

# 2026 Indiana Youth Survey

## 6<sup>th</sup> Grade Instrument

Please choose your LANGUAGE:

English

Spanish

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### PLEASE READ:

We appreciate your participation in this survey.

The following questions seek your opinions on various aspects related to you, your friends, family, neighborhood, and community.

Your individual answers to the survey are anonymous, which means that no one will know how you answered. All of your answers will be kept strictly **confidential**. No IP addresses will be tracked. Student answers will be summarized in a report that will not include anyone's name or personally identifying information.

This survey is not a test, so there are no right or wrong answers. Your participation is completely **voluntary**. You can skip any questions that you do not want to answer. It is better to leave a question blank than to answer it randomly. If you do not want to participate in this survey, you don't have to enter the website. Thank you for your cooperation!

Please enter the unique 8-digit school code and 4-digit passcode provided by your teacher.

8-digit School Code:

4-digit Passcode:

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Please choose your GRADE:

6th grade

7-12th grade

The following questions ask about your PERSONAL AND FAMILY INFORMATION.

1. GRADE:

5th

6th

7th

8th

2. AGE:

10 years old or younger

11 years old

12 years old

13 years or older

3. SEX:

Male

Female

4. Are you Hispanic or Latino?

No

Yes

5. RACE:

White

Black or African-American

Asian

Native Hawaiian/Pacific Islander

American Indian/Alaskan Native

Race not known or other

More than one race

6. During any time in your life, has either of your parents or caregivers been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)

No

Yes

Not sure

7. During any time in your life, has either of your parents or caregivers served time in jail or prison?

No

Yes

Not sure

The following questions ask about your USE OF ALCOHOL AND OTHER DRUGS.

8. How many times in the last month (30 days) have you used ... ?

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	<input type="radio"/>				
Electronic vapor products (e-cigarettes, vaping pens, e-hookahs, etc.)	<input type="radio"/>				
<b>FOR STUDENTS WHO INDICATED VAPING DURING THE PAST MONTH ONLY:</b>					
How many times have you vaped the following substances in the past month (30 days)?					
Tobacco/Nicotine	<input type="radio"/>				
Marijuana/THC	<input type="radio"/>				
CBD/CBD oil	<input type="radio"/>				
Synthetic marijuana (K2, Spice, delta-8, etc.)	<input type="radio"/>				
Alcohol	<input type="radio"/>				
Flavoring only	<input type="radio"/>				
Other	<input type="radio"/>				
Alcohol (beer, wine, hard liquor, seltzer)	<input type="radio"/>				
Marijuana/Cannabis (smoked, vaped, ate, drank, dabbed, etc.)	<input type="radio"/>				
<b>FOR STUDENTS WHO INDICATED USING MARIJUANA DURING THE PAST MONTH ONLY:</b>					
How many times have you used marijuana/cannabis in the following ways in the past month (30 days)?					
Smoked it (in a joint, bong, blunt, pipe, etc.)	<input type="radio"/>				
Vaped it (in an e-cigarette-like vaporizer or another vaporizing device)	<input type="radio"/>				
Ate it (in brownies, cakes, cookies, gummies, etc.)	<input type="radio"/>				
Drank it (in tea, cola, alcohol, etc.)	<input type="radio"/>				
Dabbed it (using waxes, concentrates, etc.)	<input type="radio"/>				
Inhalants (whip-its, huffing, puffs, aerosol spray can, etc.)	<input type="radio"/>				
Cabeniferol (Cabbies)	<input type="radio"/>				
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	<input type="radio"/>				
Other illegal drugs	<input type="radio"/>				

9. How old were you when you first used ...?

	Never used	10 or younger	11	12	13 or older
Cigarettes	<input type="radio"/>				
Electronic vapor products (e- cigarettes, vaping pens, etc.)	<input type="radio"/>				
Alcohol (beer, wine, hard liquor, seltzer)	<input type="radio"/>				
Marijuana/Cannabis (smoked, vaped, ate, drank, dabbed, etc.)	<input type="radio"/>				
Inhalants (whip-its, huffing, puffs, aerosol spray can, etc.)	<input type="radio"/>				
Cabenerferol (Cabbies)	<input type="radio"/>				
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	<input type="radio"/>				
Other illegal drugs	<input type="radio"/>				

**The following questions ask about what you THINK OR FEEL.**

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

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana once or twice per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcoholic beverage once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How wrong do your friends feel it would be for you to ...?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Smoke tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How wrong do your parents/caregivers feel it would be for you to ...?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

month)				
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal something worth more than \$5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please answer the following questions:

	No	Yes
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?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

### The following questions ask about your FAMILY AND FRIENDS.

**INSTRUCTION:**

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.

14. Please answer the following questions:

	YES!	yes	no	NO!
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/caregivers ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not at home, one of my parents/caregivers knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/caregivers ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a personal problem, I could ask my parents/caregivers for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/caregivers give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please answer the following questions:

	All the time	Often	Sometimes	Never or almost never
My parents/caregivers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your parents/caregivers tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions ask about your SCHOOL EXPERIENCES.**

16. Please answer the following questions:

	YES!	yes	no	NO!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents/caregivers know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Putting them all together, what were your grades like last year?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's

18. Please answer the following questions:

	YES!	yes	no	NO!
Would your parents/caregivers know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents/caregivers' permission, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you carried a handgun without your parents/caregivers' permission, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you skipped school, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your mother/caregiver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your father/caregiver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have ... ?

	None	1	2	3	4
Participated in clubs, organizations, or activities at school	<input type="radio"/>				
Made a commitment to stay drug-free	<input type="radio"/>				
Liked school	<input type="radio"/>				
Regularly attended religious services	<input type="radio"/>				
Tried to do well in school	<input type="radio"/>				

*Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. 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.*

20. During the past 12 months, have you ever been bullied on school property?

- Yes                       No

21. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes                       No

22. The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

How often do you use social media?

- I do not use social media
- A few times a month
- About once a week
- A few times a week
- About once a day
- Several times a day
- About once an hour
- More than once an hour

23. How truthfully have you answered these questions?

- Not truthfully at all
- Somewhat truthfully
- Completely truthfully

## ADDITIONAL QUESTIONS

If your teacher gives you additional questions, please answer them using the spaces below.

	A	B	C	D	E	F	G	H
1.	<input type="radio"/>							
2.	<input type="radio"/>							
3.	<input type="radio"/>							
4.	<input type="radio"/>							
5.	<input type="radio"/>							
6.	<input type="radio"/>							
7.	<input type="radio"/>							
8.	<input type="radio"/>							
9.	<input type="radio"/>							
10.	<input type="radio"/>							
11.	<input type="radio"/>							
12.	<input type="radio"/>							
13.	<input type="radio"/>							
14.	<input type="radio"/>							
15.	<input type="radio"/>							

**Thank you for your participation!**