

# RemedyLive\_2425 *Pre+Post* Survey for New Palestine Schools

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Start of Block: intro & consent

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How old are you?

- ☐ 18 or older
- ☐ Under 18 years old

CONSENT/ASSENT APPEAR HERE

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End of Block: intro & consent

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Start of Block: basic info

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What is your **lunch number**? Please ask your teacher for your lunch number if you do not know what it is.

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Please reenter your **lunch** number.

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End of Block: basic info

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Start of Block: terminology

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In this survey, we will be using the terms **trusted adult** and **mental health concern**.

**\*\*\*DEFINITION\*\*\*** When we say **trusted adult**, we mean someone you can go to for support, advice or just to talk openly without fear of being judged. They listen without judgement, provide encouragement, and allow you to guide the relationship at your own pace. **\*\*\*DEFINITION\*\*\***

When we say **mental health concern**, we mean reasons one might visit a counselor. For example, feeling sad or lonely, feeling anxious, or having trouble sleeping because you're worried about something.

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A trusted adult is...

- ☐ someone a kid can go to for help and support.
  - ☐ someone kids should avoid at all costs.
- 

A mental health concern could be...

- ☐ feeling sad for long periods of time.
  - ☐ having an upset stomach because you ate too much.
- 

Some of these questions may look familiar... Remember, we want to know how you're feeling **today**. So please respond based on your current thoughts and feelings.

End of Block. *terminology*

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Start of Block. *RSES (self-esteem)*

Below is a list of statements that might reflect how you think or feel about yourself. Please choose how much you agree or disagree with each statement.

|                                                      | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        |
|------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| On the whole, I am satisfied with myself.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At times I think I am no good at all.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that I have a number of good qualities.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am able to do things as well as most other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel I do not have much to be proud of.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What about these statements?

|                                                                                        | Strongly<br>Disagree  | Disagree              | Agree                 | Strongly Agree        |
|----------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I certainly feel<br>useless at times.                                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that I'm a<br>person of worth,<br>at least on an<br>equal plane with<br>others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I wish I could<br>have more<br>respect for<br>myself.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you are paying<br>attention, select<br>Disagree.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel as if I am a<br>failure.                                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I take a positive<br>attitude toward<br>myself.                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: RSES (self-esteem)

Start of Block: WHSIS (Hammer & Spiker, 2016)



Imagine you had a mental health concern. If I had a mental health concern...

|                                                           | Strongly Disagree     | Disagree              | Somewhat Disagree     | Somewhat Agree        | Agree                 | Strongly Agree        |
|-----------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...I would <b>plan</b> to seek help from a trusted adult. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...I would <b>want</b> to seek help from a trusted adult. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...I <b>should</b> seek help from a trusted adult.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: MH515 (Hammen & Spitzer, 2018)

Start of Block: Children's Home Scan's



For each statement, select the option that describes **you** the best. How often do you think this way?

|                                                                                                     | <b>None of the<br/>time</b> | <b>A little of the<br/>time</b> | <b>About half of<br/>the time</b> | <b>Most of the<br/>time</b> | <b>All of the<br/>time</b> |
|-----------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------------|-----------------------------|----------------------------|
| I think I am<br>doing well.                                                                         | <input type="radio"/>       | <input type="radio"/>           | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/>      |
| I can think of<br>many ways to<br>get the things<br>in life that are<br>most<br>important to<br>me. | <input type="radio"/>       | <input type="radio"/>           | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/>      |
| I am doing<br>just as well<br>as other kids<br>my age.                                              | <input type="radio"/>       | <input type="radio"/>           | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/>      |

Page Break



What about these statements?

|                                                                                  | <b>None of the<br/>time</b> | <b>A little of the<br/>time</b> | <b>About half of<br/>the time</b> | <b>Most of the<br/>time</b> | <b>All of the<br/>time</b> |
|----------------------------------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------------|-----------------------------|----------------------------|
| When I have a problem, I can come up with lots of ways to solve it.              | <input type="radio"/>       | <input type="radio"/>           | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/>      |
| I think the things I have done in the past will help me in the future.           | <input type="radio"/>       | <input type="radio"/>           | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/>      |
| Even when others want to quit, I know that I can find ways to solve the problem. | <input type="radio"/>       | <input type="radio"/>           | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/>      |

End of Block: Children's Hope Scale

Start of Block: ERICA (emotion regulation)

Below are a number of statements that might or might not describe **you**. Please read each statement, and select how much you agree or disagree.

|                                                | Strongly<br>Disagree  | Disagree              | Neutral               | Agree                 | Strongly<br>Agree     |
|------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have trouble waiting for something I want.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am impatient.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I annoy others by not minding my own business. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have angry outbursts.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

How much do you agree or disagree that these describe you?

|                                                           | Strongly Disagree     | Disagree              | Neutral               | Agree                 | Strongly Agree        |
|-----------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I can be disruptive at the wrong times.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get angry when adults tell me what I can and cannot do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do things without thinking about them first.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Select Agree so we know you are paying attention.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When things don't go my way I get upset easily.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: ERICA (emotion regulation)

Start of Block: Modified r-AQ for Adolescents (Pinto, et al., 2012; Watson, et al., 2004)



**There is a new student in your class who just came from another school. You have heard that the student is experiencing feelings of depression and anxiety. How likely or unlikely are you to...**

|                                     | Very Unlikely         | Unlikely              | Not sure              | Likely                | Very Likely           |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...be friends with the new student. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...try to help the new student.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Modified r-AQ for Adolescents (Pinto et al., 2012; Watson et al., 2004)

Start of Block: Coping Strategies

**If you were to experience mental health struggles, how likely would you be to turn to the following strategies to feel better?**

|                                    | Very unlikely         | Unlikely              | Not Sure              | Likely                | Very likely           |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Gaming                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Media                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overeating                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Abuse                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercise, Journaling, Drawing, Etc | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I wouldn't do anything.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, please explain              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Coping Strategies

Start of Block: Self-care: Mindset



How important do you think it is to do the following types of self-care?

|                                                                                                                                                      | Not at all<br>important | Somewhat<br>important | A little important    | Very important        |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| <b>Physical self-care</b> (such as sleeping, eating, and exercising)                                                                                 | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Social and emotional self-care</b> (such as spending time with others, staying in contact with important people, spending time away from screens) | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Spiritual self-care</b> (such as spending time in nature, prayer/meditation, participating in a spiritual community)                              | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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How often have you done the following types of self-care **in the past week?**

|                                                                                                                                                      | Almost never          | Sometimes             | Often                 | Very often            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Physical self-care</b> (such as sleeping, eating, and exercising)                                                                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Social and emotional self-care</b> (such as spending time with others, staying in contact with important people, spending time away from screens) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Spiritual self-care</b> (such as spending time in nature, prayer/meditation, participating in a spiritual community)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: self-care attitudes

Start of Block: Self-Stigma

People sometimes seek help from trusted adults when they are facing mental health concerns. This can bring up reactions about what seeking help might mean for them.

**Imagine you have a mental health concern.** Select how much you agree or disagree that each statement reflects **how you would feel**.

|                                                                                                    | Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly agree        |
|----------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I would feel <b><u>embarrassed</u></b> to ask a trusted adult for help.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I went to a trusted adult, I would be <b><u>less satisfied</u></b> with myself.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would feel <b><u>ashamed</u></b> if I went to a trusted adult for help.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am afraid my friends would <b><u>judge me</u></b> if I went to a trusted adult.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am <b><u>scared</u></b> to go to a trusted adult.                                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think talking to trusted adults would <b><u>help me</u></b> deal with my mental health concerns. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How likely would you be to seek help from a **trusted adult** if **you** were experiencing...

|                           | Very unlikely         | Somewhat unlikely     | Somewhat likely       | Very likely           |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...depression.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...anxiety.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...thoughts of self-harm. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...thoughts of suicide.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Self-Stigma

Start of Block: Friending-up



Now imagine your friend was struggling with a mental health concern. Select how much you agree or disagree with the following statements. **If my friend had a mental health concern...**

|                                                                | Strongly Disagree     | Disagree              | Not Sure              | Agree                 | Strongly Agree        |
|----------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...talking to a trusted adult would help them.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...I am confident I could get them to talk to a trusted adult. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



But what if your friend refused to get help from a trusted adult? **If my friend had a mental health concern and refused to seek help...**

|                                                                                | Strongly Disagree     | Disagree              | Not Sure              | Agree                 | Strongly Agree        |
|--------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...it is important that I try to get them help from a trusted adult on my own. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...I feel confident that I could get them help from a trusted adult.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How likely would you be to seek help from a **trusted adult** if **your friend** was experiencing...

|                           | Very Unlikely         | Somewhat Unlikely     | Somewhat Likely       | Very Likely           |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...depression.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...anxiety.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...thoughts of self-harm. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...thoughts of suicide.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Friendship(s)

Start of Block: Social support (Ross & Mirowsky)

We are interested in how well these statements describe **you** and the **people in your life**.  
Read each statement carefully and select how much you agree or disagree.

|                                                                                                     | Strongly<br>Disagree  | Disagree              | Not Sure              | Agree                 | Strongly<br>Agree     |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have<br>someone I<br>can really talk<br>to.                                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am not<br>paying<br>attention and<br>not reading<br>these<br>questions<br>(select<br>Disagree).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have<br>someone I<br>can turn to for<br>support and<br>understanding<br>when things<br>get rough. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Social support (Ross & Mirowsky)

Start of Block: qualitative



If you needed help for mental health concerns, who would you talk to?

☐ Mother/Female Caregiver or Guardian

☐ Father/Male Caregiver or Guardian

☐ Coach

☐ Teacher

☐ Counselor

☐ Other trusted adult

☐ Friend

☐ Sibling or other family member

☐ I wouldn't talk to anyone.

☐ Other (do not include names):

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What might **stop or prevent** you from getting help from a trusted adult, if you needed it? **Do not** provide any identifiable information such as specific names.

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End of Block: qualitative

Start of Block: INTERVENTION GROUP POST-SURVEY ONLY



How much do you agree or disagree with each statement about the **Get Schooled Tour (GST)** assembly?

|                                                                              | Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly agree        |
|------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The information presented was useful.                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I could relate to the topics presented in the assembly.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I will be thinking about the assembly for some time.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I will talk to a parent or trusted adult about what I heard in the assembly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It helped to know I am not the only one with secret struggles.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



What about these statements? As a result of the **GST** assembly...

|                                                                             | Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly agree        |
|-----------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...I am now more likely to reach out when I am struggling.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...I am now more likely to help my friends get help if they are struggling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...I now know where to get help for mental health concerns.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Did you go to the Talk Room?

- ☐ Yes, for myself
- ☐ Yes, to support a friend
- ☐ No

Did you talk mostly about your problems, or a friend or family member's problems?

- ☐ My problems
- ☐ A friend or family member's problems
- ☐ Both



How much do you agree with each statement about the Talk Room?

|                                                 | Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly agree        |
|-------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I found the Talk Room useful.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt listened to.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I got the help I was looking for.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would go back to the Talk Room again.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I recommend other students go to the Talk Room. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How much do you agree with the following statements about the Talk Room?

|                                                       | Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly Agree        |
|-------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I am glad I went to the Talk Room with my friend.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think my friend got the help they were looking for. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend other students go to the talk room. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

How much do you agree or disagree with each statement about the Get School Tour (GST) assembly?

|                                                                                                         | Strongly Disagree     | Disagree              | Neutral               | Agree                 | Strongly Agree        |
|---------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The speakers were engaging.                                                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The information presented by the speakers was clear and easy to understand.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The speakers stressed the importance of seeking help when I am struggling.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The media (videos, audio, graphics) used in the presentation was high quality.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The media (videos, audio, graphics) used in the presentation helped me understand the topics discussed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Since participating in the GST assembly, have you used the 24/7 crisis chat center?"

☐ Yes

☐ No



How would you rate the usefulness of the chat center?

☐ Not at all useful

☐ Slightly useful

☐ Somewhat useful

☐ Very useful

☐ Extremely useful

How likely are you to use the 24/7 crisis chat center...

|                                               | Very Unlikely         | Unlikely              | Neutral               | Likely                | Very Likely           |
|-----------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...if <b>you</b> need support?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...if a <b>friend</b> of yours needs support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: INTERVENTION GROUP POST-SURVEY ONLY

Start of Block: Homographick



What grade are you in?

- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th



How old are you?

---

What is your race/ethnicity? Please select all that apply:

☐

White/Caucasian

☐

Black/African American

☐

Asian

☐

Middle Eastern or North African

☐

Native American, American Indian, or Alaskan Native

☐

Native Hawaiian or Other Pacific Islander

☐

Latino/Latina/Hispanic

☐

Other \_\_\_\_\_

What is your biological sex?

☐

Male

☐

Female

☐

Prefer not to say



Are you eligible for free/reduced-price lunch?

☐

Yes

☐

No

☐

Not sure or Prefer not to answer



Do you have a **physical disability** (for example, deaf/hard of hearing, visual impairment, mobility difficulty)?

- ☐ Yes
- ☐ No
- ☐ Not sure or Prefer not to answer



Do you have a **learning disability** (for example, dyslexia)?

- ☐ Yes
- ☐ No
- ☐ Not sure or Prefer not to answer



Do you have an Individualized Education Program (IEP)?

- ☐ Yes
- ☐ No
- ☐ Not sure or Prefer not to answer

End of Block: demographics

Remedy Live

During presentation survey

Questions List:

ESC000

"As a teen, what forms of escape can you most relate with?"

- Smartphone
- Gaming
- Over eating
- Excessive workouts
- YouTube/ Streaming Vid
- Caffeine/Sugar
- Smoking Tobacco/ Vaping
- Illegals (Weed, pills, others)
- Alcohol
- I am not a teen.
- None of the above

ESC002

"Do you suffer from ongoing physical pain?"

- Yes
- No

ESC003

"Do you suffer from ongoing emotional pain?"

- Yes
- No

ESC005

"Do you think that escapism is damaging to your mental health?"

- Yes
- No
- Unsure

ESC006

"How intentional are you to choose boredom over busyness?"

- I'd rather stay busy of mind
- I'd rather stay quiet of mind
- I am not intentional

ESC008

"When you spend time in your own head, what messages do you hear about yourself?"

ESC015

"Are there unhealthy patterns in your life that you need to cut out?"

- Yes
- No
- I'm not sure

ESC016

"What is one step towards hope you will agree to do today?"

ESC017

"Who is a hero in your life?"

ESC018

"Have you lost someone you love?"

- Yes
- No

ESC019

"Do you feel safe at home?"

- Yes
- No
- I'm not sure

ESC020

"Do you believe the decisions you make now will affect your adult life?"

- Yes
- No
- I'm not sure

ESC021

"If you are willing to share, how have you experienced pain?"

ESC022

"Do you feel there are lies about yourself that you are believing?"

- Yes
- No
- I'm not sure

ESC023

"What is something in your life that "fills your cup"?"

ESC024

"What area can you relate to the most?"

- I'm dealing with some suffering
- I'm trying to persevere
- I'm building my character
- I've found hope

ESC025

"Do you believe there is power in telling the truth?"

- Yes
- No
- I'm not sure

ESCT002

"Brain imaging and new research confirms a person can be addicted to compulsive overeating."

- True
- False

ESCT003

"The neurotransmitter dopamine is more about "liking" than "wanting"."

- true
- false

ESCT005

"Embracing pain and struggle with healthy coping methods , rather than unhealthy escapes, strengthens us over time."

- true
- false

ESCT008

"The pills shared by friends or sold by drug dealers are safe for anyone to use."

- True
- False

ESCT009

"According to Dr. Anna Lemke of Standford University, doing WHAT helps us become more satisfied with our life ?"

- make more money
- escape more pain
- confess the truth about our needs
- attend more webinars like this

ESCT012

"Escapism is:"

- To distract/run from pain
- Leaving for the beach in Winter

- Exercise, resting, and reading
- No big deal

ESCT012

"What is the greek word that means "level" or "steady"?"

- Acropolis
- Homeostasis
- Plethora
- Democracy

ESCT014

"The core neuro-chemical that makes us WANT to escape is:"

- Serotonin
- Adrenaline
- Dopamine
- Excedrin

ESCT015

"What does scrolling on a smartphone and injecting heroin have in common?"

- Both are dopamine heavy
- Not a thing
- They're both poison
- Cost

ESCT016

"The top form of escapism is:"

- Vaping
- Over-eating
- Alcohol
- Screentime

G001

"If you had a secret struggle, would you tell someone about it?"

- Yes
- No

G099

"If you had a secret struggle, would you tell someone about it?"

- Yes
- No

G114

"As a student, what positive relationships do you have in your life?"

- Family

- Other
- Spiritual Leaders
- Coaches
- Other Trusted Adults
- Other Teens
- A Dating Relationship
- I Do Not Have Any Positive Relationships
- Teachers

G115

"As a student, what negative relationships do you have in your life?"

- Family
- Teachers
- Spiritual Leaders
- Coaches
- Other Trusted Adults
- Other Teens
- I Do Not Have Any Negative Relationships
- A Dating Relationship
- Other

G116

"Do you have a trusted adult here at school you could talk to about your secret struggle? If so, would you talk to them today?"

- Yes
- No
- I do, but I won't talk to them
- I don't have a secret struggle

GSTSurvey002

"How would you rate your mental health at this time? (0 - Extremely Poor // 10 - Extremely Healthy)"

GSTSurvey004

"Can you think of a trusted adult in your life right now?"

- Yes
- No

GSTSurvey005

"If you had a friend who was struggling, do you feel confident you could help them?"

- Yes
- No

GSTSurvey006

"Do you see yourself as valuable?"

- Yes, I am incredibly valuable!
- I know I have some value.
- It's hard to see myself as valuable.
- I have no value.

H000

"Choose the answer that's true for you-"

- I do not use illegal substances
- I have used illegal substances but don't want to
- I have used illegal substances

H001

"Choose which ways you deal with difficulty in your life..."

- Persevere/ you try harder
- Panic/ you get overwhelmed
- Self-Medicate/ you use illegal substances
- Reach Out/ you ask others to help
- Isolate/ you do it alone
- Ignore/ you pretend it's not difficult
- Anger/ you lash out at others
- Alcohol/ you drink to escape
- Pray/ ask for help from a higher power
- Retreat/ you run away
- Other

H002

"What substances have you used in the past 90 days. (Choose all that apply)"

- Nicotine (vape, chew, dip, nicotine gum, smoking tobacco)
- THC (vape cartridges, smoking marijuana, edibles, creams)
- Prescription pills not prescribed to you (Adderall, Vicodin, Percocet, etc)
- Over the counter medications to get high or a "buzz"
- Alcohol (any form)
- Inhalants/Huffing
- Illegal Stimulants (cocaine, crack, molly, ecstasy, methamphetamine)
- Hallucinogens (acid, shrooms, salvia)
- None of these

H004

"How dangerous do you think drugs are?"

- Very dangerous
- Somewhat dangerous
- Not very dangerous
- Not dangerous at all

- Unsure

H005

"Do you believe you can trust what adults tell you about drugs and alcohol?"

- Yes
- No
- Unsure

H009

"Do you feel peer pressure to experiment or use illegal substances?"

- Yes
- No

H012

"Does the use of illegal substances in our culture upset you? (0 - no // 10 - yes)"

H013

"Do you have family members that use illegal substances?"

- Yes
- No

H015

"Have you experimented with vaping?"

- Yes
- No

H100

"Have you lost a family member or friend to an overdose?"

- Yes
- No

M101

"Have you been depressed in the last 30 days?"

- Yes
- No

M102

"Have you been anxious in the last 30 days?"

- Yes
- No

M104

"Have you had serious thoughts of suicide in the past 30 days?"

- Yes

- No

M106

"If you are struggling with thoughts of suicide, have you told someone so they can support you?"

- No.
- I have not been struggling with thoughts of suicide.
- Yes, a trusted adult at school, church or in the community.
- Yes, a friend or sibling.
- Yes, one of my adult family members.

M402

"Regarding anxiety, choose which experiences you've had in the past 30 days."

- panic attacks
- chest pains
- sleeplessness
- worry
- agitation/anger
- fatigue/tiredness
- lack of concentration
- fearfulness
- something else
- I have not felt anxious

M420

"If you needed help, do you know where to find it?"

- Yes
- No
- I'm not sure

onepill1

"Do you know of a student who took and used an illegal pill from another person?"

- Yes
- No

onepill2

"Have you ever taken an illegal pill?"

- Yes
- No

onepill3

"Were you aware that illegal pills can cause overdoses and deaths?"

- Yes, I was aware
- No, I was not aware

onepill4

"Would you take a pill offered to you by a friend?"

- Yes
- No
- Unsure

onepilltrivia

"What is the minimum amount of fentanyl that if consumed could kill someone?"

- a spoonful
- a pin head
- a cupful

RATING7

"What would you suggest we do to improve the Get Schooled Tour?"

RATING8

"How would you rate today's Get Schooled Tour Event? (0 - awful \_\_\_\_ 5 - fantastic)"

RatingPoll

"I enjoyed the interactive polling."

RATINGSpeakers

"I enjoyed today's Get Schooled Tour presenters."

RatingTalent

"I enjoyed the Get Schooled Tour's musical guest."

SPACER

" \_\_\_\_\_ "  
- \_

SPACER1

" \_\_\_\_\_ 0:00 \_\_\_\_\_ "

SPACERAS

" \_\_\_\_\_ Anthony Story \_\_\_\_\_ "

SPACERESCAPE

" \_\_\_\_\_ ESCAPE \_\_\_\_\_ "

SPACERJS

" \_\_\_\_\_ Jamie's Story \_\_\_\_\_ "

SPACERLIVE

"\_\_\_\_\_LIVE IT\_\_\_\_\_"

SPACERONEPILL

"\_\_\_\_\_ONE PILL\_\_\_\_\_"

SpacerPreShow

"\_\_\_\_\_Pre-Show\_\_\_\_\_"

SpacerScience

"\_\_\_\_\_Science\_\_\_\_\_"

SPACERSTORY

"\_\_\_\_\_Student Story\_\_\_\_\_"

TR893

"Which U.S. state is home to Acadia National Park?"

- Vermont
- Maine
- Tennessee
- Oregon

TR894

"What was the first animal to ever be cloned?"

- Squirrel
- Cat
- Rabbit
- Sheep

TR895

"What is a seven-sided shape called?"

- heptagon
- octagon
- nonagon
- pentagon

TR896

"Which month of the year is National Ice Cream Month?"

- May
- June
- July
- August

TR897

"The unicorn is the national animal of which country?"

- Ghana
- England
- Canada
- Scotland

TR898

"Originally, Amazon only sold what type of products?"

- Books
- Board Games
- Printers
- Cabinets

TR899

"Mickey Mouse almost went by a different name. What was it?"

- Matthew Mouse
- Maxwell Mouse
- Mortimer Mouse
- Montgomery Mouse

TR900

"President Bush threw out the first pitch at which new ballpark on April 6, 2001?"

- Busch Stadium - St. Louis
- Coors Field - Denver
- Fenway Park - Boston
- Miller Park - Milwaukee

TR901

"What's the diameter of a basketball hoop in inches"

- 14 inches
- 15 inches
- 22 inches
- 18 inches

TR902

"What's the national sport of Canada?"

- Hockey
- Lacrosse
- Basketball
- Football

TR903

"What year was Jackie Robinson's final MLB season with the Brooklyn Dodgers?"

- 1940
- 1946

- 1956
- 1962

TR904

"What country was the first to use paper currency?"

- Turkey
- China
- Italy
- Spain

TR905

"How many miles long is a marathon?"

- 26.2
- 28.4
- 30.5
- 32.7

TR906

"Which Disney film features the song 'How Far I'll Go'?"

- Tangled
- Frozen
- Coco
- Moana

TR907

"What is the rarest blood type?"

- A Positive
- O Negative
- AB Negative
- B Positive

TR908

"Which U.S. president is featured on the \$2 bill?"

- Ulysses S. Grant
- Andrew Johnson
- James Madison
- Thomas Jefferson

TR909

"What animal can be seen on the Porsche logo?"

- Lion
- Horse
- Bull
- Snake

TriviaSpace001

"\_\_\_\_\_ Trivia \_\_\_\_\_"

W011

"How much do you know about RemedyLIVE? (0 - nothing // 10 - everything)"

WU101

"Warm Up Question - Top Stressor?"

- School/ homework
- Relationships
- Athletics
- Home life
- Body image/ Self esteem
- Social Media
- Safety/ Bullying
- The Future

WU102

"Warm Up Question - What type of parent structure do you have in your life?"

- Married, Birth Parents
- Married, Step Parents
- Single Parent
- Grandparent
- Foster Parents
- Not Married, Birth Parents
- Not Married, Step Parents

WU103

"Warm Up Question - How many hours a day do you sleep, on average?"

WU104

"Warm Up Question - Favorite Apps?"

- TikTok
- Snapchat
- Instagram
- Facebook
- "X" Formerly Twitter
- WhatsApp
- Discord
- YouTube
- Spotify
- BeReal.

WU107

"Warm Up Question - Are you an extrovert, introvert or ambivert?"

- Introvert
- Extrovert
- Ambivert

Z004

"Do you feel like you have a solid group of friends or a good support system that you can count on?"

- Yes, I do
- No, I do not
- I'm unsure