Default Question Block

North Mahaska school staff ask your voluntary participation in answering the following questions. If you feel uncomfortable answering any of the questions, you may skip them. It would help us if you answered the items as best you can even if you are not absolutely certain. The purpose of this is to gather information to help us ensure that any students who are struggling get support. Thank you for being honest with your answers.

Please enter your first and last name:

Please enter your school email:

For each item, please mark the box for Not True, Somewhat True or Certainly True. Please give your answers on the basis of how things have been for you over **the last six months**.

| | Click to write Column 1 | | |
|--|-------------------------|---------------|----------------|
| | Not true | Somewhat true | Certainly true |
| I try to be nice to other people. I care about their feelings. | 0 | \bigcirc | \bigcirc |
| I am restless, I cannot stay still for long | \bigcirc | \bigcirc | \bigcirc |
| I get a lot of headaches, stomach-aches or sickness | 0 | \bigcirc | 0 |
| I usually share with others, for example CD's, games, food | 0 | \bigcirc | \bigcirc |
| I get very angry and often lose my temper | \bigcirc | \bigcirc | \bigcirc |
| I would rather be alone than with people of my age | \bigcirc | \bigcirc | \bigcirc |
| I usually do as I am told | \bigcirc | \bigcirc | \bigcirc |

| | Click to write Column 1 | | |
|---|-------------------------|---------------|----------------|
| | Not true | Somewhat true | Certainly true |
| I worry a lot | \bigcirc | \bigcirc | \bigcirc |
| I am helpful if someone is hurt, upset or feeling ill | \bigcirc | \bigcirc | \bigcirc |
| I am constantly fidgeting or squirming | \bigcirc | \bigcirc | \bigcirc |
| I have one good friend or more | \bigcirc | \bigcirc | \bigcirc |
| I fight a lot. I can make other people do what I want | \bigcirc | \bigcirc | \bigcirc |
| I am often unhappy, depressed or tearful | 0 | \bigcirc | \bigcirc |
| Other people my age generally like me | 0 | \bigcirc | \bigcirc |
| I am easily distracted. I find it difficult to concentrate | 0 | \bigcirc | 0 |
| I am nervous in new situations. I easily lose confidence | 0 | \bigcirc | \bigcirc |
| I am kind to younger children | \bigcirc | \bigcirc | \bigcirc |
| I am often accused of lying or cheating | \bigcirc | \bigcirc | \bigcirc |
| Other children or young people pick on me or bully me | 0 | \bigcirc | 0 |
| l often offer to help others (parent, teacher, children) | 0 | \bigcirc | 0 |
| I think before I do things | \bigcirc | \bigcirc | \bigcirc |
| I take things that are not mine from home, school, or elsewhere | 0 | \bigcirc | 0 |
| I get along better with adults than with people my own age | 0 | \bigcirc | \bigcirc |
| I have many fears. I am easily scared | \bigcirc | \bigcirc | \bigcirc |
| I finish the work I'm doing. My attention is good | \bigcirc | \bigcirc | \bigcirc |
| I am involved in school activities | \bigcirc | \bigcirc | \bigcirc |
| I have a good relationship with at least one adult at my school | 0 | 0 | 0 |

Please answer the following questions by selecting the response most described your mood over **the last week**.

| | Click to write Column 1 | | | | |
|--------------------------------|---|------------------------------|------------------------------|---------------------------------|-----------------------------------|
| | Not at all or less than one day last week | One or two days last week | Three to four days last week | Five to seven days last week | Nearly every day for two weeks |
| l wished l were dead. | 0 | \bigcirc | \bigcirc | 0 | 0 |

| | Click to write Column 1 | | | | |
|-----------------------------------|---|------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| | Not at all or less than one day last week | One or two days last week | Three to four days last week | Five to seven days last week | Nearly every day for two weeks |
| l wanted to hurt myself. | \bigcirc | \bigcirc | \bigcirc | 0 | 0 |

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