<u>PLEASE READ</u>: This document was designed to provide a list of the questions and responses that will be included in the **2023** Fairfax County Youth Survey. <u>This is not the actual survey instrument</u>. While the questions are the same, the instruction may be different as the survey will be administered online. The questions are listed in the same order in which they will appear on the survey.

On the actual survey, each question will have separate answer options. However, to make this document easier to read, answer options are printed ONLY ONCE when they are exactly the same for a group of questions.

2023 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.

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 choosing one of the answer options 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!!

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

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

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

 Choose 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 computer.

These questions ask for some general information about the people completing the survey. Please choose the response that best describes you. 10 or younger 1. How old are you? 12 13 14 or older 5th 2. What grade are you in? 6th 7th Female Male Are you: 3. Non-binary Other 4. What do you consider yourself to be? Hispanic or Latino Select ONE only. Not Hispanic nor Latino American Indian or Alaskan native **5.** What do you consider yourself to be? Asian Black or African-American Select ONE OR MORE. Native Hawaiian or other Pacific Islander White Mother(s) Father(s) Other adults Think of where you live most of the time. Stepmother(s) Sister(s) Which of the following people live there with you? Stepfather(s) Brother(s) Grandmother(s) Stepsister(s) Choose ALL that apply. Grandfather(s) Stepbrother(s) Foster parent(s) Other children Amharic Arabic Chinese English Farsi 7. What language do you use most often at home? Korean Spanish Urdu Vietnamese Other 8. Has your parent or guardian ever served in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Yes Nο Reserves)? Not sure 9. Do you have someone in your family (like a parent, brother, sister) who is This response will be included once for currently in the military (Army, Navy, Air Force, Marines, Coast Guard, each of these questions on the final survey. Space Force, National Guard, and Reserves)?

The next section asks questions about any long-term physical, mental, or emotional conditions/disabilities that you may have. "Long-term" refers to conditions that have lasted or are expected to last 6 months or more.

Developmental or intellectual disability (for example, down syndrome, autism spectrum disorder, etc.)
Learning disability (for example, difficulty with reading, writing, or doing math) Mental health/emotional condition (for example, depression, anxiety, etc.) Mobility disability (for example, use of a wheelchair, walker, or cane, etc.) Sensory disability (for example, blindness, difficulty seeing even when wearing glasses, deaf, hard-of-hearing, etc.) Speech and language impairment Other health conditions (for example, attention-deficit/hyperactivity disorder, diabetes, cancer, epilepsy, etc.) I'm not sure.
None of these apply to me.
Yes, I have an IEP. Yes, I have a 504. No, I do not. Not sure.
Mostly Fs Mostly Ds Mostly Cs Mostly Bs Mostly As
NO!! no yes YES!!
Strongly Agree Agree Not Sure Disagree
Strongly Disagree NO!! no yes YES!!
This response will be included once for each of these questions on the final survey.
parts of your life.
Yes No

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19.	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
20.	I ignore rules that get in my way.	Very false Somewhat false Somewhat true Very true
21. 22.	There are lots of adults in my neighborhood I could talk to about something important. My neighbors notice when I am doing a good job and let me know about	NO!! no yes YES!!
	it.	This response will be included once for each of these questions on the final survey.
Dui	ring the past 30 days, on how many days did you:	0 days 1 day 2 or 3 days
23.	carry a weapon such as a gun, knife, or club?	4 or 5 days
24.	carry a weapon such as a gun, knife, or club on school property?	6 or more days
	,,	This response will be included once for each of these questions on the final survey.
How	important is each of the following to you in your life?	Extremely Important Quite Important
25.	Accepting responsibility for my actions when I make a mistake or get in trouble.	Not Sure Somewhat Important Not Important
26.	Doing my best even when I have to do a job I don't like.	This response will be included once for each of these questions on the final survey.
How	much do you agree or disagree with the following?	Strongly Agree
27.	When things don't go well for me, I am good at finding a way to make things better.	Agree Not Sure Disagree
28.	I feel as if I can solve most problems in my life.	Strongly Disagree
29.	I have much in life to be thankful for.	This response will be included once for each of these questions on the final survey.
How	much do you do the following when you have a problem of any kind?	A lot
	I try to find different solutions to the problem.	Sometimes A little Never
How	many times have you:	Never I've done it, but not in the past year Less than once a month
31.	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.)?	About once a month Two or three times a month Once a week or more
32.	volunteered to do community service?	This response will be included once for each of these questions on the final survey.
On a	an average school day, how many hours do you spend:	None
33.	doing homework outside of school?	Half hour or less
34.	going to work?	Between a half hour and an hour 1 hour
35.	staying after school to participate in a team, club, program, etc.?	2 hours
36.	participating in a team, club, program, etc. somewhere other than at	3 hours or more

	an average school day, how many hours do you:watch TV?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 This response will be included once for each of these questions on the final survey.
39.	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.

40. 41.	school property?	Yes No This response will be included once for each of these questions on the final survey.
Dur	ing the past 12 months, have <u>you</u> ever:	
42. 43.	been bullied on school property?been bullied away from school property?	Yes No This response will be included once for each of these questions on the final survey.
44.	How many times in the past year have <u>you</u> 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
	v many times in the past year has <u>anyone</u> se any of the following TO YOU:	20 to 29 times 30 to 39 times
45.	said something bad about your race or culture?	40 or more times
46.	How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased you?	This response will be included once for each of these questions on the final survey.

47. 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. 48. How many times in the past year have you been cyberbullied by a student who attends your school? 49. 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 This response will be included once for each of these questions on the final survey.
50. 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:	
51. smoke one or more packs of cigarettes per day?	No risk Slight risk
52. try marijuana once or twice?	Moderate risk Great risk
53smoke marijuana regularly?	
54take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	This response will be included once for each of these questions on the final survey.
55. Have you ever smoked cigarettes?	Never Once or twice Once in a while but not regularly Regularly in the past Regularly now
56. 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
57. 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:	0 occasions
58. vaped nicotine during the <u>past 30 days</u> ?	1-2 occasions 3-5 occasions
59. vaped marijuana during the past 30 days?	6-9 occasions 10-19 occasions
60. vaped flavoring, without any nicotine or marijuana in it during the <u>past 30 days??</u>	20-39 occasions 40 or more occasions
	This response will be included once for each of these questions on the final survey.
61. 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
62. 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
63. Have you ever, even once in your lifetime, smoked marijuana?	Yes No
64. 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

65. 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
66. 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
67. Have you ever, even once in your lifetime, used cabeniferol ("cabbies")?	Yes No
68. 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
69. Have you ever, even once in your lifetime, used other illegal drugs (not counting alcohol, tobacco, or marijuana)?	Yes No
70. During the past 30 days, on how many days did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?	None 1-2 days 3-5 days 6-9 days 10 or more days
How easy or hard would it be for you to get: 71beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? 72some cigarettes?	Very hard Sort of hard Sort of easy Very easy This response will be included once for each

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:

- 73. ...eat fruit? Do not count fruit juice.
- 74. ...eat vegetables?
- **75.** ...drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite)? Do not include diet soda or diet pop.
- 76. ...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.)
- 77. ...did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do <u>not</u> count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
- 78. ...drink a can, bottle, or glass of a sports drink, such as Gatorade or PowerAde? (Do <u>not</u> count low-calorie sports drinks such as Propel or G2.)

I did not:

- o eat fruit...
- o eat vegetables...
- o drink soda or pop...
- o drink sugar-sweetened beverages...
- o energy drinks...
- o 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

This response will be included once for each of these questions on the final survey.

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.

I was not honest at all

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79. How many times have you changed homes since kindergarten?	None 1-2 times 3-4 times 5-6 times 7 or more times
80. My parents ask me what I think before most family decisions affecting me are made.81. If I had a personal problem, I could ask my mom or dad for help.	NO!! no yes YES!!
82. People in my family often insult or yell at each other.	This response will be included once for each of these questions on the final survey.
83. 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 engag	ement.
During the last 12 months, how many times have you: 84been a leader in a group or organization? 85helped make sure that all people are treated fairly?	Never Once Twice 3-4 times 5 or more times
	This response will be included once for each of these questions on the final survey.
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: 86. Giving up when things get hard for me is 87. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous is 88. 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 This response will be included once for each of these questions on the final survey.
How much do you agree or disagree with the following statements?:	Strongly Agree Agree
89. I get along well with students who are different from me.90. I know how to disagree without starting an argument or fight.	Not Sure Disagree Strongly Disagree This response will be included once for each of these questions on the final survey.
91. 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

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