

# FAQs (Frequently Asked Questions) 2013 Reading Youth Risk Behavior Survey



## General Questions

- 1. How long does it take to complete a YRBS questionnaire? Does the survey include a physical test?**

One class period is needed. It takes approximately 10 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 35-40 minutes for students to record their responses on a computer-scannable questionnaire answer sheet. No physical test or exam is involved.
- 2. What procedures are used?**

YRBS procedures are designed to protect student privacy by allowing for anonymous participation. All Wellness Teachers sign a statement adhering to the Reading Public Schools Survey Protocol.
- 3. Is parental permission obtained? What type?**

Participation in the YRBS is voluntary. Parents may opt their child out of the survey. If students do participate, they complete the self-administered questionnaire during one class period.
- 4. Are students required to answer every question?**

Students may choose to answer which questions they would like to respond to. They may stop the survey at any time.
- 5. How many parents typically opt out of the survey?**

In the last three cycles for 2007, 2009 and 2011, less than 1% of parents opted their child out of the survey process.
- 6. What behaviors are assessed by the YRBS?**

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The YRBS assesses six categories of priority health risk behaviors— behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; inadequate physical activity.

**7. Will asking questions about certain topics actually encourage certain behaviors?**

There is no evidence that simply asking students about health risk behaviors will encourage them to try that behavior.

**8. How do you construct the questionnaire?**

The Reading Public Schools Administrators, Wellness Faculty and Reading Coalition Against Substance Abuse work collaboratively to assess and modify questionnaire content that is in line with state and national YRBS questionnaires. We have added or adjusted questions to meet our local policy or programmatic needs. For example, we are required to ask a series of questions known as “Core Measures of Substance Use” to meet federal grant requirements for the RCASA Program. We follow the parameters that must be followed during questionnaire modification by the Centers for Disease Control (CDC).

**9. Why do you ask the same question multiple times?**

According to recommendations for collecting quality data on our students, we ask many questions in a number of different ways. These questions are built in redundancies known as “internal reliability checks”.

**10. Why do you ask young students about sexual activity? Why ask about suicide or other sensitive questions?**

These questions are important to understanding the risk profile of students in our district and how we compare to the state and national survey data.

Part I (sexual activity): Although, it may be difficult to consider, students may have engaged in sexual activity at a young age. However, this does not mean that the sexual activity was consensual and may actually represent sexual abuse or rape.

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For example, high school students were asked *“Have you ever had sexual intercourse for the first time before age 13 years?”*

<b>2011 U.S. Results</b>	<b>2011 Massachusetts</b>	<b>2011 Reading High</b>
6.2% responded “yes”	4.2% responded “yes”	5.6% responded “yes”

In the middle school age group, a review of the national data showed that students responded “yes” to “sexual intercourse before the age of 11 years old” ranging from 1.5% (North Dakota)-8.5% (Mississippi) depending on their geographic area.

Part II (suicide): The results from previous data cycles indicate this is an important area to pursue questioning, students were asked *“During the past 12 months, did you ever seriously consider attempting suicide?”*

<b>1993-2011 U.S. Results</b>	<b>1993-2011 Mass</b>	<b>2011 Reading High</b>
16-29% responded “yes”	12-26% responded “yes”	14% responded “yes”

For more information on why certain questions are asked, please see the **2013 CDC Item Rationale** in this binder.

### Validity and Reliability

**1. Do students tell the truth on the YRBS questionnaire?**

Research indicates data of this nature may be gathered as credibly from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

**2. What kinds of validation or reliability studies have been done on the YRBS questionnaire?**

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The U.S. Centers for Disease Control (CDC) Methodology of the Youth Risk Behavior Surveillance System contains a description of most of the methodological studies conducted to date on the YRBS questionnaire or YRBS data collection procedures. In addition, the list of YRBS publications and journal articles contains the actual journal articles describing the results of these studies.

These methodological studies include test-retest reliability studies on the 1991 and 1999 versions of the questionnaire; a study assessing the validity of self-reported height and weight; a study assessing the effect of changing the race/ethnicity question; a study examining how varying honesty appeals, question wording, and data-editing protocols affect prevalence estimates; and a study examining how varying the mode and setting of survey administration affects prevalence estimates.

For more info, visit <http://www.cdc.gov/healthyyouth/data/index.htm>

### **3. How are the YRBS results used?**

We use YRBS data to set and track progress toward meeting school health and health promotion program goals, support modification of school health curricula or other programs, support policies that promote health, and seek funding and other support for new initiatives.

We also compare results to state and national to assess trends in priority health risk behaviors among high school students, monitor progress toward achieving national health objectives, and evaluate the contribution of broad prevention efforts in schools and other settings toward helping the nation reduce health risk behaviors among youth.

### **4. Do you tailor the questionnaire to different age groups?**

Yes, the high school and middle school surveys are each tailored to their developmental levels. The high school survey also contains more questions. Both surveys are adapted from state and national standards for each school level.