

2025 Prevention Needs Assessment Survey (Springfield)

Si quieres tomar la encuesta en español, ve al extremo superior derecho de la pantalla y haz clic al triángulo desplegable al lado de “English”, y selecciona a “Spanish”.

Before you begin, **here's what you need to know**

- This is NOT a test. It's a quick survey that takes about 20 minutes to complete.
- **Your responses help us better understand health and perspectives of students in Springfield. It may be used to inform programming and other action. For instance, the 2019 data was used to advocate for an LGBTQ+ inclusive curriculum at your school.**
- Your responses are PRIVATE. No identifying information is tracked, and the answers will be kept confidential.
- Your answers will be combined with the answers of other students to monitor trends.
- We will use the questions about your background to describe the types of students completing this survey. It will NOT be used to identify you.
- **Answer each question as honestly and accurately as possible.**
- Your teacher/survey administrator will not monitor or observe your responses as you take the survey.
- If you find questions in the survey upsetting, you may skip it or stop answering the survey at any time. Your participation is voluntary.
- If the survey does not automatically advance to the next question, you may need to press the "next" button in the bottom right corner of the screen.
- We appreciate your participation! This is one of the only ways you and your peers can anonymously report on health issues that are important to you.

For questions that have the following answers: NO! no yes YES!

Mark (the BIG) NO! if you think the statement is DEFINITELY NOT TRUE for you.

Mark (the little) no if you think the statement is MOSTLY NOT TRUE for you.

Mark (the little) yes if you think the statement is MOSTLY TRUE for you.

Mark (the BIG) YES! if you think the statement is DEFINITELY TRUE for you.

Example: Chocolate is the best ice cream flavor.

NO!
no
yes
YES!

In the example above, the student marked “yes” because he or she thinks the statement is mostly true.

Thank you for your time and cooperation. **Your voice matters!**

Page exit logic: Skip / Disqualify Logic

IF: #2 Question "What grade are you in?" is not one of the following answers ("8th","10th","12th")**THEN:**
Disqualify and display:

Sorry, you do not qualify to take this survey.

1. How old are you?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What grade are you in? *

- 8th
- 10th
- 12th
- Other

(untitled)

3. What is your race/ethnicity? (Select all responses that you identify with.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern/North African
- Native Hawaiian or Other Pacific Islander
- White
- Other

4. This question asks about sexual identity. Which of the following best describes you?

- Asexual
- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Pansexual
- Queer
- I describe my sexual identity in some other way
- Questioning or not sure
- I don't understand what this question is asking

(untitled)

5. What is your current gender identity? (Select all that apply)

- Female
- Male
- Nonbinary, genderqueer, not exclusively male or female
- I am questioning/I am not sure of my gender identity
- I identify another way
- I do not understand what this question is asking
- I decline to answer

6. Some people describe themselves as transgender, an umbrella term for persons whose gender identity and expression does not conform to that typically associated with the sex to which they were assigned at birth. Are you transgender?

- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking
- I decline to answer

7. How interesting are most of your courses to you?

- Very interesting
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

8. Now thinking back over the **past year** in school, how often did you:

	Never	Seldom	Sometimes	Often	Almost always
enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

9. How often do you feel that the school work you are assigned is meaningful and important?

- Never
- Seldom
- Sometimes
- Often
- Almost always

10. The next section asks about your experiences at school.

	NO!	no	yes	YES!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of chances to be part of class activities or discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

11. Which of the following are you most likely to do after you complete high school?

- Attend a 4-year college
- Attend community college
- Attend a technical school
- Join the military
- Work a full-time job only
- Something else
- Not sure

12. How many times **in the past year (12 months)** have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20- 29 times	30 to 39 times	40+ times
Participated in clubs, organizations, or activities at school ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in clubs, organizations, or activities outside of school ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

13. Is there an adult in your life, such as a parent, relative, teacher, or neighbor, who you:

	NO!	no	yes	YES!
feel very close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
share your thoughts and feelings with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enjoy spending time with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
could ask for help if you had a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Sometimes students have problems they talk to an adult about. Is there an adult at your school that you can talk to about your problems (Mark all that apply)?

- No
- I can talk to a teacher
- I can talk to a counselor
- I can talk to School Resource Officer (SRO), police officer, or security guard at my school
- I can talk to another school staff member

(untitled)

15. The next questions ask how you feel about your parent(s) or guardian(s).

	NO!	no	yes	YES!
Do you feel very close to your parent(s)/guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you share your thoughts and feelings with your parent(s)/guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your parent(s)/guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. The next questions ask about your family.

	NO!	no	yes	YES!
My parent(s)/guardian(s) ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about screen time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. The next questions ask how you feel about your parent(s) or guardian(s).

Never or almost never Sometimes Often All the time

My parent(s) or guardian(s) tell me when they're proud of me for something I've done.

My parent(s) or guardian(s) notice when I'm doing a good job.

(untitled)

18. **During the past 30 days**, on how many days did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

The next questions are about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way. Usually, bullying happens over and over, or the student being bullied thinks it will happen over and over.

19. **During the past 12 months**, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

- 0 days
- 1 day
- 2-3 days
- 4-5 days
- 6 or more days

20. **During the past 12 months**, how often have you been bullied in the following ways:

	Never	Once	Several times	Very often
Physically (for example, another student hurt your body or threw something at you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally and in-person (for example, another student said threatening things to you or about you in person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronically (for example, via text, Snapchat, TikTok, Instagram, or other social media)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

21. **During the past 12 months**, how often did you feel like you were alone, left out, or had no one to talk to?

- Never
- Sometimes
- Often
- Almost all the time

22. How much do you agree with the following statements **about your neighborhood?**

	NO!	no	yes	YES!
I have access to outdoor spaces (like parks, walking trails, bike paths, or playgrounds).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to recreation and community centers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People help each other out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe during the day .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at night .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

23. Does your school have a cell phone policy that limits the amount of time students can use their devices at school?

- No
- Yes

24. Is your school's cell phone policy enforced by school adults?

- NO!
- no
- yes
- YES!

25. How often do you feel distracted by your phone, or another student's phone, during class?

- Never
- Rarely (once a week or less)
- Sometimes (a few times a week)
- Often (daily)
- Constantly (multiple times during each class)

(untitled)

26. **On an average school day**, how many hours do you use a computer, smartphone, or other device for something that is not school work?

- I do not use a computer or other device for something that is not school work
- Less than 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 hours per day
- 6 or more hours per day

27. **On an average day**, how many hours do you spend on social media such as Snapchat, Facebook, YouTube, Twitter, Instagram, Reddit, Twitch, or TikTok?

- I don't use social media
- Less than one hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- 6 or more hours

(untitled)

28. Which of the following describes your experiences with social media? Please select all that apply.

- I feel the need to check social media frequently throughout the day
- I spend more time on social media than I intend to
- I feel anxious, restless, or upset when I can't access social media
- I use social media to avoid difficult feelings or situations
- My social media use interferes with schoolwork, sleep, or other responsibilities
- I feel pressured to post updates or pictures to stay included or keep up
- I often compare my life to others based on their social media posts
- I worry or get upset when I see friends doing something without me
- I have tried to cut back on social media use but found it hard to do
- None of the above

29. How often have you used these AI tools **in the past month?**

	Never	Less than once a week	Once a week	A few times a week	Every day
Learning apps or learning games, like Prodigy, STMath, MATHia, or Cognii	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apps that create images or music, like DALL-E, Adobe Firefly, or MusicLM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apps that answer questions or write text, like ChatGPT, Bing Chat, or Gemini	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apps that act as virtual friends, like Replika or Snapchat's My AI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chatbots that help with mental health, like Wysa, Woebot, or Youper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. The next questions ask about your feelings.

	NO!	no	yes	YES!
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times, I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Rank how much each of these describe you.

	NO!	no	yes	YES!
In the past year , have you felt depressed or sad MOST days even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past year , have you felt anxious or worried MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

The next question asks about suicide. Sometimes people feel so sad or hopeless about their life or their future that they may consider attempting suicide, that is, taking some action to end their own life.

32. **During the past 12 months**, did you ever seriously consider attempting suicide?

- Yes
- No

33. **During the past 12 months**, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

34. Have you **ever**, even once, used:

	Yes	No
Beer, wine, or hard liquor (more than just a few sips)?	<input type="radio"/>	<input type="radio"/>
Marijuana (grass, pot) or hashish (hash, hash oil)?	<input type="radio"/>	<input type="radio"/>
Nicotine pouches such as ZYN, on!, VELO or Rogue?	<input type="radio"/>	<input type="radio"/>
Cigarettes?	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>
Kratom, which can come in forms such as powder, pills, or leaf?	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana or fake weed, also called K2 or Spice?	<input type="radio"/>	<input type="radio"/>
Nitrous oxide, galaxy gas, or whippits?	<input type="radio"/>	<input type="radio"/>

(untitled)

35. **During the past 30 days**, on how many occasions (if any) have you:

0 1-2 3-5 6-9 10-19 20-39 40+

(untitled)

36. If you used any of the below substances in **the past 12 months**, WHY did you usually use them? (Mark all that apply.)

- | | | | | | | | | | | | |
|--|----------------------------|---------|--------------|---------------|-------------|------------------|---------------------------|--|---|-----------------------------|-------|
| I did not use this in the past 12 months | Because my friends used it | For fun | To feel good | I was curious | I was bored | To help me sleep | To help me focus or study | To help with depression or another mental health issue | To help with an injury or other physical pain | I wasn't sure how to say no | Other |
|--|----------------------------|---------|--------------|---------------|-------------|------------------|---------------------------|--|---|-----------------------------|-------|

(untitled)

LOGIC Hidden unless: (Question "Beer, wine, or hard liquor (more than just a few sips)?" is one of the following answers ("Yes") OR Question "Marijuana (grass, pot) or hashish (hash, hash oil)?" is one of the following answers ("Yes"))

37. During the **past year (12 months)** did you drink alcohol or use marijuana at any of the following places? (mark ALL that apply.)

	Alcohol	Marijuana
At my home or someone else's home without any parent permission.	<input type="checkbox"/>	<input type="checkbox"/>
At my home with my parent's permission.	<input type="checkbox"/>	<input type="checkbox"/>
At someone else's home with their parent's permission.	<input type="checkbox"/>	<input type="checkbox"/>
At an open area like a park, beach, or back road.	<input type="checkbox"/>	<input type="checkbox"/>
At public events such as a sporting event, festival, or concert.	<input type="checkbox"/>	<input type="checkbox"/>
At a restaurant, bar, or a nightclub.	<input type="checkbox"/>	<input type="checkbox"/>
In a car.	<input type="checkbox"/>	<input type="checkbox"/>
At a school dance, a game, or other event.	<input type="checkbox"/>	<input type="checkbox"/>
At school during the day.	<input type="checkbox"/>	<input type="checkbox"/>
Near school.	<input type="checkbox"/>	<input type="checkbox"/>
In another place	<input type="checkbox"/>	<input type="checkbox"/>

LOGIC Hidden unless: Question "Had beer, wine, or hard liquor (more than just a few sips)?" is one of the following answers ("1-2", "3-5", "6-9", "10-19", "20-39", "40+")

38. Think back over the **last two weeks**. How many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

The next set of questions are about gambling. People bet money on many different things such as card games, sports, or video arcade games.

39. **In the past 12 months**, how often have you found yourself thinking about gambling or planning to gamble?

- Not at all
- Only sometimes
- Quite a lot
- Don't know

40. **During the past year (12 months)**, have you seen or heard gambling advertisements or gambling sponsorships in any of the following places? (Mark all that apply.)

	Yes	No	Don't Know
On TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linked to a sports event (live or on TV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On posters/signs/billboards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media websites including Snapchat, Facebook, YouTube, Twitter, Instagram, Reddit, Twitch, or TikTok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online at other websites (excluding social media)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sponsorships on the TV e.g. a TV program sponsored by a gambling company before or after the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inside sports venues (e.g. at stadiums or on players' uniforms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

41. Has a gambling advertisement ever prompted you to spend money on gambling when you were not otherwise planning to?

- Never
- Seldom
- Sometimes
- Often
- Almost always

Here, 'online' refers to websites and apps.

Please note, when we say 'account' we are referring to a website or app which requires the user signs-in to access, typically using a password, fingerprint, or facial recognition. We do not mean online banking.

42. I have used my parents' and/or guardians' personal account to play on gambling websites, or to place bets online.

- Yes, with their permission
- Yes, without their permission
- No
- Prefer not to say

Thank You!

This is the end of the survey. Thank you very much for your participation. Your answers are important and will help make our community a happier, healthier place to live.

If after completing the survey you feel like you need to speak with someone please speak with your teacher or visit your school's counselor. They are available to speak with you and/or connect you to additional resources.