

## Mental Health Survey Questions

1). How are you feeling at the time of this survey?

Multiple choice answers to choose from:

- Happy
- Sad
- Just Okay Today

2). How often do you feel happy?

- Sometimes
- Almost Never
- Almost Always

3). Do you feel safe at home?

- Yes
- No

4). Do you feel safe at school?

- Yes
- No

5). Do you have a teacher or other adult you can count on to help you no matter what?

- Yes
- No

6). Do you have a friend you can count on to help you no matter what?

- Yes
- No

7). Is your family in need of any supplies? Drop down menu to check

- Food
- School supplies
- Hygiene products (soap, deodorant, toothpaste, etc.)
- Do not need anything at this time

8). How often do you watch a screen each day (phone, computer, tv, etc.)

- 2 hours or less
- 2 to 5 hours

- 5 hours or more

9). How do you communicate with friends most often? Check all that apply.

- Social media
- Texting
- Phone calls
- Video chats
- In person conversations
- Other

10). What can teachers or other adults at school do to support you? Long answer text.