

## Behavioral Health Module

## Form B

**The first set of questions asks about your family, friends, and neighborhood.**

*How true do you feel these statements are about your family?*

<i>In my home, there is a <b>parent or some other adult</b> who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
<b>X1.</b> talks with me about my problems.	A	B	C	D
<b>X2.</b> helps me when I am upset.	A	B	C	D
<b>X3.</b> makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about your friends?*

<i>I have a <b>friend</b> my age who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
<b>X4.</b> talks with me about my problems.	A	B	C	D
<b>X5.</b> helps me when I am upset.	A	B	C	D
<b>X6.</b> makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about a **teacher or other adult at school**?*

<i>At my school, there is a <b>teacher or other adult</b> who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
<b>X7.</b> would understand my problems if I shared them.	A	B	C	D
<b>X8.</b> would be helpful to me if I came to school upset.	A	B	C	D
<b>X9.</b> makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about your **feelings at school**?*

<i>At my <b>school</b>,...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
<b>X10.</b> I feel socially accepted.	A	B	C	D
<b>X11.</b> I feel that I matter to others.	A	B	C	D

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**The following questions ask about how safe you feel in your neighborhood and at home where you live.**

	Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe
<b>X12.</b> How safe do you feel at home or the place where you live?	A	B	C	D	E
<b>X13.</b> How safe do you feel in the neighborhood where you live?	A	B	C	D	E

**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
<b>X14.</b> I got upset easily or got into arguments or physical fights.	A	B	C	D	E
<b>X15.</b> I had trouble concentrating or paying attention.	A	B	C	D	E
<b>X16.</b> I had trouble feeling happiness or love.	A	B	C	D	E
<b>X17.</b> I felt alone even when I was around other people.	A	B	C	D	E
<b>X18.</b> 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
<b>X19.</b> How often do you feel lonely?	A	B	C	D
<b>X20.</b> How often do you feel that you are no longer close to anyone?	A	B	C	D

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- X21. When everybody around you gets angry, how relaxed can you stay?
- A) Not relaxed at all
  - B) Slightly relaxed
  - C) Somewhat relaxed
  - D) Quite relaxed
  - E) Extremely relaxed
- X22. How often are you able to control your emotions when you need to?
- A) Almost never
  - B) Once in a while
  - C) Sometimes
  - D) Frequently
  - E) Almost always
- X23. When things go wrong for you, how calm are you able to remain?
- A) Not calm at all
  - B) Slightly calm
  - C) Somewhat calm
  - D) Quite calm
  - E) Extremely calm

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

- X24. Over the past 30 days, how satisfied have you been with your **weight** and **shape**?
- A) Very Dissatisfied
  - B) Dissatisfied
  - C) Neither Dissatisfied nor Satisfied
  - D) Satisfied
  - E) Very Satisfied
- X25. 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 X25 = A OR X25 = C, GO TO X25A; ELSE GO TO X26**

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

	No	Yes
<b>X25a.</b> Exercise	A	B
<b>X25b.</b> Eat less food, fewer calories, or foods low in fat	A	B
<b>X25c.</b> Go without eating for 12 hours or more (also called fasting)	A	B
<b>X25d.</b> Take diet pills, powders, or liquids without a doctor’s advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
<b>X25e.</b> Vomit or take laxatives	A	B
<b>X26.</b> 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		

**Below is a list of symptoms that students sometimes have.**

In the last 2 weeks, how much were you **bothered** by the following physical problems?

	Not at All	A Little	Some	A Lot	A Whole Lot
<b>X27.</b> Stomachaches	A	B	C	D	E
<b>X28.</b> Headaches	A	B	C	D	E
<b>X29.</b> Pains in your lower back	A	B	C	D	E
<b>X30.</b> Feeling faint or dizzy	A	B	C	D	E
<b>X31.</b> Heart beating too fast (even when you are not exercising)	A	B	C	D	E

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
X32. 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
X33. People at my school talk openly about mental health.	A	B	C	D
X34. My school encourages students to take care of their mental health.	A	B	C	D

**The next questions ask about when 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
X35. talking to an adult could help them feel better.	A	B	C	D
X36. kids at my school would be nice to them.	A	B	C	D
X37. 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.**

- X38. 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

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**X39.** 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.

IF X39 = C, GO TO X40; ELSE GO TO X41

**X40.** 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

**X41.** In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to get help?

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

**X42.** 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.