Wyoming Project AWARE Student Survey – Grade 5

Instructions: Thank you for taking part in this survey. The purpose of the survey is to learn how students in our schools feel about their community, peers, and family. We also want to learn about their knowledge of mental health and substance use supports. Your answers give us important information that will help Wyoming communities to become even better!

- The survey is completely voluntary and anonymous, which means your teachers and family will not see your answers. No one will ever see how you filled out your survey.
- This is not a test, so there are no right or wrong answers. We just want to know how you feel.
- Please read each item carefully. Most questions ask for only one answer. You may select more than one answer on the questions that have: “Select all that apply” next to a square box. If you do not find an answer that fits exactly, use the one that comes closest. If you are unsure of what it means, just leave it blank. You can skip any questions that you do not wish to answer.
- If you need help reading a question, you may ask an adult in the room.

This survey should take you about 20 minutes. Thank you for taking this survey!

To begin, the following questions ask about your experiences at school and your community.

1. What activities do you normally participate in? Select all that apply.
   - I play on or help with sports teams at school
   - I play on or help with sports teams in the community
   - I join clubs or organizations at school (e.g., school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate)
   - I join clubs or organizations outside of school (e.g., 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA, community gym/pool, youth groups)
   - I take lessons or practice a hobby in music, art, drama, or dance
   - I help other people without getting paid (e.g., volunteering)
   - I work for money (e.g., babysitting, yard work)
   - None of the above________

2. On most days, how much time do you spend with no adult at home before and after school?
   - There is almost always an adult at home with me before and after school
   - 1-2 hours
   - 3-4 hours
   - 5 or more hours

3. There is an adult I know who believes that I will be a success.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true
4. There is an adult I know who listens to me when I have something to say.
   o Not at all true
   o A little true
   o Pretty much true
   o Very much true

5. There is an adult I know who really cares about me.
   o Not at all true
   o A little true
   o Pretty much true
   o Very much true

6. There is a student at my school who cares about me.
   o Not at all true
   o A little true
   o Pretty much true
   o Very much true

7. There is a student at my school who helps me when I’m having a hard time.
   o Not at all true
   o A little true
   o Pretty much true
   o Very much true

8. In the last month, how many days did you not go to school because you felt unsafe at school or on your way to or from school?
   o 0 days
   o 1 day
   o 2 or 3 days
   o 4 or more days

9. Bullying is when someone repeatedly harms you or intimidates you for any reason.

   In the last month, have you been bullied?
   o Yes
   o No (Skip to 11)
10. IF YES TO BULLYING: In what way(s) were you bullied? Select all that apply.
   - Someone said things about me to make other students laugh (made fun of)
   - Someone called me (or my family) bad names
   - Someone spread a false rumor or lied about me
   - I was left out on purpose by other kids when it was time to do an activity
   - Someone said negative things about my culture, race/ethnicity, or religion
   - I was electronically bullied through texting, Instagram, Facebook, or other social media
   - I was pushed, shoved, or physically hurt
   - I was bullied by a sibling
   - Other (specify: _____________________)

11. Suppose someone was trying to start a physical fight with you. What would you think about first when you decide what to do?
   - What my friends would think
   - What my parents would think
   - Whether I would get into trouble at school
   - Whether I would get hurt
   - My personal feelings about fighting
   - Other (specify: _____________________)

The next section asks about your experiences and feelings about drugs and alcohol.

12. I have learned about drugs and alcohol at my school.
   - I have not received any information from school
   - I have received very little information
   - I have received some information
   - I have received a lot of information

13. If I had concerns about drugs, alcohol, or some other substance-related issue, I would ... Select all that apply.
   - talk to a teacher or another adult from my school
   - talk to my parents or someone else in my family
   - get help from a school/guidance counselor
   - get help from a therapist
   - talk to my friends
   - call or text a hotline (telephone number that anyone can use to get help)
   - search social media/online/apps
   - deal with it on my own
   - be afraid to get help
   - not know what to do
14. Where do you normally learn about drugs and alcohol? Select all that apply.
   □ Social media/online/apps
   □ My parents/family
   □ My friends
   □ My teachers/school
   □ My doctor/therapist
   □ My church/religious community
   □ Books or magazines/podcasts/TV
   □ Law enforcement or other community organizations (for example, DARE)
   □ Other (specify)
   □ None - I have not received information about drugs and alcohol.

15. Vaping, Juuling, or electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, mods, and hookah pens.

   Have you ever used an electronic vapor product?
   o Yes
   o No
   o I’m not sure

16. What do you think is in a vaping pen or e-cigarette? Select all that apply.
   □ Water
   □ Oil
   □ Cancer-causing chemicals
   □ Tobacco/nicotine
   □ Drugs such as CBD, THC, and synthetic drugs
   □ Metals such as nickel, tin, and lead
   □ Flavorings
   □ Chemicals that are unstable and can explode
   □ Tiny particles that can go into your lungs and other organs
   □ Other: Specify ________________
   □ I don’t know

17. Most kids my age think vaping is cool.
   o Not at all true
   o A little true
   o Pretty much true
   o Very much true
18. Suppose someone was trying to get you to try some drugs. What would you think about first when you decide what to do?
   - What my friends would think
   - What my parents would think
   - Whether I would get caught
   - Whether I would get sick/hurt
   - My personal feelings about drugs
   - Other (specify: _____________________)

The next set of questions ask about your family. Family includes those that you live with (for example, biological, adoptive, foster, stepfamily, or other guardians).

19. My family members really help and support one another.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

20. I can count on my family to support me 100% no matter what.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

The next set of questions ask about your knowledge, feelings and experiences related to mental health.

21. People at my school talk openly about mental health, for example, how they think, feel, and handle problems.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

22. My school encourages students to take care of their mental health (how they think, feel, and handle problems).
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true
23. At my school, I have learned about mental health (what it is, how to take care of myself, what to do if I need help, etc.).
   ○ I have not received any information from school
   ○ I have received very little information
   ○ I have received some information
   ○ I have received a lot of information

24. Where do you normally learn about mental health? Select all that apply.
   □ Social media/online/apps
   □ My parents/family
   □ My friends
   □ My teachers/school
   □ My doctor/therapist
   □ My church/religious community
   □ Books or magazines/podcasts/TV
   □ Other (specify)
   □ None - I have not received information about mental health.

25. A mental health illness is a health issue that affects a person’s thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may happen every once in a while or be long-lasting.

   My family is generally caring and understanding of people with a mental health illness.
   ○ Not at all true
   ○ A little true
   ○ Pretty much true
   ○ Very much true

26. Most kids my age are generally caring and understanding of people with a mental health illness.
   ○ Not at all true
   ○ A little true
   ○ Pretty much true
   ○ Very much true
   ○ I don’t know

27. People with a mental health illness can get better.
   ○ Not at all true
   ○ A little true
   ○ Pretty much true
   ○ Very much true
28. Having a mental health illness is nothing to be ashamed of.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

29. People with a mental health illness make me feel uncomfortable.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

30. Mental health illnesses are uncommon, and most people are not affected by them.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

31. People with a mental health illness can lead normal lives.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

32. At school, I know where to go or who to contact for help when I am very sad, stressed, angry, out-of-control, or lonely.
   - Yes
   - No

33. In the past year, did you get help from a school/guidance counselor when you needed it (for example, because you felt very sad, stressed, angry, out-of-control, or lonely)?
   - Does not apply, I didn’t need help
   - No, I didn’t get help when I needed it
   - No, I didn’t know where to go for help when I needed it
   - Yes, I got help when I needed it

34. In the past year, did you get help from a therapist when you needed it (for example, because you felt very sad, stressed, angry, out-of-control, or lonely)?
   - Does not apply, I didn’t need help
   - No, I didn’t get help when I needed it
   - No, I didn’t know where to go for help when I needed it
   - Yes, I got help when I needed it
35. If I was feeling very sad, stressed, angry, out-of-control, or lonely, I would ... Select all that apply.

- talk to a teacher or another adult from my school
- talk to my parents or someone else in my family
- get help from a school/guidance counselor
- get help from a therapist
- talk to my friends
- call or text a hotline (telephone number that anyone can use to get help)
- search social media/online/apps
- deal with it on my own
- be afraid to get help
- not know what to do

36. Which of the following do you use to help you when you feel sad, stressed, angry, out-of-control, or lonely during normal times? Select the top 3 activities.

- Ignore my feelings and act like everything is normal
- Spend more time alone
- Spend more time on social media or gaming
- Sleep or spend time in bed
- Do something creative or a hobby
- Talk to someone about how I’m feeling
- Eat more food
- Exercise more/spend more time outside
- Learn about what makes me stressed/upset
- Shop
- Journal or draw/art
- Listen to music
- Other (specify: _____________________)
37. Which of the following made you feel sad, stressed, angry, out-of-control, or lonely during the past 30 days? Select the top 3.

- Schoolwork
- Thinking about my future
- Pressure from family
- Problems at home
- Being alone
- Concerns about the world
- Being around people
- Pressure to fit in
- Social media
- Money concerns
- Medical concerns
- Traveling
- Other (specify: _____________________)
- None of the above; I have not felt sad, stressed, angry, out-of-control, or lonely in the past 30 days.

These final questions ask for some general information about you.

38. Are you...

- Male
- Female
- Prefer not to say

39. What race/ethnicity do you consider yourself?

- White
- Black
- American Indian or Alaska Native
- Asian or Pacific Islander
- Hispanic or Latino/a
- Two or more races
- Prefer not to say

40. Do you have a parent in the military who:

- Is currently away from home because of military service and has been gone more than two weeks?
- Returned home after being away for more than two weeks because of military service in the last year?
- Is in the military but has not been away from home for more than two weeks because of military service in the last year?
- I do not have a parent active in the military.