

Behavioral Health Module

Form B

Please mark one answer for each statement unless it says to mark all that apply.

You do not have to answer any questions you don't want to answer.

The first set of questions ask 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
Y1. talks with me about my problems.	A	B	C	D
Y2. listens to me when I have something to say.	A	B	C	D
Y3. helps me when I am upset.	A	B	C	D
Y4. 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
Y5. talks with me about my problems.	A	B	C	D
Y6. listens to me when I have something to say.	A	B	C	D
Y7. helps me when I am upset.	A	B	C	D
Y8. makes me feel good about myself.	A	B	C	D

Y9. How safe do you feel in the neighborhood where you live?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

Behavioral Health Module

Form B

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

	Never	1-3 times a month	1-2 times a week	2-3 times a week	Almost every day
Y10. I got upset easily or got into arguments or physical fights.	A	B	C	D	E
Y11. I had trouble concentrating or paying attention.	A	B	C	D	E
Y12. I had trouble feeling happiness or love.	A	B	C	D	E
Y13. I felt alone even when I was around other people.	A	B	C	D	E
Y14. 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
Y15. How often do you feel lonely?	A	B	C	D
Y16. How often do you feel that no one really knows you well?	A	B	C	D
Y17. How often do you feel that you are no longer close to anyone?	A	B	C	D

Behavioral Health Module

Form B

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

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied
Y18. Over the past 30 days how satisfied have you been with your weight ?	A	B	C	D	E
Y19. Over the past 30 days how satisfied have you been with your shape ?	A	B	C	D	E
Y20. 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 Y20 = A or C, then>

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

	No	Yes
Y20a. Exercise	A	B
Y20b. Eat less food, fewer calories, or foods low in fat	A	B
Y20c. Go without eating for 12 hours or more (also called fasting)	A	B
Y20d. Take appetite suppressants, powders, or liquids without a doctor's advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
Y20e. Vomit or take laxatives	A	B

Behavioral Health Module

Form B

Y21. 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

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
Y22. I have an adult at my school that I can talk to about my problems.	A	B	C	D
Y23. 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
Y24. People at my school talk openly about mental health.	A	B	C	D
Y25. My school encourages students to take care of their mental health.	A	B	C	D

The next questions ask about when you or 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
Y26. talking to an adult could help them feel better.	A	B	C	D
Y27. kids at my school would be nice to them.	A	B	C	D
If I was very sad, stressed, lonely, or depressed,...	Strongly Disagree	Disagree	Agree	Strongly Agree
Y28. talking to an adult could help me feel better.	A	B	C	D
Y29. kids at my school would be nice to me.	A	B	C	D

Behavioral Health Module

Form B

Y30. 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.

Y31. 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

Y32. 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

Y33. 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

Y34. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to talk about your feelings?

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

Behavioral Health Module

Form B

- Y35.** 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

FOR REFERENCE ONLY