

East: REST Screener

Please enter the following information

Please enter your Student ID in the box below, then enter it again in the next box.

Student ID

Student ID

Your teacher will tell you what to enter for the Survey Type and School Year.

Survey Type

School Year

My Age Today Is

Ethnic Background

Section 1

Kids sometimes have different feelings and ideas. This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on to the next group. There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Here is an example of how this form works. Try it. Select the sentence that describes you best.

<input type="radio"/> I read books all the time <input type="radio"/> I read books once in a while <input type="radio"/> I never read books
1 <input type="radio"/> I am sad once in a while. <input type="radio"/> I am sad many times. <input type="radio"/> I am sad all the time.
2 <input type="radio"/> Nothing will ever work out for me. <input type="radio"/> I am not sure if things will work out for me. <input type="radio"/> Things will work out for me O.K.
3 <input type="radio"/> I do most things O.K. <input type="radio"/> I do many things wrong. <input type="radio"/> I do everything wrong.
4 <input type="radio"/> I have fun in many things. <input type="radio"/> I have fun in some things. <input type="radio"/> Nothing is fun at all.
5 <input type="radio"/> I am bad all the time. <input type="radio"/> I am bad many times. <input type="radio"/> I am bad once in a while.
6 <input type="radio"/> I think about bad things happening to me once in a while. <input type="radio"/> I worry that bad things will happen to me. <input type="radio"/> I am sure that terrible things will happen to me.
7 <input type="radio"/> I hate myself. <input type="radio"/> I do not like myself. <input type="radio"/> I like myself.
8 <input type="radio"/> All bad things are my fault. <input type="radio"/> Many bad things are my fault. <input type="radio"/> Bad things are not usually my fault.
9 <input type="radio"/> I do not think about killing myself. <input type="radio"/> I think about killing myself but I would not do it. <input type="radio"/> I want to kill myself.
10 <input type="radio"/> I feel like crying everyday. <input type="radio"/> I feel like crying many days. <input type="radio"/> I feel like crying once in a while.
11 <input type="radio"/> Things bother me all the time. <input type="radio"/> Things bother me many times. <input type="radio"/> Things bother me once in a while.
12 <input type="radio"/> I like being with people. <input type="radio"/> I do not like being with people many times. <input type="radio"/> I do not want to be with people at all.
13 <input type="radio"/> I cannot make up my mind about things. <input type="radio"/> It is hard to make up my mind about things. <input type="radio"/> I make up my mind about things easily.
14 <input type="radio"/> I look O.K. <input type="radio"/> There are some bad things about my looks. <input type="radio"/> I look ugly.
15 <input type="radio"/> I have to push myself all the time to do my schoolwork. <input type="radio"/> I have to push myself many times to do my schoolwork. <input type="radio"/> Doing schoolwork is not a big problem.
16 <input type="radio"/> I have trouble sleeping every night. <input type="radio"/> I have trouble sleeping many nights. <input type="radio"/> I sleep pretty well.
17 <input type="radio"/> I am tired once in a while. <input type="radio"/> I am tired many days. <input type="radio"/> I am tired all the time.
18 <input type="radio"/> Most days I do not feel like eating. <input type="radio"/> Many days I do not feel like eating. <input type="radio"/> I eat pretty well.
19 <input type="radio"/> I do not worry about aches and pains. <input type="radio"/> I worry about aches and pains many times. <input type="radio"/> I worry about aches and pains all the time.
20 <input type="radio"/> I do not feel alone. <input type="radio"/> I feel alone many times. <input type="radio"/> I feel alone all the time.
21 <input type="radio"/> I never have fun at school. <input type="radio"/> I have fun at school only once in a while. <input type="radio"/> I have fun at school many times.
22 <input type="radio"/> I have plenty of friends. <input type="radio"/> I have some friends but I wish I had more. <input type="radio"/> I do not have any friends.
23 <input type="radio"/> My schoolwork is alright. <input type="radio"/> My schoolwork is not as good as before. <input type="radio"/> I do very badly in subjects I used to be good in.
24 <input type="radio"/> I can never be as good as other kids. <input type="radio"/> I can be as good as other kids if I want to. <input type="radio"/> I am just as good as other kids.
25 <input type="radio"/> Nobody really loves me. <input type="radio"/> I am not sure if anybody loves me. <input type="radio"/> I am sure that somebody loves me.
26 <input type="radio"/> I usually do what I am told. <input type="radio"/> I do not do what I am told. <input type="radio"/> I never do what I am told.
27 <input type="radio"/> I get along with people. <input type="radio"/> I get into fights many times. <input type="radio"/> I get into fights all the time.

Section 2

People may have stressful events happen to them. Read the list of stressful things below and select YES for each of them that have EVER happened TO YOU. Circle NO if it has never happened to you. Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

Sample:

Have you EVER gone to a basketball game? (Select YES or NO) Yes No

28 Have you been in a serious accident, where you could have been badly hurt or could have been killed?	<input type="radio"/> Yes <input type="radio"/> No
29 Have you seen a serious accident, where someone could have been (or was) badly hurt or died?	<input type="radio"/> Yes <input type="radio"/> No
30 Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?	<input type="radio"/> Yes <input type="radio"/> No
31 Has anyone close to you been very sick or injured?	<input type="radio"/> Yes <input type="radio"/> No
32 Has anyone close to you died?	<input type="radio"/> Yes <input type="radio"/> No
33 Have you had a serious illness or injury, or had to be rushed to the hospital?	<input type="radio"/> Yes <input type="radio"/> No
34 Have you had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?	<input type="radio"/> Yes <input type="radio"/> No
35 Have you been attacked by a dog or other animal?	<input type="radio"/> Yes <input type="radio"/> No
36 Has anyone told you they were going to hurt you?	<input type="radio"/> Yes <input type="radio"/> No
37 Have you seen someone else being told they were going to be hurt?	<input type="radio"/> Yes <input type="radio"/> No
38 Have you yourself been slapped, punched, or hit by someone?	<input type="radio"/> Yes <input type="radio"/> No
39 Have you seen someone else being slapped, punched, or hit by someone?	<input type="radio"/> Yes <input type="radio"/> No
40 Have you been beaten up?	<input type="radio"/> Yes <input type="radio"/> No
41 Have you seen someone else getting beaten up?	<input type="radio"/> Yes <input type="radio"/> No
42 Have you seen someone else being attacked or stabbed with a knife?	<input type="radio"/> Yes <input type="radio"/> No
43 Have you seen someone pointing a real gun at someone else?	<input type="radio"/> Yes <input type="radio"/> No
44 Have you seen someone else being shot at or shot with a real gun?	<input type="radio"/> Yes <input type="radio"/> No

Section 3

You have just read a list of stressful events that might have happened to you. Some people have had these experiences and some people have not. Please think about the ones you answered YES to and pick the one that bothers you most. If there is some other stressful event that was not on the list, you can write that. It could have happened to you at anytime and it still bothers you NOW.

The thing that bothers me most is

Section 4

Below is a list of problems that kids sometimes have after experiencing something scary like we just looked at. Of all the experiences we just looked at, think of the thing that bothered you the most. Now these next questions ask about the thing that bothered you the most (whether it was getting hit, beaten up, threatened or anything else). Listen carefully and select the word that best describes how often these problems have bothered you IN THE PAST MONTH.

	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
45 Have you had upsetting thoughts or images about the event that came into your head when you didn't want them to?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
46 Have you had bad dreams or nightmares?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
47 Have you been acting or feeling as if the event was happening again (for example, hearing something or seeing a picture about it and feeling as if you were there again)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
48 Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
49 Have you had feelings in your body when you think about or hear about the event (for example, breaking out in a sweat, heart beating fast)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
50 Have you been trying not to think about, talk about, or have feelings about the event?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
51 Have you been trying to avoid activities, people, or places that remind you of the event (for example, not wanting to play outside or go to school)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
52 Have you not been able to remember an important part of the event?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
53 Have you had much less interest or not wanting to do things you used to do?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
54 Have you not felt close to people around you?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
55 Have you not been able to have strong feelings (for example, being unable to feel very happy)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
56 Have you been feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or have kids or go to high school)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
57 Have you had trouble falling or staying asleep?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
58 Have you been feeling irritable or having fits of anger?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
59 Have you had trouble concentrating (for example, losing track of a story on television, forgetting what you read, not paying attention in class)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
60 Have you been overly careful (for example, checking to see who is around you and what is around you)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always
61 Have you been jumpy or easily startled (for example, when someone walks up behind you)?	<input type="radio"/> Not at all	<input type="radio"/> Once in a while	<input type="radio"/> Half the time	<input type="radio"/> Almost always

Section 5

Is there anything else you would like to tell us?

If you need immediate help

If you need immediate help, please call:

Emergency Services Unit: 608-280-2600

Suicide Hotline: 1-800-273-8255

Textline Help Line: Text HOME to 741741

Trevor Project numbers 1-866-488-7386 or Text START to 678678

Submit Responses

Please press the Submit button below once you have finished answering all the questions.