

## Middle/High School Survey

Your feelings matter to us, and we want to do everything we can to ensure that your feelings are properly being taken care of. This survey should only take 10 minutes to complete. If you need help reading the questions, please ask your teacher to read them aloud to you, but we ask that you answer them honestly to your best ability. If you do not want to answer any question you do not have to do so. There is no grade and we do not know who completes the survey. We just want you to have all you need to help you be a great student!

Thank you!

Piedmont City School District

Mental Health- a person's emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts. It also helps determine how a person handles stress, relates to others, and makes choices (MentalHealth.gov, 2020).

1. What grade will you be in this year? (Please circle one.)

1. 6th
2. 7th
3. 8th
4. 9th
5. 10th
6. 11th
7. 12<sup>th</sup>

2. Do you like going to school? (Please circle one.)

1. Yes! Very much
2. Yes, it's okay
3. I don't like or dislike school
4. No, it's hard
5. No, I don't enjoy school at all

3. Do you feel safe when you are at school? (Please circle one.)

1. Yes, I feel extremely safe
2. Yes, I feel somewhat safe
3. No, sometimes I don't feel so safe
4. No, I don't feel safe at all

4. Do you feel like you get along with your classmates? (Please circle one.)
  1. Yes, I get along with other people very well.
  2. Yes, I get along with other people okay
  3. I kind of get along with other people
  4. No, I do not get along with other people
  5. No, I do not get along with other people at all
  
5. At school, do you have an adult you can talk to if something was bothering you? (Please circle one.)
  1. Yes, I have one or more adults at school that I feel comfortable talking to about my problems.
  2. I have never considered talking to an adult at school about my problems.
  3. No, I don't want to talk to an adult at school about my problems.
  
6. During the past 4 weeks, have you had any problems with completing schoolwork or daily activities due to feeling depressed, sad, or anxious? (Please circle one.)
  1. Yes
  2. No
  3. I don't know

\*\*If answer yes will go to the following:

How often do you feel this way to where you don't feel like doing anything, whether it makes you happy or not? (Please circle one.)

Very often, I don't feel like doing anything that makes me happy

Somewhat often, I don't feel like doing anything that makes me happy

Not often, I easily find things to do that make me happy

Not often at all, I do a lot of things that make me happy

7. Have you ever missed school or wanted to miss school due to feeling too overwhelmed with things going on in your life? (Please circle one.)
  1. Yes
  2. No
  3. I don't know
  
8. Have you noticed an increase of emotional strain, increased anxiety, or struggles with dealing with daily activities since the Covid-19 Pandemic? (Please circle one.)
  1. Yes
  2. No
  3. I don't know

9. How many times in the previous school year did you need/ have to visit the school mental health counselor? (Please circle one.)

1. (0-1)
2. (2-3)
3. (4-5)
4. (5+)

10. How aware are you of the mental health counseling services provided to you at school? (Please circle one.)

1. I didn't know we had services
2. I have heard about them, but I don't know about them
3. I am very aware and know who to talk to

11. Regarding the previous question, do you feel that what is being provided is enough? (Please circle one.)

1. I have no idea
2. Not really sure, but I am going to say no
3. No, we need more!
4. Not really sure, but I am going to say yes
5. Yes, they are enough!

12. If/When you have utilized the mental health counseling services in the past, how fast did you get in to receive these services? (Please circle one.)

1. Very fast, I got in with a provider within 1-2 weeks!
2. Somewhat fast, I had to wait 1 month to get in.
3. Not fast at all, it took 2-6 months for me to get in.
4. I have never tried to use mental health services.

13. Do you feel that your school provides you with the proper tools to regulate your emotions and feel safe? (Please circle one.)

1. Yes
2. No
3. I don't know

14. What grade are you in this year? \_\_\_\_\_

15. If you feel as if you have needed mental health services from the school system and have not requested/received them, what reasons are preventing you from doing so?