

Health Behavior Survey

Pre-Test

2009-2010

Introduction:

Before we start, let me tell you a few things about this survey:

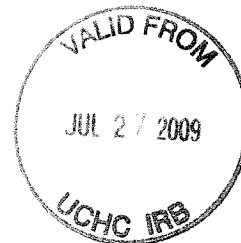
The purpose of this survey is to evaluate your school's suicide prevention program. I am going to read the questions out loud. You should follow along with me and fill in the appropriate answer to each question. It is very important that you answer as honestly and accurately as you can. Fill in the boxes completely. Please do not skip ahead so that we can be sure that each person has the same amount of time to answer each question. It should take about 30 minutes to complete this survey.

Your answers will remain confidential and will be stored at the University of Connecticut Health Center. No one at your school will be able to link your responses to you. You should have received a blank survey in a sealed envelope with your name on it. The survey that you complete will not have your name on it but will only have an identification number. No one at your school will ever know your identification number.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. When you have completed the survey, please keep it until I collect it from you. Please discard the envelope and turn in the completed survey only.

Does anyone have a question before we start?



The University of Connecticut Health Center
Farmington, Connecticut 0603

Pre-Test Version 4B

True or False:

TRUE

FALSE

- | | | |
|--|--------------------------|--------------------------|
| 1. People who talk about suicide don't really kill themselves. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. People who commit suicide are usually suffering from depression or some other mental illness. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Most suicide attempts occur without any warning signs or clues. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Depression is an illness that doctors can treat. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The best thing to tell a suicidal friend is to "pull yourself together and things will get better." | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If I talk to someone about their suicidal feelings, it may cause them to commit suicide. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Alcohol use is not related to suicidal behavior. | <input type="checkbox"/> | <input type="checkbox"/> |

Now I'm going to read some statements about depression and suicide, and I'd like to know whether you agree or disagree with them.

8. Sometimes young people have so many personal problems they have no other options besides suicide.

STRONGLY		NEITHER		STRONGLY
<u>DISAGREE</u>	<u>DISAGREE</u>	AGREE OR	<u>AGREE</u>	<u>AGREE</u>
		<u>DISAGREE</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If someone really wants to kill himself/herself, there is not much anyone can do about it.

STRONGLY		NEITHER		STRONGLY
<u>DISAGREE</u>	<u>DISAGREE</u>	AGREE OR	<u>AGREE</u>	<u>AGREE</u>
		<u>DISAGREE</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. It's none of my business if a friend says he/she wants to kill himself/herself.

STRONGLY		NEITHER		STRONGLY
<u>DISAGREE</u>	<u>DISAGREE</u>	AGREE <u>OR</u>	<u>AGREE</u>	<u>AGREE</u>
		<u>DISAGREE</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If I were feeling really down, I would try to talk to a counselor or some other adult about my problems.

STRONGLY		NEITHER		STRONGLY
<u>DISAGREE</u>	<u>DISAGREE</u>	AGREE <u>OR</u>	<u>AGREE</u>	<u>AGREE</u>
		<u>DISAGREE</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If a friend told me he/she is thinking about committing suicide:

	STRONGLY	DISAGREE	NEITHER	AGREE OR	AGREE	STRONGLY
	<u>DISAGREE</u>	<u>DISAGREE</u>	<u>DISAGREE</u>	<u>AGREE</u>	<u>AGREE</u>	<u>AGREE</u>
a. I wouldn't know what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would keep it to myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would wish that I had not found out about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would keep it a secret if my friend made me promise not to tell.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would tell an adult at school about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would tell a parent or some other adult outside of school about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the past 3 months, have you received treatment from a psychiatrist, psychologist, or social worker because you were feeling depressed or suicidal? (By "treatment," we mean things like medication or talk therapy.)

YES
 NO

14. In the past 3 months, have you talked to any of the following people because you were feeling depressed or suicidal?

- a. Parents or guardians YES NO
- b. Brother or sister YES NO
- c. Teacher or guidance counselor YES NO
- d. Other adult YES NO
- e. Friend YES NO
- f. Crisis or telephone hotline worker YES NO

15. In the past 3 months, have you talked to an adult about a friend you thought was feeling depressed or suicidal?

- YES NO

16. During the past 3 months, did you ever seriously consider attempting suicide?

- YES NO

17. During the past 3 months, did you make a plan about how you would attempt suicide?

- YES NO

18. During the past 3 months, did you actually attempt suicide?

- YES NO

19. Have you ever attempted suicide?

- YES NO

20. Has anyone who is very close to you ever committed or tried to commit suicide?

- YES NO

21. *Now I have a few questions about your friends.*

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. How much do your friends understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much can you rely on your friends for help if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How much can you open up to your friends if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. *Now let me ask you how often you talk to your friends about different issues in your life.*

	<u>OFTEN</u>	<u>SOMETIMES</u>	<u>RARELY</u>	<u>NEVER</u>
a. How often do you talk with your friends about problems or concerns you may have at school or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you talk with your friends about problems or concerns you may have with other friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you talk with your friends about how you should handle your dating relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do you talk with your friends about family problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>VERY LIKELY</u>	<u>SOMEWHAT LIKELY</u>	<u>NOT VERY LIKELY</u>	<u>NOT AT ALL LIKELY</u>
23. When something bad or disappointing happens, how likely are you to turn to a friend for comfort and support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Now I have a few questions about adults at school.

	<u>VERY TRUE</u>	<u>SOMEWHAT TRUE</u>	<u>NOT VERY TRUE</u>	<u>NOT AT ALL TRUE</u>
a. There is an adult at school that understands the way I feel about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is an adult at school I can rely on if I have a serious problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is an adult at school that I can open up to if I need to talk about my worries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How often do you...

	<u>Almost Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
a. enjoy being at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. find your courses interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>VERY LIKELY</u>	<u>SOMEWHAT LIKELY</u>	<u>NOT VERY LIKELY</u>	<u>NOT AT ALL LIKELY</u>
26. When something bad or disappointing happens, how likely are you to turn to a parent/guardian for comfort and support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Now I would like you to think about the most difficult or stressful event or situation you have experienced in the past 3 months. Take a moment to think about this problem. Thinking about this problem, please tell me how you tried to handle it.

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. How much did you do things to take your mind off the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much did you do things to improve the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How much did you try to see things in a positive way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much did you rely on your religious beliefs or your faith to help you cope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How much did you talk to people about the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How much did you think about strategies for dealing with the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Let's talk a little more about your relationship with others.

	<u>OFTEN</u>	<u>SOMETIMES</u>	<u>RARELY</u>	<u>NEVER</u>
a. How often do you feel that you have nobody to talk to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you feel as if nobody understands you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you feel that your interests and ideas are not shared by those around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do you feel that you have no one to do things with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you feel that people are saying bad things about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What is your gender?

MALE

FEMALE

30. What is the highest grade in school that your mother completed?

Never finished high school

College graduate

High school graduate

Don't know

Some (1-3 years of) college

31. Are you currently eligible for free or reduced priced lunch at school?

YES

NO

DON'T KNOW

32. Do you consider yourself to be of Hispanic or Latino origin or not?

YES

NO

33. How do you describe your race? (Select one or more responses.)

White

American Indian or Alaskan
Native

Black or African American

Native Hawaiian or other
Pacific Islander

Asian

34. Have you ever been in an ESL (English as a Second Language), ELL (English Language Learner) or bilingual program?

YES

NO

35. What grade are you in?

6

7

8

9

10

11

12

36. Which of these best describes your average grade during the previous school year?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's

- Mostly F's
- None of these grades
- Not sure

37. Are either of your parents or the adults taking care of you currently serving in the military?

- YES NO

38. Are either of your parents or the adults taking care of you currently deployed outside of the United States?

- YES NO

THANK YOU FOR YOUR TIME!
**The survey will be collected
from you**