

FY 21 Student Wellness Survey

The Georgia Student Health Survey will not be administered during the 2020-2021 school year. Instead, the GaDOE Office of Whole Child Supports has developed the Student Wellness Survey which will be administered in February of 2021. The Student Wellness Survey is a brief survey designed to collect data on student wellness during the current school year. It includes questions about peer and adult social support, bullying, stress, mental health, substance abuse, and suicidal ideation. This survey is anonymous and completely voluntary meaning there is no mandatory participation rate required by GaDOE. The data will not be used to calculate School Climate Star Ratings.

Demographic Questions

- Grade
- How are you receiving instruction?
 - Face-to-face at school
 - Online learning
 - Combination of face-to-face at school and online learning

Survey Questions

1. I know a student at my school that I can talk to if I need help (e.g., homework, class assignments, projects).
 - Strongly Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Strongly Agree

2. I know an adult at school that I can talk to if I need help.
 - Strongly Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Strongly Agree

3. In the past 30 days I have been bullied or threatened by other students.
 - Never
 - Once or twice
 - A few times
 - Many times
 - Every day

4. In the past 30 days I have received threatening or harassing text messages from other students (IM).
 - Never
 - Once or twice
 - A few times
 - Many times
 - Every day

5. In the past 30 days I have been mocked or harassed on a social networking site (e.g., Facebook, Twitter, Snapchat, Instagram) by other students.
- Never
 - Once or twice
 - A few times
 - Many times
 - Every day
6. In the past 30 days someone has bullied me by making fun of me or spreading rumors about me.
- Never
 - Once or twice
 - A few times
 - Many times
 - Every day
7. How often do you feel stressed?
- Never
 - Once in a while
 - Sometimes
 - Always
8. What causes you stress? **Check all that apply:**
- Demands of schoolwork
 - Problems with peers or friends
 - Social media
 - Family reasons
 - Being bullied
 - School grades or performance
 - Problems with partner/girlfriend/boyfriend
 - COVID-19 (Coronavirus)
 - Housing Concerns
 - Other
9. In the past 30 days, on how many days have you felt depressed, sad, or withdrawn?
- None
 - 1 or 2 days
 - 3-5 days
 - 6-9 days
 - 10-19 days
 - 20-29 days
 - All 30 days
10. In the past 30 days, on how many days have you felt suddenly overwhelmed with fear for no reason, sometimes including a racing heart or fast breathing?
- None
 - 1 or 2 days
 - 3-5 days
 - 6-9 days
 - 10-19 days
 - 20-29 days
 - All 30 days

11. In the past 30 days, on how many days have you experienced severely out-of-control behavior that could hurt yourself or others?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

12. In the past 30 days, on how many days have you avoided food, thrown up, or used laxatives to make yourself lose weight?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

13. In the past 30 days, on how many days have you experienced intense anxiety, worries or fears that get in the way of your daily activities?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

14. In the past 30 days, on how many days have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

15. In the past 30 days, on how many days have you experienced severe mood swings that have caused problems in relationships?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

16. In the past 30 days, on how many days have you experienced drastic changes in your behavior and/or personality?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

17. During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose?

- I have not seriously considered harming myself on purpose.
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

18. During the past 12 months, if you have seriously considering harming yourself on purpose, what was the most likely reason? **Check all that apply:**

- I have not seriously considered harming myself on purpose.
- Demands of schoolwork
- Problems with peers or friends
- Social media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

19. During the past 12 months, on how many occasions have you harmed yourself on purpose?

- I have not harmed myself on purpose.
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

20. During the past 12 months, if you have harmed yourself on purpose, what was the most likely reason? **Check all that apply:**

- I have not harmed myself on purpose.
- Demands of schoolwork
- Problems with peers or friends
- Social media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

21. During the past 12 months, on how many occasions have you seriously considered attempting suicide?

- I have not seriously considered attempting suicide.
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

22. During the past 12 months, if you have seriously considered attempting suicide, what was the most likely reason? **Check all that apply:**

- I have not seriously considered attempting suicide.
- Demands of schoolwork
- Problems with peers or friends
- Social media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

23. During the past 12 months, on how many occasions have you attempted suicide?

- I have not attempted suicide.
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

24. During the past 12 months, if you have attempted suicide, what was the most likely reason?

Check all that apply:

- I have not attempted suicide.
- Demands of schoolwork
- Problems with peers or friends
- Social media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

25. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

26. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

27. During the past 30 days, on how many days did you use any other tobacco products?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

28. During the past 30 days, on how many days did you smoke an electronic vapor product (such as Juul, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

29. During the past 30 days, on how many days did you use marijuana (also called pot, weed) or hashish?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

30. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal/crystal meth, crank, ice, or uppers)?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

31. During the past 30 days, on how many days did you use heroin (also called dope, crack, smack, junk, or snow)?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

32. During the past 30 days, on how many days did you drink 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

33. During the past 30 days, on how many days did you use any prescription drug that was not prescribed to you (such as Ritalin, Adderall, Benzos, Xanax/Xans, Klonopin, Ativan, Hydrocodone/Hydros, Oxycodone/Oxy, Gabapentin/Gabbies or Tramadol/Trammies)?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days