

PLEASE READ: This document was designed to provide a list of the questions and responses that will be included in the **2024** Fairfax County Youth Survey. This is not the actual survey instrument. 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.

2024 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.

<p>1. How old are you?</p>	<p>10 or younger 11 12 13 14 or older</p>														
<p>2. What grade are you in?</p>	<p>5th 6th 7th</p>														
<p>3. Are you:</p>	<p>Female Male Non-binary Other</p>														
<p>4. What do you consider yourself to be? Select <u>ONE</u> only.</p>	<p>Hispanic or Latino Not Hispanic nor Latino</p>														
<p>5. What do you consider yourself to be? Select <u>ONE OR MORE</u>.</p>	<p>American Indian or Alaskan native Asian Black or African-American Native Hawaiian or other Pacific Islander White</p>														
<p>6. Think of where you live most of the time. Which of the following people live there with you? Choose <u>ALL</u> that apply.</p>	<table border="0"> <tr> <td>Mother(s)</td> <td>Other adults</td> </tr> <tr> <td>Father(s)</td> <td>Sister(s)</td> </tr> <tr> <td>Stepmother(s)</td> <td>Brother(s)</td> </tr> <tr> <td>Stepfather(s)</td> <td>Stepsister(s)</td> </tr> <tr> <td>Grandmother(s)</td> <td>Stepbrother(s)</td> </tr> <tr> <td>Grandfather(s)</td> <td>Other children</td> </tr> <tr> <td>Foster parent(s)</td> <td></td> </tr> </table>	Mother(s)	Other adults	Father(s)	Sister(s)	Stepmother(s)	Brother(s)	Stepfather(s)	Stepsister(s)	Grandmother(s)	Stepbrother(s)	Grandfather(s)	Other children	Foster parent(s)	
Mother(s)	Other adults														
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Grandmother(s)	Stepbrother(s)														
Grandfather(s)	Other children														
Foster parent(s)															
<p>7. What language do you use most often at home?</p>	<p>Amharic Arabic Chinese English Farsi Korean Spanish Urdu Vietnamese Other</p>														
<p>8. Has your parent or guardian <u>ever</u> served in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Reserves)?</p> <p>9. Do you have someone in your family (like a parent, brother, sister) who is <u>currently</u> in the military (Army, Navy, Air Force, Marines, Coast Guard, Space Force, National Guard, and Reserves)?</p>	<p>Yes No Not sure</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>														

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.

<p>10. Do you have any of the following conditions/disabilities (some conditions are included as examples)? Select <u>ALL</u> that apply.</p>	<p>Developmental or intellectual disability (for example, down syndrome, autism spectrum disorder, etc.)</p> <p>Learning disability (for example, difficulty with reading, writing, or doing math)</p> <p>Mental health/emotional condition (for example, depression, anxiety, etc.)</p> <p>Mobility disability (for example, use of a wheelchair, walker, or cane, etc.)</p> <p>Sensory disability (for example, blindness, difficulty seeing even when wearing glasses, deaf, hard-of-hearing, etc.)</p> <p>Speech and language impairment</p> <p>Other health conditions (for example, attention-deficit/hyperactivity disorder, diabetes, cancer, epilepsy, etc.)</p> <p>I'm not sure.</p> <p>None of these apply to me.</p>
<p>11. At school, do you have an Individualized Education Plan (IEP) or 504 Plan to help you learn?</p>	<p>Yes, I have an IEP.</p> <p>Yes, I have a 504.</p> <p>No, I do not.</p> <p>Not sure.</p>

The next section asks about your experiences at school.

<p>12. Putting them all together, what were your grades like last year?</p>	<p>Mostly Fs</p> <p>Mostly Ds</p> <p>Mostly Cs</p> <p>Mostly Bs</p> <p>Mostly As</p>
<p>13. I think sometimes it is okay to cheat at school.</p>	<p>NO!!</p> <p>no</p> <p>yes</p> <p>YES!!</p>
<p>How much do you agree or disagree with the following?</p> <p>14. I can do well in school if I want to.</p>	<p>Strongly Agree</p> <p>Agree</p> <p>Not Sure</p> <p>Disagree</p> <p>Strongly Disagree</p>
<p>15. I feel safe at my school.</p> <p>16. My teacher notices when I am doing a good job and lets me know about it.</p> <p>17. The school lets my parents know when I have done something well.</p>	<p>NO!!</p> <p>no</p> <p>yes</p> <p>YES!!</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>

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

<p>18. 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?</p>	<p>Yes</p> <p>No</p>
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<p>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?</p>	<p>None of the time A little of the time Some of the time Most of the time All of the time</p>
<p>20. I ignore rules that get in my way.</p>	<p>Very false Somewhat false Somewhat true Very true</p>
<p>21. There are lots of adults in my neighborhood I could talk to about something important.</p> <p>22. My neighbors notice when I am doing a good job and let me know about it.</p>	<p>NO!! no yes YES!!</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>During the past 30 days, on how many days did you:</p> <p>23. ...carry a weapon such as a gun, knife, or club?</p> <p>24. ...carry a weapon such as a gun, knife, or club on school property?</p>	<p>0 days 1 day 2 or 3 days 4 or 5 days 6 or more days</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How important is each of the following to you in your life?</p> <p>25. ... Accepting responsibility for my actions when I make a mistake or get in trouble.</p> <p>26. ... Doing my best even when I have to do a job I don't like.</p>	<p>Extremely Important Quite Important Not Sure Somewhat Important Not Important</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How much do you agree or disagree with the following?</p> <p>27. ... When things don't go well for me, I am good at finding a way to make things better.</p> <p>28. ... I feel as if I can solve most problems in my life.</p> <p>29. ...I have much in life to be thankful for.</p>	<p>Strongly Agree Agree Not Sure Disagree Strongly Disagree</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How much do you do the following when you have a problem of any kind?</p> <p>30. ... I try to find different solutions to the problem.</p>	<p>A lot Sometimes A little Never</p>
<p>How many times have you:</p> <p>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.)?</p> <p>32. ...volunteered to do community service?</p>	<p>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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>On an average school day, how many hours do you spend:</p> <p>33. ...doing homework outside of school?</p> <p>34. ...going to work?</p> <p>35. ...staying after school to participate in a team, club, program, etc.?</p> <p>36. ...participating in a team, club, program, etc. somewhere other than at school?</p>	<p>None Half hour or less Between a half hour and an hour 1 hour 2 hours 3 hours or more</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>

<p>On an average school day, how many hours do you:</p> <p>37. ...watch TV?</p> <p>38. ...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.)</p>	<p>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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>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.</p>	<p>0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days</p>
<p>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.</p> <p>Remember, your answers are confidential.</p>	
<p>40. During the past 12 months, have you ever bullied someone else on school property?</p> <p>41. During the past 12 months, have you ever bullied someone else away from school property?</p>	<p>Yes No</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>During the past 12 months, have <u>you</u> ever:</p> <p>42. ...been bullied on school property?</p> <p>43. ...been bullied away from school property?</p>	<p>Yes No</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>44. How many times in the past year have <u>you</u> said something bad about someone's race or culture?</p> <p>How many times in the past year has <u>anyone</u> done any of the following TO YOU:</p> <p>45. ...said something bad about your race or culture?</p> <p>46. How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased you?</p>	<p>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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>

<p>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.</p>	<p>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</p>
<p>Cyberbullying is electronic bullying, such as through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.</p> <p>48. How many times in the past year have <u>you been</u> cyberbullied by a student who <u>attends your school</u>?</p> <p>49. How many times in the past year have <u>you</u> cyberbullied a student <u>attending your school</u>?</p>	<p>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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>50. Do you agree or disagree that harassment and bullying by other students is a problem at your school?</p>	<p>Strongly Agree Agree Neutral Disagree Strongly Disagree</p>

The next section asks about your experiences with tobacco, alcohol, and other drugs.

<p>How much do you think people risk harming themselves (physically or in other ways) if they:</p> <p>51. ...smoke one or more packs of cigarettes per day?</p> <p>52. ...try marijuana once or twice?</p> <p>53. ...smoke marijuana regularly?</p> <p>54. ...take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?</p>	<p>No risk Slight risk Moderate risk Great risk</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>55. Have you ever smoked cigarettes?</p>	<p>Never Once or twice Once in a while but not regularly Regularly in the past Regularly now</p>
<p>56. How often have you smoked cigarettes during the past 30 days?</p>	<p>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</p>
<p>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 <u>ever</u> vaped?</p>	<p>Yes No</p>
<p>On how many occasions (if any) have you:</p> <p>58. ...vaped nicotine during the <u>past 30 days</u>?</p> <p>59. ...vaped marijuana during the <u>past 30 days</u>?</p> <p>60. ...vaped flavoring, without any nicotine or marijuana in it during the <u>past 30 days</u>??</p>	<p>0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10-19 occasions 20-39 occasions 40 or more occasions</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>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)?</p>	<p>Yes No</p>
<p>62. During the past 30 days, on how many days did you drink beer, wine, or hard liquor?</p>	<p>None 1-2 days 3-5 days 6-9 days 10 or more days</p>
<p>63. Have you ever, even once in your lifetime, smoked marijuana?</p>	<p>Yes No</p>
<p>64. During the past 30 days, on how many days did you use marijuana?</p>	<p>None 1-2 days 3-5 days 6-9 days 10 or more days</p>

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

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.

<p>During the past 7 days, how many times did you:</p> <p>73. ...eat fruit? Do <u>not</u> count fruit juice.</p> <p>74. ...eat vegetables?</p> <p>75. ...drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite)? Do <u>not</u> include diet soda or diet pop.</p> <p>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 <u>not</u> count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)</p> <p>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.)</p> <p>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.)</p>	<p>I did not:</p> <ul style="list-style-type: none"> o eat fruit... o eat vegetables... o drink soda or pop... o drink sugar-sweetened beverages... o energy drinks... o sports drinks... <p>...during the past 7 days</p> <p>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</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
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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.

<p>79. How many times have you changed homes since kindergarten?</p>	<p>None 1-2 times 3-4 times 5-6 times 7 or more times</p>
<p>80. My parents ask me what I think before most family decisions affecting me are made.</p> <p>81. If I had a personal problem, I could ask my mom or dad for help.</p> <p>82. People in my family often insult or yell at each other.</p>	<p>NO!! no yes YES!!</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>83. During the past 30 days, how often did you go hungry because there was not enough food in your home?</p>	<p>Never Rarely Sometimes Most of the time Always</p>
<p>The next section asks about your experiences related to civic engagement.</p>	
<p>During the last 12 months, how many times have you:</p> <p>84. ...been a leader in a group or organization?</p> <p>85. ...helped make sure that all people are treated fairly?</p>	<p>Never Once Twice 3-4 times 5 or more times</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>Think about the people who know you well. How do you think they would rate you on each of these?</p>	
<p>People who know me would say this:</p> <p>86. Giving up when things get hard for me is ...</p> <p>87. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous is ...</p> <p>88. Thinking through the possible good and bad results of different choices before I make decisions is ...</p>	<p>Not at all like me A Little like me Somewhat like me Quite like me Very much like me</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>How much do you agree or disagree with the following statements?:</p> <p>89. I get along well with students who are different from me.</p> <p>90. I know how to disagree without starting an argument or fight.</p>	<p>Strongly Agree Agree Not Sure Disagree Strongly Disagree</p> <p><i>This response will be included once for each of these questions on the final survey.</i></p>
<p>91. How honest were you in filling out this survey?</p>	<p>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</p>

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