80. People in my family often insult or yell at each other.
   - NO!!
   - no
   - yes
   - YES!!

81. 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

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

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

82. ...been a leader in a group or organization?
   - Never
   - Once
   - Twice
   - 3-4 times
   - 5 or more times

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

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

84. 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

85. 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

86. 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

87. I get along well with students who are different from me.
   - Strongly Agree
   - Agree
   - Not Sure
   - Disagree
   - Strongly Disagree

88. I know how to disagree without starting an argument or fight.
   - Strongly Agree
   - Agree
   - Not Sure
   - Disagree
   - Strongly Disagree

89. 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.

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.
   - 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
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
   - 11
   - 12
   - 13
   - 14 or older

2. What grade are you in?
   - 5th
   - 6th
   - 7th

3. Are you?
   - Female
   - Male

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
   - White

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
   - Other adults
   - Sister(s)
   - Stepfather
   - Step sister(s)
   - Grandfather(s)
   - Stepbrother(s)
   - Mother's other children
   - Other children
   - Foster parent

7. What language do you use most often at home?
   - Amharic
   - Korean
   - Arabic
   - Spanish
   - Chinese
   - English
   - Vietnamese
   - Farsi
   - Other

8. 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

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, Space Force, National Guard, and Reserves)?
   - Yes
   - No
   - Not Sure

The next section asks about your experiences at school.

10. Putting them all together, what were your grades like last year?
    - Mostly As
    - Mostly Bs
    - Mostly Cs
    - Mostly Ds

11. I think sometimes it is okay to cheat at school.
    - NO!!
    - no
    - yes
    - YES!!

How much do you agree or disagree with the following?

12. I can do well in school if I want to.
    - Strongly Agree
    - Agree
    - Not Sure
    - Disagree
    - Strongly Disagree

13. I feel safe at my school.
    - NO!!
    - no
    - yes
    - YES!!

14. My teacher notices when I am doing a good job and lets me know about it.
    - NO!!
    - no
    - yes
    - YES!!

15. The school lets my parents know when I have done something well.
    - NO!!
    - no
    - yes
    - YES!!

16. Have you ever, even once in your lifetime, used other illegal drugs (not counting alcohol, tobacco, or marijuana)?
    - Yes
    - No

17. During the past 30 days, on how many days did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?
    - None
    - 1 to 3 days
    - 4 to 6 days
    - 7 or more days

18. How easy or hard would it be for you to get:
    - Beer
    - Wine
    - Cigarettes
    - Drugs

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:

19. ...eat fruit? Do not count fruit juice.
    - 0 to 3 times during the past 7 days
    - 4 to 6 times during the past 7 days
    - 7 or more times during the past 7 days

20. ...eat vegetables?
    - None
    - 1 time per day
    - 2 times per day
    - 3 times per day
    - 4 or more times per day

21. ...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.)
    - None
    - 1 to 3 times during the past 7 days
    - 4 to 6 times during the past 7 days
    - 7 or more times per day

22. ...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.)
    - None
    - 1 to 3 times during the past 7 days
    - 4 to 6 times during the past 7 days
    - 7 or more times per day

23. ...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.)
    - 0 to 3 times during the past 7 days
    - 4 to 6 times during the past 7 days
    - 7 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.

24. How many times have you changed homes since kindergarten?
    - None
    - 1 to 3 times
    - 4 to 6 times
    - 7 or more times

25. My parents ask me what I think before most family decisions affecting me are made.
    - NO!!
    - no
    - yes
    - YES!!

26. If I had a personal problem, I could ask my mom or dad for help.
    - NO!!
    - no
    - yes
    - YES!!
51. Have you ever smoked cigarettes?
- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now
- On how many occasions (if any) have you:

52. Smoke marijuana regularly?
- No risk
- Slight risk
- Moderate risk
- Great risk
- During the past 30 days, on how many days did you drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- Yes
- No
- Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

53. During the past 30 days, did you drink beer, wine, or hard liquor nearly every day?
- No risk
- Slight risk
- Moderate risk
- Great risk

54. 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
- More than one pack per day

55. To “vape” is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or an e-vaporizer to inhale a mist or vapor into the lungs. Have you ever vaped?
- Yes
- No

56. How much do you agree or disagree with the following?

57. What is the most important to you about your personal life?

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

59. Have you ever, even once in your lifetime, had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- Yes
- No

60. During the past 30 days, on how many days did you drink beer, wine, or hard liquor?
- None
- 1-2 days
- 3-5 days
- 6-9 days
- 10 or more days

61. Have you ever, even once in your lifetime, smoked marijuana?
- Yes
- No

62. During the past 30 days, on how many days did you use marijuana?
- None
- 1-2 days
- 3-5 days
- 6-9 days
- 10 or more days

63. Have you ever, even once in your lifetime, snorted, sniffed, inhaled, or breathed in any other substance?
- Yes
- No

64. During the past 30 days, on how many days did you use cabeniferol (“cabbies”)?
- None
- 1-2 days
- 3-5 days
- 6-9 days
- 10 or more days

65. Have you ever, even once in your lifetime, used cabeniferol (“cabbies”)?
- Yes
- No

66. During the past 30 days, on how many days did you use cabeniferol (“cabbies”)?
- None
- 1-2 days
- 3-5 days
- 6-9 days
- 10 or more days

67. Do you feel as if you can solve most problems in your life?
- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

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

69. There are lots of adults in my neighborhood I could talk to about something important.
- No!
- No
- Yes
- Yes!!

70. My neighbors notice when I am doing a good job and let me know about it.
- No!
- No
- Yes
- Yes!!

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

72. Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

73. … Accepting responsibility for my actions when I make a mistake or get in trouble.
- Extremely Important
- Quite Important
- Somewhat Important
- Not Important

74. … Doing my best even when I have to do a job I don’t like.
- Extremely Important
- Quite Important
- Somewhat Important
- Not Important

How much do you agree or disagree with the following?
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?
   - None
   - Half hour or less
   - Between a half hour and an hour
   - 1 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
   - 5 or more hours per day

36. Play video or computer games or use a computer for something that is not school work?
   - 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

37. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 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?
   - Yes
   - No

39. During the past 12 months, have you ever bullied someone else away from school property?
   - Yes
   - No

During the past 12 months, have you ever:

40. Been bullied on school property?
   - Yes
   - No

41. Been bullied away from school property?
   - Yes
   - No

42. How many times in the past year have you said something bad about someone’s race or culture?
   - Never
   - 1 to 2 times
   - 3 to 5 times
   - 6 to 9 times
   - 10 or more times

How many times in the past year have anyone done any of the following TO YOU?

43. Said something bad about your race or culture?
   - Never
   - 1 to 2 times
   - 3 to 5 times
   - 6 to 9 times
   - 10 or more times

44. How many times in the past year has a parent or adult in your household bullied, threatened, spread rumors about, hit, or hurt another student over and over again?
   - Never
   - 1 to 2 times
   - 3 to 5 times
   - 6 to 9 times
   - 10 or more times

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.

45. How often did a parent or adult in your home hit, kick, or physically hurt you in any way? Do not include spanking?
   - Never
   - 1 to 2 times
   - 3 to 5 times
   - 6 to 9 times
   - 10 or more times

Cyberbullying is electronic bullying, such as through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.

46. 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 or more times

47. 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 or more times

48. 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

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

49. Smoke one or more packs of cigarettes per day?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk

50. Try marijuana once or twice?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk
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?  
None  
Half hour or less  
Between a half hour and an hour  
1 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  
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 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

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.  
0 days  
1 day  
2 days  
3 days  
4 days  
5 days  
6 days  
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?  
Yes  
No

39. During the past 12 months, have you ever bullied someone else away from school property?  
Yes  
No

During the past 12 months, have you ever:

40. ...been bullied on school property?  
Yes  
No

41. ...been bullied away from school property?  
Yes  
No

42. How many times in the past year have you said something bad about someone’s race or culture?  
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

How many times in the past year have someone said something bad about your race or culture?  
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

How many times in the past year have you done any of the following TO YOU:

43. ...said something bad about your race or culture?  
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

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  
20 to 29 times  
30 to 39 times  
40 or more times

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  
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

Cyberbullying is electronic bullying, such as through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.

46. 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

47. 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

48. 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:

49. ...smoke one or more packs of cigarettes per day?  
No risk  
Slight risk  
Moderate risk  
Great risk

50. ...try marijuana once or twice?  
No risk  
Slight risk  
Moderate risk  
Great risk
51. Have you ever smoked cigarettes?
   - Never
   - Once or twice
   - Once in a while but not regularly
   - Regularly in the past
   - Regularly now

52. Have you ever used cabeniferol (“cabbies”)?
   - No
   - Yes

53. Have you ever smelled glue, breathed (huff) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
   - No
   - Yes

54. During the past 30 days, on how many occasions 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 days
   - 6-9 days
   - 10 or more days

55. Have you ever smoked marijuana regularly?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk

56. During the past 30 days, on how many occasions did you drink beer, wine, or hard liquor?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

57. Have you ever smoked marijuana?
   - Never
   - Once or twice
   - Once in a while but not regularly
   - Regularly in the past
   - Regularly now

58. 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
   - More than one pack per day

59. Have you ever, even once in your lifetime, had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
   - Yes
   - No

60. During the past 30 days, how many days did you drink beer, wine, or hard liquor?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

61. During the past 30 days, on how many occasions did you smoke marijuana?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

62. Have you ever, even once in your lifetime, smoked marijuana?
   - Never
   - Once or twice
   - Once in a while but not regularly
   - Regularly in the past
   - Regularly now

63. How many occasions have you:  
   - ... smoked marijuana regularly?  
   - ... used cabeniferol (“cabbies”)?
   - ... sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
   - ... vaped nicotine during the past 30 days?
   - ... vaped marijuana during the past 30 days?
   - ... vaped flavoring, without any nicotine or marijuana in it during the past 30 days?
   - ... took one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
   - ... smoke marijuana regularly?
   - ... vaped marijuana during the past 30 days?
   - ... vaped nicotine during the past 30 days?

64. How often have you felt this kind of stress?
   - Great risk
   - Slight risk
   - No risk

65. Have you ever sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
   - No
   - Yes

66. During the past 30 days, on how many days did you use cabeniferol (“cabbies”)?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

67. During the past 30 days, on how many days did you drink beer, wine, or hard liquor?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

68. During the past 30 days, on how many days did you smoke cigarettes?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

69. During the past 30 days, on how many days did you use cabeniferol (“cabbies”)?
   - None
   - 1-2 days
   - 3-5 days
   - 6-9 days
   - 10 or more days

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?
   - Yes
   - No

17. 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

18. I ignore rules that get in my way.
   - Very false
   - Somewhat false
   - Somewhat true
   - Very true

19. There are lots of adults in my neighborhood I could talk to about something important.
   - No!
   - Yes
   - YES!!

20. My neighbors notice when I am doing a good job and let me know about it.
   - No!
   - Yes
   - YES!!

21. I feel as if I can solve most problem in my life.
   - Strongly disagree
   - Disagree
   - Not sure
   - Agree
   - Strongly agree

22. I have much in life to be thankful for.
   - Strongly disagree
   - Disagree
   - Not sure
   - Agree
   - Strongly agree

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

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.
   - Extremely important
   - Quite important
   - Somewhat important
   - Not important

24. … Doing my best even when I have to do a job I don’t like.
   - Extremely important
   - Quite important
   - Somewhat important
   - 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 disagree
   - Disagree
   - Not sure
   - Agree
   - Strongly agree

26. … I have much in life to be thankful for.
   - Strongly disagree
   - Disagree
   - Not sure
   - Agree
   - Strongly agree
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
   - 11
   - 12
   - 13
   - 14 or older

2. What grade are you in?
   - 5th
   - 6th
   - 7th

3. Are you?
   - Female
   - Male

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
     - White

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
   - Grandfather
   - Other adults
   - Other children

7. What language do you use most often at home?
   - Amharic
   - Arabic
   - Chinese
   - English
   - Farsi
   - Korean
   - Spanish
   - Urdu
   - Vietnamese

8. 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

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, Space Force, National Guard, and Reserves)?
   - Yes
   - No
   - Not Sure

The next section asks about your experiences at school.

10. Putting them all together, what were your grades like last year?
    - Mostly Fs
    - Mostly Ds
    - Mostly Cs
    - Mostly Bs
    - Mostly As

11. I think sometimes it is okay to cheat at school.
    - NO!!
    - No
    - Yes
    - YES!!

How much do you agree or disagree with the following?

12. I can do well in school if I want to.
    - Strongly Agree
    - Agree
    - Not Sure
    - Disagree
    - Strongly Disagree

13. I feel safe at my school.
    - NO!!
    - No
    - Yes
    - YES!!

14. My teacher notices when I am doing a good job and lets me know about it.
    - NO!!
    - No
    - Yes
    - YES!!

15. The school lets my parents know when I have done something well.
    - NO!!
    - No
    - Yes
    - YES!!

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:

71. ...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
   - 7 or more times during the past 7 days

72. ...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
   - 7 or more times during the past 7 days

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.

77. How many times have you changed homes since kindergarten?
    - None
    - 1-2 times
    - 3-4 times
    - 5-6 times
    - 7 or more times

78. My parents ask me what I think before most family decisions affecting me are made.
    - NO!!
    - No
    - Yes
    - YES!!

79. If I had a personal problem, I could ask my mom or dad for help.
    - NO!!
    - No
    - Yes
    - YES!!
80. People in my family often insult or yell at each other.
   ○ NO!!  ○ no  ○ yes  ○ YES!!

81. 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

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

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

82. ...been a leader in a group or organization?
   ○ Never
   ○ Once
   ○ Twice
   ○ 3-4 times
   ○ 5 or more times

83. ...helped make sure that all people are treated fairly?
   ○ Never
   ○ Once
   ○ Twice
   ○ 3-4 times
   ○ 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:

84. 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

85. 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

86. 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?

87. I get along well with students who are different from me.
   ○ Strongly Agree
   ○ Agree
   ○ Not Sure
   ○ Disagree
   ○ Strongly Disagree

88. I know how to disagree without starting an argument or fight.
   ○ Strongly Agree
   ○ Agree
   ○ Not Sure
   ○ Disagree
   ○ Strongly Disagree

89. 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.

2021 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.

   ○ 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