## 2017 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.

| Thiskind of mark will work: <br> Correct Mark <br> These kinds of marks will NOT work: <br> Incorrect Marks <br> $\bigotimes$ |
| :---: |

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?
$\bigcirc 10$
O15
$\bigcirc 11$
$\bigcirc 16$
$\bigcirc 12$
$\bigcirc 17$
$\bigcirc 13$
$\bigcirc 18$
○14
O19 or older
2. What grade are you in?
-8th
10th
12th
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
Asian
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.
Mother
Father
Stepmother
Stepfather
Grandmother(s)
Grandfather(s)
Foster parent

Other adultsSister(s)Brother(s)Stepsister(s)
Stepbrother(s)
Other children
$\bigcirc$ 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)?
O Yes
ONo
Ont 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)?
$\bigcirc$ Yes
No
Ont 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
OMostly Bs
OMostly As
11. During the last four weeks, how many days of school have you missed because you skipped or "cut"?
O None
4-5 days
1 day
6-10 days
2 days
11 or more days
$\bigcirc 3$ days
12. I think sometimes it is okay to cheat at school.
ONO!!
Ono
Oyes
○YES!!

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

Otrongly Agree
$\bigcirc$ Agree
Not Sure
$\bigcirc$ Disagree
Strongly Disagree
14. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
Strongly AgreeAgree
O Neutral
$\bigcirc$ Disagree
Strongly Disagree
15. My teacher notices when I am doing a good job and lets me know about it.
ONO!!
○no
Oyes
○YES!!
16. I feel safe at my school.
ONO!!
○ no
Oyes
○YES!!
17. There are lots of chances for students at my school to talk with a teacher one-on-one.
ONO!!
○ $n$
Oyes
○YES!!
18. The school lets my parents know when I have done something well.
○NO!!
○no
Oyes
○ YES!!
19. My teachers praise me when I have done well in school.
ONO!!
no
Oyes
○ YES!!

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

On an average school day, how many hours do you:
20. ... 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
21. ...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.)
O 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. Are there sports teams or other after-school activities for people your age available in your community?
O NO!!
no
Oyes
YES!!

## How many times have you:

23. ...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
About once a month
Two or three times a month
Once a week or more
24. ...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:
25. ...doing homework outside of school?

O None
Half hour or less
Between a half hour and an hour
1 hour
2 hours
3 hours or more
26. ...going to work?

O None
Half hour or less
Between a half hour and an hour
O 1 hour
2 hours
3 hours or more
27. ...staying after school to participate in a team, club, program, etc.?
$\bigcirc$ None
Half hour or less
Between a half hour and an hour
O1 hour
$\bigcirc 2$ hours
3 hours or more
28. ...participating in a team, club, program, etc. somewhere other than at school?
O None
Half hour or less
Between a half hour and an hour
1 hour
2 hours
3 hours or more
29. How often do you attend religious services or activities?
O Never
Rarely
1-2 times a month
O 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.
30. I ignore rules that get in my way.

Very false
Somewhat false
Somewhat true
Oery true
31. There are lots of adults in my neighborhood I could talk to about something important.
○ NO!
○
Oyes
○ YES!!
32. My neighbors notice when I am doing a good job and let me know about it.
ONO!!
Ono
$\bigcirc$ yes
○ YES!!

How important is each of the following to you in your life?
33. ... Accepting responsibility for my actions when I make a mistake or get in trouble.
Oxtremely Important
Quite Important
O Not Sure
Somewhat Important
O Not Important
34. ... 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?
35. ... When things don't go well for me, I am good at finding a way to make things better.
Strongly Agree
$\bigcirc$ AgreeNot Sure
O Disagree
Strongly Disagree
36. ... I feel as if I can solve most problems in my life.
Strongly Agree
$\bigcirc$ Agree
O Not Sure
$\bigcirc$ Disagree
Strongly Disagree
37. ...I have much in life to be thankful for.

Strongly Agree
OAgree
Not Sure
Disagree
Strongly Disagree

## How much do you do the following when you

 have a problem of any kind?38. I try to find different solutions to the problem.
A lot
Sometimes
A little
ONever

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:
39. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
Very wrongWrongA little bit wrong
O Not wrong at all
40. ...smoke cigarettes?

Very wrongWrong
OA little bit wrong
O Not wrong at all
41. ...smoke marijuana?

Very wrongWrongA little bit wrongNot wrong at all
42. How many times have you changed homes since kindergarten?
ONone
1-2 times
3-4 times
5-6 times
7 or more times
43. During the past 30 days, how often did you go hungry because there was not enough food in your home?
ONever
Rarely
Sometimes
Most of the time
Always
44. I feel safe in my neighborhood, or the area around where I live.
ONO!!
Ono
Oyes
OYES!!
45. When I am not at home, one of my parents knows where I am and who I am with.
○O!!
○ no
yes
○ YES!!
46. My family has clear rules about alcohol and drug use.
ONO!!
Ono
yes
○ YES!!
47. People in my family often insult or yell at each other.
○ NO!!
Ono
Oyes
○ YES!!
48. My parent has had his/her body hurt from actions (such as punching, kicking, choking, shoving, and pulling of hair) by a spouse/partner.
○ NO!!
○ no
〇yes
○ YES!!
49. If I had a personal problem, I could ask my mom or dad for help.
○ NO!!
Ono
Oyes
○ YES!!
50. My parents ask me what I think before most family decisions affecting me are made.
○ NO!!
○no
yes
〇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.
51. During the past 12 months, have you ever bullied someone else on school property?
$\bigcirc$ Yes

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

66. Have you ever belonged to a gang?
O Yes
○No
67. How old were you when you first belonged to a gang?

| Onever have | $\bigcirc 14$ |
| :--- | :--- |
| 10 or younger | $\bigcirc 15$ |
| 11 | $\bigcirc 16$ |
| 12 | $\bigcirc 17$ or older |
| 13 |  |

68. How many of your friends are in a gang?A lotSomeA fewNone
Don't know

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

69. ...always wanted to know your whereabouts? $\bigcirc$ Yes O No
70. ...called you names or put you down verbally?
$\bigcirc$ Yes ONo
71. ...pressured you into having sex (going all the way) when you didn't want to?
$\bigcirc$ Yes
ONo

During the past 12 months, how many times did someone you were dating or going out with:
72. ...physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
OI did not date or go out with anyone during the past 12 months1 time
2 or 3 times
4 or 5 times
6 or more times
73. ...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.)
OI did not date or go out with anyone during the past 12 months0 times
$\bigcirc 1$ 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.
74. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
O Yes
ONo
75. How many times in the past year have you been cyberbullied by a student who attends your school?

ONever
1 to 2 times
3 to 5 times
6 to 9 times
O10 to 19 times
20 to 29 times
30 to 39 times
40 or more times
76. How many times in the past year have you cyberbullied a student attending your school?
O Never
$\bigcirc 10$ to 19 times
1 to 2 times
$\bigcirc 20$ to 29 times
3 to 5 times
$\bigcirc 30$ to 39 times
$\bigcirc 6$ to 9 times
O40 or more times
77. 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
O Disagree
Strongly Disagree

90. ...taken "synthetic marijuana" ("K2", "Spice") to get high?None
6-9
1-2 10-19
3-5


## On how many occasions (if any) have you:

91. ...had beer, wine, or hard liquor in your lifetime (more than just a few sips)?
0 occasions
10-19 occasions
1-2 occasions
20-39 occasions
3-5 occasions

- 40 or more occasions

92. ...had beer, wine, or hard liquor during the past 30 days?
0 occasions
10-19 occasions
1-2 occasions 20-39 occasions
3-5 occasions
O 40 or more occasions6-9 occasions
93. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?NoneOnce
3-5 times6-9 times10 or more times
94. During the past 30 days, how did you usually get the alcohol you drank?
I did not drink alcohol during the past 30 daysI 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 eventI gave someone else money to buy it for meSomeone gave it to meI took it from a store or family memberI got it some other way

## On how many occasions (if any) have you:

95. ...used marijuana in your lifetime?
0 occasions
10-19 occasions
1-2 occasions
20-39 occasions
3-5 occasions
40 or more occasions6-9 occasions
96. ...used marijuana during the past 30 days?

| $\bigcirc 0$ occasions | 〇10-19 occasions |
| :--- | :--- |
| $1-2$ occasions | $\bigcirc 20-39$ occasions |
| $3-5$ occasions | $\bigcirc 40$ or more occasions |
| $6-9$ occasions |  |

97. ...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?
0 occasions

10-19 occasions
1-2 occasions
20-39 occasions
3-5 occasions
40 or more occasions
6-9 occasions
98. ...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?
0 occasions
10-19 occasions
1-2 occasions
20-39 occasions
3-5 occasions
40 or more occasions
6-9 occasions
99. ... used cabeniferol (cabbies) in your lifetime?
0 occasions
10-19 occasions
1-2 occasions 20-39 occasions
3-5 occasions
40 or more occasions
6-9 occasions
100.... used cabeniferol (cabbies) in 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
101. ... used LSD or other hallucinogens (acid, angel dust, special $k$, shrooms) in 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
102.... used cocaine or crack in the past 30 days?
0 occasions
1-2 occasions
3-5 occasions

10-19 occasions
20-39 occasions
40 or more occasions
103. ... used methamphetamine (speed, crystal, crank, or ice) in 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
104. ...taken steroids without a doctor's order in 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
105. ... used heroin in the past 30 days?
0 occasions
1-2 occasions10-19 occasions
3-5 occasions
20-39 occasions
40 or more occasions

6-9 occasions
106. ...taken painkillers (such as Oxycontin, Vicodin, Percoset, 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
107. ...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
10-19 occasions
1-2 occasions
20-39 occasions
3-5 occasions
40 or more occasions

6-9 occasions
108. ... used Ecstasy in 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
109. ...taken over-the-counter drugs to get high in the past 30 days?
$\bigcirc 0$ occasions
10-19 occasions
1-2 occasions
20-39 occasions
3-5 occasions
40 or more occasions

## How old were you when you first:

110. ...smoked a cigarette, even just a puff?Never have
$\bigcirc 12$
$\bigcirc 15$
10 or younger
13
11
○ 14
17 or older
111. ... had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
O Never have
$\bigcirc 12$
$\bigcirc 15$
10 or younger
$\bigcirc 13$
$\bigcirc 16$
$\bigcirc 11$
○ 14
17 or older
112. ...began drinking alcoholic beverages regularly, that is, at least once or twice a month?
O Never have$\bigcirc 15$
10 or younger
○ 13
○ 11
$11 \bigcirc 14 \bigcirc 17$ or older
$\bigcirc 16$
113. ...smoked marijuana?
O Never have
12
$\bigcirc 15$
10 or younger
○ 13
$\bigcirc 16$
○ 11
$\bigcirc 14$
17 or older

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

114. ...some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
$\bigcirc$ Very hard
Sort of hard
Sort of easy
$\bigcirc$ Very easy
115. ...some cigarettes?

Oery hard
Sort of hard
Sort of easy
$\bigcirc$ Very easy
116. ...drugs like cocaine, LSD, or amphetamines?
$\bigcirc$ Very hard
Sort of hard
Sort of easy
Very easy
117....some marijuana?
$\bigcirc$ Very hard
Sort of hard
Sort of easy
Very easy

How wrong do you think it is for someone your age to:
118. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?Very wrongWrongA little bit wrongNot wrong at all
119....smoke cigarettes?Very wrongWrongA little bit wrongNot wrong at all
120....smoke marijuana?Very wrongWrongA little bit wrongNot wrong at all
121. ... use LSD, cocaine, amphetamines, or another illegal drug?Very wrongWrongA little bit wrongNot wrong at all
122. 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 sexual behavior. Remember, your answers are confidential.
123. Have you ever had sexual intercourse?

No
124. How old were you when you had sexual intercourse for the first time?
OI 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
125. During your life, with how many people have you had sexual intercourse?
I have never had sexual intercourse
1 person
2 people
O 3 people
$\bigcirc 4$ people
5 people
6 or more people
126. During the past 3 months, with how many people have you had sexual intercourse?
O I have never had sexual intercourseI have had sexual intercourse but not during the past 3 months1 person
2 people
$\bigcirc 3$ people
$\bigcirc 4$ people
$\bigcirc 5$ people
6 or more people
127. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
I have never had sexual intercourse
Yes
$\bigcirc$ No
128. The last time you had sexual intercourse, did you or your partner use a condom?
I have never had sexual intercourse
$\bigcirc$ Yes
ONo
129. 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 methodNot sure
130. Have you ever had oral sex?

O No
131. Which of the following best describes you?Heterosexual (straight)
Gay or lesbianBisexualNot sure
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:

132. ...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
133. ...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
134. ...eat green salad?

I did not eat green salad 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
$\bigcirc 3$ times per day
4 or more times per day
135....eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
I did not eat potatoes 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
136....eat carrots?

I did not eat carrots 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
137....eat other vegetables? (Do not count green salad, potatoes, or carrots.)
I did not eat other 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

138. ...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
$\bigcirc 3$ times per day

- 4 or more times per day

139. ...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.)I did not drink sugar-sweetened beverages during the past 7 days
1 to 3 times during the past 7 days4 to 6 times during the past 7 days1 time per day
2 times per day
3 times per day
4 or more times per day
140. ...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 days1 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
141....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 days1 to 3 times during the past 7 days4 to 6 times during the past 7 days1 time per day
2 times per day
3 times per day
4 or more times per day

## During the past 30 days, did you:

142. ...go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
$\bigcirc$ Yes

O No
143. ...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).
$\bigcirc$ Yes
$\bigcirc$ No
144. ...vomit or take laxatives to lose weight or to keep from gaining weight?
$\bigcirc$ Yes
○ No

The next section asks about physical activity.
145. 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
3 days
$\bigcirc 6$ days
1 day
4 days
7 days
$\bigcirc 2$ days
$\bigcirc 5$ days
146. On an average school night, how many hours of sleep do you get?
4 or less hours
8 hours
5 hours
9 hours
6 hours
10 or more hours
$\bigcirc 7$ 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:

147. Giving up when things get hard for me is ...Not at all like meA little like me
Somewhat like me
Quite like me
$\bigcirc$ Very much like me
148. 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
149. 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?:
150. I get along well with students who are different from me.
Strongly Agree
Agree
Not Sure
Disagree
Strongly Disagree
151. I know how to disagree without starting an argument or fight.
Strongly Agree
O Agree
O Not Sure
$\bigcirc$ Disagree
Strongly Disagree

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

## During the last 12 months, how many times

 have you:152. ...been a leader in a group or organization?
O Never
Once
Twice

3-4 times
153. ...helped make sure that all people are treated fairly?
O Never
O Once
O3-4 times
Twice
5 or more times
154....stood up for what you believed, even when it was unpopular to do so?
O Never
3-4 times
Once
5 or more times
Twice

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 his or her 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:

155.... has another student sexually harassed you?
O Never
10 to 19 times
1 to 2 times
O20 to 29 times
3 to 5 times
30 to 39 times
6 to 9 times
40 or more times
156. ... have you sexually harassed another student?
O Never
O 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
157. ... 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?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
158. 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 AgreeAgreeNeutralDisagreeStrongly Disagree
159. I would feel comfortable reporting sexual discrimination or sexual harassment or assault to school faculty or staff.Strongly AgreeAgreeNeutralDisagreeStrongly Disagree
160. 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
O I do not know a trusted adult to tellI would be afraid of retaliation or continued harassment
I would be too embarrassed to talk about it to an adultI would be afraid people would think it was my faultI would be afraid I would get in troubleI do not think my report would be taken seriously and nothing would be done
161. My school takes complaints of sexual discrimination and sexual harassment seriously and responds effectively to the complaints it receives.
Strongly Agree
Agree
O Neutral
Disagree
Strongly Disagree
162. 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.
$\bigcirc$ YesNo
163. During the past year, I reported an act of sexual discrimination or sexual harassment to school personnel.
$\bigcirc$ Yes
O No
164. 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.
$\square$
000000000000000000000000 PLEASE DO NOT WRITE IN THIS AREA

