



Survey to be administered February 1 to 18, 2022

To start, student selects:

English Spanish Russian Ukrainian Vietnamese Somali

Students then receive the following instructions:

The past two years have been an unusual time given that the COVID-19 pandemic has affected where and how you learn. It may have affected you in other ways, too.

We are asking that you please take part in this survey so that we can learn more about how you have been doing during this time. You may have taken a similar survey last year – this year’s survey is updated to ask about how you’ve been doing during the current school year.

We will ask for your opinions. This means that for those questions there are no right or wrong answers—we care about how you feel.

Your school and community will use the information that you give us to help plan for the future.

Your answers to these questions are **completely anonymous**. This means that nobody will be able to connect your answers to you. Your answers will be included with those of other students so that we can tell how students are doing as a group.

Your participation in this survey is **completely voluntary**. This means that you do not have to participate. It also means that you can skip any questions or stop at any time. This survey will not affect your grades in any way.

This survey asks personal questions, and you may find some of them uncomfortable or upsetting. Again, you can skip any questions that you don’t want to answer.

Other students have taken similar surveys and have said that it was interesting, and we hope you think so too. We value your opinion and want to hear what you have to say.

PRESS THE NEXT ARROW TO BEGIN

Anonymous survey questions begin here:

Have you already taken this survey (COVID-19 Student Survey) any day between February 1st and February 18th of this year?

- Yes
- No

If students say “Yes,” they skip to the end of the survey; if they say “No,” they continue.

Where are you taking this survey?

- At school
- Somewhere besides school

Are you in a place where you can respond honestly to questions related to your thoughts, feelings, and habits pertaining to school and your personal life during the COVID-19 pandemic?

- Yes
- No

If students say “Yes,” they continue; if they say “No,” they receive the following question:

You answered that you are currently NOT in a place where you can answer questions honestly. If possible, please find a place where you can do that.

Are you now able to take this survey privately?

- Yes, I am now able to take this survey
- No, I am NOT able to take this survey

If students say “Yes,” they continue; if they say “No,” they skip to the end of the survey.

This first group of questions is used to describe who people are as individuals. These questions are asked to help identify potential needs among different groups of people.

Some of these questions may be considered sensitive.

You are required to answer the question about what grade you are in, but you can skip over any of the other questions you aren’t comfortable answering or choose; “I prefer not to answer.”

What grade are you in?

- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded or other

Are you Hispanic/Latino/Latina/Latinx?

- No, not Hispanic/Latino/Latina/Latinx
- Yes, Hispanic/Latino/Latina/Latinx

*** Students will be given this definition of "Hispanic/Latino/Latina/Latinx"; "A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race."

What is your race? (select all that apply)

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Other (please specify) _____

*** Students will be given these definitions;

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian or Asian American: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

What is the language you speak most often at home?

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Ukrainian
- Chinese
- Korean
- Other

Preview

What sex/gender were you at birth, even if you are not that gender today?

- Male
- Female

If students say they are in Grade 7 to 12; they get asked the next two questions about Gender Identity and Sexual Orientation.

If students say they are in Grade 6; they will NOT be asked the Gender Identity and Sexual Orientation questions.

How do you currently identify yourself? – ***Only asked to students in grades 7 to 12***

- Male
- Female
- Transgender
- Questioning / not sure of my gender identity
- Something else fits better
- I do not know what this question is asking
- I prefer not to answer

Which of the following best describes you? *Only asked to students in grade 7 to 12*

- Heterosexual (straight)
- Gay
- Lesbian
- Bisexual
- Questioning / not sure
- Something else fits better
- I do not know what this question is asking
- I prefer not to answer

Who did you live with **most** of the time during the **current school year**? *Select the option (or options) that best describes who you live with*

- Parent(s), stepparent(s), or legal guardian
- Relatives – like a grandparent, an aunt/uncle, an older brother/sister – but NOT your parents
- Foster care parent(s)
- Adults who are NOT your parents, relatives, or foster parents
- Friends of yours with no adults present
- On your own
- Other

Where did you live **most** of the time during the **current school year**?

- In a house or apartment
- In a shelter
- In a car or RV, park, or campground
- In a motel/hotel
- On the street
- Moved from place to place
- Other
- I prefer not to answer

Are you limited in any activities because of a disability or long-term health problem, including physical health, emotional, or learning problems expected to last 6 months or more?

- Yes
- No
- I am not sure or I prefer not to answer

Have you or your family moved in the past 3 years to another school district or city for **temporary or seasonal** work in agriculture, dairy, or fishing?

- Yes
- No
- I am not sure or I prefer not to answer

How much are you worried right now about the following things?

	Not at all worried	A little worried	Pretty worried	Extremely worried
Your family not being able to afford rent or housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough food to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often during the current school year did you or your family have to cut meal size or skip meals because there wasn't enough money for food?

- Almost every month
- Some months but not every month
- Only 1 - 2 months
- Never - We did not skip or cut the size of any meals

Compared to LAST school year, how much physical activity/exercise do you do THIS school year?

- A lot less
- A little bit less
- About the same
- A little bit more
- A lot more

On an average school night during the current school year, about how many hours do you sleep?

- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours or more

The next questions are about your experiences during the COVID-19 pandemic.

Have you **ever** tested positive for COVID-19?

- Yes
- No
- Unsure or prefer not to answer

Has *anyone you live with* **ever** tested positive for COVID-19?

- Yes
- No
- Unsure or prefer not to answer

How much are you worried right now about the following things as **a result of the COVID-19 pandemic?**

	Not at all worried	A little worried	Pretty worried	Extremely worried
Getting sick with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends or family getting sick with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Preview

These questions ask about how well you have followed the guidelines for reducing the spread of COVID-19.

Please rate how often you have followed these guidelines in the last 30 days.

	All the time	Most of the time	About half of the time	Only some of the time	Never
Washing your hands or using hand sanitizer between activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing a mask when you are near people you don't live with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying home when you feel sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Preview

At School:

	Definitely yes	Probably yes	Probably no	Definitely no
Would you tell your teacher or parent/guardian if you felt sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk with them about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk to an adult or teacher about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What type of instruction are you participating in **this week**?

- Remote, virtual, or online learning
- All in-person with teachers and other students in my school building
- Some in-person time with teachers and other students and some remote, virtual, or online learning

During the entire current school year, what type of instruction did you participate in the **most**?

- Remote, virtual, or online learning
- All in-person with teachers and other students in my school building
- Some in-person time with teachers and other students and some remote, virtual, or online learning

Preview

Think back over **this** school year so far. How often did you:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
Enjoy school?	<input type="radio"/>					
Try to do your very best work in school?	<input type="radio"/>					
Feel the schoolwork you were assigned was meaningful and important?	<input type="radio"/>					
Think that your classes were interesting to you?	<input type="radio"/>					
Get praised by your teachers?	<input type="radio"/>					

In the past school year, how often have you felt a sense of belonging at your school?

- NEVER
- Rarely
- Sometimes
- Often
- VERY OFTEN

In the past school year, how often have you felt safe at school?

- NEVER
- Rarely
- Sometimes
- Often
- VERY OFTEN

In the past school year, how often have you felt supported by your friends or classmates?

- NEVER
- Rarely
- Sometimes
- Often
- VERY OFTEN

Putting them all together, what are your grades like this year?

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

Does your teacher/school make it clear as to what it takes to get a certain grade?

- Yes
- No

During the past 30 days, on how many days have you been absent from school **for any reason**?
Include any days that you missed at least half of the school day.

- 0 times
- 1 or 2 days
- 3 or more days

If students say "0 times," they continue; if they answer "1 or 2 days" or "3 or more days," they get this follow-up question:

Please select reasons why you have been absent from school in the past 30 days (select all that apply):

- I didn't think school was engaging or interesting
- I had a family responsibility such as helping to watch a younger sibling
- I had trouble with my internet or logging into classes (if remote)
- I felt too overwhelmed with life to participate in school
- I did not feel safe going to school or participating in school
- I was sick or not feeling well
- I was too anxious or depressed (felt sad, discouraged, or irritated)
- I lost track of time or forgot to log on (if remote)
- I was traveling or on vacation
- I had a medical appointment (like a Doctor, Dentist, Orthodontist appointment, etc.)
- I had to quarantine because of COVID-19
- Other _____

Thinking about this school year, how often have you had access to a computer or tablet AT HOME when you need one for school? (Include devices provided by your school)

- Never - I do not have access to a computer or tablet at home
- Rarely
- Usually
- Always

Thinking about this school year, when you have needed to use WiFi/internet for school, how often have you had access AT HOME?

- Never - I do not have WiFi/internet at home
- Rarely
- Usually
- Always

During the current school year, how much time do you spend on schoolwork outside of class time?

- Way too much
- A little too much
- Just the right amount
- Not quite enough
- Barely any

How much do you feel you have learned across all of your classes **this school year**, compared to last school year?

- A lot more than last year
- A little more than last year
- About the same as last year
- A little less than last year
- A lot less than last year

What statement best fits you:

There are afterschool activities offered by my school or community (like sports, clubs, youth groups, dance, etc.) that:

- I participate in
- I would like to participate in but am unable to
- I do not participate in and do not want to participate in
- I do not know if there are activities offered by my school or in my community that I can participate in

How often do you wear a seat belt when you ride in the back seat of a car, truck, van, or SUV?

- Always
- Nearly always
- Sometimes
- Seldom
- Never
- Never ride in back seat

How often do you think most students in your school wear a seat belt when they ride in the back seat of a car, truck, van, or SUV?

- Always
- Nearly always
- Sometimes
- Seldom
- Never
- Never ride in back seat

I have a habit of wearing a seat belt because my parent(s)/guardian(s) always insist on it.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

Remember - you do NOT have to answer questions that you do not want to.

During the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?

- Yes
- No

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?

Yes

No

If students respond “yes” to any of the next three items, the following 6 resources and info appear on their screen:

Thank you for answering those questions. Please talk to someone more about your thoughts and feelings. We also suggest you do one of these things right away:

- *Talk to an adult you trust in your family or community, such a parent, coach, mentor, neighbor, and/or faith leader.*
- *Talk to an adult you trust at school, such as a teacher, counselor, nurse, intervention specialist, or principal.*
- *Contact one or more of the places listed below for emotional support and to find out where to get help.*

Washington Teen Link

<https://www.teenlink.org/>

1-866-TEENLINK (833-6546)

Crisis Text Line

<https://www.crisistextline.org/>

Text HOME to 741741

You Are Not Alone Network (for Native youth):

<http://www.youarenotalonenetwork.org/>

1-877-209-1266

The Trevor Project (for LGBTQ youth):

<https://www.thetrevorproject.org/> to text or chat

1-866-488-7386 to talk

National Teen Line:

<https://teenlineonline.org/>

1-800-852-8336 or text TEEN to 839363

National Suicide Prevention Lifeline:

<https://suicidepreventionlifeline.org/>

1-800-273-8255 (TRS: 1-800-799-4889)

During the past 12 months, did you ever **seriously** consider attempting suicide?

- Yes
- No

During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

During the past 12 months, did you actually attempt suicide?

- Yes
- No

During the past 12 months, did you need mental health services from a counselor, therapist, emergency room, or other health care provider?

- Yes
- No

If students say “Yes,” they are asked the next question. If they say “No,” they move on to the question about feelings.

During the past 12 months, did you try to get mental health services from a counselor, therapist, emergency room, or other health care provider?

- No, I did not try to get help
- Yes, and I did get help
- Yes, but I did not get help

How often do you feel...

	Hardly ever	Some of the time	Often
Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?

- Yes
- No

My stress level is manageable most days.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

Outside of school hours, there is a safe place or person I can go to if I need help.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

These items deal with ways you cope with the stress in your life. There are many ways to try to deal with problems. To what extent do you do what the item says?

	I don't do this at all	I do this a little bit	I do this a medium amount	I do this a lot
I get emotional support from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get help and advice from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I express my feelings and let people know what I'm thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate which of the following you do to help you deal or cope with stress in your life. (select all that apply)

- Connect with family or friends (e.g., talking, texting)
- Talk with teachers or other supportive adults
- Participate in afterschool activities (e.g., clubs, sports)
- Do schoolwork
- Read
- Exercise (e.g., walking, running, lifting weights)
- Spend time outside
- Watch or stream shows or movies
- Spend time on social media
- Volunteer / charity work
- Limit the amount of stressful news I read or watch
- Hobbies
- Yoga, meditate
- Hang out with pets
- Complete puzzles (e.g., jigsaw, word, number)
- Play games (e.g., board games, video games)
- Listen to podcasts
- Journal
- Cook / bake
- Practice my faith (praying, reading, pondering, etc.)
- Artistic activities (e.g., coloring, crafting, painting, sewing)

Other (fill in the blank)

Preview

For each sentence listed below, please think about how you are in most situations. There are no right or wrong answers.

Please select the option that describes you:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
I can think of many ways to get the things in life that are most important to me.	<input type="radio"/>					
I am doing just as well as other kids my age.	<input type="radio"/>					
When I have a problem, I can come up with lots of ways to solve it.	<input type="radio"/>					
I think the things that I have done in the past will help me in the future.	<input type="radio"/>					

For this sentence, please think about how you are in most situations. There are no right or wrong answers.

Please select the option that describes you:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
I am optimistic or hopeful about my future.	<input type="radio"/>					

Are there adults you can turn to for help or support if needed?

- Yes
- No
- I am not sure

Preview

If you were to feel sad or hopeless, to whom would you most likely turn for help? Choose all that apply

- Sibling (brother, sister, stepbrother, stepsister) or cousin
- Teacher, school counselor, or other adult in my school
- Friend or peer
- Parent / guardian
- Religious / faith leader
- Coach
- Other adult or mentor
- Counselor or Therapist not in my school
- I don't have anyone I would talk to

Thinking about this school year, how often have **one or more of your friends or classmates** done the following:

	Never	Rarely	Sometimes	Often	Always
Checked in to see how you were doing.	<input type="radio"/>				
Let you know that they are available if you need any help.	<input type="radio"/>				
Expressed interest in your well-being.	<input type="radio"/>				

Thinking about this school year, how often have ***one or more of your teachers or adults at school*** done the following:

	Never	Rarely	Sometimes	Often	Always
Checked in to see how you were doing.	<input type="radio"/>				
Let you know that they are available if you need any help.	<input type="radio"/>				
Expressed interest in your well-being.	<input type="radio"/>				

Preview

The next questions will ask you about alcohol, marijuana, vaping, and cigarettes.

“Alcohol” means beer, wine, and beverages like hard lemonade, hard seltzers, and liquor such as vodka and tequila.

“Marijuana” means cannabis, hashish, hash, grass, pot, weed, or edibles.

“Vaping” means inhaling a vapor product such as an electronic cigarette, e-cig, JUUL, or a similar device.

During the past year did you:

	Yes	No
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
Use an electronic cigarette, also called e-cigs, JUUL, or vape pens?	<input type="radio"/>	<input type="radio"/>
Drink a glass, can, or bottle of alcohol?	<input type="radio"/>	<input type="radio"/>
Use marijuana or hashish?	<input type="radio"/>	<input type="radio"/>

If students say “Yes” to a substance, they are asked the next questions about how many days they used those substances. If they say “No,” they move to the last question on the survey.

During the **past 30 days**, on how many days did you smoke cigarettes?

- 0 days - I have smoked in the past year, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 29 days
- All 30 days

During the **past 30 days**, on how many days did you use an electronic cigarette, also called e-cigs, JUUL, or vape pens?

- 0 days - I have used an electronic nicotine/tobacco device, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 19 days
- 20 - 29 days
- All 30 days

During the **past 30 days**, on how many days did you drink a glass, can, or bottle of alcohol?

- 0 days- I have drunk alcohol in the past year, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 or more

During the **past 30 days**, on how many days did you use marijuana or hashish?

- 0 days - I have used marijuana in the past year, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 19 days
- 20 - 29 days
- All 30 days

If students are in grades 9 through 12 and endorsed 1+ days of alcohol use in the past 30 days, they receive the following questions:

For all questions on # of drinks, one drink equals:

12 oz. of beer (8 oz. of Canadian, malt liquor, or ice beers or 10 oz. of microbrew)

10 oz. of wine cooler

4 oz. of wine

1 cocktail with 1 oz. of 100-proof liquor or 1 1/4 oz. of 80 proof liquor

Consider a typical week during the last month. How much alcohol, on average, (measured in number of drinks), do you drink on each day of a typical week?

On a typical MONDAY, I have...

- 0 drinks
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks
- 13 drinks
- 14 drinks
- 15 drinks or more

This question repeats for the remaining 6 days of the week

Then, they are asked this question before returning to the last question (which is an opened-ended question) on the survey that everyone receives.

Think of the **occasion you drank the most** this **past month**. How much did you drink?

- 0 drinks
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks
- 13 drinks
- 14 drinks
- 15 drinks or more

For many, the time since the COVID-19 pandemic started has been difficult. What tips or words of encouragement would you give to other students during this time?
