



Idaho Youth Well-being Survey

Academic Year 2025-2026

Dear Participant,

This letter is to inform you about a youth well-being survey we are hoping you will participate in. The survey will give our community a better sense of how to best support the young people of Idaho, especially in the area of mental health and well-being..

This survey is being conducted by Communities for Youth at Boise State University in collaboration with _____ School District and the Idaho Department of Education.

Completing this survey is voluntary. Whether or not you answer the questions will not affect you in any negative way. If you are not comfortable answering a question, just leave it blank or if it upsets you and you need greater support, there are counselors at the school who can be available. You may stop taking this survey at any time. The answers you give to these questions are completely private. **No one will ever know how you answer these questions**, only a small number of people on our team see the data and we do not know you. **Please be as truthful as possible**. The more truthful you are, the better adults can respond to the needs of young people in your community.

We hope that you will participate in this project, as it could help us improve our approach to meeting the needs of the students at your school in the future. If you have any questions about this letter or this project, please feel free to contact Dr. Megan Smith, mlsmith@boisestate.edu.

Thank you for your time and help with this project.

Sincerely,
Megan Smith

*** By clicking on the "Click here to continue" button below, right, you officially provide your agreement to continue on to the questions, but you can stop at any time. ***

1. **Please select which school you currently attend:** [Menu options will be provided]
2. **What grade are you in?** [Menu options will be provided]
3. **How old are you?** [Menu options will be provided]
4. **How would you describe your race/ethnicity?** [blank text box]
5. **What is your gender?** [blank text box]
6. **How well off financially do you think your family is in comparison to other families in your state?**
 - Much better off
 - Considerably better off
 - A little better off
 - Similar to others
 - A little worse off
 - Considerably worse off
 - Much worse off
7. **Which of the following is true for you? Select all that apply. In the past 12 months I lived with:**
 - Both of my parents
 - A single parent
 - A foster parent
 - Other: _____
8. **Thinking about the grades you receive in school, which of the following best describes you:**
 - I usually earn mostly A's.
 - I usually earn mostly B's.
 - I usually earn mostly C's.
 - I usually earn mostly D's.
 - I usually earn mostly F's.

9. How many days have you been absent from school during the last 30 days?

	None	1 day	2 days	3-4 days	5-6 days	7 or more
Because of physical illness (e.g. cold, flu, etc)						
Because I was taking a mental health day (e.g. emotional concerns, challenges						
Because you “skipped” or chose not to attend classes.						
Because of sports or other extracurricular activities						
Because you didn’t have a ride (or other transportation) to get to school.						
Because you had to care for a family member.						
Other: _____						

10. In an average week, I feel emotionally/mentally healthy (free from depression, anxiety, sadness, etc.) ...

- 7 days. I feel mentally healthy basically every day.
- 5-6 days
- 3-4 days
- 2 days
- 1 day
- No days. I never feel mentally healthy.

11. In an average week, I feel physically healthy (free from sickness, physical pain, etc.) ...

- 7 days. I feel physically healthy basically every day.
- 5-6 days
- 3-4 days
- 2 days
- 1 day
- No days. I never feel physically healthy.

12. Do you have a health condition that requires you to take medication or see a medical professional on a regular basis? (This is sometimes called a “chronic health condition”)

- No
- Yes

13. What type of chronic medical condition do you have? (Select all that apply)

- Neurological/developmental (Brain) (e.g., cerebral palsy, autism, ADHD, etc.)
- Musculoskeletal (Muscles) (e.g., muscular dystrophy, etc.)
- Cardiovascular (Heart) (e.g., heart disease, stroke, etc.)
- Psychological (Mental Health) (e.g., anxiety, depression, schizophrenia, etc.)
- Pulmonary (Lungs) (e.g., pulmonary hypertension, cystic fibrosis, asthma, etc.)
- Gastrointestinal (Stomach and Intestines) (e.g., inflammatory bowel disease, cirrhosis, etc.)
- Rheumatologic/Autoimmune (Joints and Inflammation) (e.g., lupus, arthritis, Lyme disease, etc.)
- Hematologic (Blood) (e.g., bleeding disorders, anemias, etc.)
- Endocrine (Hormone) (e.g., diabetes, thyroid, etc.)
- Ophthalmologic (Eyes) (e.g., cataracts, vision loss, etc.)
- Dermatologic (Skin) (e.g., eczema, psoriasis, etc.)
- Renal (Kidneys) (e.g., kidney failure, chronic kidney disease, etc.)
- Cancer

14. On an average day, about how much time do you spend being physically active? (Add up all the time you spend doing anything active that increases your heart rate or makes you breathe hard)

- More than 2 hours each day
- About 2 hours each day
- About 1 hour each day
- Less than 30 minutes a day
- No time. I am usually not physically active

15. On an average school night, about how many hours of sleep do you get?

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

16. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling/staying asleep, sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead or of hurting yourself in some way				

17. How often, if ever, have you seriously considered suicide in the past 12 months?

- Never
- Once
- 2-4 times
- 5 or more times

18. In the last month, how often have you:

	Never	Almost never	Sometimes	Fairly often	Very Often
Felt that you were unable to control the important things in your life?					
Felt confident about your ability to handle your personal problems?					
Felt that things were going your way?					
Felt difficulties were piling up so high that you could not overcome them?					

19. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

	Extremely unlikely	Unlikely	Unsure	Likely	Extremely likely
Friend or significant other					
Parent					
Teacher or other school staff					
Another trusted adult					
Mental health professional (e.g., psychologist, social worker, counselor)					
Phone or text helpline (e.g., Speak Up, See Till Now, 988)					
Medical Doctor/ Primary Care Provider/ School Nurse					
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)					
I would not seek help from anyone					

20. The following questions ask you to think about your school. Please select the response that best captures your experience.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The adults at my school care about me.					
The adults at my school are fair to me.					
It is safe to be around the adults at my school.					
The adults at my school notice when I'm having a hard time and offer to help me.					
The adults at my school believe I can help make the world a better place.					
I have friends at school that care about me.					
My friends think we should try our best at school.					
The students at my school are nice to each other.					
At my school, it is not a big deal to make mistakes while trying your best.					
My school is helping me achieve goals that matter to me.					
I try my best in school.					
At least one thing I do at my school makes me want to be the best I can be.					
I have a good time participating in activities at my school.					
My school helps me discover things I'm good at doing.					
Doing my best in school now will help me have a good life when I'm older.					
My school helps me connect with others.					
I feel safe in my school.					

21. How well do the following apply to you?

	Applies very well to me	Applies pretty well to me	Applies pretty poorly to me	Applies very poorly to me
My parents/caregivers set definite rules about what I can do at home.				
My parents/caregivers set definite rules about what I can do outside the home.				
My parents/caregivers set definite rules about when I should be home in the evening.				
My parents/caregivers know my friends.				
My parents/caregivers know the parents of my friends.				
My parents/caregivers find it important that I do well at school.				
My parents/caregivers monitor my screen use (phone/tablet/computer).				
My parents/caregivers follow what I do in recreational activities. (Ex: performances, sports teams, chess etc.)				

22. Please indicate how you feel about each statement:

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
My family really tries to help me.							
I get the emotional help and support I need from my family.							
I can talk about my problems with my family.							
My family is willing to help me make decisions.							

23. How strongly do you agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I feel safe at home.					
My family helps me connect with others.					

24. We are interested in how you feel about the following statements.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
My friends really try to help me.							
I can count on my friends when things go wrong.							
I have friends with whom I can share my joys and sorrows.							
I can talk about my problems with my friends.							

25. The following things are important for me to do in order to gain respect/be “popular” with my peers...

	Increases respect a lot	Increases respect somewhat	Has no effect	Decreases respect somewhat	Decreases respect a lot
To do well in school.					
To do well in sports.					
To drink alcohol, smoke, or do drugs.					
To look good.					
To go against the rules of adults.					
To “hook up” with lots of people.					

26. Do you experience discrimination or unfair treatment based on any of the following things? (Select all that apply)

- I do not experience discrimination or bullying.
- How much money my family has.
- My racial identity.
- My physical appearance.
- My gender identity.
- My sexual identity.
- My hobbies or activities.
- Something else (please describe): _____

27. During the past twelve months, have you ever been bullied on school property?

Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students argue.

- Yes
- No
- I am unsure

28. During the past twelve months, have you ever been bullied online? (Also known as "cyberbullying" or "electronic bullying" this can happen in emails, social media, chatrooms, gaming, websites, or in text messages).

- Yes
- No
- I am unsure

29. Have you ever been in a situation where someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- Yes
- No
- I am unsure
- I do not date

30. Have you ever been in a situation where someone you were dating or going out with forced you to do sexual things that you did not want to? (Count such things as kissing, touching, or being physically forced to have sexual intercourse)

- Yes
- No
- I am unsure
- I do not date

31. How many of your peers at school would you say are depressed?

- None
- A few
- Some
- Most
- All

32. Consider how well the following statements describe your behavior and actions.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I concentrate my efforts on doing something about the situation I'm in.					
I take action to try to make the situation better.					
I get help and advice from other people.					
I try to come up with a plan or strategy about what to do.					
I think hard about what steps to take.					

33. For the following statements, please select the response that most closely represents your experience.

	None of the time	Rarely	Some of the time	Often	A lot of the time
I experience a general sense of emptiness.					
There are plenty of people I can rely on when I have problems.					
There are many people I can trust completely.					
I miss having people around.					
There are enough people I feel close to.					
I often feel rejected.					

34. How true do you feel these statements are about you personally?

	Not at all true	A little true	Pretty much true	Very much true
I can work out my problems.				
I can do most things if I try.				
There are many things I do well.				
There is a purpose to my life.				
I understand my moods and feelings.				
I understand why I do what I do.				
I feel bad when someone gets their feelings hurt.				
I try to understand what other people are going through.				
I try to understand what other people feel and think.				

35. Please select the response that best describes you for each statement below.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
When people need help, they come to me.					
Sometimes, I feel almost as if I were invisible.					
People tend to rely on me for support.					
There is no one who really takes pride in my accomplishments.					
Often, people trust me with things that are important to them.					
People do not care what happens to me.					
It is hard for me to get the attention of other people.					
Most people do not seem to notice when I come or go.					
When I have a problem, people usually don't want to hear about it.					

36. In the past 12 months, how often have you

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 more more times
Smoked cigarettes?							
Smoked e-cigarettes/vaped nicotine?							
Used cannabis (hashish or marijuana)?							
Been drunk?							
Used stimulants (Adderall or Ritalin NOT as prescribed to you, or speed)?							
Used opioids (oxycodone, hydrocodone, fentanyl, etc.) NOT as prescribed to you?							
Other (please describe): _____							

37. Please indicate how you feel about each of the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel like a member of this community.					
I belong in this community.					
I feel connected to this community.					
I feel safe in this community.					

38. Please indicate how you feel about each of the following statements.

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
Outside of my parents/ caregivers, I have a trusted adult who is around when I am in need.							
Outside of my parents /caregivers, I have a trusted adult with whom I can share my joys and sorrows.							
Outside of my parents/ caregivers, I have a trusted adult who is a real source of comfort to me.							
Outside of my parents/ caregivers, I have a trusted adult in my life who cares about my feelings.							

39. How many times a week do you participate in any of the following out-of-school activities that are supervised by adults?

	Not available in my community	Less than once per week	Once per week	Two times per week	Three times per week	Four times per week	Five times per week or more
Sports or sports teams (swim, ski team, soccer, football, dance)							
Religious organizations (e.g., youth group, go to church)							
Art, drama, or musical instrument (band) classes							
Volunteering in the community							
Go to a community center like YMCA or another after-school program							
Other (Please describe in the text box): _____							

40. Outside of school hours, about how much time do you spend *each day* in front of a screen for each of the following activities?

	I do not spend time on this	Less than 30 minutes	About 31-60 minutes	About 1-2 hours	About 2-4 hours per day	More than 4 hours per day
Social Media (Twitter, TikTok, Facebook, SnapChat, etc.)						
Video Games (online; Discord, or using a gaming system like Xbox, etc.)						
Watching streaming services (YouTube, Hulu, Netflix, etc.)						
Other online activities (Please describe): _____						

41. How true is the following statement to you? “On social media, I belong to a community or communities that are an important part of my identity.”

- Not true at all
- Somewhat true
- Mostly true
- Completely true

(End of Survey)

We thank you for your time spent taking this survey.

Your response has been recorded.