

The Developmental Relationships Survey

How old are you?

- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21

What grade are you in?

- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Post-secondary, such as college, university, or technical school
- I am not enrolled in school.

Which of these best describes you?

- Girl
- Boy
- Non-binary / Third Gender

() Prefer to Self-Describe: _____

() Choose not to answer

Do you identify as transgender?

() Yes

() No

() Choose not to answer

() I don't know

Which of these describes you? Check all that apply.

[] Black, African American, or African

[] Asian or Pacific Islander

[] Hispanic, Latino/a/x, or Spanish origin

[] Native American or Alaskan Native

[] White

[] Some other race _____

[] Choose not to answer

How much are the following statements like your teachers?

	A Little Like My Teachers	Somewhat Like My Teachers	Mostly Like My Teachers	Extremely Like My Teachers
If I have a problem, I know my Teachers will help me.	()	()	()	()
When I work hard, my Teachers encourage me to keep going.	()	()	()	()
My Teachers expect me to do my best.	()	()	()	()
My Teachers challenge me to try things that are difficult for me.	()	()	()	()
My Teachers hold me responsible for the things I do and say.	()	()	()	()
When I make mistakes, my Teachers show me how I can learn from them.	()	()	()	()

My Teachers make it clear what behaviors are acceptable and not acceptable.	()	()	()	()
My Teachers teach me how to ask for help when I need it.	()	()	()	()
My Teachers help me figure out how to do things that are new or challenging to me.	()	()	()	()
If I am treated unfairly, my Teachers say or do something to help.	()	()	()	()
My Teachers consider my ideas when making decisions.	()	()	()	()
If I have challenges, my Teachers work with me to find a solution.	()	()	()	()
My Teachers give me chances to be a leader.	()	()	()	()
My Teachers help me think of different possibilities for my future.	()	()	()	()
My Teachers help me discover new things that interest me.	()	()	()	()
My Teachers introduce me to other adults who offer resources or support that I value.	()	()	()	()

How often do your Teachers do the following?

	Rarely	Sometimes	Often	Almost Always
My Teachers really listen to me.	()	()	()	()
My Teachers do things that make me feel like I matter.	()	()	()	()
My Teachers show me they enjoy being with me.	()	()	()	()
My Teachers treat me with respect.	()	()	()	()

How much are the following statements like you?

	A Little Like Me	Somewhat Like Me	Mostly Like Me	Extremely Like Me
I can work with other people in a group or team to reach a goal.	()	()	()	()
I pay attention to what other people need and how they feel.	()	()	()	()
I take responsibility for my choices and actions.	()	()	()	()
When someone tells me to stop doing something, it is easy for me to stop.	()	()	()	()
I know how my feelings impact my behavior.	()	()	()	()

We are interested in times when people treated you differently (in-person or online) based on something about you (like your skin color, appearance, beliefs, or sexual orientation). When you are at school, how often do the following happen to you because of something about you?

	Never	Some of the time	Most of the time	All of the time
I am treated with less respect than other people.	()	()	()	()
People treat me like I am not smart.	()	()	()	()
People threaten or harass me.	()	()	()	()
People ignore me.	()	()	()	()
People keep me from being part of activities or in their group.	()	()	()	()
People make false assumptions about me.	()	()	()	()

On how many occasions (if any) have you had more than just a few sips of alcoholic beverages (beer, wine, or hard liquor) to drink during the past 30 days?

- () 0
- () 1–2
- () 3–5
- () 6–9
- () 10–19

20–39

40+

How frequently have you smoked cigarettes during the past 30 days?

I have never smoked a cigarette

Not at all

Less than 1 cigarette per day

1 to 5 cigarettes per day

About 1/2 pack per day

About 1 pack per day

About 1-1/2 packs per day

2 or more packs per day

During the past 30 days have you used marijuana or hashish?

Yes

No

During the past 30 days have you used prescription drugs not prescribed to you?

Yes

No

How many times during the last 30 days, if any, have you vaped tobacco, nicotine, or marijuana?

0

1

2

3–5

6–9

10–19

20–39

40+

How wrong do your parents feel it would be for you to ... ?

	Very Wrong	Wrong	A Little Bit Wrong	Not at all Wrong
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Have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vape tobacco, nicotine, or marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very Wrong	Wrong	A Little Bit Wrong	Not at all Wrong
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vape tobacco, nicotine, or marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you think people risk harming themselves (physically or in other ways) if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk
Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vape tobacco, nicotine, or marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How stressful has the COVID-19 pandemic been for you?

Stress can mean feeling worried, confused, sad, frustrated, or angry.

- () Not at all stressful
- () A little stressful
- () Somewhat stressful
- () Very stressful

Sometimes kids experience problems or feel upset about the COVID-19 pandemic. When this happens, they may do different things to solve the problem or make themselves feel better. Below is a list of things kids may do. Select the response that best describes how often you do that behavior.

	Never	Some of the time	Most of the time	All of the time
I take steps to solve problems that have happened because of the COVID-19 pandemic.	()	()	()	()
I reach out to other people about how I am feeling about the COVID-19 pandemic.	()	()	()	()
I try to think about what I can learn from the COVID-19 pandemic.	()	()	()	()
I accept that the COVID-19 pandemic has happened and that it cannot be changed.	()	()	()	()
I pretend that the COVID-19 pandemic has not really happened.	()	()	()	()
I find it difficult to think about anything other than the COVID-19 pandemic.	()	()	()	()
I try not to think about the COVID-19 pandemic.	()	()	()	()
I try to take my mind off of the COVID-19 pandemic by focusing on other activities. [Examples: watching TV, listening to music, playing a sport, reading a book]	()	()	()	()

How connected do you feel to each of the following right now?

	Strongly Disagree	Disagree	Agree	Strongly Agree

I feel connected to my Teachers.	()	()	()	()
I feel connected to my friends.	()	()	()	()
I feel connected to the other kids at school.	()	()	()	()

Is your relationship with your family stronger or weaker than before the COVID-19 pandemic?

- Stronger
- About the same
- Weaker

Are your friendships stronger or weaker than before the COVID-19 pandemic?

- Stronger
- About the same
- Weaker

Is your relationships with Teachers stronger or weaker than before the COVID-19 pandemic?

- Stronger
- About the same
- Weaker

Which of the following describes what learning looks like for YOU at your school right now?

- I attend school in-person all of the time.
- I attend a combination of in-person and online learning.
- I attend school online all of the time.

Which of the following describes what your participation looks like for YOU at school right now?

- I attend in-person activities all of the time.
- I attend a combination of in-person and online activities.
- I only attend online activities.

How much do you disagree or agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
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My relationship with my Teachers has helped make things feel more normal during the COVID-19 pandemic	()	()	()	()
My Teachers helped me understand, or make sense of, my feelings related to the COVID-19 pandemic.	()	()	()	()
My Teachers provide a safe space where I can share my feelings and experiences related to the COVID-19 pandemic.	()	()	()	()

What support do you wish you were getting from school focused on building strong relationships during the COVID-19 pandemic that you are not getting right now?

During the past 3 months, have you had to skip meals because your family did not have enough money to buy food?

- Yes
- No

During the past year, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other safe place to stay?

- Yes
- No

Which of these best describes your family's financial situation?

- We cannot buy the things we need sometimes.
- We have just enough money for the things we need.
- We have no problem buying the things we need.

Think about the people who take care of you most of the time. These may include biological parents, foster parents, stepparents, grandparents, aunts/uncles, or guardians. This may be one or more people. Did any of them graduate from high school?

- Yes
- No
- I do not know

Did any of them attend college?

- Yes
- No
- I do not know

Did they graduate from college?

- Yes
- No
- I do not know

Do you participate in English Language Learner or English as a Second Language programs?

- Yes
- No
- I do not know

Which of these describes you?

- Straight (not gay, lesbian, or bisexual)
- Gay or Lesbian
- Bisexual, Pansexual, Demisexual, Asexual, Queer
- Prefer to self describe: ____
- I am not sure yet
- Choose not to answer

Do you have an Individualized Education Program (IEP) or get special education services?

- Yes
- No
- I do not know

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