CALIFORNIA healthy kids SURVEY

Behavioral Health Module

Form B

The first set of questions asks about your family, friends, and neighborhood.

How true do you feel these statements are about your family?

*In my home, there is a **parent or some other adult** who…*		Not at all True	A Little True	Pretty Much True	Very Much True
X1.	talks with me about my problems.	A	B	C	D
X2.	helps me when I am upset.	A	B	C	D
X3.	makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about your friends?

*I have a **friend** my age who…*		Not at all True	A Little True	Pretty Much True	Very Much True
X4.	talks with me about my problems.	A	B	C	D
X5.	helps me when I am upset.	A	B	C	D
X6.	makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about a **teacher or other adult at school**?*

*At my school, there is a **teacher or other adult** who…*		Not at all True	A Little True	Pretty Much True	Very Much True
X7.	would understand my problems if I shared them.	A	B	C	D
X8.	would be helpful to me if I came to school upset.	A	B	C	D
X9.	makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about your **feelings at school**?*

*At my **school,**…*		Not at all True	A Little True	Pretty Much True	Very Much True
X10.	I feel socially accepted.	A	B	C	D
X11.	I feel that I matter to others.	A	B	C	D

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The following questions ask about how safe you feel in your neighborhood and at home where you live.

		Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe
X12.	How safe do you feel at home or the place where you live?	A	B	C	D	E
X13.	How safe do you feel in the neighborhood where you live?	A	B	C	D	E

These questions ask about how you felt or what you did in <u>the past 30 days</u>.

		Never	1–3 Times a **Month**	1–2 Times a **Week**	2–3 Times a **Week**	Almost Every Day
X14.	I got upset easily or got into arguments or physical fights.	A	B	C	D	E
X15.	I had trouble concentrating or paying attention.	A	B	C	D	E
X16.	I had trouble feeling happiness or love.	A	B	C	D	E
X17.	I felt alone even when I was around other people.	A	B	C	D	E
X18.	I had trouble going to sleep, woke up often, or had trouble getting back to sleep.	A	B	C	D	E

The next questions ask about your feelings.

		Never	Rarely	Sometimes	Often
X19.	How often do you feel lonely?	A	B	C	D
X20.	How often do you feel that you are no longer close to anyone?	A	B	C	D

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X21. When everybody around you gets angry, how relaxed can you stay?

A) Not relaxed at all
B) Slightly relaxed
C) Somewhat relaxed
D) Quite relaxed
E) Extremely relaxed

X22. How often are you able to control your emotions when you need to?

A) Almost never
B) Once in a while
C) Sometimes
D) Frequently
E) Almost always

X23. When things go wrong for you, how calm are you able to remain?

A) Not calm at all
B) Slightly calm
C) Somewhat calm
D) Quite calm
E) Extremely calm

The next questions ask about your feelings about your weight and body shape, dieting, and self-harm behavior.

X24. Over the past 30 days, how satisfied have you been with your **weight** and **shape**?

A) Very Dissatisfied
B) Dissatisfied
C) Neither Dissatisfied nor Satisfied
D) Satisfied
E) Very Satisfied

X25. Which of the following are you trying to do about your weight?

A) Lose weight
B) Gain weight
C) Stay the same weight
D) I am not trying to do anything about my weight

IF X25 = A OR X25 = C, GO TO X25A; ELSE GO TO X26

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During the past 30 days, please indicate which of the following things you did to lose weight or keep from gaining weight:

		No	Yes
X25a.	Exercise	A	B
X25b.	Eat less food, fewer calories, or foods low in fat	A	B
X25c.	Go without eating for 12 hours or more (also called fasting)	A	B
X25d.	Take diet pills, powders, or liquids without a doctor's advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
X25e.	Vomit or take laxatives	A	B

X26. During the past 12 months, how many times did you do something to purposely hurt yourself, such as cutting, scratching, or burning yourself?

A) 0 times
B) 1 time
C) 2 or 3 times
D) 4 or 5 times
E) 6 or more times

Below is a list of symptoms that students sometimes have.

*In the **last 2 weeks**, how much were you **bothered by** the following physical problems?*

		Not at All	A Little	Some	A Lot	A Whole Lot
X27.	Stomachaches	A	B	C	D	E
X28.	Headaches	A	B	C	D	E
X29.	Pains in your lower back	A	B	C	D	E
X30.	Feeling faint or dizzy	A	B	C	D	E
X31.	Heart beating too fast (even when you are not exercising)	A	B	C	D	E

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

		Strongly Disagree	Disagree	Agree	Strongly Agree
X32.	I know where to go or who to contact at school for help when I am very sad, stressed, lonely, or depressed.	A	B	C	D
X33.	People at my school talk openly about mental health.	A	B	C	D
X34.	My school encourages students to take care of their mental health.	A	B	C	D

The next questions ask about when someone you know was having a hard time and feeling very sad, stressed, lonely, or depressed.

If someone my age felt very sad, stressed, lonely, or depressed,…		Strongly Disagree	Disagree	Agree	Strongly Agree
X35.	talking to an adult could help them feel better.	A	B	C	D
X36.	kids at my school would be nice to them.	A	B	C	D

X37. If you were feeling very sad, stressed, lonely, or depressed, would you… (*Mark All That Apply.*)

A) talk to a teacher or another adult from your school?
B) talk to your parents or someone else in your family?
C) get help from a counselor or therapist?
D) talk to your friends?
E) be afraid to get help?
F) not know what to do?

The next questions ask about talking to a counselor or therapist when feeling very sad, stressed, lonely, or depressed.

X38. In the past year, did you want to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed?

A) No
B) Yes
C) I don't know

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X39. In the past year, did you get help from a counselor or therapist when you needed it?

A) Does not apply, I didn't need help.
B) No, I didn't get help when I needed it.
C) Yes, I got help when I needed it.

IF X39 = C, GO TO X40; ELSE GO TO X41

X40. In the past year, where did you get help from a counselor or therapist? (*Mark All That Apply.*)

A) Nowhere
B) At school (in person, by phone, or online)
C) From a counselor or therapist not from my school (in person, by phone, or online)
D) Somewhere else
E) I don't know

X41. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to get help?

A) No
B) Yes
C) I don't know

X42. If you were very sad, stressed, lonely, or depressed, would any of these things stop you from talking to a counselor or therapist? (*Mark All That Apply.*)

A) I would not know where to go for help
B) There isn't anyone I can talk to
C) They wouldn't understand
D) People would think there is something wrong with me
E) My parents might find out
F) Other students might find out
G) I wouldn't have a way to pay for it
H) I wouldn't want to talk to a counselor or therapist
I) Other reasons
J) Does not apply, none of these things would stop me from talking to a counselor or therapist.

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