

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



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 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**.

- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Other adults |
| <input type="radio"/> Father | <input type="radio"/> Sister(s) |
| <input type="radio"/> Stepmother | <input type="radio"/> Brother(s) |
| <input type="radio"/> Stepfather | <input type="radio"/> Stepsister(s) |
| <input type="radio"/> Grandmother(s) | <input type="radio"/> Stepbrother(s) |
| <input type="radio"/> Grandfather(s) | <input type="radio"/> Other children |
| <input type="radio"/> Foster parent | |

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

- | | |
|-------------------------------|----------------------------------|
| <input type="radio"/> Amharic | <input type="radio"/> Korean |
| <input type="radio"/> Arabic | <input type="radio"/> Spanish |
| <input type="radio"/> Chinese | <input type="radio"/> Urdu |
| <input type="radio"/> English | <input type="radio"/> Vietnamese |
| <input type="radio"/> Farsi | <input type="radio"/> 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 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 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?

- 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!! no yes YES!!

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

- NO!! no yes 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 4 or 5 days
 1 day 6 or more days
 2 or 3 days

22. ...carry a weapon such as a gun, knife, or club on school property?

- 0 days 4 or 5 days
 1 day 6 or more days
 2 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.

- Extremely Important
 Quite Important
 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
 Not Sure
 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 Agree
 Agree
 Not Sure
 Disagree
 Strongly Disagree

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

- Strongly Agree
 Agree
 Not Sure
 Disagree
 Strongly Disagree

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

- Strongly Agree
 Agree
 Not Sure
 Disagree
 Strongly Disagree



PLEASE DO NOT WRITE IN THIS AREA

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
- Never

How many times have you:

29. ...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

30. ...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:

31. ...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

32. ...going to work?

- None
- 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?

- 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 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:**

43. ...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

44. 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

45. 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

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 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

47. How many times in the past year have you cyberbullied a student attending your 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

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....smoke marijuana regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk

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

- No risk
- Slight risk
- Moderate risk
- Great risk

53. Have you ever smoked cigarettes?

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

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 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:

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

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

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

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

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

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

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

- Yes
- No

64. 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 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



PLEASE DO NOT WRITE IN THIS AREA

67. Have you ever, even once in your lifetime, used other illegal drugs (not counting alcohol, tobacco, or marijuana)?

- Yes No

68. During the past 30 days, on how many days did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?

- None 6-9 days
 1-2 days 10 or more days
 3-5 days

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

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

- Very hard Sort of easy
 Sort of hard Very easy

70. ...some cigarettes?

- Very hard Sort of easy
 Sort of hard Very 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:

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
 1 time per day
 2 times per day
 3 times per day
 4 or more times per day

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
 1 time per day
 2 times per day
 3 times per day
 4 or more times per day

73. ...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

74. ...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

75. ...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

76. ...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

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.**



PLEASE DO NOT WRITE IN THIS AREA