No
- 48. 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

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

- 49. How do **you** describe your weight?
  - A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
- 50. 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 5 questions ask about eating behaviors.

- 51. 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
- 52. During the past 7 days, how many times did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.) (NAT)
  - A. I did not drink water during the past 7 days
  - B. 1 to 3 times during the past 7 days

- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day
- 53. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
  - A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 54. During the past 7 days, how many times did you eat green salad?
  - A. I did not eat green salad during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 55. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
  - A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

### The next 3 questions ask about physical activity.

- 56. 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
- 57. 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
- 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.

- 59. 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 question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

- 60. 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

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

- 61. 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
- 62. 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.)
  - A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 times
  - F. 5 or more times
- 63. 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
- 64. 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
- 65. 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
- 66. 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?
  A. Yes
  - B. No
- 67. During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 68. When you feel sad, empty, hopeless, angry, or anxious, with whom would

you most likely talk about it?

- A. I do not feel sad, empty,
- hopeless, angry, or anxiousB. Parent or other adult family
- member
- C. Teacher or other adult in this school
- D. Other adult
- E. Friend
- F. Sibling
- G. Not sure
- 69. How often do you feel safe and secure in your neighborhood?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 70. During the past 12 months, how would you describe your grades in school?
  - A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure

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