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** |  |
| 1. **How old are you?** *In years* |  |
|  |  |
|  |  |
| 1. **What is your sex?** | * Female * Male |
|  |  |
| 1. **What is your race?** *Select all that apply.* | |
| * American Indian or Alaska Native * Asian * Black or African American * Hispanic or Latino * Middle Eastern or North African * Native Hawaiian or Pacific Islander | * White * Other, please specify:\_\_\_\_\_\_\_\_\_ * I do not want to answer this question |
| 1. **What state do you live in?** | * DROP DOWN with all 50 states + territories |
| 1. **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.

|  |  |
| --- | --- |
| 1. **In the past 30 days, did you seriously think about trying to kill yourself?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **In the past 30 days, did you make any plans to kill yourself?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **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?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **In the past 30 days, did you try to kill yourself?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **In the past 30 days, have you ever had thoughts of hurting yourself in some way but have not actually done so?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **In the past 30 days, have you ever hurt yourself in some way on purpose?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **In the past 30 days, did you seek support from any of the following sources? (select all that apply)** | * Health care professional * Online helpline/service * Crisis hotline * Family/friends * Other: Please specify: * I don’t want to answer this question |
| 1. **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?** | * Yes * No * I don’t know * I don’t want to answer this question |
| 1. **In the past 30 days, did you stay in a hospital overnight or longer because you tried to kill yourself?** | * Yes * No * I don’t know * 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 |
| --- | --- | --- | --- | --- | --- |
| 1. **I am happy at home.** |  |  |  |  |  |
| 1. **I am happy at school.** |  |  |  |  |  |
| 1. **I am happy with the services I am receiving.** |  |  |  |  |  |
| 1. **I am happy with the people in my life.** |  |  |  |  |  |
| 1. **I am satisfied with my life.** |  |  |  |  |  |
| 1. **I feel connected to my parents.** |  |  |  |  |  |
| 1. **I feel like I am worth something.** |  |  |  |  |  |
| 1. **When others need help, I help them.** |  |  |  |  |  |
| 1. **It is easy for me to know how others feel.** |  |  |  |  |  |
| 1. **I try to encourage others when they are not as good at something as me.** |  |  |  |  |  |
| 1. **I can be counted on to help if someone needs me.** |  |  |  |  |  |
| 1. **I care about the feelings of my friends.** |  |  |  |  |  |
| 1. **I have many different types of friends.** |  |  |  |  |  |
| 1. **My friends care about me.** |  |  |  |  |  |
| 1. **I feel connected to my friends.** |  |  |  |  |  |
| 1. **I feel connected to my teachers.** |  |  |  |  |  |
| 1. **I have people in my life I look up to and admire.** |  |  |  |  |  |
| 1. **I have close friendships.** |  |  |  |  |  |
| 1. **I take an active role in my community.** |  |  |  |  |  |
| 1. **I am someone who gives to benefit others.** |  |  |  |  |  |
| 1. **I like to work with others to solve problems.** |  |  |  |  |  |
| 1. **I have things I can offer to others.** |  |  |  |  |  |
| 1. **It is important for me to try and make a difference in the world.** |  |  |  |  |  |
| 1. **I have goals in my life.** |  |  |  |  |  |
| 1. **I know what I want to be when I grow up.** |  |  |  |  |  |
| 1. **I like to learn new things.** |  |  |  |  |  |
| 1. **I can manage my emotions.** |  |  |  |  |  |
| 1. **It is important for me to do the right thing.** |  |  |  |  |  |
| 1. **If I promise to do something I can be counted on to do it.** |  |  |  |  |  |

# Section 4: Screening Experience

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

|  |  |  |
| --- | --- | --- |
| 1. **Were you recently screened for mental health or suicidality concerns?** | | * Yes [Complete 49a-49h] * No [Go to next section] * I’m not sure [Go to next section] * I don’t want to answer this question [Go to next section] |
|  | 45a. **Where did this screening take place?** | * In school * In a service provider’s office * In a hospital room or emergency room * In a community setting * In my home * Somewhere else: |
|  | 45b. **Were you experiencing mental health or suicidality symptoms at the time you were screened?** | * Yes * No * I’m not sure * I don’t remember |
|  | 45c. **How did you complete the screening?** | * I was asked questions by the person conducting the screening in-person * I was asked questions by the person conducting the screening over the phone * On paper by myself * Online or virtually by myself * Something else: |
|  | 45d. **Who was part of the conversation with you?**  *Select all that apply.* | * The person doing the screening * Another service provider * A parent or primary caregiver * A sibling * Another family member * A friend * A teacher * A school counselor * A therapist * Someone else: |
|  | 45e. **How comfortable did you feel being open and honest when responding to screening questions?** | * Very comfortable * Somewhat Comfortable * Neutral * Somewhat uncomfortable * Very uncomfortable |
|  | 45f. **Did you feel safe during the screening experience?** | * Yes * No * I’m not sure |
|  | 45g. **Were you asked for your own consent before being asked screening questions?** | * Yes * No * I’m not sure |
|  | 45h. **Were you able to ask questions after the screening process?** | * Yes * No * 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 |
| --- | --- | --- | --- | --- | --- |
| 1. **sex** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **culture.** |  |  |  |  |  |
| 1. **bbeliefs.** |  |  |  |  |  |
| 1. **cConcerns regarding the services.** |  |  |  |  |  |
| 1. **I feel that the [PROGRAM/AGENCY] staff can understand my culture.** |  |  |  |  |  |
| 1. **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.)** |  |  |  |  |  |
| 1. **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.)** |  |  |  |  |  |
| 1. **I feel that the [PROGRAM/AGENCY] is willing to work with me to meet my goals.** |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **Has the [PROGRAM/AGENCY] invited you to provide feedback on your experience?** | * Yes * No * I’m don’t know |
| 1. **Has the [PROGRAM/AGENCY] invited you to help design programming or program materials?** | * Yes * No * 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.

|  |  |
| --- | --- |
| 1. **I know how to find information that will help me to better understand mental health.** | * Yes, I know where to access this information * No, I don’t know where to access this information * I’m not sure |
| 1. **I know how to find information that will help me to better understand suicide** | * Yes, I know where to access this information * No, I don’t know where to access this information * I’m not sure |
| 1. **I know how to find information that will help me to better understand substance use.** | * Yes, I know where to access this information * No, I don’t know where to access this information * I’m not sure |
| 1. **I know how to find information that will help me to better understand recovery from a mental health or substance use condition.** | * Yes, I know where to access this information * No, I don’t know where to access this information * 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.

|  |  |
| --- | --- |
| 1. **I know how to find information that will help me to better understand self-harm.** | * Yes, I know where to access this information * No, I don’t know where to access this information * I’m not sure |
| 1. **I know how to find information that will help me to better understand trauma.** | * Yes, I know where to access this information * No, I don’t know where to access this information * I’m not sure |
| 1. **I know how to find information that will help me to better understand general health and well-being.** | * Yes, I know where to access this information * No, I don’t know where to access this information * 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.

|  |  |
| --- | --- |
| 1. **I know how to find individual or group therapy services.** | * Yes * No * I’m not sure |
| 1. **I know how to find individual or group peer support resources.** | * Yes * No * I’m not sure |
| 1. **I know how to find help for issues in my family.** | * Yes * No * I’m not sure |
| 1. **I know how to get connected to other youth-specific resources in my community.** | * Yes * No * I’m not sure |
| 1. **I know how to refer a friend or sibling for services if they need them.** | * Yes * No * I’m not sure |

# Section 8: Satisfaction and Effectiveness

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

|  |  |
| --- | --- |
| 1. **What is the primary type of services/support you are participating in right now?** *Select One* | * Individual therapy/counseling * Group therapy/counseling * Individual peer support * Support group * Educational program * Recovery support program * Something else: |
| 1. **How likely are you to continue on with it as long as it is available to you?** | * Very likely * Somewhat likely * Neither likely nor unlikely * Somewhat unlikely * Very unlikely * I’m not sure |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to know what to expect in services or supports, inside or outside of the program?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to feel safe?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to feel hopeful?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to build coping skills and strategies?** | * A lot * Somewhat * 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.

|  |  |
| --- | --- |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to feel welcomed?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to feel respected?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to want to participate in services?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to want to continue coming back for services?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to want to find other types of helpful resources?** | * A lot * Somewhat * Not at all |
| 1. **To what extent has the [PROGRAM/AGENCY] helped you to meet new people?** | * A lot * Somewhat * Not at all |

# Section 9: Follow-up Service Experience

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

|  |  |  |
| --- | --- | --- |
| 1. **Were you offered any referrals to services or other follow-up support?** | | * Yes [complete 87a-87d] * No [Go to 88] * I’m not sure [Go to 88] |
|  | **81a. Can you describe the referral or follow-up support that you were offered?** | OPEN ENDED |
|  | **81b. Has anyone followed up to help you get connected with these referrals or other follow-up supports?** | * Yes * No * I’m not sure |
|  | **81c. Are you planning to use these referrals or supports?** | * Yes [complete 87c1] * No [ Go to 87d] * I’m not sure |
|  | **81c1. 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 |
| 1. **Did you wish you were offered referrals to something else?** | | * Yes. Please describe which referral you wish you were connected to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No |

# Section 10: Youth Family Dynamics

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

|  |  |  |
| --- | --- | --- |
| 1. **What does your family think about mental health services?** | | * Very supportive * Supportive * Neutral/Unsure * Unsupportive * Very Unsupportive |
| 1. **Does your family know that you receive services and supports for mental health and/or suicidality?** | | * Yes [complete 90a] * No [Go to next section] * I don’t know [Go to next section] * I don’t want to answer this question [Go to next section] |
|  | **84a. How do you think your family feels about the fact that you are receiving services?** | OPEN ENDED |
|  | **84b. Does your family support you in accessing services?** | * Yes [complete 84b1] * No [Go to next section] * I don’t know [Go to next section] * I don’t want to answer this question [Go to next section] |
|  | **84b1. What types of support does your family provide?** *Select all that apply* | * Transportation or money to get to meetings * Moral support * Financial support * Childcare * Something else: * I don’t know * I don’t want to answer this question |

[Section 11 & 12 are generated for every 5th respondent. Otherwise, go to end of survey message]

# Section 11: Youth Peer Dynamics

|  |  |  |
| --- | --- | --- |
| 1. **What do your friends/peers think about mental health services?** | | * Very supportive * Supportive * Neutral/Unsure * Unsupportive * Very Unsupportive |
| 1. **Do your friends/peers know that you receive services and supports for mental health and/or suicidality?** | | * Yes [complete 92a] * No [Go to next section] * I don’t know [Go to next section] * I don’t want to answer this question [Go to next section] |
|  | **86a. How do you think your family feels about the fact that you are receiving services?** | OPEN ENDED |
|  | **86b. Do your friends/peers support you in accessing services?** | * Yes [complete 92b1] * No [Go to next section] * I don’t know [Go to next section] * I don’t want to answer this question [Go to next section] |
|  | **86b1. What types of support does your friends/peers provide?** *Select all that apply* | * Transportation or money to get to meetings * Moral support * Financial support * Childcare * Something else: * I don’t know * I don’t want to answer this question |

# Section 12: Youth School Environment

|  |  |  |
| --- | --- | --- |
| 1. **Are you currently attending school?** | | * Yes [complete 93a-93d] * No [Go to next section] |
| ***Please rate the extent to which you agree or disagree with the following statements.*** | | |
|  | **87a. I feel connected with my school.** | * Strongly agree * Agree * Neither agree nor disagree * Disagree * Strongly disagree |
|  | **87b. I feel connected with my teachers or other school staff.** | * Strongly agree * Agree * Neither agree nor disagree * Disagree * Strongly disagree |
|  | **87c. My teachers/school staff take an interest in my future, or what happens to me after I leave school.** | * Strongly agree * Agree * Neither agree nor disagree * Disagree * Strongly disagree |
|  | **87d. I am happy with my level of participation in class and school activities.** | * Strongly agree * Agree * Neither agree nor disagree * Disagree * Strongly disagree |