



SES Student Survey Questions

1) In the past 90 days, have you experienced any of the following? (check all that apply)

- ☐ Anxiety or worry
- ☐ Bullying (online or in-person)
- ☐ Depression or prolonged sadness
- ☐ Feeling alone or isolated
- ☐ Loss of someone important to you or other type of grief or loss
- ☐ Major changes at home (move, family change, divorce, etc.)
- ☐ Stress related to LGBTQ+, acceptance, or sense of belonging
- ☐ None of the above
- ☐ Other: _____

2) Of the items you checked above, which has affected you **the most during the past 30 days?** _____

How often have you thought about or experienced this concern?	Never	Sometimes	Often	Almost every day
How much has this concern made doing your schoolwork more difficult?	Never	Sometimes	Often	Almost every day
How often have you avoided logging on or participating in school because of this concern?	Never	Sometimes	Often	Almost every day
In the last 30 days, how often have you had an adult you could talk to about this concern?	Yes, almost every day	Yes, sometimes	Rarely	No, not at all
Have you received counseling or other support for this concern?	Yes, multiple times a week	Yes, once a week	Yes, once a month	No, I'm not receiving any support
How long have you been receiving counseling or other support for this concern?	More than 6 months	1-6 months	Less than 1 month	Not receiving support
I like the idea of talking to someone about this and possibly getting support.	Yes	No		

Anything else you'd like us to know _____