**THE SBHC STUDENT SURVEY
*December, 2015, COPY FOR ELECTRONIC SURVEY***

**Welcome to the
School-Based Health Center
Student Survey!**

**Please wait for instructions on how to begin**

**N**EXT

**The School-Based Health Center
Student Survey**

**This survey is about your health, use of health care, and your feelings and needs.** The answers you providewill be used in two ways. First, sharing your views will help the adults at your school’s health center learn what students want and need. Second, your answers will be part of a larger study that includes (cohort) from three other schools in Michigan. The study looks at how having a school health center can help students stay healthy and feel supported at school. **Sharing your views will help make sure that students’ needs and voices are heard.**

**Your answers will be kept completely private by the health center.** Theresearch staff will not know your name – they will only know a code number given to you to protect your privacy. Agreeing to take this survey does not mean you agree to take future surveys – you will always have the choice to share your views or not.

Completing this survey involves little risk to you.You will not be graded on how you answer the survey questions. There are no right or wrong answers, just answers that are true to you.If you don’t want to take the survey, you don’t have to. If you do not want to answer a question, just skip it and move to the next one. You can skip as many questions as you like. **Please be sure to answer the questions based on what you really think and feel.**

The survey takes about 30 minutes to finish. **To thank you for your time, we will give you a gift at the end of the survey.** If you have questions at any time, just raise your hand and an adult will come to help you.

**If you *agree to take the survey*, click the “NEXT” button to begin. NEXT**

**If you do *NOT* want to take the survey, please remain *quietly* at your desk until the survey has ended. *An adult will come by at the end of the survey session to help you sign off.***

***Thank You!***

**SBHC STUDENT SURVEY**

***Notes:*** The SBHC Student survey will be self-administered electronically, with all response options laid out in an easy-to-answer format. Each question includes an audio option that enables the question to be read to students, as they prefer. Readers include three adolescents: an African American male, Hispanic/Latino female, and white female. Both the survey and audio functions are available in English and Spanish. Earbuds will be provided to all students for them to keep, in addition to a $5.00 gift card tailored to each community, per the recommendations of the CAHC and school staff.

**Background**

The first questions ask about your background. Your answers will be used to make sure that the experiences and needs of all students are included in the survey results.

1. What is your gender? Male, Female, Transgender, Other
2. How old are you? \_\_\_ years old
3. What grade are you in? \_\_\_\_ grade
4. Which of these best fits you? (check all that apply)
* Black/African American, not Hispanic
* White, not Hispanic
* Hispanic/Latino
* American Indian or Alaskan
* Asian
* Native Hawaiian or Other Pacific Islander
* Other (please describe)\_\_\_\_\_\_\_\_\_,

 **Health and Well-Being**

1. **How is your health, in general?** *Response options: excellent, very good, good, fair, poor*
2. **In the past 4 weeks, about how many days did you…** *Response options: no days, 1-2 days; 3-5 days; more than 5 days.*
	1. Feel really sick
	2. Have a headache or stomachache
	3. Have a hard time paying attention in class
	4. Feel so tired you couldn’t stay awake in school
	5. Arrive late to your first hour of school
	6. Miss more than half a day of school because you were sick or didn’t feel well
	7. Have trouble relaxing
3. **Please think back to your school last year. About how many days did you miss school because you were sick or didn’t feel well?** *Response options: no days, 1-4 days; 5-9 days; more than 10 days.*
4. **On most days, how well do the following things describe you?** *Response options: very well, somewhat well, not very well, not at all well*
	1. I am full of energy
	2. I deal with problems well
	3. I can handle whatever comes my way
	4. When I get sick, I usually feel better quickly
	5. I am hopeful about the future
	6. I have a lot to be proud of
5. **On most school nights, about how many hours of sleep do you get?** *Response options: Less than 8 hours, 8-9 hours, 9 hours or more*
6. **In the past 4 weeks, how often did you feel the following things?** *Response options: never/almost never, not very often, fairly often, very often, always*
7. Excited to come to school
8. Happy
9. Proud of your grades
10. Relaxed
11. Good about yourself
12. Angry
13. Lonely
14. Really down about things or depressed
15. Like a failure
16. Worried that something bad was going to happen to you
17. **Thinking back to school last year, about how many times did the following happen to you?** *Response options: never, 1-2 times, 3-5 times, more than 5 times.*
	1. You got into a physical fight
	2. An adult sent you to the principal’s office because you did something that got you in trouble

**Stress**

1. **In the past 4 weeks, how much stress have you felt at:** *Response options: No stress, a little stress, some stress, a lot of stress*
2. School
3. Home
4. Your personal life
5. **People can feel stress for a lot of different reasons. Over the past 4 weeks, how much stress have you felt about the following?** *Response options: No stress, a little stress, some stress, a lot of stress*
	1. Not doing as well as you had hoped in your classes.
	2. Feeling left out.
	3. Not having someone to turn to for help.
	4. Feeling insecure about yourself.
	5. Problems with a boyfriend/girlfriend.
	6. Not feeling accepted.
	7. Being treated unfairly.
	8. Not feeling safe getting to or from school.
	9. Not feeling safe in school
6. **This question lists some other kinds of stress that some young people face. Over the past 4 weeks:** *Response options:  yes, no. [If respondent answers “No” to Q11, skip to Q13]*

***Did you...***

a.    Ever have to stay in a shelter, motel, or some other place because you didn’t have a home to stay in?

b. Always have running water where you stayed?

c.    Always have electricity where you stayed?

d.    Ever feel hungry because there wasn’t enough food to eat?

1. **In general, how stressful were these things (above) to deal with?** *Response options: not very stressful, somewhat stressful, very stressful*

1. **Stress can affect people in different ways. How often do the stresses in your life cause you to do or feel the following?** *Response options: never/almost never, not very often, fairly often, very often, always
You…*
2. Have a hard time sleeping.
3. Have a hard time getting your school work done.
4. Not eat well (too much, too little, unhealthy foods).
5. Get headaches, stomachaches, or an upset stomach.
6. Want to disappear.
7. Have a hard time controlling what you do or say.
8. Do things that put your health or safety at risk.
9. Get really angry.
10. **People deal with stress in different ways. How often do you deal with stress in the following ways?** *Response options: never/almost never, not very often, fairly often, very often, always*

***You…***

1. Try not to think about it.
2. Turn to your family to help you feel better.
3. Pretend that things don’t bother you.
4. Try to think about something else.
5. Talk to an adult at school for help or advice.
6. Deal with stress by yourself.
7. Talk to friends about what’s bothering you.
8. Get really emotional (argue, yell, cry, say or do things you wish you hadn’t).
9. Tell yourself that things will get better.

**Access to Health Care**

1. **When you are injured or sick enough to need a doctor or nurse, where do you usually go for health care? (Check all that apply)** *Response options: The health center at my school, hospital or emergency room, my private doctor, neighborhood health center, urgent care, there is no usual place I go*
2. **Thinking back to school last year, about how many times did you visit a doctor or health care provider because you didn’t feel well or needed medical care?** *Response options: never/almost never, 1-2 times, 3-5 times, more than 5 times*
3. **Still thinking about school last year, about how many times did you talk to a counselor, social worker, or therapist outside of school about something that bothered you in your life?** *Response options: never/almost never, 1-2 times, 3-5 times, more than 5 times*
4. **If you needed help with something that bothered you in your life, how likely is it that you would turn to the school health center for help?** *Response options: not at all likely, somewhat likely, very likely, unsure*
5. **Has there been any time over the past 4 weeks when you thought you should get medical care, but you did not get it**? *Response options: Yes, No [Survey skips to Q21 if respondent answered “no” or “don’t know” to Q19]*
6. **What kept you from getting the medical care you needed?** *Response options: Check all that apply*
7. I didn’t know where to go.
8. I didn’t have a way of getting there.
9. No one would go with me.
10. I didn’t want my parents to know.
11. I was afraid of what the doctor or health provider would say or do.
12. I thought that the problem would go away on its own
13. I didn’t have money to pay for it.
14. I didn’t think the doctor could help.
15. Other - please describe\_\_\_\_\_\_\_

**School Life**

1. **How strongly do you agree or disagree with the following statements?** *Response options: strongly disagree, disagree, agree, strongly agree*
	1. Overall, I feel good about being in this school.
	2. I care about this school.
	3. I feel like I am part of this school.
	4. There is at least one adult in this school who knows me well.
	5. My opinions are respected in this school.
	6. I have a trusting relationship with at least one person at the school health center.
	7. I am comfortable being myself at this school.
	8. I know at least one adult in this school I could talk to about any personal problems
	9. I am involved in activities at my school, like student clubs, sports, or other after-school activities.
2. **Which one of the following best describes most of your grades at school last year?** *Response options: Mostly A’s, mostly A’s and B’s, mostly B’s, mostly B’s and C’s, mostly C’s, mostly C’s and D's, mostly D’s or lower.*

**21. How often are the following statements true? *Response options: Almost always true, often true, sometimes true, almost never true***

1. I really want to learn
2. I need extra help with schoolwork
3. It’s hard to pay attention in class because I’m worrying about problems out of school
4. Adults at school understand what students’ lives are like outside of school
5. It takes me longer to learn new things than it does for most students
6. Students in my school treat one another with respect
7. Adults at school value what students have to say
8. I have trouble getting along with my teachers
9. **Thinking back over the past two months, about how many times did you miss or skip a class without an adult’s permission?***Response options: Never, 1 time, 2- 3 times, 4-5 times, more than 5 times.*
10. **During your last school year, did you ever:** *Response options: yes, no*
	1. Get an out-of-school suspension? (you were sent home by the principal or school staff)
	2. Get an in-school suspension? (you stayed in school while you were suspended)
	3. Have any other kind of disciplinary action from the principal or school staff?

**25. Have you ever thought seriously about dropping out of school?** *Response options: Yes, No [Survey skips to Q 28 if respondent answered “no” to Q26.]* **26. Why have you thought about dropping out of school? *Check all that apply.***

1. I’m not learning anything.
2. I am or will be a new parent.
3. School is boring.
4. There aren’t any adults at school who care whether I stay in school or not.
5. My family needs me to help around at home.
6. I need to work for money.
7. I do not feel safe at school.
8. I do not feel safe traveling to and from school.
9. I need to care for someone in my family.
10. I don’t have close friends at school.
11. I don’t fit in at school.
12. Other people are pressuring me to quit.
13. **In general, in about how many of your classes do you give your best effort?** *Response options: None, not many, most, all*

**Wellness Care**

1. **When was the last time you saw a doctor or other health provider for a routine physical exam or check-up when you were not sick or hurt?** *Response options: Within the last year; 1 to 2 years ago; more than 2 years ago; I’ve never had a physical exam or check-up; I don’t know*
2. **About when did you** **last visit a dentist for a check-up or to get your teeth cleaned?** *Response options: within the last year, 1 to 2 years ago, more than 2 years ago, I’ve never visited a dentist for a check-up or to get my teeth cleaned*, *I don’t know*
3. **FOR HIGH SCHOOL STUDENTS ONLY: Do you know where you could go to get confidential (private) advice or care for the following if you or someone you know needed it?** *Response options: Yes, no, unsure.*
4. Birth control
5. Pregnancy testing
6. Care during pregnancy
7. Emotional issues, such as being depressed, angry, stressed, scared.
8. Testing or treatment for sexually transmitted diseases, such as chlamydia, gonorrhea or HIV/AIDS

**FOR MIDDLE SCHOOL STUDENTS ONLY**: **Do you know where you could go to get confidential (private) advice or care for emotional issues, such as being depressed, angry, stressed, or scared?** *Response options: Yes, no, unsure.*

1. **How sure are you that you know or could do the following?** *Response options: not very sure, somewhat sure, very sure.*
2. Know where to go to get health care when you need it.
3. Know what kinds of services are private between your health care provider and you.
4. Make health care appointments for yourself at the health center.
5. Tell a doctor or other health care provider about what you need, even if they don’t ask.
6. Talk honestly with a health care provider about any problems or needs you might have.
7. Know where to get help where you wouldn’t feel judged or criticized.

**The next questions ask you about health problems that some people face.**

 **Asthma**

1. **Has a doctor or nurse ever told you that you have asthma?** *Response options: yes, no, unsure* [*If respondent answered “No” to Q33, skip to Q39.]*
2. **Over the past two months, on how many days have you had to leave school early or come to school late because of problems with asthma (for example, you were wheezing, had a whistling in your chest, had difficulty breathing)?** *Response options: No days, 1 -2 days, 3-4 days, 5 or more days.*
3. **Thinking back to school last year, how often did problems with asthma make it hard for you to keep up with your school work or classes?** *Response options: Response options: never/almost never, not very often, fairly often, very often, always*
4. **Over the past two months, about how many times did you go to the doctor’s office, urgent care center, or the hospital emergency room (ER) because of problems you had with asthma?** *Never, 1-2 times; 3-5 times; more than 5 times.*
5. **Over the past two months, on how many days have you had to use your rescue inhaler?** *Response options: No days, 1-2 days, 3-4 days, 5 days or more*
6. **Do you have an asthma management plan to help you control your asthma?** ***Response options:*** *Yes, No, Unsure*

**Health Problems that Require Care Over Time**

1. **Other than asthma, has a health care provider ever told you that you have a health problem that can continue from year to year, like diabetes, life-threatening allergies, migraines, anxiety, or depression?** *Response options: yes, no.* [*If respondent answered “No” to Q39, skip to Q43]*
2. **Over the past two months, on how many days have you come to school late or had to leave school early because of this health problem?** *Response options: No days, 1 -2 days, 3-4 days, 5 or more days.*
3. **Thinking back to school last year, how often did having this health problem make it hard for you to keep up with your school work or classes?** *Response options: Response options: never/almost never, not very often, fairly often, very often, always*
4. **Over the past two months, have any adults at school helped you manage this condition?** ***Response options:*** *Yes, No*
5. **Over the past two months, how stressful have the following things been for you because you have asthma or another ongoing health problem?** *Not at all stressful, not very stressful, somewhat stressful, very stressful*
6. Needing to visit a doctor or health provider a lot.
7. Having trouble getting services when I need them.
8. Missing school or classes.
9. Dealing with people who don’t understand my condition.
10. Feeling different from other people.
11. Missing after-school activities.
12. Having trouble getting to health appointments.
13. Having trouble getting medicine.

***This is the end of the survey! Thank you for sharing your views!***