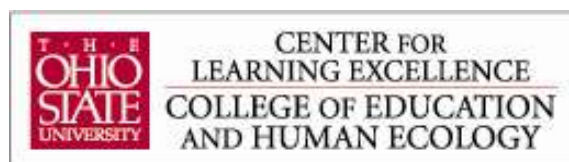




21 Measures of Risk and Protective Factors for Youth and Young Adults

All of the measures are free and in the public domain.



**THANK YOU JERRY BEAN AT THE OHIO STATE UNIVERSITY
COLLEGE OF SOCIAL WORK FOR SHARING THESE MEASURES!
September 30, 2019**

If you have questions about how to use these scales, contact Natasha Bowen at
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The measures presented below were first developed for use by local Family and Children First Councils in the development and tracking of Ohio House Bill 289 plans. They were designed for use in the creation of meaningful and substantive school-family-community partnership plans prescribed by House Bill 1.

Assessments

1. Social Connectedness
2. Social Competence
3. General Perceptions of the School Experience
4. Academic Self-Efficacy
5. Parent Support/Relationships
6. Social Support (Sources of Support)
7. Involvement in Activities
8. Academic Expectations
9. Student View of School
10. Stress (Source Specific)
11. Stress (Stressful Life Events)
12. Stress Management Self-Efficacy
13. Suicide and Intentional Self-Harm
14. Center for Epidemiologic Studies – Depression Scale
15. SCOFF Eating Disorder Screening Scale
16. Weight, Nutrition and Exercise
17. Sex (Activity and Intention)
18. Alcohol, Tobacco, and Other Drugs (Use and Intention)
19. Risky Behaviors
20. Future Aspirations
21. Hope

1. School Connectedness

School Connectedness. Please indicate how strongly you agree or disagree with the following statements about your school.

Statement	Strongly Disagree	Disagree	Can't Decide	Agree	Strongly Agree
Points:	1	2	3	4	5
1. I feel close to people at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel like I am a part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have a positive attitude towards my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Overall, I have enjoyed my school experiences so far.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I look forward to coming to school most every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In general, I am proud to be a student at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of school connectedness that can be discussed with students. You can also sum scores on items to create a school connectedness scale score. The score will range from 8 to 40 with higher scores indicating more school connectedness. Use more than once to see change over time.

Psychometrics: Coefficient alpha for this scale is 0.88.

Source: Developed for use in various Ohio Learning Support projects

2. Social Competence

What You Do. Please read each of the following statements and fill in the circle that best shows your answer.

Question	Not at all	A little	Some	A lot	Very much
Points:	1	2	3	4	5
1. I am good at making friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I help other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I ask others if I can be of help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get along well with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of social competence that can be discussed with students. You can also sum scores on items to create a social competence scale score. The score will range from 4 to 20 with higher scores indicating a higher sense of social competence. Use more than once to see change over time.

Source: Anderson-Butcher, D., Iachini, A.L., & Amorose, A.J. (2008). Initial Reliability and Validity of the Perceived Social Competence Scale. *Research on Social Work Practice*, 18(1), 47-54. Psychometrics of this scale were reported as acceptable.

3. General Perceptions of the School Experience

Your School Experience. Please read each of the following questions carefully and fill in the circle that best describes how you feel about that particular item.

Points:	Strongly disagree	Disagree	Can't decide	Agree	Strongly agree
	1	2	3	4	5
1. I have a positive attitude toward school.	○	○	○	○	○
2. I am performing to the best of my ability in school.	○	○	○	○	○
3. I have plans to further my education beyond high school.	○	○	○	○	○
4. I feel I have made the most of my school experiences so far.	○	○	○	○	○
5. I am confident in my reading abilities in school.	○	○	○	○	○
6. I am confident in my math abilities in school.	○	○	○	○	○
7. I like the challenges of learning new things in school.	○	○	○	○	○
8. I am confident in my ability to manage my school work.	○	○	○	○	○
9. I feel my school experience is preparing me well for adulthood.	○	○	○	○	○
10. I have enjoyed my school experience so far.	○	○	○	○	○

Scoring:

Interpret each item as an important indicator of perceptions of the school experience that can be discussed with students. You can also sum scores on the items to create a perceptions scale score. The score will range from 10 to 50 with higher scores indicating a more positive view of school experiences. Use more than once to see change over time.

Psychometrics: Coefficient alpha for this scale is 0.79.

Source: Developed for use in various Ohio Learning Support projects

4. Academic Self-Efficacy

How confident do you feel about your ability to do each of the things below?	I am not confident doing this		I am somewhat confident doing this			I am always confident doing this	
Points:	1	2	3	4	5	6	7
1. Getting teachers to help me when I am stuck on schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Getting my parents to help me when I am stuck on schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Learning math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Learning reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Learning social studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Learning science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Learning how to use computers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Finishing my homework assignments on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Getting myself to study when there are other interesting things to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Concentrating on school subjects during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Organizing my schoolwork for the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Arranging a quiet place to study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Getting myself to do schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Participating in class discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Using the library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Resisting pressure from my friends to do things that get me into trouble in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Controlling my temper in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Getting my parents to take part in school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of academic self-efficacy that can be discussed with students. You can also sum scores on the items to create a self-efficacy scale score. The score will range from 18 to 126 with higher scores indicating a higher sense of self-efficacy. Use more than once to see change over time. The item below gives an overall score for self-efficacy that can be used by itself.

19. Please rate how much overall confidence you have in dealing with your academics:

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very confident at all			Somewhat confident		Very confident	

Source: New – Developed using recommendations of Albert Bandura (Reference: Pajares, Frank & Urdan, Tim. (2006). *Self-Efficacy Beliefs of Adolescents*. Greenwich, Conn: Information Age Publishing – especially Chapter 13)

5. Parent Support/Relationships

Parent's Support. Please mark how often your one of your parents or your caretakers does the following.

How often does one of your parents or caretaker...	Never	Seldom	Some-times	Often	Very Often
Points:	1	2	3	4	5
1. help you with your school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. talk to you about what you are doing in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ask you about your homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. go to meetings or events at your school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. make you follow certain rules at home or when you are out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. talk to you about alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. talk to you about sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. talk to you about your personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. talk to about life, in general.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of parent support and relationships that can be discussed with students. You can also sum scores on the items to create a parent support and relationships scale score. The score will range from 9 to 45 with higher scores indicating a more positive perception of parent support. Use more than once to see change over time.

Psychometrics: A factor analysis yielded *two factors*. The items that comprise the first factor are:

- 1) Help you with your school work
- 2) Talk to you about what you are doing in school.
- 3) Ask you about your homework.
- 4) Go to meetings or events at your school.
- 9) Talk to you about life in general. *

The reliability for this subscale is 0.80.

The items that comprise the second factor are:

- 6) Talk to you about alcohol or drugs.
- 7) Talk to you about sex.
- 8) Talk to you about your personal problems.
- 9) Talk to you about life in general. *

The reliability for this subscale is 0.80.

Source: U.S. Department of Education Pilot

6. Social Support (Sources of Support)

The following set of questions asks about the sources of support you have in your life. For each source, fill in the circle that best shows how much you feel you can turn to that source when you feel you need help and support. Your rating does not have to be based on a large number of people – one person in any of the categories can be supportive.

Source	Points:	I do not turn to at all for support		I can sometimes turn to for support			I can always turn to for support	
		1	2	3	4	5	6	7
1. A parent or caretaker		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A brother or sister		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A relative		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. A personal friend		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A boyfriend or girlfriend		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. A family friend		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. A teacher		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. A coach		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Another school staff member		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. A minister/youth leader		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A physician/doctor		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring: Interpret each item as an indicator of social support that can be discussed with students. This set of items does not create a true scale, but you might look at how many items have a 5, 6, or 7 response. More of those high numbers indicates higher levels of support. The items will help you see where students find support and where you might be able to build supports. The item below gives an overall score for perceptions of support that can be used by itself. Use more than once to see change over time.

12. Please rate how much overall support (from all sources) you feel you have in your life:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very much support at all			Some support			A great deal of support

Source: New (Please note there are a number of frameworks for measuring social support. These items focus on sources of perceived support plus an overall rating item.)

7. Involvement in Activities

Please indicate your level of involvement in the following activities.

	Not involved at all 1	Involved to Some extent 2	Actively involved 3
1. Student government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Athletics (Any sport, Intramurals, Cheerleading, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. School Performing Arts (Plays, Band, Dance Chorus, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. School Clubs or Organizations (Science club, Media Club, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Community Volunteering (Nursing Home, Child Care Centers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Church Related Groups and Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Boy or Girl Scouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Community Performing Arts (Plays, Band, Chorus, Dance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Peer Mentoring (In School or the Community)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an indicator of involvement that can be discussed with students. The items will let you see where students are involved and where more engagement in activities can be supported. You can also sum scores on items to create an activities scale score. The score will range from 9 to 27 with higher scores indicating more involvement. The two activity involvement items below provide overall scores for students' perceptions of their activities at school and in the community that can be used on their own.

10. Please rate, in general, how involved you feel you are in school activities:

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not involved at all			Involved some		Involved a great deal	

11. Please rate, in general, how involved you feel you are in community activities:

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not involved at all			Involved some		Involved a great deal	

Source: New

8. Academic Expectations

Academic Expectations. Please read over the following statements about your school and family and fill in the circle that corresponds to your opinion about each.

Statement	Points:	Strongly disagree 1	Disagree 2	Can't decide 3	Agree 4	Strongly agree 5
1. My school sets high standards for academic performance for all students		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My teachers have high academic expectations for me		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My parents have high academic expectations for me		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Students in my school respect others who get good grades		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Students in my school try hard to improve their school work		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Students in my school believe they can achieve the academic goals that have been set for them		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My time at school is organized to help me do my best in my classes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Decisions in my school always focus on what is best for learning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of academic expectations that can be discussed with students. You can also sum scores on the items to create an academic expectations scale score. The score will range from 8 to 40 with higher scores indicating higher academic expectations. Use more than once to see change over time.

Psychometrics: Coefficient alpha for this scale is 0.80.

Source: Developed for use in various Ohio Learning Support projects (Note: The term 'academic expectations' is sometimes referred to as 'academic press')

9. Student View of School

Please rate your school on a scale defined by positive and negative statements. For each pair of statements, fill in the circle where you think your school is on the scale. For example, if you think your school is pretty big you might fill in the second circle like this:

Big Small

My school:

Points:	1	2	3	4	5	6	7	
1. Is fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is unfair
2. Helps all students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helps only a small group of students
3. Is safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is unsafe
4. Encourages me to be involved in activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Discourages me from being involved in activities
5. Cares about students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Doesn't care about students
6. Has high expectations for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Has low expectations for students
7. Is friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is unfriendly
8. Is supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is not supportive
9. Is improving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is getting worse
10. Is a positive in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is a negative in my life
11. Is an exciting place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is a boring place
12. Is well regarded in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is poorly regarded in the community
13. Cares about families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Doesn't care about families
14. Welcomes parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Keeps parents out
15. Values parents' ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ignores parent's ideas

Scoring:

Interpret each item as an important indicator of student views of the school that can be discussed with students. You can also sum scores on the items to create a scale score for student views of school. The score will range from 15 to 105 with higher scores indicating more negative views of school. Use more than once to see change over time.

Psychometrics: In our various school needs assessments, coefficient alpha for this scale is consistently above .90

Source: New (Note: This set of questions has been developed using a semantic differential approach to the measurement of attitudes and perceptions. We see this scale a simple 'school climate' assessment.)

10. Stress (Source Specific)

Stress. Middle or high school can be a time of stress for some students. For the next set of questions, please fill in the one circle that best indicates how much stress you have felt in that particular area **within the last month**.

Area	Points:	No Stress		Some Stress			Lots of Stress	
		1	2	3	4	5	6	7
1. Relationship with parents/guardians		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Relationships with brothers/sisters		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Relationships with friends		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Relationship with boyfriend/girlfriend		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Time demands of extra-curricular activities (sports, band, plays, etc)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Relationship with teachers		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Multiple tests on one school day		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Multiple papers/projects due in one week		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Time management pressures		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lack of study skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. College search/application process		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Class rank		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Grades		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Parent pressures for academic performance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Academic planning/scheduling		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Academic competition between peers/students		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Overall pressures of school work		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Your overall feeling of stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of student stress that can be discussed with students. You can also sum scores on items to create a summary score for student stress. The score will range from 18 to 126 with higher scores indicating more stress. Use more than once to see change over time.

Source: New.

11. Stress (Stressful Life Events)

Life Events. Items in the following list of life events have been identified as having a potential stressful impact on a student's' life. Please fill in the circle if you have actually experienced the event in the past six months.

Life Event	Have you experienced events on the list in the past six months?
1. One of your parents died	<input type="radio"/>
2. One of your brothers or sisters died	<input type="radio"/>
3. A grandparent, aunt, uncle, or cousin you were close to died	<input type="radio"/>
4. A friend you were close to died	<input type="radio"/>
5. A pet you were close to died	<input type="radio"/>
6. Someone else you were close to died	<input type="radio"/>
7. A close friend moved away	<input type="radio"/>
8. One of your brothers or sisters moved out of the house	<input type="radio"/>
9. One of your brothers or sisters had serious trouble in school	<input type="radio"/>
10. Your parents were separated	<input type="radio"/>
11. You got a new brother or sister (born or adopted)	<input type="radio"/>
12. A new person joined your household	<input type="radio"/>
13. One of your brothers or sisters got in trouble with the law	<input type="radio"/>
14. Your family had serious financial trouble	<input type="radio"/>
15. Your mother and father argued more with each other	<input type="radio"/>
16. Your mother or father spent much more time away from home	<input type="radio"/>
17. A friend was seriously ill or injured	<input type="radio"/>
18. A close friend about your age had sex for the first time	<input type="radio"/>
19. A close friend about your age got pregnant	<input type="radio"/>
20. One of your parents was seriously ill or injured	<input type="radio"/>
21. One of your brothers or sisters was seriously ill or injured	<input type="radio"/>
22. A grandparent or other relative was seriously ill or injured	<input type="radio"/>
23. You changed schools	<input type="radio"/>
24. Your mother or father got laid off	<input type="radio"/>
25. Your mother or father got in trouble with the law	<input type="radio"/>
26. You were a victim of a crime	<input type="radio"/>
27. You got into serious trouble in school	<input type="radio"/>
28. You got into serious trouble with the law	<input type="radio"/>
29. Other: _____	<input type="radio"/>
30. Other: _____	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of stress that can be discussed with the student. The overall stress rating from this strategy is a count of the number of life events a student has experienced. Higher counts indicate more sources of stress.

Source: New (This measure is based on stressful life events theory which assumes that stress increases when there is an accumulation of various adverse or challenging life events.)

12. Stress Management Self-Efficacy

For the following set of questions, we would like you to rate how well you feel you are able to manage stress in your life. For each general area of potential stress, fill in the circle that best shows how confident you are in managing stress in that area.

	I have no difficulty handling stress in this area		I have some difficulty handling stress in this area			I have great difficulty handling stress in this area	
Points:	1	2	3	4	5	6	7
1. Stress related to home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Stress related to school performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Stress related to school attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Stress related to romantic relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Stress related to friendships/relationships with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Stress related to teacher relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Stress related to uncertainties about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Stress related to finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Stress related to emerging adult responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other: <hr style="width: 25%; margin-left: 0;"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Other: <hr style="width: 25%; margin-left: 0;"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of stress management self-efficacy that can be discussed with students. You can also sum scores on items to create a scale score for student self-efficacy for stress management. The score will range from 11 to 77 (if the two “other” options are used, 9 to 63 if not). Higher scores indicate worse stress management. Use more than once to see change over time. The item below provides an overall confidence score that can be used by itself.

12. Next, please rate how much overall confidence in dealing with the stress you feel you have in your life:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very confident at all			Somewhat confident			Very confident

Source: New – Developed using recommendations of Albert Bandura (Reference: Pajares, Frank & Urdan, Tim. (2006). *Self-Efficacy Beliefs of Adolescents*. Greenwich, Conn: Information Age Publishing – especially Chapter 13)

13. Suicide and Intentional Self-Harm

Please read each of the following questions carefully and fill in the 'yes' circle if the question is true for you.

- | | True for You? |
|--|---------------------------|
| 1. Has there ever been a time when things were so bad you thought about killing yourself? | <input type="radio"/> Yes |
| 2. Have you ever made a serious attempt to kill yourself? | <input type="radio"/> Yes |
| 3. Have you ever intentionally cut yourself? | <input type="radio"/> Yes |
| 4. Have you ever intentionally burned yourself ? | <input type="radio"/> Yes |
| 5. Have you ever intentionally interfered with a wound healing? | <input type="radio"/> Yes |
| 6. Have you ever intentionally hit yourself with your fists? | <input type="radio"/> Yes |
| 7. Have you ever intentionally scratched at yourself? | <input type="radio"/> Yes |
| 8. Have you ever intentionally tried to break one of your bones by hitting yourself or throwing yourself into a wall, door, tree or some other solid object? | <input type="radio"/> Yes |
| 9. Have you ever intentionally pulled out your hair in clumps? | <input type="radio"/> Yes |
| 10. Have you ever intentionally swallowed a sharp object such as razor blades, staples, needles, or pins? | <input type="radio"/> Yes |

Suicide and Intentional Self-Harm (Short Version)

- | | True for You? |
|---|---------------------------|
| 1. Has there ever been a time when things were so bad you thought about killing yourself? | <input type="radio"/> Yes |
| 2. Have you ever made a serious attempt to kill yourself? | <input type="radio"/> Yes |
| 3. Have you ever intentionally harmed yourself in any way? | <input type="radio"/> Yes |

Scoring:

Interpret each yes response as a critical indicator requiring attention.

Source: New (Please note there are two versions of the suicide and self-harm scale. The first includes specific self-harming or self-destructive behaviors. You can add methods of self-harm if they apply to your students.)

14. Center for Epidemiologic Studies – Depression Scale

How You Are Feeling? The following questions are concerned with how you have been feeling lately. Read each question carefully and fill in the one circle that best describes how often you felt or behaved this way during the past week.

	Rarely or none of the time (Less than 1 day)	Some or a little of the time (1-2 days)	Occasion- ally or a moderate amount of the time (3-4 days)	All of the time (5-7 days)
Points:	0	1	2	3
1. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I did not feel like eating, my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I could not get 'going'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

The primary score for the CES-D is the sum of response points for all the items. Scores for items 4, 8, 12 and 16 need to be reversed (0 = 3, 1 = 2, 2 = 1, 3 = 0) before summing the item scores. Total scores range from 0 to 60, with higher scores indicate higher levels of depression symptomatology or risk. A score of 16 is suggested as the cutoff for clinically relevant depression risk. Use more than once to see change over time.

Psychometrics: A variety of studies have found the CES-D to have acceptable validity and reliability (coefficient alphas $\geq .90$; various correlations with depression, general well-being, happiness indices $\geq .60$).

Source: Center for Disease Control (Reference for use with adolescents: Radloff, Lenore Sawyer. (1991). The Use of the Center for Epidemiologic Studies Depression Scale in Adolescents and Young Adults. *Journal of Youth and Adolescence*, Vol. 20, No.2., pp. 149-166.

15. SCOFF Eating Disorder Screening Scale

Please read each of the following questions carefully and fill in the 'yes' circle if that question is true for you.

- | | True for You? |
|--|---------------------------|
| 1. Do you make yourself sick because you feel uncomfortably full? | <input type="radio"/> Yes |
| 2. Do you worry you have lost control over how much you eat? | <input type="radio"/> Yes |
| 3. Have you recently lost more than 14 pounds in a three-month period? | <input type="radio"/> Yes |
| 4. Do you believe yourself to be fat when others say you are too thin? | <input type="radio"/> Yes |
| 5. Would you say that food dominates your life? | <input type="radio"/> Yes |

Scoring:

Interpret each yes response as an important indicator that can be discussed with students. The total score for the eating disorder screening is a simple count of yes responses. Higher counts indicate more risk. A score of 2 or above indicates the student may be at risk of having an eating disorder.

Psychometrics: A variety of studies have found the SCOFF scale to have acceptable screening characteristics (sensitivity and specificity) normed on known cases of eating disorders.

Source: Luck, A.J., Morgan, J.F., Reid, F. (2002). The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study. *British Medical Journal*, 325, 755-756.

16. Weight, Nutrition and Exercise

1. How do you describe your weight? (fill in one answer)

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

2. Which of the following are you trying to do about your weight? (fill in one answer)

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

3. In the past 30 days, did you do any of these things to help you lose or keep from gaining weight? (fill in one circle on each line)

- | | Yes |
|---|-----------------------|
| Exercise | <input type="radio"/> |
| Smoke cigarette | <input type="radio"/> |
| Take diet pills, powders or liquids | <input type="radio"/> |
| Skip meals | <input type="radio"/> |
| Take laxatives | <input type="radio"/> |
| Eat less food, fewer calories or foods low in fat | <input type="radio"/> |
| Go without eating for 24 hours or more (fasting) | <input type="radio"/> |
| Vomit (throw up) on purpose after eating | <input type="radio"/> |
| Go on a weight loss program | <input type="radio"/> |

On how many of the last 7 days did you do the things below? (Fill in one circle on each line.)

- | | Number of Days | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Exercise or participate in sports for at least 20 minutes that made you sweat and breath hard (such as basketball, jogging, swimming, tennis, bicycling, or similar aerobic activities.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Participate in other physical activity for at least 20 minutes (such as walking, bicycling or skating) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Think about all the meals and snacks you ate yesterday from the time you got up until you went to bed. Include all the food you ate at home, school, restaurants, or anywhere else. How many servings of each of the following food groups did you eat? (fill in one circle on each line)

	Number of servings				
	None	1	2	3	4 or more
6. Dairy (glass of milk , yogurt, cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Grains (bread, cereal, bagels, pasta, rice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Fruits (whole fruit, juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Vegetables (Do not count French fries, or fried potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Meat (chicken, turkey, nuts, fish, beef, pork)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Consider each of the 10 weight, nutrition, and exercise items a separate indicator to discuss with students. Use more than once to see change over time.

Source: U.S. Center for Disease Control

17. Sex (Activity and Intention)

Note: This scale assumes students are heterosexual.

Please fill in the circle that best answers the following questions.

1. At any time in your life, have you ever had sexual intercourse (that is, made love, had sex, or gone all the way)?

- Yes
- No

2. Do you consider any of the following as 'having sex'? (fill in all that apply)

- Oral sex
- Anal sex
- Heavy making out with masturbation

3. The last time you had sexual intercourse, what one method did you use or your partner use to prevent pregnancy (fill in all that apply)?

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Withdrawal
- Some other method (please identify) _____
- Not sure

4. If you have not been sexually involved during the past six months, is this because you (fill in all that apply):

- Are not interested
- Have no available partner
- Have decided you should wait until you are older
- Have decided you should stop having intercourse until you are older
- Are concerned about contacting a sexually transmitted disease or AIDS
- Other (please explain) _____

5. If you have been sexually involved during the past six months, is this because (fill in all that apply):

- You feel pressure from your boy/girlfriend
- You feel a pressure to conform
- You have been under the influence of alcohol or drugs
- You see it as an expression of love for your boy/girlfriend
- Other (please explain) _____

Which of the following best describes your intentions over the next 6 months? (fill in the circle for your response)

6. Having sex:

- I probably will not have sex I am not sure I probably will have sex

7. Avoiding tempting situations:

- I probably will avoid tempting situations I am not sure I probably will not avoid tempting situations

8. Using appropriate protection (if you decide to have sex):

- I probably will use protection I am not sure I probably will not use protection

9. As far as you know, how many of your unmarried friends have had sex in the past 6 months? (fill in the circle for your response)

- None A few Some About half Most of them All of them

10. Next, please rate how much self-control you feel you have over your decision to have sex (fill in the circle for your response):

- Not very much control at all Some control Quite a bit of control

11. Please rate how much self-control you feel you have to avoid situations where you might be tempted to have sex (fill in the circle for your response):

- Not very much control at all Some control Quite a bit of control

12. Please rate the extent to which you feel you have the skills to manage tempting sexual situations (fill in the circle for your response):

- Very few skills Some skills Many skills

18. Alcohol, Tobacco, and Other Drugs (Use and Intention)

The questions in this section ask about how much you use alcohol, tobacco or other drugs (if you do at all). Please answer each question by filling in the appropriate circle. Answer as best you can.

1. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6 or more occasions

2. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- One pack or more per day

3. On how many occasions (if any) have you had marijuana during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6 or more occasions

4. What is your current intention regarding your using **alcohol** in the next month (fill in the circle closest to your rating):

	1	2	3	4	5	6	7	
Definitely will not use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely will use

5. What is your current intention regarding your using **cigarettes** in the next month (fill in the circle closest to your rating):

	1	2	3	4	5	6	7	
Definitely will not use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely will use

6. What is your current intention regarding your using **marijuana** in the next month (fill in the circle closest to your rating):

	1	2	3	4	5	6	7	
Definitely will not use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely will use

Statement	Not at all true	A little true	Pretty much true	Very much true
	1	2	3	4
7. There are people at my school (teachers, counselors, coaches) who help me understand the consequences of using alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. There are people in my home (parents, brothers or sisters, grandparents) who help me understand the consequences of using alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. There are people in my community (doctor, minister, family friends, counselors) who help me understand the consequences of using alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Most parents in my community accept the fact that kids will experiment with drugs and alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Most parents in my community don't realize just how many kids are using either alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I use alcohol, tobacco, or other drugs during my athletic seasons or during other extra-curricular activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question	No Risk	Slight Risk	Moderate Risk	Great Risk
	1	2	3	4
13. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question	Very Wrong	Wrong	A little bit wrong	Not wrong at all
	1	2	3	4
17. How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How wrong do you think it is for someone your age to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How wrong do you think it is for someone your age to smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many of your friends...	None	A few	Several	Most
	1	2	3	4
1. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use smokeless tobacco (snuff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Drink beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Drink wine coolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drink hard liquor (whiskey, gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use cocaine (crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use uppers (stimulants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Use downers (depressants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Use inhalants (glue, aerosol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Use hallucinogens (FCP, LSD, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Use steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Consider each of the items about alcohol, tobacco, and drug use as separate issues to discuss with students. Use more than once to see change over time on each item.

Source: Recommended SAMSHA Measures--Monitoring the Future Survey

19. Risky Behaviors

Please tell us honestly about the following behaviors.

Over the past three months, have you:	Never	Once	A few times	Regularly
Points:	0	1	2	3
1. Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Consumed alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoked marijuana (pot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sniffed glue or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Used other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Skipped school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Skipped homework assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Got suspended from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Been in a fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Carried a weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Been in legal trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Had sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Had unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Stolen something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Damaged someone's property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Lied about something important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Been involved with a gang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of risky behavior that can be discussed with students. You can also sum item scores to create an risky behavior scale score. That score will range from 17 to 51 with higher scores indicating more risk. Use more than once (at least 3 months after the first administration) to see change over time.

Source: New

20. Future Aspirations

Please read over the following statements about how you feel about your future and fill in the circle that indicates your opinion about each.

How important is it to you that in the future:	Not at all important	Somewhat important	Important	Very Important
Points:	1	2	3	4
1. You will graduate from high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You will go to college?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. You will have a job that pays well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. You will own your own home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. You will stay in good health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. You will do community or volunteer work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. You will have good friends you can count on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. You will have a good reputation in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of future aspirations to discuss with students. You can also sum item scores to create a future aspirations scale score. That score will range from 8 to 32 with higher scores indicating higher future aspirations. Use more than once to see change over time.

Source: New

21. Hope

Please fill in the circle that corresponds to your opinion about each statement.

	None of the time 0	A little of the time 1	Some of the time 2	A lot of the time 3	Most of the time 4	All of the time 5
1. I think I am doing pretty well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can think of many ways to get the things in life that are important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am doing just as well as other kids my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I have a problem, I can come up with lots of ways to solve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I think the things I have done in the past will help me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Even when others want to quit, I know I can find ways to solve the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring:

Interpret each item as an important indicator of hope that can be discussed with students. You can also sum item scores to create a hope scale score. That score will range from 0 to 30 with higher scores indicating a higher sense of hope. Use more than once to see change over time.

Psychometrics: A variety of studies have found the Children’s Hope Scale to have acceptable validity and reliability.

Source: Snyder, C. R. (2003). Measuring Hope in Children. Paper presented at the Indicators of Positive Development Conference, Washington, D.C., March 12-13, 2003. Retrieved from: http://childtrends.org/Files/Child_Trends-2003_03_12_PD_PDConfSnyder.pdf.