

Youth Outcomes and Resiliency Survey (YORS) – (includes “extended” modules)

Section 1: Demographics

Please answer these demographic questions. We will use this information to understand more about our sample, and to understand if different groups are having different experiences. These answers are confidential and will not be shared with anyone outside of the evaluation team.

1. Participant ID	
2. How old are you? <i>In years</i>	
3. How would you describe your gender? <i>Select all that apply.</i>	<input type="checkbox"/> Woman or girl <input type="checkbox"/> Man or boy <input type="checkbox"/> Non-binary <input type="checkbox"/> Genderqueer <input type="checkbox"/> Agender <input type="checkbox"/> Something else. I identify as: _____ <input type="checkbox"/> I am not yet sure of my gender <input type="checkbox"/> I am not sure what this question means <input type="checkbox"/> I do not want to answer this question
4. Do you identify as transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not sure if I do <input type="checkbox"/> I am not sure what this question means <input type="checkbox"/> I don't want to answer this question
5. What sex were you assigned at birth?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> I am not sure what this question means <input type="checkbox"/> I don't want to answer this question
6. How would you describe your sexuality or sexual orientation? <i>Select all that apply.</i>	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Aromantic <input type="checkbox"/> Queer <input type="checkbox"/> Straight <input type="checkbox"/> Pansexual <input type="checkbox"/> I'm not sure <input type="checkbox"/> Something else. I identify as: _____ <input type="checkbox"/> I don't want to answer this question
7. What is your race? <i>Select all that apply.</i>	

<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> I do not want to answer this question
8. What state do you live in?	<input type="checkbox"/> DROP DOWN with all 50 states + territories
9. What is your zip code?	

Section 2: Suicidality

The next set of questions ask about thoughts about suicide and attempted suicide. We know that it can be uncomfortable to think about or respond to these kinds of questions, but answering truthfully will help us understand what you, and other youth, are experiencing. We also know that sometimes people might think that their friends or parents want them to answer a certain way, but we are interested in what YOU have to say. Remember, these are confidential – no one will ever know how you responded.

10. In the past 30 days, did you seriously think about trying to kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
11. In the past 30 days, did you make any plans to kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
12. In the past 30 days, have you had thoughts that you would be better off dead or would rather not wake up in the morning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
13. In the past 30 days, did you try to kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
14. In the past 30 days, have you ever had thoughts of hurting yourself in some way but have not actually done so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
15. In the past 30 days, have you ever hurt yourself in some way on purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
16. In the past 30 days, did you seek support from any of the following sources? (select all that apply)	<input type="checkbox"/> Health care professional <input type="checkbox"/> Online helpline/service <input type="checkbox"/> Crisis hotline

	<input type="checkbox"/> Family/friends <input type="checkbox"/> Other: Please specify: <input type="checkbox"/> I don't want to answer this question
17. In the past 30 days, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
18. In the past 30 days, did you stay in a hospital overnight or longer because you tried to kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question

Section 3: Positive Youth Development Sustainability Scale

The following questions are about your level of happiness and satisfaction with different areas of life. Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. I am happy at home.				<input type="checkbox"/>	
20. I am happy at school.				<input type="checkbox"/>	
21. I am happy with the services I am receiving.				<input type="checkbox"/>	
22. I am happy with the people in my life.				<input type="checkbox"/>	
23. I am satisfied with my life.				<input type="checkbox"/>	
24. I feel connected to my parents.				<input type="checkbox"/>	
25. I feel like I am worth something.				<input type="checkbox"/>	
26. When others need help, I help them.				<input type="checkbox"/>	
27. It is easy for me to know how others feel.				<input type="checkbox"/>	
28. I try to encourage others when they are not as good at something as me.				<input type="checkbox"/>	
29. I can be counted on to help if someone needs me.				<input type="checkbox"/>	
30. I care about the feelings of my friends.				<input type="checkbox"/>	
31. I have many different types of friends.				<input type="checkbox"/>	
32. My friends care about me.				<input type="checkbox"/>	
33. I feel connected to my friends.				<input type="checkbox"/>	

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
34. I feel connected to my teachers.				<input type="checkbox"/>	
35. I have people in my life I look up to and admire.				<input type="checkbox"/>	
36. I have close friendships.				<input type="checkbox"/>	
37. I take an active role in my community.				<input type="checkbox"/>	
38. I am someone who gives to benefit others.				<input type="checkbox"/>	
39. I like to work with others to solve problems.				<input type="checkbox"/>	
40. I have things I can offer to others.				<input type="checkbox"/>	
41. It is important for me to try and make a difference in the world.				<input type="checkbox"/>	
42. I have goals in my life.				<input type="checkbox"/>	
43. I know what I want to be when I grow up.				<input type="checkbox"/>	
44. I like to learn new things.				<input type="checkbox"/>	
45. I can manage my emotions.				<input type="checkbox"/>	
46. It is important for me to do the right thing.				<input type="checkbox"/>	
47. If I promise to do something I can be counted on to do it.				<input type="checkbox"/>	

Section 4: Screening Experience

The following questions are about your recent experience being screened for mental health or suicidality concerns.

<p>48. Were you recently screened for mental health or suicidality concerns?</p>	<p><input type="checkbox"/> Yes [Complete 49a-49h] <input type="checkbox"/> No [Go to next section] <input type="checkbox"/> I'm not sure [Go to next section] <input type="checkbox"/> I don't want to answer this question [Go to next section]</p>
	<p>49a. Where did this screening take place?</p> <p><input type="checkbox"/> In school</p> <p><input type="checkbox"/> In a service provider's office</p> <p><input type="checkbox"/> In a hospital room or emergency room</p> <p><input type="checkbox"/> In a community setting</p> <p><input type="checkbox"/> In my home</p>

		<input type="checkbox"/> Somewhere else:
	49b. Were you experiencing mental health or suicidality symptoms at the time you were screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> I don't remember
	49c. How did you complete the screening?	<input type="checkbox"/> I was asked questions by the person conducting the screening in-person <input type="checkbox"/> I was asked questions by the person conducting the screening over the phone <input type="checkbox"/> On paper by myself <input type="checkbox"/> Online or virtually by myself <input type="checkbox"/> Something else:
	49d. Who was part of the conversation with you? <i>Select all that apply.</i>	<input type="checkbox"/> The person doing the screening <input type="checkbox"/> Another service provider <input type="checkbox"/> A parent or primary caregiver <input type="checkbox"/> A sibling <input type="checkbox"/> Another family member <input type="checkbox"/> A friend <input type="checkbox"/> A teacher <input type="checkbox"/> A school counselor <input type="checkbox"/> A therapist <input type="checkbox"/> Someone else:
	49e. How comfortable did you feel being open and honest when responding to screening questions?	<input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat Comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat uncomfortable <input type="checkbox"/> Very uncomfortable

	49f. Did you feel safe during the screening experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
	49g. Were you asked for your own consent before being asked screening questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
	49h. Were you able to ask questions after the screening process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure

Section 5: Cultural Appropriateness of Services

Please indicate how much you disagree or agree with each of the following statements.

I feel supported by the [PROGRAM/AGENCY] in expressing my...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
49. gender.				<input type="checkbox"/>	
50. pronouns.				<input type="checkbox"/>	
51. sexual orientation.				<input type="checkbox"/>	
52. culture.				<input type="checkbox"/>	
53. beliefs.				<input type="checkbox"/>	
54. concerns regarding the services.				<input type="checkbox"/>	
55. I feel that the [PROGRAM/AGENCY] staff can understand my culture.				<input type="checkbox"/>	
56. I feel that the [PROGRAM/AGENCY] is willing to work with me to meet my needs. (For example, helping me to receive the services that I know I need.)				<input type="checkbox"/>	
57. I feel that the [PROGRAM/AGENCY] is willing to work with me to meet my preferences. (For example, helping me to receive the services that I know I want.)				<input type="checkbox"/>	
58. I feel that the [PROGRAM/AGENCY] is willing to work with me to meet my goals.				<input type="checkbox"/>	

59. Has the [PROGRAM/AGENCY] invited you to provide feedback on your experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm don't know
60. Has the [PROGRAM/AGENCY] invited you to help design programming or program materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm don't know

Section 6: Self-efficacy for Accessing Information

The following questions are about your perspective or opinion about different types of information that are available to you.

61. I know how to find information that will help me to better understand <u>mental health</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure
62. I know how to find information that will help me to better understand <u>suicide</u>	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure
63. I know how to find information that will help me to better understand <u>substance use</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure
64. I know how to find information that will help me to better understand recovery from a <u>mental health or substance use condition</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure

[Section 6.1 is generated for each 5th respondent.]

Section 6.1: Self-Efficacy for Accessing Information - EXTENDED

The following questions are about your perspective or opinion of the different types of information that are available to you.

65. I know how to find information that will help me to better understand <u>self-harm</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure
66. I know how to find information that will help me to better understand <u>trauma</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure

67. I know how to find information that will help me to better understand <u>general health and well-being</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure
68. I know how to find information that will help me to better understand <u>sexual and reproductive health</u> .	<input type="checkbox"/> Yes, I know where to access this information <input type="checkbox"/> No, I don't know where to access this information <input type="checkbox"/> I'm not sure

Section 7: Self-Efficacy for Accessing Services

The following questions are about your perspective or opinion of the different types of resources that are available to you.

69. I know how to find individual or group therapy services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
70. I know how to find individual or group peer support resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
71. I know how to find help for issues in my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
72. I know how to get connected to other youth-specific resources in my community.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
73. I know how to refer a friend or sibling for services if they need them.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure

Section 8: Satisfaction and Effectiveness

Please answer how well the [PROGRAM/AGENCY] is meeting your needs as an individual.

74. What is the primary type of services/support you are participating in right now? <i>Select One</i>	<input type="checkbox"/> Individual therapy/counseling <input type="checkbox"/> Group therapy/counseling <input type="checkbox"/> Individual peer support <input type="checkbox"/> Support group <input type="checkbox"/> Educational program <input type="checkbox"/> Recovery support program <input type="checkbox"/> Something else:
75. How likely are you to continue on with it as long as it is available to you?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Neither likely nor unlikely <input type="checkbox"/> Somewhat unlikely <input type="checkbox"/> Very unlikely <input type="checkbox"/> I'm not sure

76. To what extent has the [PROGRAM/AGENCY] helped you to know what to expect in services or supports, inside or outside of the program?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
77. To what extent has the [PROGRAM/AGENCY] helped you to feel safe?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
78. To what extent has the [PROGRAM/AGENCY] helped you to feel hopeful?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
79. To what extent has the [PROGRAM/AGENCY] helped you to build coping skills and strategies?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all

[Section 8.1 is generated for each 5th respondent.]

Section 8.1: Satisfaction and Effectiveness - EXTENDED

Please answer how well the [PROGRAM/AGENCY] is meeting your needs as an individual.

80. To what extent has the [PROGRAM/AGENCY] helped you to feel welcomed?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
81. To what extent has the [PROGRAM/AGENCY] helped you to feel respected?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
82. To what extent has the [PROGRAM/AGENCY] helped you to want to participate in services?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
83. To what extent has the [PROGRAM/AGENCY] helped you to want to continue coming back for services?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
84. To what extent has the [PROGRAM/AGENCY] helped you to want to find other types of helpful resources?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
85. To what extent has the [PROGRAM/AGENCY] helped you to meet new people?	<input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all

Section 9: Follow-up Service Experience

The following questions are about your experience with referrals or follow-up services and supports.

86. Were you offered any referrals to	<input type="checkbox"/> Yes [complete 87a-87d]
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	services or other follow-up support?	<input type="checkbox"/> No [Go to 88] <input type="checkbox"/> I'm not sure [Go to 88]
	87a. Can you describe the referral or follow-up support that you were offered?	OPEN ENDED
	87b. Has anyone followed up to help you get connected with these referrals or other follow-up supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
	87c. Are you planning to use these referrals or supports?	<input type="checkbox"/> Yes [complete 87c1] <input type="checkbox"/> No [Go to 87d] <input type="checkbox"/> I'm not sure
	87c1. Why or why not?	OPEN ENDED
	87d. What would help you use referrals or supports? (For example, a ride to services, support from family or friends, having more help from my service provider, etc.).	OPEN ENDED
	87. Did you wish you were offered referrals to something else?	<input type="checkbox"/> Yes. Please describe which referral you wish you were connected to: _____ <input type="checkbox"/> No

Section 10: Youth Family Dynamics

The following questions are about your family's involvement in the services/supports you receive from [AGENCY/PROGRAM].

	88. What does your family think about mental health services?	<input type="checkbox"/> Very supportive <input type="checkbox"/> Supportive <input type="checkbox"/> Neutral/Unsure <input type="checkbox"/> Unsupportive <input type="checkbox"/> Very Unsupportive
	89. Does your family know that you receive services and supports for mental health and/or suicidality?	<input type="checkbox"/> Yes [complete 90a] <input type="checkbox"/> No [Go to next section] <input type="checkbox"/> I don't know [Go to next section] <input type="checkbox"/> I don't want to answer this question [Go to next section]
	90a. How do you think your family feels about the fact that you are receiving services?	OPEN ENDED
	90b. Does your family support you in accessing services?	<input type="checkbox"/> Yes [complete 84b1] <input type="checkbox"/> No [Go to next section] <input type="checkbox"/> I don't know [Go to next section] <input type="checkbox"/> I don't want to answer this question [Go to next section]
	90b1. What types of support	<input type="checkbox"/> Transportation or money to get to meetings

	does your family provide? <i>Select all that apply</i>	<input type="checkbox"/> Moral support <input type="checkbox"/> Financial support <input type="checkbox"/> Childcare <input type="checkbox"/> Something else: <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question
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[Section 11 & 12 are generated for every 5th respondent. Otherwise, go to end of survey message]

Section 11: Youth Peer Dynamics

	90. What do your friends/peers think about mental health services?	<input type="checkbox"/> Very supportive <input type="checkbox"/> Supportive <input type="checkbox"/> Neutral/Unsure <input type="checkbox"/> Unsupportive <input type="checkbox"/> Very Unsupportive
	91. Do your friends/peers know that you receive services and supports for mental health and/or suicidality?	<input type="checkbox"/> Yes [complete 92a] <input type="checkbox"/> No [Go to next section] <input type="checkbox"/> I don't know [Go to next section] <input type="checkbox"/> I don't want to answer this question [Go to next section]
	92a. How do you think your family feels about the fact that you are receiving services?	OPEN ENDED
	92b. Do your friends/peers support you in accessing services?	<input type="checkbox"/> Yes [complete 92b1] <input type="checkbox"/> No [Go to next section] <input type="checkbox"/> I don't know [Go to next section] <input type="checkbox"/> I don't want to answer this question [Go to next section]
	92b1. What types of support does your friends/peers provide? <i>Select all that apply</i>	<input type="checkbox"/> Transportation or money to get to meetings <input type="checkbox"/> Moral support <input type="checkbox"/> Financial support <input type="checkbox"/> Childcare <input type="checkbox"/> Something else: <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer this question

Section 12: Youth School Environment

	92. Are you currently attending school?	<input type="checkbox"/> Yes [complete 93a-93d] <input type="checkbox"/> No [Go to next section]
<i>Please rate the extent to which you agree or disagree with the following statements.</i>		
	93a. I feel connected with my school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree

		<input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
	93b. I feel connected with my teachers or other school staff.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
	93c. My teachers/school staff take an interest in my future, or what happens to me after I leave school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
	93d. I am happy with my level of participation in class and school activities.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree