



Idaho Youth Well-being Assessment 2024-2025 Academic Year

Dear Participant,

This letter is to inform you about a youth well-being assessment we are hoping you will participate in. The assessment will give our community a better sense of how to best support the young people of Idaho, especially in the area of mental well-being/health.

This assessment is being conducted by the Idaho Department of Education and your child's school.

Completing this assessment is voluntary. Whether or not you answer the questions will not affect you in any negative way. If you are not comfortable answering a question, just leave it blank or if it upsets you and you need greater support, there are counselors at the school who can be available. You may stop taking this assessment at any time. The answers you give to these questions are completely private. **No one will ever know how you answer these questions**, so please be truthful. We also promise to keep your participation in this assessment confidential.

We hope that you will participate in this project, as it could help us improve our approach to meeting the mental health and well-being needs of the students at your school in the future. If you have any questions about this letter or this project, please feel free to contact Meredith Spivak at meredithspivak@boisestate.edu.

Thank you for your time and help with this project.

Sincerely,

Communities for Youth and Department of Education

*** By clicking on the "Click here to continue" button below, right, you officially provide your agreement to continue on to the assessment, but you can still stop at any time. ***



1) Please select which school you currently attend:

[Menu options will be provided]

2) If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

	Extremely unlikely	Unlikely	Unsure	Likely	Extremely Likely
Girlfriend or boyfriend/ significant other					
Friend					
Parent					
Teacher or other school staff					
Another trusted adult					
Mental health professional (e.g., psychologist, social worker, counselor)					
Phone or text helpline (e.g., Speak Up, See Tell Now, 988)					
Medical Doctor/ Primary Care Provider					
School Nurse					
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)					
I would not seek help from anyone					



3) What would make it hard for you to see a mental health provider right now? (A mental health provider is often known as a counselor, therapist, psychiatrist, social worker, etc.)

[Please select all that apply]

- Nothing, it would be easy for me to see a mental health provider right now.
- Cost- it would be too expensive for me/ my family.
- No health insurance/it is not covered.
- I do not know how to find a mental health provider.
- Transportation- I cannot get to where mental health providers work.
- Availability- There are no mental health care providers with room in their schedule for me to see them.
- Feels awkward- I am uncomfortable talking about personal topics.
- Judgment- I think people would judge me for seeing a mental health care provider.
- I don't believe in mental health care counselors.
- My parents/caregivers won't let me.
- Other

4) In an average week, I feel emotionally/mentally healthy (free from depression, anxiety, sadness, etc.) ...

- 7 days. I feel mentally healthy basically every day.
- 5-6 days
- 3-4 days
- 2 days
- 1 day
- No days. I never feel mentally healthy.

5) In an average week, I feel physically healthy (free from sickness, physical pain, etc.) ...

- 7 days. I feel physically healthy basically every day.
- 5-6 days
- 3-4 days
- 2 days
- 1 day
- No days. I never feel physically healthy.

6) On an average day, about how much time do you spend being physically active? (Add up all the time you spend doing anything active that increases your heart rate or makes you breathe hard)

- More than 2 hours each day.
- About 1-2 hours each day.
- About 41 minutes to one hour each day.
- About 21-40 minutes each day.
- About 5-20 minutes each day.
- No time. I am usually not physically active.



7) On an average school night, about how many hours of sleep do you get?

- 10 or more hours
- 9 hours
- 8 hours
- 7 hours
- 6 hours
- 5 hours
- 4 or less hours.

8) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all.	Several Days.	More than half the days.	Nearly every day.
Little interest or pleasure in doing things.				
Feeling down, depressed, or hopeless				
Trouble falling/staying asleep, sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself or that you are a failure or have let yourself or your family down.				
Trouble concentrating on things, such as reading the newspaper or watching television.				
Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.				
Thoughts that you would be better off dead or of hurting yourself in some way.				

9) How often, if ever, have you seriously considered suicide in the past 6 months?

- Never
- Once
- 2-4 times
- 5 or more times



10) Consider how well the following statements describe your behavior and actions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Disagree
I concentrate my efforts on doing something about the situation I'm in.					
I take action to try to make the situation better.					
I get help and advice from other people.					
I try to come up with a plan or strategy about what to do.					
I think hard about what steps to take.					

11) In the last month, how often have you:

	Never	Almost Never	Sometimes	Fairly often	Very Often
Felt that you were unable to control the important things in your life?					
Felt confident about your ability to handle your personal problems?					
Felt that things were going your way?					
Felt difficulties were piling up so high that you could not overcome them?					



12) Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling anxious, nervous, or on edge.				
Not being able to stop or control worrying.				
Worrying too much about different things.				
Trouble relaxing.				
Being so restless that it is hard to sit still.				
Becoming easily annoyed or irritable.				
Feeling afraid, as if something awful is happening.				

13) What is your gender?

[Text entry]: _____

14) What grade are you in at school?

[Text entry]: _____

15) How old are you?

[Text entry]: _____

16) How do you describe your race/ethnicity? Asian

[Text entry]: _____



17) How well do the following apply to you?

	Applies very well to me	Applies pretty well to me	Applies pretty poorly to me	Applies very poorly to me
My parents/caregivers set definite rules about what I can do at home.				
My parents/caregivers set definite rules about what I can do outside the home.				
My parents/caregivers set definite rules about when I should be home in the evening.				
My parents/caregivers know whom I am with in the evenings.				
My parents/caregivers know where I am in the evenings.				
My parents/caregivers know my friends.				
My parents/caregivers know the parents of my friends.				
My parents/caregivers find it important that I do well at school.				
My parents/caregivers follow what I do in recreational activities. (Ex: performances, sports teams, chess etc.)				

18) We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement:

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
My family really tries to help me.							
I get the emotional help and support I need from my family.							
I can talk about my problems with my family.							
My family is willing to help me make decisions							



19) The following questions ask you to think about your school. Please select the response that best captures your experience.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The adults at my school care about me.					
The adults at my school are fair to me.					
It is safe to be around the adults at my school.					
The adults at my school notice when I'm having a hard time and offer to help me.					
The adults at my school believe I can help make the world a better place.					
I have friends at school that care about me.					
My friends think we should try our best at school.					
The students at my school are nice to each other.					
At my school, it is not a big deal to make mistakes while trying your best.					

20) The following questions ask you to think about your experiences at your school. Please select the response that best captures your experience.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My school is helping me achieve goals that matter to me.					
I try my best in school.					
At least one thing I do at my school makes me want to be the best I can be.					
I have a good time participating in activities at my school.					
My school helps me discover things I'm good at doing.					



Doing my best in school now will help me have a good life when I'm older.

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

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I feel close to people at this school.					
I am happy to be at this school.					
I feel like I am a part of this school.					
The teachers at this school treat students fairly.					
I feel safe in this school.					

22) Thinking about the grades you receive in school, which of the following best describes you:

- I usually earn mostly A's.
- I usually earn mostly B's.
- I usually earn mostly C's.
- I usually earn mostly D's.
- I usually earn mostly F's.

23) How many days have you been absent from school during the last 30 days?

	None	1 day	2 days	3-4 days	5-6 days	7 or more
Because of physical illness (e.g. cold, flu, etc)						
Because I was taking a mental health day (e.g. emotional concerns, challenges)						
Because you "skipped" or chose not to attend classes.						
Because of sports or other extracurricular activities						



Because you didn't have a ride (or other transportation) to get to school.

Because you had to care for a family member.

Other (please describe):

24) How much do you agree with the following statements?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
There is a great deal of social life available in my neighborhood/community.				
It is good to live in my neighborhood/community.				
In the future I would like to continue to live in the neighborhood/community that I live in at this present time.				
In the future I would like to move to another city/town in my country.				
In the future I would like to move abroad.				

25) Please indicate how you feel about each of the following statements.

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
Outside of my parents/ caregivers, I have a trusted adult who is around when I am in need.							
Outside of my parents /caregivers, I have a trusted adult with whom I can share my joys and sorrows.							
Outside of my parents/ caregivers, I have a trusted adult who is a real source of comfort to me.							
Outside of my parents/ caregivers, I have a trusted adult in my life who cares about my feelings.							



26) When it comes to my community, I believe...

	Not true at all.	Somewhat true.	I am unsure	Very true.	Completely True.
It is important to be involved in improving my community.					
Being actively involved in community issues or problems is my responsibility.					
There are issues or problems in my community that I care deeply about.					
It is important for me to think about issues or problems affecting my community.					
I'm the kind of person who tries to make their community a better place.					
I'm committed to doing my part to build the best community possible.					
I actively support other people's efforts to help our community move in a positive direction.					

27) To what extent do the following statements apply to you?

	Almost Never	Rarely	Sometimes	Often	Almost always
I feel safe at home.					
I feel safe in my neighborhood.					

28) The following things are important for me to do in order to gain respect or to be "popular" with my peers...

	Increases respect a lot	Increases respect somewhat	Has no effect	Decreases respect somewhat	Decreases respect a lot
To do well in school					
To do well in sports					
To drink alcohol					
To smoke or vape cigarettes					
To smoke or vape marijuana					
To look good					
To go against the rules of adults					
To make out with (kiss) lots of people					



29) We are interested in how you feel about the following statements.

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
My friends really try to help me.							
I can count on my friends when things go wrong.							
I have friends with whom I can share my joys and sorrows.							
I can talk about my problems with my friends.							

30) How many of your peers at school would you say are depressed?

- None
- A few
- Some
- Most
- All

31) Have you ever been in a situation where someone pressured (physically, emotionally, etc.) you to engage in kissing, sexual touch, or sex (intercourse) when you did not want to?

- Yes
- No
- I'm not sure

32) Have you ever been in a situation where someone you were dating or going out with physically hurt you on purpose?(Count such things as being hit, slammed into something, or injured with an object or weapon.)

- Yes
- No
- I'm not sure



33) Do you experience discrimination, bullying, or unfair treatment based on any of the following things? (Select all that apply)

- I do not experience discrimination or bullying.
- How much money myself or my family has.
- My racial identity.
- My physical appearance.
- My hobbies or activities.
- Something else (please describe).

34) During the past twelve months have you ever been bullied online? (Also known as “cyberbullying” or “electronic bullying” this can happen in emails, social media, chatrooms, websites, or in text messages)

- Yes
- No

35) How many times a week do you participate in any of the following out-of-school activities that are supervised by adults?

	Not available in my community	Less than once per week	Once per week	Two times per week	Three times per week	Four times per week	Five times per week or more
Sports or sports teams (swim, ski team, soccer, football, dance).							
Religious organizations (e.g., youth group, go to church)							
Art, Drama, or musical instrument (band) classes							
Volunteering in the community							
Go to a community center like YMCA or another After-School Program							
Other (Please describe in the text box):							



36) Outside of school hours, about how much time do you spend *each day* in front of a screen for each of the following activities?

	I do not spend time on this.	Less than 30 minutes.	About 31-60 minutes	About 1-2 hours.	About 2-4 hours per day.	More than 4 hours per day.
Social Media (Twitter, Tik Tok, Facebook SnapChat, etc.)						
Video Games (online; Discord, or using a gaming system like Xbox, etc.)						
Watching streaming services (like YouTube, Hulu, Netflix etc)						
Other Online activities (Please describe):						

37) How true is the following statement to you? “On social media, I belong to a community or communities that are an important part of my identity.”

- Not true at all.
- Somewhat true.
- Mostly true.
- Completely true.

38) For the following statements, please select the response that most closely represents your experience.

	None of the time	Rarely	Some of the time	Often	A lot of the time
I experience a general sense of emptiness.					
There are plenty of people I can rely on when I have problems.					
There are many people I can trust completely.					
I miss having people around.					
There are enough people I feel close to					
I often feel rejected					



39) How often, if ever, have you smoked cigarettes in the past 12 months?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

40) How often, if ever, have you used electronic cigarettes (e-cigarettes) or vaping devices in the past 12 months?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

41) How often (if ever) have you been drunk in the past 12 months?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

42) How often (if ever) have you used any of the following drugs in the past 12 months?

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
Cannabis (hashish or marijuana)							
Methamphetamines (speed)							
Opioid drugs without a prescription (Ex: Codeine, Morphine, Methadone, Fentanyl, Oxycontin, Hydrocodone etc.)							
Other (please specify):							



43) How strongly do you agree or disagree with the following statements about yourself?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have a definite sense of purpose in my life.					
I have a firm sense of who I am.					
I have a set of basic values and beliefs that guide my actions and decisions.					
I know what I want out of life.					
I have a clear set of personal values or moral standards.					
I have specific personal goals for my future.					
I have a clear sense of who I want to be when I am an adult.					

44) Who I am as a person is very similar to ...

	Not true at all.	Somewhat true.	I am unsure.	Very true.	Completely True.
My parents/caregivers					
My community.					
My friends.					
Other kids at my school.					



45) Please select the response that best describes you for each statement below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
When people need help, they come to me.					
Sometimes, I feel almost as if I were invisible.					
People tend to rely on me for support.					
There is no one who really takes pride in my accomplishments.					
Often, people trust me with things that are important to them.					
People do not care what happens to me.					
It is hard for me to get the attention of other people.					
Most people do not seem to notice when I come or go.					
When I have a problem, people usually don't want to hear about it.					

46) How true do you feel these statements are about you personally?

	Not at all true.	A little true.	Pretty much true	Very much true.
I can work out my problems.				
I can do most things if I try.				
There are many things I do well.				
There is a purpose to my life.				
I understand my moods and feelings.				
I understand why I do what I do.				
I feel bad when someone gets their feelings hurt.				
I try to understand what other people are going through.				
I try to understand what other people feel and think.				



(End of Assessment)

**We thank you for your time spent taking this assessment.
Your response has been recorded.**