

# COVID-19 STUDENT SURVEY



**SURVEY ADMINISTERED  
ONLINE MARCH 8, 2021 through  
MARCH 26, 2021**

*To start, student selects:*

English Version

Spanish Version

*Students then receive the following instructions:*

This past year has been an unusual one given that the COVID-19 pandemic has affected where and how you learn. It may have affected you in other ways too.

We are asking that you please take part in this survey so that we can learn more about how you have been doing during this time. We will ask for your opinions. This means that for those questions there are no right or wrong answers, we care about how you feel.

Your school and community will use the information that you give us to help plan for the future.

Your answers to these questions are **completely anonymous**. This means that nobody will see your answers.

Your participation in this survey is **completely voluntary**. This means that you do not have to participate. It also means that you can skip any questions or stop at any time. This survey will not affect your grades in any way.

This survey asks personal questions and you may find some of them uncomfortable or upsetting. Again, you can skip any questions that you don't want to answer.

Other students have taken similar surveys and have said that it was interesting and we hope you think so too. We value your opinion and want to hear what you have to say.

Thank you for your help with this project.

**PRESS THE NEXT ARROW TO BEGIN**

***Anonymous survey questions begin here:***

What grade are you in?

- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded or other

Have you already taken this survey (COVID-19 Student Survey) any day between March 8th and March 26th of this year?

- Yes
- No

Are you in a place where you can respond honestly to questions related to your thoughts, feelings and habits pertaining to school and your personal life during the COVID-19 pandemic?

- Yes
- No

***If students say “Yes,” they continue; if they say “No” they receive the following question:***

You answered that you are currently NOT in a place where you can answer questions honestly. If possible, please find a place where you can do that...

Are you now able to take this survey privately?

- Yes, I am now able to take this survey
- No, I am NOT able to take this survey

***If students say “Yes”, they continue; if they say “No” they skip to the end of the survey.***

How do you describe yourself? **(Select one or more responses.)**

- American Indian or Alaskan Native
  - Asian or Asian American
  - Black or African–American
  - Hispanic or Latino/Latina
  - Native Hawaiian or other Pacific Islander
  - White or Caucasian
  - Other (please specify)
- 

What sex/gender were you at birth, even if you are not that gender today?

- Male
- Female

How do you currently identify yourself?

- Male
- Female
- Transgender
- Questioning / not sure of my gender identity
- Something else fits better
- I do not know what this question is asking
- I prefer not to answer

Which of the following best describes you?

- Heterosexual (straight)
- Gay
- Lesbian
- Bisexual
- Questioning / not sure
- Something else fits better
- I do not know what this question is asking
- I prefer not to answer

Has a doctor or nurse ever told you that you have asthma?

- No
- Yes
- I am not sure

Since the beginning of the current school year have you gone to your regularly scheduled health appointments, such as physical, eye doctors, orthodontist (braces), or similar check-ups?

- Yes
- No
- I didn't have any scheduled
- I am not sure

Who did you live with **most** of the time during the **current school year**? *Select the option (or options) that best describes who you live with.*

- Parent(s), step-parent(s), or legal guardian
- Relatives – like a grandparent, an aunt/uncle, an older brother/sister – but NOT your parents
- Foster care parent(s)
- Adults who are NOT your parents, relatives, or foster parents
- Friends of yours with no adults present
- On your own
- Other

Where did you live **most** of the time during the **current school year**?

- In a house or apartment
- In a shelter
- In a car or RV, park, or campground
- In a motel/hotel
- On the street
- Moved from place to place
- Other

Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?

- Yes
- No
- I am not sure or I prefer not to answer

Have you or your family moved in the past 3 years to another school district or city for **temporary or seasonal** work in agriculture, dairy, or fishing?

- Yes
- No
- I am not sure or I prefer not to answer

In the past 7 days, on how many days were you **physically active for a total of at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increases your heart rate or makes you breathe hard some of the time).

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Compared to LAST school year, how much physical activity/exercise do you do THIS school year?

- A lot less
- A little bit less
- About the same
- A little bit more
- A lot more

On an average school day (during the current school year), about how many hours of screen time do you spend on electronic devices (computers, tablets) for school-related activities (e.g., class work, homework, studying)?

- I do not use electronic devices for school-related activities
- Less than 1 hour per day
- 1 to 2 hours per day
- 3 to 4 hours per day
- 5 to 7 hours per day
- 8 hours or more per day

On an average school day (during the current school year), about how many hours of screen time do you spend on an electronic device (smartphone, tablet, TV, computer, Xbox, PlayStation, etc.) for fun; not for school?

- I do not use electronic devices for fun (non-schoolwork).
- Less than 1 hour per day
- 1 to 2 hours per day
- 3 to 4 hours per day
- 5 to 7 hours per day
- 8 hours or more per day

During the current school year, how often have you:

	Never	Rarely	Sometimes	Often	Very Often
Experienced increased social anxiety due to your Internet use.	<input type="radio"/>				
Felt withdrawal when away from the Internet.	<input type="radio"/>				
Lost motivation to do other things that need to get done because of the Internet.	<input type="radio"/>				

What type of instruction are you participating in **this week**?

- Remote, virtual, or online learning
- All in-person with teachers and other students in my school building
- Some in-person time with teachers and other students and some remote, virtual, or online learning

During the entire current school year, what type of instruction did you participate in the **most**?

- Remote, virtual, or online learning
- All in-person with teachers and other students in my school building
- Some in-person time with teachers and other students and some remote, virtual, or online learning

How much do you agree with the following statement? **It has been *harder* to do my school work this year than it was last school year, before the COVID-19 pandemic.**

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

Think back over **this** school year so far. How often did you:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
<b>Enjoy</b> school?	<input type="radio"/>					
<b>Dislike</b> school?	<input type="radio"/>					
Try to do your very best work in school?	<input type="radio"/>					
Feel the schoolwork you were assigned was meaningful and important?	<input type="radio"/>					
Think that your classes were interesting to you?	<input type="radio"/>					
Get praised by your teachers?	<input type="radio"/>					

Compared to LAST school year, what are your grades like during THIS school year so far?

- A lot worse
- A little worse
- About the same
- A little better
- A lot better

During the past 30 days, on how many days have you been absent from school **for any reason**? Include any days that you missed at least half of the school day.

- 0 times
- 1 or 2 days
- 3 or more days

***If students say “0 times,” they continue; if they answered “1 or 2 days” or “3 or more days,” they got this follow-up question:***

Please select reasons why you have been absent from school in the past 30 days (select all that apply):

- I didn't think school was engaging or interesting
- I had a family responsibility such as helping to watch a younger sibling
- I had trouble with my internet or logging into classes
- I felt too overwhelmed with life to participate in school
- I did not feel safe participating in school
- I was sick or not feeling well
- I was too anxious or depressed (felt sad, discouraged, or irritated)
- I lost track of time or forgot to log on
- Other \_\_\_\_\_

Thinking about this school year, how often have you had access to a computer or tablet AT HOME when you need one for school? (Include devices provided by your school)

- Never - I do not have access to a computer or tablet at home
- Rarely
- Usually
- Always

Thinking about this school year, when you have needed to use WiFi/internet for school, how often have you had access AT HOME?

- Never - I do not have WiFi/internet at home
- Rarely
- Usually
- Always

Thinking about this school year, when doing classes online, how often is an adult (other than your teachers) available to help you with schoolwork **during the school day**?

- I didn't have any classes online
- Never available
- Rarely available
- Usually available
- Always available

During the current school year, how much time do you spend on school work outside of class time?

- Way too much
- A little too much
- Just the right amount
- Not quite enough
- Barely any

During the current school year, how much time do you have with your teachers?

- Way too much
- A little too much
- Just the right amount
- Not quite enough
- Barely any

How much do you feel you have learned across all of your classes **this school year**, compared to last school year before the COVID-19 pandemic?

- A lot more than last year
- A little more than last year
- About the same as last year
- A little less than last year
- A lot less than last year

Once your school returns to in-person (if it has not already), how will you usually be getting to school? (select the most accurate option):

- School bus
- Dropped off by parent/guardian/relative
- Dropped off by someone else's parent/guardian/relative in a carpool
- Walk, bike, skateboard, scooter, or something similar
- Driving myself (if you are 16 or older)

The next questions will ask you about alcohol, marijuana, vaping, and cigarettes.

“Alcohol” means beer, wine, and beverages like hard lemonade, hard seltzers, and liquor such as vodka and tequila.

“Marijuana” means cannabis, hashish, hash, grass, pot, weed, or edibles.

“Vaping” means inhaling a vapor product such as an electronic cigarette, e-cig, JUUL, or a similar device.

During the **past 30 days**, on how many days did you:

Smoke cigarettes?

- 0 days - I have never smoked cigarettes
- 0 days - I have smoked before, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 29 days
- All 30 days

Use an electronic cigarette, also called e-cigs, JUUL, or vape pens?

- 0 days - I have never used an electronic nicotine/tobacco device
- 0 days - I have used an electronic nicotine/tobacco device, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 19 days
- 20 - 29
- All 30 days

Drink a glass, can, or bottle of alcohol?

- 0 days - I have never drank alcohol
- 0 days - I have drank alcohol, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 or more days

Use marijuana or hashish?

- 0 days - I have never used marijuana
- 0 days - I have used marijuana, but not in the past 30 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 19 days
- 20 - 29 days
- All 30 days

How wrong do your parents or guardians feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does anyone who lives with you right now use marijuana?

- No
- Yes
- I am not sure

How much do **you** think people risk harming themselves if they:

	No risk	Slight risk	Moderate risk	Great risk	Not sure
Take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>				
Have 5 or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>				
Try marijuana once or twice?	<input type="radio"/>				
Use marijuana regularly (at least once or twice a week)?	<input type="radio"/>				

***If students are in grades 9 through 12 and endorsed 1+ days of alcohol use in the past 30 days, they received the following questions:***

For all questions on # of drinks, one drink equals:

12 oz. of beer (8 oz. of Canadian, malt liquor, or ice beers or 10 oz. of microbrew)

10 oz. of wine cooler

4 oz. of wine

1 cocktail with 1 oz. of 100-proof liquor or 1 1/4 oz. of 80 proof liquor

Consider a typical week during the **last month**. How much alcohol, on average, (measured in number of drinks), do **you** drink on each day of a typical week?

On a typical MONDAY, I have...

- 0 drinks
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks
- 13 drinks
- 14 drinks
- 15 drinks or more

***This question repeats for the remaining 6 days of the week***

***Then, they received this question before returning to questions that everyone received:***

Think of the **occasion you drank the most** this **past month**. How **much** did you drink?

- 0 drinks
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks
- 13 drinks
- 14 drinks
- 15 drinks or more

***The survey continued for all students here:***

Bullying is when one or more students threaten, spread rumors about, hit, shove, or otherwise 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.

In the last 30 days, how often have you been bullied by someone in person?

- I have not been bullied
- Once
- 2 - 3 times
- About once a week
- Several times a week

In the past 30 days, how often have you been bullied by someone using social media, a phone, or video games?

- I have not been bullied
- Once
- 2 - 3 times
- About once a week
- Several times a week

When school is online do you feel safer from bullying than when school is in-person?

- Yes
- No
- I am not sure

During the past 12 months, has an adult ever physically hurt you on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise, or injury?

- No
- Yes

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, or killing themselves.

**Remember** - you do NOT have to answer questions that you do not want to.

During the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?

- NO!
- no
- yes
- YES!

During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- Yes
- No

*If students respond “yes” to any of the next three items, the following 6 resources appeared on their screen:*

**Washington Teen Link**

<https://www.teenlink.org/>

1-866-TEENLINK (833-6546)

**Crisis Text Line**

<https://www.crisistextline.org/>

Text HOME to 741741

**You Are Not Alone Network (for Native youth):**

<http://www.youarenotalonenetwork.org/>

1-877-209-1266

**The Trevor Project (for LGBT youth):**

<https://www.thetrevorproject.org/> to text or chat

1-866-488-7386 to talk

**National Teen Line:**

<https://teenlineonline.org/>

1-800-852-8336 or text TEEN to 839363

**National Suicide Prevention Lifeline**

<https://suicidepreventionlifeline.org/>

1-800-273-8255 (TRS: 1-800-799-4889)

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

Yes

No

During the past 12 months, did you make a plan about how you would attempt suicide?

Yes

No

During the past 12 months, did you actually attempt suicide?

Yes

No

During the past 12 months, did you try to get mental health services from a counselor, therapist, emergency room, or other health care provider?

- No, I did not try to get help
- Yes, and I did get help
- Yes, but I did not get help

*For each sentence listed below, please think about how you are in most situations. There are no right or wrong answers.*

Please select the option that describes you:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
I can think of many ways to get the things in life that are most important to me	<input type="radio"/>					
I am doing just as well as other kids my age	<input type="radio"/>					
When I have a problem, I can come up with lots of ways to solve it	<input type="radio"/>					
I think the things that I have done in the past will help me in the future	<input type="radio"/>					

*For this sentence, please think about how you are in most situations. There are no right or wrong answers.*

Please select the option that describes you:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
I am optimistic or hopeful about my future	<input type="radio"/>					

Are there adults you can turn to for help or support if needed?

- Yes
- No
- I am not sure

If you feel sad or hopeless, to whom would you most likely turn for help? Choose all that apply:

- Sibling (brother, sister, stepbrother, stepsister) or cousin
- Teacher, School Counselor, or Other adult in my school
- Friend or peer
- Parent / guardian
- Religious / faith leader
- Coach
- Other adult or mentor
- Counselor or Therapist not in my school
- I don't have anyone I would talk to
- I have not felt sad or hopeless

Thinking about this school year, how often have ***one or more of your friends or classmates*** done the following:

	Never	Rarely	Sometimes	Often	Always
Checked-in to see how you were doing	<input type="radio"/>				
Let you know that they are available if you need any help.	<input type="radio"/>				
Expressed interest in your well-being.	<input type="radio"/>				

Thinking about this school year, how often have ***one or more of your teachers or adults at school*** done the following:

	Never	Rarely	Sometimes	Often	Always
Checked-in to see how you were doing	<input type="radio"/>				
Let you know that they are available if you need any help.	<input type="radio"/>				
Expressed interest in your well-being.	<input type="radio"/>				

On an average school night during the current school year, about how many hours do you sleep?

- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours or more

Last school year, **before the COVID-19 pandemic**, did you qualify to receive free or reduced price lunches at school?

- Yes
- No
- I am not sure

How often during the current school year did you or your family have to cut meal size or skip meals because there wasn't enough money for food?

- Almost every month
- Some months but not every month
- Only 1 - 2 months
- Never - We did not skip or cut the size of any meals

Beginning in early 2020, the coronavirus disease (COVID-19) pandemic began affecting countries around the world, including the United States. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next questions ask about your experiences during this time.

Has a doctor or nurse **ever** told you that you had, or likely had, COVID-19?

- Yes
- No
- Unsure or prefer not to answer

Has a doctor or nurse **ever** told **anyone you live with** that they had, or likely had, COVID-19?

- Yes
- No
- Unsure or prefer not to answer

How much are you worried right now about the following things as **a result of the COVID-19 pandemic?**

	Not at all worried	A little worried	Pretty worried	Extremely worried
Getting sick with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends or family getting sick with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents or guardians losing their job(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family being unable to afford rent or housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough food to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling alone or lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurting your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting along with the people you live with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falling behind in your schooling or learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about how well you have followed the guidelines for reducing the spread of COVID-19.

***Please rate how often you have followed these guidelines in the last 30 days.***

	All the time	Most of the time	About half of the time	Only some of the time	Never
Washing your hands or using hand sanitizer between activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing a mask when you are near people you don't live with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practicing physical distancing (6 feet or more) when you're around people you don't live with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying home when you feel sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When your school goes back to being in-person (if it isn't already):

	YES!	yes	no	NO!
Would you tell your teacher or parent/guardian if you felt sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk with <b>them</b> about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk to an <b>adult or teacher</b> about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you go to school if you knew another student had or probably had COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you <b>take summer classes</b> to catch-up on learning that was missed during the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you <b>take extra classes during the school year</b> to catch-up on learning that was missed during the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you <b>get 1-on-1 tutoring</b> to catch-up on learning that was missed during the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other than the questions we asked, what are some other things that you think you need help with from your school, community, or parents/guardians?

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***Upon completion, all students receive details of how to access numerous resources for support***