## 2017 FAIRFAX COUNTY Youth Survey of 6th 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 the directions tell you that you may choose more than one. 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.
ONO!!
no
Oyes

- 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.


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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 or younger
$\bigcirc 11$
$\bigcirc 12$
$\bigcirc 13$
14 or older
2. What grade are you in?
-5th
-6th
○7th
3. Are you:

Female
OMale
4. What do you consider yourself to be?

Select ONE only.
Hispanic or Latino
Not Hispanic nor Latino
5. What do you consider yourself to be?

Select ONE OR MORE.
American Indian or Alaskan native
OAsian
Black or African-American
Native Hawaiian or other Pacific Islander OWhite
6. Think of where you live most of the time. Which of the following people live there with you? Choose ALL that apply.
OMother
Father
Stepmother
Other adults
Sister(s)
$\bigcirc$ Brother(s)
Stepfather
Grandmother(s)
$\bigcirc$ Stepsister(s)
Grandfather(s)Stepbrother(s)
$\bigcirc$ Foster parent
7. What language do you use most often at home?
English
Spanish
$\bigcirc$ Another Language
8. Has your parent or guardian ever served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)?
$\bigcirc$ Yes

ONo
Not Sure
9. 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, National Guard, and Reserves)?
O Yes
No
O Not Sure
The next section asks about your experiences at school.
10. Putting them all together, what were your grades like last year?
OMostly Fs
OMostly Ds
OMostly Cs
$\bigcirc$ Mostly Bs
OMostly As
11. I think sometimes it is okay to cheat at school.
ONO!!
Ono
Oyes
○YES!!

How much do you agree or disagree with the following?
12. I can do well in school if I want to.

Strongly Agree
$\bigcirc$ Agree
ONot Sure
$\bigcirc$ Disagree
Strongly Disagree
13. I feel safe at my school.
ONO!!
○no
Oyes
○YES!!
14. My teacher notices when I am doing a good job and lets me know about it.
ONO!!
○no
Oyes
○YES!!
15. The school lets my parents know when I have done something well.
ONO!!
Ono
Oyes
OYES!!

The next section asks about your feelings and experiences in other parts of your life.
Remember, your answers are confidential.
16. 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?
$\bigcirc$ Yes
ONo
17. On a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?
$\bigcirc 1$
$\bigcirc 2$
$\bigcirc 3$
$\bigcirc 4$
$\bigcirc 5$
$\bigcirc 6$
$\bigcirc 7$
$\bigcirc 8$
$\bigcirc 9$
$\bigcirc 10$
18. I ignore rules that get in my way.

OVery falseSomewhat falseSomewhat true
$\bigcirc$ Very true
19. There are lots of adults in my neighborhood I could talk to about something important.
ONO!!
○ no
Oyes
○YES!!
20. My neighbors notice when I am doing a good job and let me know about it.
ONO!!
no
Oyes
O YES!!

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

21. ...carry a weapon such as a gun, knife, or club?
0 days
O4 or 5 days
1 day
O6 or more days
O 2 or 3 days
22. ...carry a weapon such as a gun, knife, or club on school property?
$\bigcirc 0$ days
O4 or 5 days
$\bigcirc 1$ day
$\bigcirc 6$ or more days
O2 or 3 days

How important is each of the following to you in your life?
23. ... Accepting responsibility for my actions when I make a mistake or get in trouble.
Oxtremely Important
Quite Important
O Not Sure
Somewhat Important
Not Important
24. ... Doing my best even when I have to do a job I don't like.
Extremely Important
Quite Important
O Not Sure
Somewhat Important
O Not Important

How much do you agree or disagree with the following?
25. ... When things don't go well for me, I am good at finding a way to make things better.
Strongly Agree
Agree
O Not Sure
O Disagree
Strongly Disagree
26. ... I feel as if I can solve most problems in my life.
Strongly Agree
Ogree
O Not Sure
Disagree
Strongly Disagree
27. ...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?28. I try to find different solutions to the problem.
A lot
Sometimes
A little
O Never

## How many times have you:

29. ...participated in school or non-schoolbased activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
O Never
I've done it, but not in the past year
Less than once a month
$\bigcirc$ About once a month
Two or three times a month
Once a week or more
30. ...volunteered to do community service?

O 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:
31. ...doing homework outside of school?

None
Half hour or less
Between a half hour and an hour
1 hour
2 hours
$\bigcirc 3$ hours or more
32. ...going to work?

ONone
Half hour or less
Between a half hour and an hour
1 hour
2 hours
3 hours or more
33. ...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
34. ...participating in a team, club, program, etc. somewhere other than at school?NoneHalf hour or lessBetween a half hour and an hour1 hour
2 hours
3 hours or more

## On an average school day, how many hours do

 you:35. ...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
$\bigcirc 5$ or more hours per day
36. ...play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook or other social media.)
Ontat all
Less than 1 hour per day
1 hour per day
2 hours per day
3 hours per day
$\bigcirc 4$ hours per day
5 or more hours per day
37. 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.
$\bigcirc 0$ days
$\bigcirc 4$ days
1 day
5 days
O2 days
$\bigcirc 6$ days
$\bigcirc 3$ days
$\bigcirc 7$ days

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.
38. During the past 12 months, have you ever bullied someone else on school property?
$\bigcirc$ Yes
ONo
39. During the past 12 months, have you ever bullied someone else away from school property?
$\bigcirc$ Yes
ONo

During the past 12 months, have you ever:
40. ...been bullied on school property?
Yes
○ No
41. ...been bullied away from school property? $\bigcirc$ Yes ONo
42. How many times in the past year have you said something bad about someone's race or culture?
O Never
O10 to 19 times
1 to 2 times
$\bigcirc 20$ to 29 times
3 to 5 times
O30 to 39 times
$\bigcirc 6$ to 9 times
40 or more times

How many times in the past year has anyone done any of the following TO YOU:
43. ...said something bad about your race or culture?
$\bigcirc 10$ to 19 times
Never
1 to 2 times
3 to 5 times
O20 to 29 times
6 to 9 times
$\bigcirc 30$ to 39 times
40 or more times
44. How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased you?
Never
1 to 2 times
3 to 5 times
6 to 9 times
10 to 19 times
O20 to 29 times
30 to 39 times
40 or more times

Cyberbullying is electronic bullying, such as through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.
45. How many times in the past year have you been cyberbullied by a student who attends your school?Never
10 to 19 times
O 1 to 2 times
3 to 5 times
20 to 29 times
O30 to 39 times

- 40 or more times

46. How many times in the past year have you cyberbullied a student attending your school?Never
O10 to 19 times
1 to 2 times
O20 to 29 times
3 to 5 times
$\bigcirc 30$ to 39 times
6 to 9 times

- 40 or more times

47. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
The next section asks about your experiences with tobacco, alcohol, and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:
48. ...smoke one or more packs of cigarettes per day?
No risk
Slight risk
Moderate risk
Great risk
49. ...try marijuana once or twice?

No risk
Slight risk
Moderate risk
Great risk
50. ...smoke marijuana regularly?

No risk
Slight risk
Moderate risk
Great risk
51. ...take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
ONo risk
Slight risk
Moderate risk
Great risk
52. Have you ever smoked cigarettes?

ONever
Once or twice
Once in a while but not regularly
Regularly in the past
Regularly now
53. How often have you smoked cigarettes during the past 30 days?
Ont 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
More than one pack per day
54. Have you ever, even once in your lifetime, had more than a sip or two of beer, wine, or hard liquor?
$\bigcirc$ Yes

Ono
55. During the past 30 days, on how many days did you drink beer, wine, or hard liquor?
Onone
1-2 days
3-5 days
6-9 days
10 or more days
56. Have you ever, even once in your lifetime, smoked marijuana?
$\bigcirc$ Yes
No
57. During the past 30 days, on how many days did you use marijuana?None1-2 days
3-5 days6-9 days10 or more days
58. Have you ever, even once in your lifetime, sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high? $\bigcirc$ Yes

○ No
59. During the past 30 days, on how many days did you sniff glue, breathe (huff) the contents of an aerosol spray can, or inhale other gases or sprays in order to get high?None
1-2 days
3-5 days6-9 days10 or more days
60. Have you ever, even once in your lifetime, used cabeniferol ("cabbies")?
$\bigcirc$ Yes
○ No
61. During the past 30 days, on how many days did you use cabeniferol ("cabbies")?
None1-2 days
3-5 days
6-9 days
10 or more days
62. Have you ever, even once in your lifetime, used other illegal drugs (not counting alcohol, tobacco, or marijuana)?ONo
63. During the past 30 days, on how many days did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?None1-2 days3-5 days6-9 days
10 or more days

How easy or hard would it be for you to get:
64. ...beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
Very hard
Sort of hard
Sort of easy
Very easy
65. ...some cigarettes?

Very hardSort of hardSort of easyVery easy
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:
66. ...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
67. ...eat vegetables?

I did not 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
O 4 or more times per day
68. ...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
$\bigcirc 2$ times per day
$\bigcirc 3$ times per day
4 or more times per day
69. ...drink a can, bottle, or glass of a sugarsweetened 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.)
O 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
$\bigcirc 2$ times per day
$\bigcirc 3$ times per day
$\bigcirc 4$ or more times per day
70. ...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
$\bigcirc 2$ times per day
$\bigcirc 3$ times per day
$\bigcirc 4$ or more times per day
71. ...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.)
OI 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
$\bigcirc 2$ times per day
$\bigcirc 3$ times per day
$\bigcirc 4$ or more times per day
The next few questions ask 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.
72. How many times have you changed homes since kindergarten?
O None
1-2 times
3-4 times
5-6 times
7 or more times
73. My parents ask me what I think before most family decisions affecting me are made.
ONO!!
○no
yes
○YES!!
74. If I had a personal problem, I could ask my mom or dad for help.
ONO!!
Ono
Oyes
○ YES!!
75. People in my family often insult or yell at each other.
ONO!!
Ono
Oyes
○YES!!
76. During the past 30 days, how often did you go hungry because there was not enough food in your home?
O Never
Rarely
Sometimes
Most of the time
Always
The next section asks about your experiences related to civic engagement.

During the last 12 months, how many times have you:
77. ...been a leader in a group or organization?

O Never
Once
Twice
-3-4 times
5 or more times
78. ...helped make sure that all people are treated fairly?
O Never
Once
Twice
3-4 times
O 5 or more times
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:

79. 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
80. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous is ...
Ont at all like me
O little like me
Somewhat like me
Quite like me
Very much like me
81. Thinking through the possible good and bad results of different choices before I make decisions is ...
O Not at all like me
O little like me
Somewhat like me
Quite like me
Very much like me

## How much do you agree or disagree with the

 following statements?:82. I get along well with students who are different from me.
Strongly AgreeAgreeNot SureDisagreeStrongly Disagree
83. I know how to disagree without starting an argument or fight.
Strongly AgreeAgree
O Not Sure
$\bigcirc$ Disagree
Strongly Disagree
84. How honest were you in filling out this survey?
OI 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.

