

PLEASE READ: This document was designed to provide a **sample** of the questions and responses that will be included in the **2024** Fairfax County Youth Survey. This is not the actual survey instrument. While the questions are the same, the instruction may be different as **the survey will be administered online.** The questions are listed in the same order in which they will appear on the survey.

On the actual survey, each question will have separate answer options. However, to make this document easier to read, answer options are printed ONLY ONCE when they are exactly the same for a group of questions.

2024 Fairfax County Youth Survey of 8th, 10th, and 12th Grade Students

Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

Your individual answers to the survey are anonymous, which means that no one will know how you answered. Student answers will be summarized in a report that will not include anyone's name. This survey is completely voluntary. You can skip any questions that you do not want to answer.

Be sure to read the instructions below before you begin. Thank you very much.

Instructions

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by choosing one of the answer options unless otherwise noted. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. For questions that have the following answers: NO!! no yes YES!!

Choose the big **YES!!** if you think the statement is DEFINITELY TRUE for you.

Choose the little **yes** if you think the statement is MOSTLY TRUE for you.

Choose the little **no** if you think the statement is MOSTLY NOT TRUE for you.

Choose the big **NO!!** if you think the statement is DEFINITELY NOT TRUE for you.

Example: Chocolate is the best ice cream flavor.

NO!! no yes YES!!

4. Your answers will be read automatically by a computer.

These questions ask for some general information about the people completing the survey.

Please choose the response that best describes you.

<p>1. How old are you?</p>	<p>10 11 12 13 14 15 16 17 18 19 or older</p>														
<p>2. What grade are you in?</p>	<p>8th 10th 12th</p>														
<p>3. Are you:</p>	<p>Female Male Non-binary Other</p>														
<p>4. 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?</p>	<p>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</p>														
<p>5. Which of the following best describes you?</p>	<p>Heterosexual (straight) Gay or lesbian Bisexual Not sure</p>														
<p>6. What do you consider yourself to be? Select <u>ONE</u> only.</p>	<p>Hispanic or Latino Not Hispanic nor Latino</p>														
<p>7. What do you consider yourself to be? Select <u>ONE OR MORE</u>.</p>	<p>American Indian or Alaskan native Asian Black or African-American Native Hawaiian or other Pacific Islander White</p>														
<p>8. Think of where you live most of the time. Which of the following people live there with you? Choose <u>ALL</u> that apply.</p>	<table border="0"> <tr> <td>Mother(s)</td> <td>Other adults</td> </tr> <tr> <td>Father(s)</td> <td>Sister(s)</td> </tr> <tr> <td>Stepmother(s)</td> <td>Brother(s)</td> </tr> <tr> <td>Stepfather(s)</td> <td>Stepsister(s)</td> </tr> <tr> <td>Grandmother(s)</td> <td>Stepbrother(s)</td> </tr> <tr> <td>Grandfather(s)</td> <td>Other children</td> </tr> <tr> <td>Foster parent(s)</td> <td></td> </tr> </table>	Mother(s)	Other adults	Father(s)	Sister(s)	Stepmother(s)	Brother(s)	Stepfather(s)	Stepsister(s)	Grandmother(s)	Stepbrother(s)	Grandfather(s)	Other children	Foster parent(s)	
Mother(s)	Other adults														
Father(s)	Sister(s)														
Stepmother(s)	Brother(s)														
Stepfather(s)	Stepsister(s)														
Grandmother(s)	Stepbrother(s)														
Grandfather(s)	Other children														
Foster parent(s)															
<p>9. What language do you use most often at home?</p>	<p>Amharic Arabic Chinese English Farsi Korean Spanish Urdu Vietnamese Other</p>														

<p>10. Has your parent or guardian <u>ever</u> served in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Reserves)?</p>	<p>Yes No Not sure</p>
<p>11. Do you have someone in your family (like a parent, brother, sister) who is <u>currently</u> in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Reserves)?</p>	<p><i>This response will be included once for each of these questions on the final survey.</i></p>

The next section asks questions about any long-term physical, mental, or emotional conditions/disabilities that you may have. "Long-term" refers to conditions that have lasted or are expected to last 6 months or more.

<p>12. Do you have any of the following conditions/disabilities (some conditions are included as examples)? Select <u>ALL</u> that apply.</p>	<p>Developmental or intellectual disability (for example, down syndrome, autism spectrum disorder, etc.) Learning disability (for example, difficulty with reading, writing, or doing math) Mental health/emotional condition (for example, depression, anxiety, etc.) Mobility disability (for example, use of a wheelchair, walker, or cane, etc.) Sensory disability (for example, blindness, difficulty seeing even when wearing glasses, deaf, hard-of-hearing, etc.) Speech and language impairment Other health conditions (for example, attention-deficit/hyperactivity disorder, diabetes, cancer, epilepsy, etc.) I'm not sure. None of these apply to me.</p>
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<p>13. At school, do you have an Individualized Education Plan (IEP) or 504 Plan to help you learn?</p>	<p>Yes, I have an IEP. Yes, I have a 504. No, I do not. Not sure.</p>
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The next section asks about your experiences at school.

<p>14. Putting them all together, what were your grades like last year?</p>	<p>Mostly Fs Mostly Ds Mostly Cs Mostly Bs Mostly As</p>
<p>15. During the last four weeks, how many days of school have you missed because you skipped or "cut"?</p>	<p>None 1 day 2 days 3 days 4-5 days 6-10 days 11 or more days</p>
<p>16. I think sometimes it is okay to cheat at school.</p>	<p>NO!! no yes YES!!</p>
<p>How much do you agree or disagree with the following? 17. I can do well in school if I want to.</p>	<p>Strongly Agree Agree Not Sure Disagree Strongly Disagree</p>

<p>18. Do you agree or disagree that harassment and bullying by other students is a problem at your school?</p>	<p>Strongly Agree Agree Neutral Disagree Strongly Disagree</p>
<p>19. My teacher notices when I am doing a good job and lets me know about it.</p> <p>20. I feel safe at my school.</p> <p>21. There are lots of chances for students at my school to talk with a teacher one-on-one.</p> <p>22. The school lets my parents know when I have done something well.</p>	<p>NO!! no yes YES!!</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>

The next section asks about how you spend your time after school.

<p>On an average school day, how many hours do you:</p> <p>23. ...watch TV?</p> <p>24. ...play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)</p>	<p>Not at all 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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>25. Are there sports teams or other after-school activities for people your age available in your community?</p>	<p>NO!! no yes YES!!</p>
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<p>How many times have you:</p> <p>26. ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?</p> <p>27. ...volunteered to do community service?</p>	<p>Never I've done it, but not in the past year Less than once a month About once a month Two or three times a month Once a week or more</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>On an average school day, how many hours do you spend:</p> <p>28. ...doing homework outside of school?</p> <p>29. ...going to work?</p> <p>30. ...staying after school to participate in a team, club, program, etc.?</p> <p>31. ...participating in a team, club, program, etc. somewhere other than at school?</p>	<p>None Half hour or less Between a half hour and an hour 1 hour 2 hours 3 hours or more</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>32. How often do you attend religious services or activities?</p>	<p>Never Rarely 1-2 times a month About once a week or more</p>
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The next section asks about your feelings and experiences in other parts of your life. Remember, your answers are confidential.

<p>33. I ignore rules that get in my way.</p>	<p>Very false Somewhat false Somewhat true Very true</p>
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<p>34. There are lots of adults in my neighborhood I could talk to about something important.</p> <p>35. My neighbors notice when I am doing a good job and let me know about it.</p>	<p>NO!! no yes YES!!</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How important is each of the following to you in your life?</p> <p>36. ... Accepting responsibility for my actions when I make a mistake or get in trouble.</p> <p>37. ... Doing my best even when I have to do a job I don't like.</p>	<p>Extremely Important Quite Important Not Sure Somewhat Important Not Important</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How much do you agree or disagree with the following?</p> <p>38. ... When things don't go well for me, I am good at finding a way to make things better.</p> <p>39. ... I feel as if I can solve most problems in my life.</p> <p>40. ...I have much in life to be thankful for.</p>	<p>Strongly Agree Agree Not Sure Disagree Strongly Disagree</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How much do you do the following when you have a problem of any kind?</p> <p>41. ... I try to find different solutions to the problem.</p>	<p>A lot Sometimes A little Never</p>
<p><i>The next section asks about your family. When answering these questions, please think about the people you consider to be your family; for example, parents, stepparents, grandparents, aunts, uncles, etc.</i></p>	
<p>How wrong do your parents feel it would be for you to:</p> <p>42. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?</p> <p>43. ...smoke cigarettes?</p> <p>44. ...smoke marijuana?</p> <p>45. ...vape?</p>	<p>Very wrong Wrong A little bit wrong Not wrong at all</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>46. How many times have you changed homes since kindergarten?</p>	<p>None 1-2 times 3-4 times 5-6 times 7 or more times</p>
<p>47. During the past 30 days, how often did you go hungry because there was not enough food in your home?</p>	<p>Never Rarely Sometimes Most of the time Always</p>

<p>48. I feel safe in my neighborhood, or the area around where I live.</p> <p>49. When I am not at home, one of my parents knows where I am and who I am with.</p> <p>50. My family has clear rules about alcohol and drug use.</p> <p>51. People in my family often insult or yell at each other.</p> <p>52. My parent has had their body hurt from actions (such as punching, kicking, choking, shoving, and pulling of hair) by a spouse/partner.</p> <p>53. If I had a personal problem, I could ask my mom or dad for help.</p> <p>54. My parents ask me what I think before most family decisions affecting me are made.</p>	<p>NO!! no yes YES!!</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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The next section asks about things you might have done, or that might have happened to you. Some of the questions are about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. Bullying is any aggressive and unwanted behavior that is intended to harm, intimidate, or humiliate the victim; involves a real or perceived power imbalance between the aggressor or aggressors and victim; and is repeated over time or causes severe emotional trauma. 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. "Bullying" does not include ordinary teasing, horseplay, argument, or peer conflict.

Remember, your answers are confidential.

<p>55. During the past 12 months, have you ever bullied someone else on school property?</p> <p>56. During the past 12 months, have you ever bullied someone else away from school property?</p>	<p>Yes No</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>During the past 12 months, have <u>you</u> ever:</p> <p>57. ...been bullied on school property?</p> <p>58. ...been bullied away from school property?</p>	<p>Yes No</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>During the past 30 days, on how many days did you:</p> <p>59. ...carry a weapon such as a gun, knife, or club?</p> <p>60. ...carry a weapon such as a gun, knife, or club on school property?</p>	<p>0 days 1 day 2 or 3 days 4 or 5 days 6 or more days</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>61. 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.)</p>	<p>0 days 1 day 2 or 3 days 4 or 5 days 6 or more days</p>
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<p>How many times in the past year have <u>you</u>:</p> <p>62. ...said something bad about someone's race or culture?</p> <p>63. ...been suspended from school?</p>	<p>Never 1 to 2 times 3 to 5 times 6 to 9 times 10 to 19 times 20 to 29 times 30 to 39 times 40 or more times</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How many times in the past year has <u>anyone</u> done any of the following TO YOU:</p> <p>64. ...said something bad about your race or culture?</p> <p>65. ...sexually harassed you?</p>	<p>Never 1 to 2 times 3 to 5 times 6 to 9 times 10 to 19 times 20 to 29 times 30 to 39 times 40 or more times</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>66. How many times in the past year has a <u>parent or adult in your household</u> bullied, taunted, ridiculed, or teased you?</p>	<p>Never 1 to 2 times 3 to 5 times 6 to 9 times 10 to 19 times 20 to 29 times 30 to 39 times 40 or more times</p>
<p>67. How often did a <u>parent or adult in your home</u> ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.</p>	<p>Never 1 to 2 times 3 to 5 times 6 to 9 times 10 to 19 times 20 to 29 times 30 to 39 times 40 or more times</p>
<p>68. Have you ever been physically forced to have sexual intercourse when you did not want to?</p>	<p>Yes No</p>
<p>69. During the past 30 days, how many times have you driven a car or other vehicle when you had been drinking alcohol?</p>	<p>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</p>
<p>70. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?</p>	<p>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</p>

<p>71. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?</p>	<p>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</p>
<p>72. Have you ever belonged to a gang?</p>	<p>Yes No</p>
<p>73. How old were you when you first belonged to a gang?</p>	<p>Never have 10 or younger 11 12 13 14 15 16 17 or older</p>
<p>Have you ever had a partner in a dating or serious relationship who:</p>	
<p>74. ...always wanted to know your whereabouts?</p>	<p>Yes No</p>
<p>75. ...called you names or put you down verbally?</p>	
<p>76. ...pressured you into having sex (going all the way) when you didn't want to?</p>	<p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>During the past 12 months, how many times did someone you were dating or going out with:</p>	
<p>77. ...physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)</p>	<p>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</p>
<p>78. ...force you 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.)</p>	<p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>The next section asks about electronic bullying, also known as cyberbullying. Electronic bullying is bullying through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.</p>	
<p>79. During the past 12 months, have <u>you ever been</u> electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)</p>	<p>Yes No</p>
<p>80. How many times in the past year have <u>you been</u> cyberbullied by a student who <u>attends your school</u>?</p> <p>81. How many times in the past year have <u>you</u> cyberbullied a student <u>attending your school</u>?</p>	<p>Never 1 to 2 times 3 to 5 times 6 to 9 times 10 to 19 times 20 to 29 times 30 to 39 times 40 or more times</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>82. I have the right to say anything I want online, even if what I say hurts someone or violates someone's privacy.</p>	<p>Strongly Agree Agree Disagree Strongly Disagree</p>

The next section asks about your feelings during the past 12 months.

Remember, your answers are confidential.

During the past 12 months, did you ever:

83. ...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

84. ...seriously consider attempting suicide?

This response will be included once for each of these questions on the final survey.

85. 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

86. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

None of the time
A little of the time
Some of the time
Most of the time
All of the time

The next section asks about your thoughts about and experiences with tobacco, alcohol, and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:

87. ...smoke one or more packs of cigarettes per day?

88. ...try marijuana once or twice?

89. ...smoke marijuana regularly?

90. ...take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

No risk
Slight risk
Moderate risk
Great risk

This response will be included once for each of these questions on the final survey.

91. How frequently have you used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco, snus, dissolvable tobacco) during the past 30 days?

Never
Once or twice
Once in a while but not regularly
About once a day
More than once a day

92. Have you ever smoked cigarettes in your lifetime?

Never
Once or twice
Once in a while but not regularly
Regularly in the past
Regularly now

93. How often have you smoked cigarettes during the past 30 days?

Not at all
Less than one cigarette per day
One to five cigarettes per day
About one-half pack per day
About one pack per day
About one and one half packs per day
Two or more packs per day

94. On how many occasions (if any) have you smoked tobacco using a hookah (water pipe) during the past 30 days?

0 occasions
1-2 occasions
3-5 occasions
6-9 occasions
10-19 occasions
20-39 occasions
40 or more occasions

<p>95. To “vape” is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or e-vaporizer to inhale a mist or vapor into the lungs. Have you <u>ever</u> vaped?</p>	<p>Yes No</p>
<p>On how many occasions (if any) have you: 96. ...vaped nicotine during the <u>past 30 days</u>? 97. ...vaped marijuana during the <u>past 30 days</u>? 98. ...vaped flavoring, without any nicotine or marijuana in it during the <u>past 30 days</u>??</p>	<p>0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10-19 occasions 20-39 occasions 40 or more occasions</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>During the last 30 days, on how many days (if any) have you: 99. ...taken “synthetic marijuana” (“K2”, “Spice”) to get high?</p>	<p>None 1-2 3-5 6-9 10-19 20-30</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>On how many occasions (if any) have you: 100. ...had beer, wine, or hard liquor in your <u>lifetime</u> (more than just a few sips)? 101. ...had beer, wine, or hard liquor during the <u>past 30 days</u>?</p>	<p>0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10-19 occasions 20-39 occasions 40 or more occasions</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>102. Think back over the <u>last two weeks</u>. How many times have you had five or more alcoholic drinks in a row?</p>	<p>None Once Twice 3-5 times 6-9 times 10 or more times</p>
<p>103. During the <u>past 30 days</u>, how did you usually get the alcohol you drank?</p>	<p>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 a 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</p>

<p>On how many occasions (if any) have you:</p> <p>104. ...used marijuana in your <u>lifetime</u>?</p> <p>105. ...used marijuana during the <u>past 30 days</u>?</p> <p>106. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your <u>lifetime</u>?</p> <p>107. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in the <u>past 30 days</u>?</p> <p>108. ... used cabeniferol (cabbies) in your <u>lifetime</u>?</p> <p>109. ... used cabeniferol (cabbies) in the <u>past 30 days</u>?</p> <p>110. ...used LSD or other hallucinogens (acid, angel dust, special k, shrooms) in the <u>past 30 days</u>?</p> <p>111. ...used cocaine or crack in the <u>past 30 days</u>?</p> <p>112. ...used methamphetamine (speed, crystal, crank, or ice) in the <u>past 30 days</u>?</p> <p>113. ...taken steroids without a doctor's order in the <u>past 30 days</u>?</p> <p>114. ...used heroin in the <u>past 30 days</u>?</p> <p>115. ...taken painkillers (such as Oxycontin, Vicodin, Percocet, Codeine, and Opium) without a doctor's order in the <u>past 30 days</u>?</p> <p>116. ...taken a prescription drug other than painkillers (such as Ritalin, Adderall, or Xanax) without a doctor's order in the <u>past 30 days</u>?</p> <p>117. ...used Ecstasy in the <u>past 30 days</u>?</p> <p>118. ...taken over-the-counter drugs to get high in the <u>past 30 days</u>?</p>	<p>0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10-19 occasions 20-39 occasions 40 or more occasions</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How old were you when you first:</p> <p>119. ...smoked a cigarette, even just a puff?</p> <p>120. ...had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?</p> <p>121. ...began drinking alcoholic beverages regularly, that is, at least once or twice a month?</p> <p>122. ...smoked marijuana?</p>	<p>Never have 10 or younger 11 12 13 14 15 16 17 or older</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How easy or hard would it be for you to get:</p> <p>123. ...some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?</p> <p>124. ...some cigarettes?</p> <p>125. ...drugs like cocaine, LSD, or amphetamines?</p> <p>126. ...some marijuana?</p>	<p>Very hard Sort of hard Sort of easy Very easy</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>

<p>How wrong do you think it is for someone your age to:</p> <p>127. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?</p> <p>128. ...smoke cigarettes?</p> <p>129. ...smoke marijuana?</p> <p>130. ...use LSD, cocaine, amphetamines, or another illegal drug?</p>	<p>Very wrong Wrong A little bit wrong Not wrong at all</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>131. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to use marijuana?</p>	<p>Very wrong Wrong A little bit wrong Not wrong at all</p>

The next section asks about prescription pain relievers that you have used without a doctor's order in your lifetime. Examples of prescription pain relievers include Oxycontin, Vicodin, Percocet, Codeine, Methadone, and Fentanyl.

<p>132. What were the reasons you took a prescription pain reliever without a doctor's order the last time? Choose <u>ALL</u> that apply.</p>	<p>I did not take a prescription pain reliever without a doctor's order To relieve physical pain To relax or relieve tension To experiment or to see what it's like To feel good or get high To help with my sleep To help me with my feelings or emotions To increase or decrease the effect(s) of some other drug Because I am "hooked" or I have to have it I used it for some other reason</p>
<p>133. How did you get the prescription pain reliever? If you got it in more than one way, please choose ONE of these ways as your best answer.</p>	<p>I did not take a prescription pain reliever without a doctor's order I got a prescription from just one doctor I got prescriptions from more than one doctor I stole it from a doctor's office, clinic, hospital, or pharmacy I got it from a friend or relative for free I bought it from a friend or relative I took it from a friend or relative without asking I bought it from a drug dealer or other stranger I bought it on the Internet I got it in some other way</p>

The next section asks about sexual behavior. Remember, your answers are confidential.

<p>134. Have you ever had sexual intercourse?</p>	<p>Yes No</p>
<p>135. How old were you when you had sexual intercourse for the first time?</p>	<p>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</p>

<p>136. During your life, with how many people have you had sexual intercourse?</p>	<p>I have never had sexual intercourse 1 person 2 people 3 people 4 people 5 people 6 or more people</p>
<p>137. During the past 3 months, with how many people have you had sexual intercourse?</p>	<p>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</p>
<p>138. Did you drink alcohol or use drugs before you had sexual intercourse the last time?</p>	<p>I have never had sexual intercourse Yes No</p>
<p>139. The last time you had sexual intercourse, did you or your partner use a condom?</p>	<p>I have never had sexual intercourse Yes No</p>
<p>140. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? Select only ONE response.</p>	<p>I have never had sexual intercourse No method was used to prevent pregnancy Birth control pills 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</p>
<p>141. Have you ever had oral sex?</p>	<p>Yes No</p>

The next section asks 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.

<p>During the past 7 days, how many times did you:</p> <p>142. ...drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do <u>not</u> count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)</p> <p>143. ...eat fruit? (Do <u>not</u> count fruit juice.)</p> <p>144. ...eat vegetables?</p> <p>145. ...drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite)? Do <u>not</u> include diet soda or diet pop.</p> <p>146. ...drink a can, bottle, or glass of a sugar-sweetened beverage, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do <u>not</u> count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)</p> <p>147. ...did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do <u>not</u> count diet energy drinks or sports drinks such as Gatorade or PowerAde.)</p> <p>148. ...drink a can, bottle, or glass of a sports drink, such as Gatorade or PowerAde? (Do <u>not</u> count low-calorie sports drinks such as Propel or G2.)</p>	<p>I did not:</p> <ul style="list-style-type: none"> ○ drink 100% fruit juice... ○ eat fruit... ○ eat vegetables... ○ drink soda or pop... ○ drink sugar-sweetened beverages... ○ energy drinks... ○ sports drinks... <p>...during the past 7 days</p> <p>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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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<p>During the <u>past 30 days</u>, did you:</p> <p>149. ...go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?</p> <p>150. ...take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? Do not include meal replacement products (such as Slim Fast).</p> <p>151. ...vomit or take laxatives to lose weight or to keep from gaining weight?</p>	<p>Yes No</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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The next section asks about physical activity.

<p>152. 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.</p>	<p>0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days</p>
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<p>153. On an average school night, how many hours of sleep do you get?</p>	<p>4 or less hours 5 hours 6 hours 7 hours 8 hours 9 hours 10 or more hours</p>
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Think about the people who know you well. How do you think they would rate you on each of these?

<p>People who know me would say this:</p> <p>154. Giving up when things get hard for me is ...</p> <p>155. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous is ...</p> <p>156. Thinking through the possible good and bad results of different choices before I make decisions is...</p>	<p>Not at all like me A little like me Somewhat like me Quite like me Very much like me</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How much do you agree or disagree with the following statements?:</p> <p>157. I get along well with students who are different from me.</p> <p>158. I know how to disagree without starting an argument or fight.</p>	<p>Strongly Agree Agree Not Sure Disagree Strongly Disagree</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p><i>The next section asks about your experiences related to civic engagement.</i></p>	
<p>During the last 12 months, how many times have you:</p> <p>159. ...been a leader in a group or organization?</p> <p>160. ...helped make sure that all people are treated fairly?</p> <p>161. ...stood up for what you believed, even when it was unpopular to do so?</p>	<p>Never Once Twice 3-4 Times 5 or more Times</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p><i>The next section asks about sexual harassment and sexual discrimination. Sexual harassment is unwanted and unwelcome sexual behavior that interferes with someone's life at school or any school sponsored activity (like band, sports, field trips, bus rides, or school activities/clubs). Sexual harassment includes unwelcome sexual advances, regardless of sexual orientation; requests for sexual favors; spreading sexual rumors; and other inappropriate verbal, electronic, or physical conduct of a sexual nature. Sexual harassment is NOT behaviors that a person likes or wants or is agreed to between two people (for example, kissing, touching, flirting that you both agree to). Sexual discrimination is a verbal, electronic or physical action that denigrates or shows hostility towards an individual because of their sex, sexual orientation, or gender identification. Both sexual harassment and sexual discrimination may create an intimidating, hostile, or offensive learning environment for the victim and/or bystanders.</i></p>	
<p>How many times in the past year:</p> <p>162. ...has another student sexually harassed you?</p> <p>163. ...have you sexually harassed another student?</p> <p>164. ...were you aware of sexual rumors being spread at school or at a school-sponsored activity, either verbally or through electronic means such as texting or social media?</p>	<p>Never 1 to 2 times 3 to 5 times 6 to 9 times 10 to 19 times 20 to 29 times 30 to 39 times 40 or more times</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>165. If I observed or was a victim of sexual discrimination, including sexual harassment or sexual violence, I would know who to report that information to.</p> <p>166. I would feel comfortable reporting sexual discrimination or sexual harassment or assault to school faculty or staff.</p>	<p>Strongly Agree Agree Neutral Disagree Strongly Disagree</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>

<p>167. If you would not feel comfortable reporting an act of sexual discrimination or sexual harassment to school faculty or staff, please indicate why: (Choose ALL that apply)</p>	<p>I would be more comfortable handling the situation myself I do not know a trusted adult to tell I would be afraid of retaliation or continued harassment I would be too embarrassed to talk about it to an adult I would be afraid people would think it was my fault I would be afraid I would get in trouble I do not think my report would be taken seriously and nothing would be done</p>
<p>168. My school takes complaints of sexual discrimination and sexual harassment seriously and responds effectively to the complaints it receives.</p>	<p>Strongly Agree Agree Neutral Disagree Strongly Disagree</p>
<p>169. During the past year, I have witnessed an act of sexual discrimination or sexual harassment against a student by a student, faculty member, or a third party.</p> <p>170. During the past year, I reported an act of sexual discrimination or sexual harassment to school personnel.</p>	<p>Yes No</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p><i>The next section asks about your perceptions of respect at your school.</i></p>	
<p>How strongly do you agree or disagree with the following statements about this school? Teachers and other adults at this school...</p> <p>171. ...care about students.</p> <p>172. ...want students to do well.</p> <p>173. ...listen to what students have to say.</p> <p>174. ...treat students with respect.</p>	<p>Strongly Agree Agree Disagree Strongly Disagree</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>175. How honest were you in filling out this survey?</p>	<p>I was very honest I was honest pretty much of the time I was honest some of the time I was honest once in a while I was not honest at all</p>

This is the end of the survey.
Thank you for participating.