

2021 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.

DO NOT write your name on this survey. 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 marking one of the answer spaces 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!!

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

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

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

Mark 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 scanner and computer. Please follow these instructions carefully.

MARKING INSTRUCTIONS

- a. Use a No. 2 pencil or a blue or black pen only.
- b. Do not use pens with ink that soaks through the paper.
- c. Make solid marks that fill the response completely.
- d. Make no stray marks on this form.

This kind of mark will work:

Correct Mark



These kinds of marks will NOT work:

Incorrect Marks



PLEASE DO NOT WRITE IN THIS AREA

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

Please mark the response that best describes you.

1. How old are you?

- 10 13 16 19 or older
 11 14 17
 12 15 18

2. What grade are you in?

- 8th 10th 12th

3. Are you:

- Female Male

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?

- 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

5. Which of the following best describes you?

- Heterosexual (straight)
 Gay or lesbian
 Bisexual
 Not sure

6. What do you consider yourself to be?

Select ONE only.

- Hispanic or Latino
 Not Hispanic nor Latino

7. What do you consider yourself to be?

Select ONE OR MORE.

- American Indian or Alaskan native
 Asian
 Black or African-American
 Native Hawaiian or other Pacific Islander
 White

8. Think of where you live most of the time. Which of the following people live there with you? **Choose ALL that apply.**

- Mother Other adults
 Father Sister(s)
 Stepmother Brother(s)
 Stepfather Stepsister(s)
 Grandmother(s) Stepbrother(s)
 Grandfather(s) Other children
 Foster parent

9. What language do you use most often at home?

- Amharic Korean
 Arabic Spanish
 Chinese Urdu
 English Vietnamese
 Farsi Other

10. Has your parent or guardian **ever** served in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Reserves)?

- Yes No Not Sure

11. Do you have someone in your family (like a parent, brother, sister) who is **currently** in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Reserves)?

- Yes No Not Sure

The next section asks about your experiences at school.

12. Putting them all together, what were your grades like last year?

- Mostly Fs Mostly Bs
 Mostly Ds Mostly As
 Mostly Cs

13. During the last four weeks, how many days of school have you missed because you skipped or "cut"?

- None 4-5 days
 1 day 6-10 days
 2 days 11 or more days
 3 days

14. I think sometimes it is okay to cheat at school.

- NO!! no yes YES!!

How much do you agree or disagree with the following?

15. I can do well in school if I want to.

- Strongly Agree Disagree
 Agree Strongly Disagree
 Not Sure

16. Do you agree or disagree that harassment and bullying by other students is a problem at your school?

- Strongly Agree Disagree
 Agree Strongly Disagree
 Neutral

17. My teacher notices when I am doing a good job and lets me know about it.

- NO!! no yes YES!!

18. I feel safe at my school.

- NO!! no yes YES!!

19. There are lots of chances for students at my school to talk with a teacher one-on-one.

- NO!! no yes YES!!

20. The school lets my parents know when I have done something well.

- NO!! no yes YES!!

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

On an average school day, how many hours do you:

21. ...watch TV?

- 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

22. ...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.)

- 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

23. Are there sports teams or other after-school activities for people your age available in your community?

- NO!! no yes YES!!

How many times have you:

24. ...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.)?

- 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

25. ...volunteered to do community service?

- 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

On an average school day, how many hours do you spend:

26. ...doing homework outside of school?

- None
 Half hour or less
 Between a half hour and an hour
 1 hour
 2 hours
 3 hours or more

27. ...going to work?

- None
 Half hour or less
 Between a half hour and an hour
 1 hour
 2 hours
 3 hours or more

28. ...staying after school to participate in a team, club, program, etc.?

- None
 Half hour or less
 Between a half hour and an hour
 1 hour
 2 hours
 3 hours or more



PLEASE DO NOT WRITE IN THIS AREA

29. ...participating in a team, club, program, etc. somewhere other than at school?

- None
- Half hour or less
- Between a half hour and an hour
- 1 hour
- 2 hours
- 3 hours or more

30. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

The next section asks about your feelings and experiences in other parts of your life. Remember, your answers are confidential.

31. I ignore rules that get in my way.

- Very false
- Somewhat false
- Somewhat true
- Very true

32. There are lots of adults in my neighborhood I could talk to about something important.

- NO!!
- no
- yes
- YES!!

33. My neighbors notice when I am doing a good job and let me know about it.

- NO!!
- no
- yes
- YES!!

How important is each of the following to you in your life?

34. ... Accepting responsibility for my actions when I make a mistake or get in trouble.

- Extremely Important
- Quite Important
- Not Sure
- Somewhat Important
- Not Important

35. ... Doing my best even when I have to do a job I don't like.

- Extremely Important
- Quite Important
- Not Sure
- Somewhat Important
- Not Important

How much do you agree or disagree with the following?

36. ... When things don't go well for me, I am good at finding a way to make things better.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

37. ... I feel as if I can solve most problems in my life.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

38. ...I have much in life to be thankful for.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

How much do you do the following when you have a problem of any kind?

39. I try to find different solutions to the problem.

- A lot
- Sometimes
- A little
- Never

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.

How wrong do your parents feel it would be for you to:

40. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

41. ...smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

42. ...smoke marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

43. ...vape?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

44. How many times have you changed homes since kindergarten?

- None
- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times

45. 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

46. I feel safe in my neighborhood, or the area around where I live.

- NO!!
- no
- yes
- YES!!

47. When I am not at home, one of my parents knows where I am and who I am with.

- NO!!
- no
- yes
- YES!!

48. My family has clear rules about alcohol and drug use.

- NO!!
- no
- yes
- YES!!

49. People in my family often insult or yell at each other.

- NO!!
- no
- yes
- YES!!

50. My parent has had their body hurt from actions (such as punching, kicking, choking, shoving, and pulling of hair) by a spouse/partner.

- NO!!
- no
- yes
- YES!!

51. If I had a personal problem, I could ask my mom or dad for help.

- NO!!
- no
- yes
- YES!!

52. My parents ask me what I think before most family decisions affecting me are made.

- NO!!
- no
- yes
- YES!!

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.

53. During the past 12 months, have you ever bullied someone else **on school property**?

- Yes
- No

54. During the past 12 months, have you ever bullied someone else **away from school property**?

- Yes
- No



PLEASE DO NOT WRITE IN THIS AREA

During the past 12 months, have you ever:

55. ...been bullied on school property?
 Yes No
56. ...been bullied away from school property?
 Yes No

During the past 30 days, on how many days did you:

57. ...carry a weapon such as a gun, knife, or club?
 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days
58. ...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
59. 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.)
 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days

How many times in the past year have you:

60. ...said something bad about someone's race or culture?
 Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times
61. ...been suspended from school?
 Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times

How many times in the past year has anyone done any of the following TO YOU:

62. ...said something bad about your race or culture?
 Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times
63. ...sexually harassed you?
 Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times
64. How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased you?
 Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times
65. How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.
 Never 10 to 19 times
 1 to 2 times 20 to 29 times
 3 to 5 times 30 to 39 times
 6 to 9 times 40 or more times
66. Have you ever been physically forced to have sexual intercourse when you did not want to?
 Yes No
67. During the past 30 days, how many times have you driven 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
68. 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

69. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

- 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

70. Have you ever belonged to a gang?

- Yes
- No

71. How old were you when you first belonged to a gang?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

Have you ever had a partner in a dating or serious relationship who:

72. ...always wanted to know your whereabouts?

- Yes
- No

73. ...called you names or put you down verbally?

- Yes
- No

74. ...pressured you into having sex (going all the way) when you didn't want to?

- Yes
- No

During the past 12 months, how many times did someone you were dating or going out with:

75. ...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

76. ...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.)

- 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

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.

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

- Yes
- No

78. How many times in the past year have you been cyberbullied by a student who attends your school?

- 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

79. How many times in the past year have you cyberbullied a student attending your school?

- 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

80. I have the right to say anything I want online, even if what I say hurts someone or violates someone's privacy.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



PLEASE DO NOT WRITE IN THIS AREA

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:

81. ...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

82. ...seriously consider attempting suicide?

- Yes No

83. During the past 12 months, how many times did you actually attempt suicide?

- 0 times 4 or 5 times
 1 time 6 or more times
 2 or 3 times

84. 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:

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

- No risk
 Slight risk
 Moderate risk
 Great risk

86. ...try marijuana once or twice?

- No risk
 Slight risk
 Moderate risk
 Great risk

87. ...smoke marijuana regularly?

- No risk
 Slight risk
 Moderate risk
 Great risk

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

- No risk
 Slight risk
 Moderate risk
 Great risk

89. 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

90. 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

91. 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

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

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

93. 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 ever vaped?

- Yes No

On how many occasions (if any) have you:

94. ...vaped nicotine during the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

95. ...vaped marijuana during the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

96. ...vaped flavoring, without any nicotine or marijuana in it during the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

During the last 30 days, on how many days (if any) have you:

97. ...taken "synthetic marijuana" ("K2", "Spice") to get high?

- | | |
|----------------------------|-----------------------------|
| <input type="radio"/> None | <input type="radio"/> 6-9 |
| <input type="radio"/> 1-2 | <input type="radio"/> 10-19 |
| <input type="radio"/> 3-5 | <input type="radio"/> 20-30 |

On how many occasions (if any) have you:

98. ...had beer, wine, or hard liquor in your lifetime (more than just a few sips)?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

99. ...had beer, wine, or hard liquor during the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

100. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- | | |
|-----------------------------|--|
| <input type="radio"/> None | <input type="radio"/> 3-5 times |
| <input type="radio"/> Once | <input type="radio"/> 6-9 times |
| <input type="radio"/> Twice | <input type="radio"/> 10 or more times |

101. During the past 30 days, how did you usually get the alcohol you drank?

- 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

On how many occasions (if any) have you:

102. ...used marijuana in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

103. ...used marijuana during the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

104. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

105. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in the past 30 days?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

106. ... used cabeniferol (cabbies) in your lifetime?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 occasions | <input type="radio"/> 10-19 occasions |
| <input type="radio"/> 1-2 occasions | <input type="radio"/> 20-39 occasions |
| <input type="radio"/> 3-5 occasions | <input type="radio"/> 40 or more occasions |
| <input type="radio"/> 6-9 occasions | |

107.... used cabeniferol (cabbies) in 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

108....used LSD or other hallucinogens (acid, angel dust, special k, shrooms) in 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

109....used cocaine or crack in 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

110....used methamphetamine (speed, crystal, crank, or ice) in 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

111....taken steroids without a doctor's order in 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

112....used heroin in 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

113....taken painkillers (such as Oxycontin, Vicodin, Percocet, Codeine, and Opium) without a doctor's order in 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

114....taken a prescription drug other than painkillers (such as Ritalin, Adderall, or Xanax) without a doctor's order in 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

115....used Ecstasy in 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

116....taken over-the-counter drugs to get high in 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

How old were you when you first:

117....smoked a cigarette, even just a puff?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

118....had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

119....began drinking alcoholic beverages regularly, that is, at least once or twice a month?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

120....smoked marijuana?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older



PLEASE DO NOT WRITE IN THIS AREA

How easy or hard would it be for you to get:

121. ...some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

122. ...some cigarettes?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

123. ...drugs like cocaine, LSD, or amphetamines?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

124. ...some marijuana?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

How wrong do you think it is for someone your age to:

125. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

126. ...smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

127. ...smoke marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

128. ...use LSD, cocaine, amphetamines, or another illegal drug?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

129. 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?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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.

130. What were the reasons you took a prescription pain reliever without a doctor's order the last time? Choose ALL that apply.

- 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

131. 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.

- 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 got it in some other way

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

132. Have you ever had sexual intercourse?

- Yes
- No

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

- 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

134. 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

135. During the past 3 months, with how many people have you had 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

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

- I have never had sexual intercourse
- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No

138. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? **Select only ONE response.**

- 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

139. Have you ever had oral sex?

- Yes
- No

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.

During the past 7 days, how many times did you:

140. ...drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 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



PLEASE DO NOT WRITE IN THIS AREA

141. ...eat fruit? (Do not count fruit juice.)

- I did not eat fruit during the past 7 days
- 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

142. ...eat vegetables?

- I did not eat eat vegetables during the past 7 days
- 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

143. ...drink a **can, bottle, or glass of soda or pop** (such as Coke, Pepsi, or Sprite)? Do not include diet soda or diet pop.

- I did not drink soda or pop during the past 7 days
- 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

144. ...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 not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)

- I did not drink sugar-sweetened beverages during the past 7 days
- 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

145. ...did you drink a **can, bottle, or glass of an energy drink**, such as Red Bull or Jolt? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)

- I did not drink energy drinks during the past 7 days
- 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

146. ...drink a **can, bottle, or glass of a sports drink**, such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2.)

- I did not drink sports drinks during the past 7 days
- 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

During the past 30 days, did you:

147. ...go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

- Yes
- No

148. ...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).***

- Yes
- No

149. ...vomit or take laxatives to lose weight or to keep from gaining weight?

- Yes
- No

The next section asks about physical activity.

150. 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.***

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

151. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

Think about the people who know you well. How do you think they would rate you on each of these?

People who know me would say this:

152. Giving up when things get hard for me is ...

- Not at all like me
- A little like me
- Somewhat like me
- Quite like me
- Very much like me

153. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous is ...

- Not at all like me
- A little like me
- Somewhat like me
- Quite like me
- Very much like me

154. Thinking through the possible good and bad results of different choices before I make decisions is...

- Not at all like me
- A little like me
- Somewhat like me
- Quite like me
- Very much like me

How much do you agree or disagree with the following statements?:

155. I get along well with students who are different from me.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

156. I know how to disagree without starting an argument or fight.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

The next section asks about your experiences related to civic engagement.

During the last 12 months, how many times have you:

157. ...been a leader in a group or organization?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times

158. ...helped make sure that all people are treated fairly?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times

159. ...stood up for what you believed, even when it was unpopular to do so?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times

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.

How many times in the past year:

160. ...has another student sexually harassed you?

- 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



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161. ...have you sexually harassed another student?

- | | |
|------------------------------------|--|
| <input type="radio"/> Never | <input type="radio"/> 10 to 19 times |
| <input type="radio"/> 1 to 2 times | <input type="radio"/> 20 to 29 times |
| <input type="radio"/> 3 to 5 times | <input type="radio"/> 30 to 39 times |
| <input type="radio"/> 6 to 9 times | <input type="radio"/> 40 or more times |

162. ...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?

- | | |
|------------------------------------|--|
| <input type="radio"/> Never | <input type="radio"/> 10 to 19 times |
| <input type="radio"/> 1 to 2 times | <input type="radio"/> 20 to 29 times |
| <input type="radio"/> 3 to 5 times | <input type="radio"/> 30 to 39 times |
| <input type="radio"/> 6 to 9 times | <input type="radio"/> 40 or more times |

163. 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.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

164. I would feel comfortable reporting sexual discrimination or sexual harassment or assault to school faculty or staff.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

165. 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)**

- 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

166. My school takes complaints of sexual discrimination and sexual harassment seriously and responds effectively to the complaints it receives.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

167. 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.

- Yes
- No

168. During the past year, I reported an act of sexual discrimination or sexual harassment to school personnel.

- Yes
- No

The next section asks about your perceptions of respect at your school.

How strongly do you agree or disagree with the following statements about this school? Most teachers and other adults at this school...

169. ...care about students.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

170. ...want students to do well.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

171. ...listen to what students have to say.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Please continue to next page 

172. ...treat students with respect.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

173. How honest were you in filling out this survey?

- 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

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



PLEASE DO NOT WRITE IN THIS AREA