

## **Welcome to The Sources of Strength Survey**

**To design programs for high school students, we need to learn more about what you think about your school and how other students treat each other. This survey will take about 30 minutes to complete. The survey asks about experiences that can lead students to feel stuck or hopeless and consider suicide, attitudes about getting help, and whether you have felt distressed or suicidal in the past and needed help. We will also ask about your experiences with sexual harassment and sexual violence or witnessing these behaviors among your peers at school.**

**Some of the questions may ask things you have never thought about; just give us your best answer. All of your answers will be completely confidential no one, neither your parents nor anyone from your school, will ever see how you answer these questions unless you indicate that you have intentions to harm yourself or you indicate that an adult is harming you. Because we are serious about protecting your confidentiality, all names will be kept separate from survey answers. No student names will be listed with survey answers. The ID numbers that students use to log onto the website will be changed before any survey answers are sent to our teams at the UofR or the University of Florida. This process will keep survey answers as confidential as possible.**

**Your participation is voluntary, so you do not have to participate if you do not want to. You can stop completing the survey at any time and you can skip any question that you do not want to answer. Some items might make you feel sad or make you think about some things that might have upset you in the past. Therefore, we encourage you to talk to your friends, family, teachers, or other individuals that you trust after this survey. We will also provide resources to you at the end of the survey.**

1. What is your age?

- 12 years or younger
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

2. What is your gender?

- Female
- Male
- Transgender
- Other

3. What is your race/ethnicity? (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- Latinx/Hispanic
- White
- Mixed

Some other race (please specify)

#### 4. What is your sexuality?

- Straight/heterosexual
- Gay/lesbian
- Bisexual
- Questioning/unsure
- Some other sexuality(please specify)

#### 5. At my school...

	Strongly Disagree	Disagree	Agree	Strongly Agree
...I feel close to other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have many friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I am socially accepted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I often hang out with other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 6. At my school, adults...

	Strongly Disagree	Disagree	Agree	Strongly Agree
...care about people my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...push me to do my best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...respect what people my age think	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 7. At my school there is an adult who...

	Strongly Disagree	Disagree	Agree	Strongly Agree
...listens to what I have to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...cares about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I can talk to about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If I was really upset and needed help...

	Strongly Disagree	Disagree	Agree	Strongly Agree
...I believe a counselor or other adult at school could help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I would talk to a counselor or other adult at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...my friends would want me to talk to a counselor or other adult at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...my family would want me to talk to a counselor or other adult at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How much would you agree or disagree with the following statements about yourself?

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel supported and cared for by my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have positive, caring friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friendships with adults that I trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am active in healthy activities, hobbies, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take time to be generous and helpful to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel strongly spiritually in my faith, beliefs, or culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If needed, I could get counseling or help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get any medical services I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. There is a parent or other adult in my family who...

	Strongly Disagree	Disagree	Agree	Strongly Agree
...I can discuss hard issues with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I am very satisfied with how I can communicate with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I can tell if I were in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I don't have to worry what I say to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I get honest answers from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I can discuss problems with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Some kids call each other names like homo, gay, lesbo, fag, or dyke. How many times in the last 30 days did **YOU** say these words to:

	Never	1-2 times	3-4 times	5-6 times	7 or more times
A friend?	<input type="radio"/>				
Someone I did not know well?	<input type="radio"/>				
Someone I did not like?	<input type="radio"/>				
Someone I thought was gay or lesbian?	<input type="radio"/>				
Someone I did not think was gay or lesbian?	<input type="radio"/>				

12. Some kids call each other names like homo, gay, lesbo, fag, or dyke. How many times in the last 30 days did the following persons **say these words TO YOU**

	Never	1-2 times	3-4 times	5-6 times	7 or more times
A friend?	<input type="radio"/>				
Someone who does not know you well?	<input type="radio"/>				
Someone who does not like you?	<input type="radio"/>				
Someone who thought I was gay or lesbian?	<input type="radio"/>				
Someone who did not think I was gay or lesbian?	<input type="radio"/>				

13. During the last X months, how often, if at all, has anyone done the following things **TO YOU, WHEN YOU DID NOT WANT THEM TO?**

	Never	1 or 2 times	3 or 4 times	5 or 6 times	7 or more times
Made sexual comments, jokes, gestures, or looks	<input type="radio"/>				
Showed, gave, or left you sexual pictures, photographs, illustrations, messages, or notes.	<input type="radio"/>				
Wrote sexual messages/graffiti about you on bathroom walls, in locker rooms, etc.	<input type="radio"/>				
Spread sexual rumors about you	<input type="radio"/>				
Touched, grabbed, or pinched you in a sexual way	<input type="radio"/>				
Pulled at your clothing in a sexual way	<input type="radio"/>				
Intentionally brushed against you in a sexual way	<input type="radio"/>				
Pulled your clothing off or down	<input type="radio"/>				
Blocked your way or cornered you in a sexual way	<input type="radio"/>				
Forced you to kiss them	<input type="radio"/>				
Forced you to do something sexual other than kissing	<input type="radio"/>				
Made you touch their private parts when you did not want you to	<input type="radio"/>				

14. During the last X months, how often, if at all, have **YOU** done the following things to someone **WHEN THAT PERSON DID NOT WANT YOU TO?**

	Never	1 or 2 times	3 or 4 times	5 or 6 times	7 or more times
Made sexual comments, jokes, gestures, or looks	<input type="radio"/>				
Showed, gave, or left them sexual pictures, photographs, illustrations, messages, or notes.	<input type="radio"/>				
Wrote sexual messages/graffiti about them on bathroom walls, in locker rooms, etc.	<input type="radio"/>				
Spread sexual rumors about them	<input type="radio"/>				
Touched, grabbed, or pinched them in a sexual way	<input type="radio"/>				
Pulled at their clothing in a sexual way	<input type="radio"/>				
Intentionally brushed against them in a sexual way	<input type="radio"/>				
Pulled their clothing off or down	<input type="radio"/>				
Blocked their way or cornered them in a sexual way	<input type="radio"/>				
Forced them to kiss you	<input type="radio"/>				
Forced them to do something sexual other than kissing	<input type="radio"/>				
Made them touch your private parts when they did not want to	<input type="radio"/>				

\* 15. Have you ever been physically forced to have sexual intercourse when you did not want to?

No	Yes
<input type="radio"/>	<input type="radio"/>

\* 16. These questions ask about your behavior the past SIX MONTHS in online, texting or social media settings.

During the past six months...

Never                      1 or 2 times                      3 or 4 times                      5 or 6 times                      7 or more times

How often did you try to get someone to talk about sex when they did not want to using mobile apps, social networks, texts, or other digital communication?

                                                                                      

How often did you ask someone to do something sexual that they did not want to do using mobile apps, social networks, texts, or other digital communication?

                                                                                      

How often did you post or publicly share a nude or semi-nude picture of someone using mobile apps, social networks, texts, or other digital communication when they did not want you to?

                                                                                      

How often did you make mean or hurtful comments using mobile apps, social networks, texts, or other digital communication?

                                                                                      

How often did you spread rumors using mobile apps, social networks, texts, or other digital communication?

                                                                                      

How often did you make threatening or aggressive comments using mobile apps, social networks, texts, or other digital communication?

                                                                                      

How often did you repeatedly contact someone to see where they were and/or who they were with using mobile apps, social networks, texts, or other digital communication?

17. How much have you felt or acted this way in the past 2 weeks?

	Never	Sometimes	Most of the time
I felt miserable or unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't enjoy anything at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt so tired I just sat around and did nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was very restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was no good anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cried a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to think properly or concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hated myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was a bad person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought nobody really loved me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought I could never be as good as other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I did everything wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. During the past 6 months...

	No	Yes
... did you ever <b>seriously</b> consider suicide?	<input type="radio"/>	<input type="radio"/>
... did you make a plan on how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>
... if you attempted suicide during the past 6 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	<input type="radio"/>	<input type="radio"/>

19. During the past 6 months...

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

... how many times did you actually attempt suicide?

20. During the past 6 months...

No

Yes

... did you tell a friend or other teen that you were suicidal?

... did you tell an adult that you were suicidal?

21. Did the friend or teen you told you were suicidal...

No

Yes

... encourage you to get help from an adult?

... get an adult involved to help you?

22. Did any of the adults you told you were suicidal...

No

Yes

... take action or give advice that helped you?

... encourage you to get help from a mental health professional?

23. Did you get the help you needed?

No

Yes

24. During the past 6 months, have you...

	No	Yes
... seen someone shoot, stab, or badly hurt another person?	<input type="radio"/>	<input type="radio"/>
... been beaten up or had someone pull a knife or gun on you?	<input type="radio"/>	<input type="radio"/>
... gotten into a physical fight?	<input type="radio"/>	<input type="radio"/>

25. For each of the following questions, choose how often the following happened at school in the LAST 30 DAYS.

	Never	1 or 2 times	3 or 4 times	5 or 6 times	7 or more times
I upset other students for the fun of it.	<input type="radio"/>				
In a group I teased other students.	<input type="radio"/>				
I spread rumors about other students.	<input type="radio"/>				
I started (instigated) arguments or conflicts.	<input type="radio"/>				
I helped harass other students.	<input type="radio"/>				
I threatened to hurt or hit another student.	<input type="radio"/>				
I excluded other students from my clique (group) of friends.	<input type="radio"/>				
I teased other students.	<input type="radio"/>				
I encouraged people to fight.	<input type="radio"/>				

26. For each of the following questions, choose how often the following happened at school in the LAST 30 DAYS.

	Never	1 or 2 times	3 or 4 times	5 or 6 times	7 or more times
Other students picked on me.	<input type="radio"/>				
Other students called me names.	<input type="radio"/>				
I got hit or pushed by others.	<input type="radio"/>				
Other students made fun of me.	<input type="radio"/>				

27. During the past 6 months, how often did you...

	Never	1-2 times	Once a month	Once a week
... skip a whole day of school without an excuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... skip a class without an excuse or a legitimate reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How likely are you in the next 6 months to...

	Not at all likely	A little likely	Somewhat likely	Very likely
... smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... get drunk on alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. The next questions ask about "dating." By "dating," we mean spending time with someone you are seeing or going out with. Examples of this might include hanging out at the mall, in the neighborhood, or at home or going somewhere together like the movies, a game, or a party. It doesn't have to be a formal date or something you planned in advance and it may be with a small group. The term "date" includes both one-time dates and time together as part of long-term relationships.

	No	Yes
Have you ever DATED someone, including, for example, someone you spent time with or someone you are/were seeing or going out with?	<input type="radio"/>	<input type="radio"/>

30. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

I did not date or go out with anyone during the past 12 months

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

31. During the past 12 months, how many times did you force someone you were dating or going out with to do sexual things that they did not want to do? (Count such things as kissing, touching, or physically forcing them to have sexual intercourse.)

I did not date or go out with anyone during the past 12 months

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

32. During the past 12 months, how many times did someone you were dating or going out with verbally hurt you on purpose (Count such things as saying mean things to you, threatening you, or ridiculing you in front of others)?

I did not date or go out with anyone during the past 12 months

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

33. During the past 12 months, how many times did you verbally hurt someone (on purpose) that you were going out with or dating (Count such things as saying mean things to them, threatening them, or ridiculing them in front of others)?

I did not date or go out with anyone during the past 12 months

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

34. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

I did not date or go out with anyone during the past 12 months

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

35. During the past 12 months, how many times did you physically hurt someone (on purpose) that you were going out with or dating? (Count such things as hitting, slamming them into something, or injuring them with an object or weapon.)

I did not date or go  
out with anyone  
during the past 12  
months

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

36. Please list the adults in your school who you trust and feel you can talk to (up to 7). Remember these names will be changed to numbers, and we will not be able to identify these individuals by name.

37. Please list the adults in your school who you went to for help for a personal problem or to get help for a friend (up to 7) Remember these names will be changed to numbers, and we will not be able to identify these individuals by name.

38. Please name your 7 CLOSEST friends. Remember these names will be changed to numbers, and we will not be able to identify these individuals by name.

39. How many close friends do you have who do **not** go to your school?

- 0
- 1
- 2
- 3-4
- 5-6
- 7 or more

40. How many of your friends do you talk to mostly online?

0

1

2

3-4

5-6

7 or more