



WCC Youth Well-Being INVENTORY

*Innovations in data collection and dissemination
to benefit schools, youth, families & the community*

2023 – 2024



Youth Well-Being
INVENTORY



WCCYOUTHWELLBEINGINVENTORY.COM

Demographics

Q1 My current age is

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

Q2 My current grade is

- 7
- 8
- 9
- 10
- 11
- 12

Q3 The language I most often speak at home is

- English
- Spanish
- Chinese
- Hindi
- Russian
- Japanese
- Korean
- Vietnamese
- Other

Q4 My race is

- Native American or Alaska Native
- Asian Indian
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- More than one race

Q5 I am

- Hispanic or Latino
- Not Hispanic or Latino

Q6 I identify my gender as

- Male
- Female
- Other - Prefer not to answer

Q7 I am currently working

- Yes, full-time
- Yes, part-time
- No

Q8 I volunteer in the community

- Yes
- No

**Q9 The adult most responsible for raising me is
Select One**

- One or both of my biological or adoptive parents
- A step parent
- One or both of my grandparents
- My aunt, uncle or other family member
- My foster parent
- A friend of mine or of my family
- Other

Q10 I have a parent who is

- Currently serving in the military
- Has served in the military
- Retired from the military
- None of the above

Q11 At least one of my parents or the adult who is raising me has attended college

- Yes
- No

Q12 I have experienced the following

Answer options: Yes, No

<input type="checkbox"/> I have lived with someone who was depressed, mentally ill or suicidal
<input type="checkbox"/> I have lived with someone who was a problem drinker or an alcoholic
<input type="checkbox"/> I have lived with someone who used illegal drugs
<input type="checkbox"/> I have lived with someone who abused prescription medication
<input type="checkbox"/> I have lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility
<input type="checkbox"/> My parents became separated or were divorced
<input type="checkbox"/> My parents were not married
<input type="checkbox"/> My parents or adults in my home slapped, hit, kicked, punched, or beat each other up
<input type="checkbox"/> A parent or adult in my home hit, beat, kicked, or physically hurt me
<input type="checkbox"/> My parent or adult in my home insulted me, or put me down

Driving

Q13 I have my temporary driving permit or my driver's license

(If answer is Yes skip to Q14 No skip to Q15)

- Yes
- No

Q14 I have my own car or a car that I can use when I need to go somewhere like school, work, club meetings or sports

- Yes
- No

Substance Use

Q15 Within the past year, how often have I

Answer options: At least one time, At least once in the past 30 days, Never

<input type="checkbox"/> Drank alcohol, more than just a sip
<input type="checkbox"/> Smoked cigarettes
<input type="checkbox"/> Used a vape or e-cigarette for nicotine
<input type="checkbox"/> Used marijuana (including smoking, edibles, pen, dab or other)
<input type="checkbox"/> Used prescription pain medication or opiates for pain relief
<input type="checkbox"/> Used prescription drugs that were not prescribed for me
<input type="checkbox"/> Used prescription drugs in a way other than prescribed
<input type="checkbox"/> Used other drugs like heroin, acid, or cocaine

Q16 About when did I first

Answer options: Did not use, Before Middle or Jr High, During Middle or Jr, High School, Freshman Yr, Sophomore YR, Junior Yr, Senior Yr

<input type="checkbox"/> Drink alcohol, more than just a sip
<input type="checkbox"/> Smoke cigarettes
<input type="checkbox"/> Use a vape or e-cigarette for nicotine
<input type="checkbox"/> Use marijuana (including smoking, edibles, pen, dab or other)
<input type="checkbox"/> Use prescription pain medication or opiates for pain relief
<input type="checkbox"/> Use prescription drugs that were not prescribed for me
<input type="checkbox"/> Use prescription drugs in a way other than prescribed
<input type="checkbox"/> Use other drugs like heroin, acid, or cocaine

Q17 How easy is it for me to get

Answer options: Not Easy, Easy, Don't Know

Alcohol
Cigarettes
Vape or e-cigarette for nicotine
Marijuana to smoke
Marijuana edibles
Marijuana or THC for a dab or pen
Prescription pain medication
Prescription drugs not from a doctor
Other drugs like heroin, acid, or cocaine

Q18 My parent or the adult who is raising me Answer options: Yes, No

Permits me to use alcohol when I am at home or at family events
Permits me to use alcohol when I am not at home
Permits my friends to use alcohol when they are at my home
Has purchased alcohol for me to use with my friends
Permits me to use marijuana
Permits me to use prescription drugs in a way other than prescribed by a doctor
Permits me to use vape or e-cigarette

Q19 During the past 12 months, what did I put in my vape product or e-cigarette

(If answer is I did not use skip to Q21)

Answer options: Yes, No

I did not use a vape or e-cigarette during the past 12 months
E-liquid or e-juice with nicotine
E-liquid or e-juice with marijuana or THC
E-liquid or e-juice without nicotine or marijuana

Q20 During the past 12 months, where did I get my vape or e-cigarettes

Answer options: Yes, No

I buy them from a store
A friend buys them for me
A friend sells them to me
An adult buys them for me
An adult sells them to me
I buy them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace
I took them from a store or another person
I got them in some other way

Q21 When I drink alcohol, I usually drink

Select One

(If answer is Never skip to Q24)

- Beer
- Wine
- Liquor like vodka or rum
- Seltzers like White Claw
- Other
- I have never drunk alcohol more than a sip

Q22 When I drink alcohol, I most often drink

- Less than five drinks
- Five or more drinks

Q23 At least one time when I drank alcohol

Answer options: Yes, No

I threw up or puked from drinking too much
I could not remember the things I did or said while I was drinking
I did things I would not have done if I were not drinking alcohol
I did things that were risky or dangerous
I did or said things I later regretted

Q24 When I use Marijuana, I usually

(If answer is I have never used, skip to Q26)

Answer options: Yes, No

Smoke marijuana
Use edibles
Use a vape or pen
Use a dab
Other
I have never used marijuana

Q25 At least one time when I used Marijuana

Answer options: Yes, No

I threw up or puked from using too much
I could not remember the things I did or said while I was using marijuana
I did things I would not have done if I were not using marijuana
I did things that were risky or dangerous
I did or said things I later regretted

Q26 How risky is it for people your age to

Answer options: No Risk, Some Risk, Great Risk

Drink alcohol, more than just a sip
Smoke cigarettes
Use a vape or e-cigarette for nicotine
Use marijuana (including smoking, edibles, pen, dab or other)
Use prescription pain medication or opiates for pain relief
Use prescription drugs that were not prescribed for me
Use prescription drugs in a way other than prescribed
Use other drugs like heroin acid or cocaine

Q27 How wrong do your friends feel it would be for you to

Answer options: Not wrong at all, A little bit wrong, Very wrong

Drink alcohol, more than just a sip
Smoke cigarettes
Use a vape or e-cigarette
Use marijuana (including smoking, edibles, pen, dab or other)
Use prescription pain medication or opiates for pain relief
Use prescription drugs that were not prescribed for me
Use prescription drugs in a way other than prescribed
Use other drugs like heroin, acid or cocaine

Gambling

Q28 During the past 12 months I have made a bet or gambled (bet money or valuables on an uncertain outcome) in the following ways

Answer options: Yes, No

Casino
Lottery, including scratch off tickets
Horse track betting
Card games (not at a casino)
Pools (such as March Madness)
Fantasy Sports
Video games (in game purchases, e.g., skins, loot boxes)
Other sports betting
Online gambling games (e.g., poker, casino-style games)
Competitive video games (Esports)
Charitable gambling (raffle tickets, bingo, church festival, etc.)
Other

Q29 During the past 12 months, I have felt bad about or regretted something I have lost on a bet or gambling

- Yes
- No

Physical Health

Q30 During 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, like sports, running, skateboarding, riding a bike, or walking, that increases your heart rate and makes you breathe hard some of the time.)

- 0 Days
- 1 – 2 Days
- 3 – 4 Days
- 5 or More Days

Q31 In a typical week, how many meals do you eat out in a restaurant or bring take-out food home to eat

- 0 – I do not eat out or bring takeout home to eat
- 1 to 2 meals per week
- 3 to 4 meals per week
- 5 or more meals per week

Q32 During the past 7 days, on how many days did you eat breakfast

- 0 Days
- 1 – 2 Days
- 3 – 4 Days
- 5 or More Days

Q33 During the past 30 days, did you feel hungry because there was not enough food in your home

- Yes
- No

Q34 I describe my weight as

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

Q35 The last time I saw a doctor for a check-up was

- Less than 1 year ago
- More than 1 year ago
- Never

Q36 The last time I saw a dentist for a check-up, exam, teeth cleaning, or other dental work was

- Less than 1 year ago
- More than 1 year ago
- Never

Q37 How many hours of sleep do I get on an average school night

- 5 or less hours
- 6-8 hours
- More than 8 hours

Q38 I use my cell phone or other electronic device during the overnight hours

- Most nights
- Some nights
- I do not use my cell phone or other electronic device during the overnight hours

Mental and Emotional Health

Q39 During the past 30 days, I have

Answer options: Rarely or Never, On Some days, On most days

Felt happy
Felt hopeful
Felt optimistic
Felt loved
Felt nervous, anxious or on edge
Felt worried
Felt stressed
Felt sad or depressed
Felt hopeless
Felt lonely
Purposely hurt myself (cutting, burning, banging my head, scratching, or another way)
Thought about killing myself

Q40 I am good at managing my emotions in a way that doesn't cause harm to myself or others

- Yes
- No

Q41 I can resolve conflicts without causing harm to myself or others

- Yes
- No

Q42 It is easy for me to make friends

- Yes
- No

Q43 When I am dealing with personal problems or feelings of anxiety, depression or thoughts about killing myself, who do I talk to

Answer options: Yes, No

I do not have personal problems or feelings of anxiety, depression, or thoughts about killing myself
No one
Best friend
My girlfriend/boyfriend
Pastor/Priest/Youth Minister
Brother/Sister
Parent or the person who is raising me
Coach
Teacher
Caring adult
School Counselor
Professional Counselor
Mentor
My friends parents
Adult relative (such as a grandparent, aunt or uncle)
Other

Q44 I am good at

Answer options: Yes, No

Setting goals for myself
Making a plan to achieve the goals I set for myself
Achieving the goals I set for myself
Managing my time
Figuring out new ways to solve problems I am having

Community

Q45 Questions about my Community

Answer options: Yes, No

There are jobs available in my community for people my age who want to work
My community values diversity
My community values young people my age
I have places in my community where I can hang out and be safe
Most police officers in my community treat people fairly
I attend church, temple, mosque, house of worship or another spiritual center

Q46 I have been in trouble with the police in my community

(If answer is yes skip to Q47 if no skip to Q48)

- Yes
- No

Q47 When I got into trouble with the police, what was the outcome

Answer options: Yes, No

I got a warning
The officer called my parents
I got a ticket
I had to go to juvenile detention
Other

Q48 I have at least one adult in my community (not school or family) who looks out for me and helps me when I need help

- Yes
- No

Bullying

Q49 I get along well with students who are different from me

- Most of the time
- Some of the time
- No

Q50 If I saw someone being bullied, I want to try to stop the bullying or help the person being bullied

- Yes
- No

Q51 During the past year, I have been teased or bullied at school because of

Answer Options: Yes, No

My race or culture
My weight, size or physical appearance
My gender identity
My sexual orientation
Where I live
The kind of clothes or shoes I wear
I have been bullied for other reasons

Q52 During the past year I have been teased or bullied online because of

Answer options: Yes, No

My race or culture
My weight, size or physical appearance
My gender identity
My sexual orientation
Where I live
The kind of clothes or shoes I wear
I have been bullied for other reasons

Q53 During the past year, I have experienced the following online

Answer options: Yes, No

Someone spreading false rumors about me
Someone asking me for nude or sexually explicit pictures
Someone sending me nude or sexually explicit pictures
Someone sharing pictures of me that I did not want them to share
Someone physically intimidating or threatening me
Being asked by someone I did not know to share personal information
Being asked by someone I did not know to connect on-line
Being asked by someone I did not know to meet in person

Q54 My school helps students when they are bullied

- Yes
- No

Dating Relationships

Q55 I am currently in a talking, dating or serious relationship

(If answer is yes, skip to Q56, If no, skip to Q57)

- Yes
- No

Q56 I feel safe in my current talking, dating or serious relationship

- Yes
- No

Q57 I have had a partner in a talking, dating or serious relationship who

Answer options: Yes, No

Tried to control me (Count such things as, always wanting to know my whereabouts, telling me who I can spend time with, what clothes I can wear or demanding my passwords)
Forced me to do sexual things that I did not want to do (Count such things as kissing, touching, or being physically forced to have sexual intercourse)
Asked me to share nude or sexually explicit photos

Q58 If I know someone who is being controlled or physically hurt by someone they are dating or in a serious relationship with, I will try to help

- Yes
- No

Online Activity

Q59 Which of the following applies to my social media or online gaming accounts

Answer options: Yes, No

I can trust people I know through social media but have not met in person
I share personal information about myself, such as where I live with people I have only met online
My parents monitor my social media and gaming accounts
I have been asked to meet someone in-person that I met online
I have met someone in person that I have met online
I have viewed pornography online

Q60 Using social media

Answer options: Yes, No

Helps me feel better about myself
Helps me feel connected to my friends
Connects me to people who support me in tough times
Allows me to interact with people from different backgrounds and experiences
Allows me to show support for causes or issues I believe in
Provides me with trustworthy information
Causes me to feel pressure to only post content that makes me look good to others
Makes me feel worse about my own life
Overwhelms me because of all the drama

School

Q61 Putting them all together, my grades are

- Mostly A's
- Mostly B's and C's
- Mostly D's and F's

Q62 On an average school day, how many hours do I spend doing homework (either at home, at school, or at another location)

- Less than one hour
- 1-2 hours
- 3-4 hours
- More than 4 hours
- I do not do homework

Q63 Sometimes I struggle with studying or getting my homework done because of difficulties at home

- Yes
- No

Q64 Questions about School

Answer options: Yes, No

I come to class prepared
I feel comfortable asking questions in class
I have a hard time paying attention in class
I can connect what I am learning in school to my life outside of the classroom
The school provides materials (textbooks, videos, handouts) that reflect my culture, ethnicity, and identity
Doing well in school is important to me

Q65 I have access to technology at home that I can use to do my homework, including

Answer options: Yes, No

Computer
Internet
Cell Phone

Q66 During the past month, I have been absent from school

- 0 Days
- 1-2 Days
- More than 2 Days

Q67 On most days, I look forward to going to school

- Yes
- No

Q68 Teachers in my school

Answer options: Yes, No

Care about me
Help me when I need help
Treat all students with respect
Treat all students fairly
Listen to what I have to say

Q69 Adults at my school other than teachers (including principal, lunch staff, bus drivers, librarians and others)

Answer options: Yes, No

Care about me
Help me when I need help
Treat all students with respect
Treat all students fairly
Listen to what I have to say

Q70 I have at least one adult in my school who looks out for me and helps me when I need help

- Yes
- No

Q71 During the past 12 months, teachers or other adults in my school have talked to me about issues that impact my life, including

Answer options: Yes, No

Alcohol and other drugs
Safe dating relationships
Safety on social media
Planning for my future
Safe driving
Healthy eating and exercise
Money management
Mental health, stress and/or anxiety

Q72 I am active in my school in the following ways

Answer options: Yes, No

I am in a club, coalition or student group
I play sports
Performing arts, band, choir or theatre
I am on a competitive academic team like debate team, DECA, Robotics or other
I volunteer for special projects or events
I am on student council, school ambassador or another student leadership team
I am involved in after school activities
I am involved in school in other ways not listed here

Q73 During the past year, I have been suspended from school for

Answer options: No, Yes in-school suspension, Yes out-of-school suspension

Fighting or injuring someone
Threatening to hurt someone
Possessing or giving someone else a gun, knife, or another dangerous object
Possessing, using, or being under the influence of alcohol or illegal drugs, or giving them to another student
Harassing or bullying other students (including sexual harassment and cyberbullying)
Stealing or trying to steal from another person or the school itself
Damaging property, or trying to do so
Engaging in obscene acts or habitual profanity
Disrupting school activities
Disobeying or defying teachers or other school officials
Other

School Safety

Q74 Questions about School Safety

Answer options: Yes, No

I feel safe at my school
My school is prepared to handle a violent person on campus
I know what to do if there is a violent person on campus or other emergency in my school
If I hear about a threat to school safety, I will report it to someone in authority

Money Management

Q75 An adult has talked to me about how to budget my money

- Yes
- No

Q76 I know how to make and follow a budget

- Yes
- No

Q77 I understand what a credit score is and how it affects my financial health

- Yes
- No

Q78 I understand how my financial decisions can affect my credit score or my future

- Yes
- No

Future Plans

Q79 My plan for after high school is

Select One

- I plan to enter the workforce
- I plan to go to college or university
- I plan to go to a trade school or apprenticeship
- I plan to join the military
- I have other plans
- I am not sure what I will do after high school

Q80 I have the following adults who are helping me to make a plan for what I will do after high school

Select all that apply

- My parent or the person who is raising me
- An adult at my school
- An adult in my community
- An adult in my family
- Other adult
- I do not have an adult who is helping me plan for what I will do after high school