

[REDACTED]: 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.

- I read books all the time
- I read books once in a while
- I never read books

- 1
- I am sad once in a while.
 - I am sad many times.
 - I am sad all the time.

- 2 Nothing will ever work out for me.
 I am not sure if things will work out for me.
 Things will work out for me O.K.

- 3 I do most things O.K.
 I do many things wrong.
 I do everything wrong.

- 4 I have fun in many things.
 I have fun in some things.
 Nothing is fun at all.

- 5 I am bad all the time.
 I am bad many times.
 I am bad once in a while.

- 6 I think about bad things happening to me once in a while.
 I worry that bad things will happen to me.
 I am sure that terrible things will happen to me.

- 7 I hate myself.
 I do not like myself.
 I like myself.

- 8 All bad things are my fault.
 Many bad things are my fault.
 Bad things are not usually my fault.

- 9 I do not think about killing myself.
 I think about killing myself but I would not do it.
 I want to kill myself.

- 10 I feel like crying everyday.
 I feel like crying many days.
 I feel like crying once in a while.

- 11 Things bother me all the time.
 Things bother me many times.
 Things bother me once in a while.

- 12 I like being with people.
 I do not like being with people many times.
 I do not want to be with people at all.

- 13 I cannot make up my mind about things.
 It is hard to make up my mind about things.
 I make up my mind about things easily.
- 14 I look O.K.
 There are some bad things about my looks.
 I look ugly.
- 15 I have to push myself all the time to do my schoolwork.
 I have to push myself many times to do my schoolwork.
 Doing schoolwork is not a big problem.
- 16 I have trouble sleeping every night.
 I have trouble sleeping many nights.
 I sleep pretty well.
- 17 I am tired once in a while.
 I am tired many days.
 I am tired all the time.
- 18 Most days I do not feel like eating.
 Many days I do not feel like eating.
 I eat pretty well.
- 19 I do not worry about aches and pains.
 I worry about aches and pains many times.
 I worry about aches and pains all the time.
- 20 I do not feel alone.
 I feel alone many times.
 I feel alone all the time.
- 21 I never have fun at school.
 I have fun at school only once in a while.
 I have fun at school many times.
- 22 I have plenty of friends.
 I have some friends but I wish I had more.
 I do not have any friends.
- 23 My schoolwork is alright.
 My schoolwork is not as good as before.
 I do very badly in subjects I used to be good in.

- 24 I can never be as good as other kids.
 I can be as good as other kids if I want to.
 I am just as good as other kids.

- 25 Nobody really loves me.
 I am not sure if anybody loves me.
 I am sure that somebody loves me.

- 26 I usually do what I am told.
 I do not do what I am told.
 I never do what I am told.

- 27 I get along with people.
 I get into fights many times.
 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

Have you been in a serious accident, where you could have been badly hurt or could have been killed?

- 28 Yes No

Have you seen a serious accident, where someone could have been (or was) badly hurt or died?

- 29 Yes No

Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?

- 30 Yes No

Has anyone close to you been very sick or injured?

31 Yes No

Has anyone close to you died?

32 Yes No

Have you had a serious illness or injury, or had to be rushed to the hospital?

33 Yes No

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?

34 Yes No

Have you been attacked by a dog or other animal?

35 Yes No

Has anyone told you they were going to hurt you?

36 Yes No

Have you seen someone else being told they were going to be hurt?

37 Yes No

Have you yourself been slapped, punched, or hit by someone?

38 Yes No

Have you seen someone else being slapped, punched, or hit by someone?

39 Yes No

Was there a time you were treated differently, teased or bullied, because of your skin color, race, or culture?

40 Yes No

Was there a time you were treated differently, teased or bullied because of assumed gender, gender identity or sexual orientation?

41 Yes No

Have you been beaten up?

42 Yes No

Have you seen someone else getting beaten up?

43 Yes No

Have you seen someone else being attacked or stabbed with a knife?

44 Yes No

Have you seen someone pointing a real gun at someone else?

45 Yes No

Have you seen someone else being shot at or shot with a real gun?

46 Yes 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.

47 Have you had upsetting thoughts or images about the event that came into your head when you didn't want them to?

Not at all Once in a while Half the time Almost always

48 Have you had bad dreams or nightmares?

Not at all Once in a while Half the time Almost always

49 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)?

Not at all Once in a while Half the time Almost always

50 Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?

Not at all Once in a while Half the time Almost always

51 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)?

Not at all Once in a while Half the time Almost always

52 Have you been trying not to think about, talk about, or have feelings about the event?

Not at all Once in a while Half the time Almost always

53 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)?

Not at all Once in a while Half the time Almost always

54 Have you not been able to remember an important part of the event?

Not at all Once in a while Half the time Almost always

55 Have you had much less interest or not wanting to do things you used to do?

Not at all Once in a while Half the time Almost always

56 Have you not felt close to people around you?

Not at all Once in a while Half the time Almost always

57 Have you not been able to have strong feelings (for example, being unable to feel very happy)?

Not at all Once in a while Half the time Almost always

58 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)?

Not at all Once in a while Half the time Almost always

59 Have you had trouble falling or staying asleep?

Not at all Once in a while Half the time Almost always

60 Have you been feeling irritable or having fits of anger?

Not at all Once in a while Half the time Almost always

61 Have you had trouble concentrating (for example, losing track of a story on television, forgetting what you read, not paying attention in class)?

Not at all Once in a while Half the time Almost always

62 Have you been overly careful (for example, checking to see who is around you and what is around you)?

Not at all Once in a while Half the time Almost always

63 Have you been jumpy or easily startled (for example, when someone walks up behind you)?

Not at all Once in a while Half the time 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.

<input type="submit" value="Submit"/>
