

BSK SBIRT Screening Tool: Check Yourself School-based (CY-SB) Screening Questions

Development of the Questions:

The screening questions for the Check Yourself School-based version of the tool were selected by a multi-disciplinary work group that included significant input from the MIDD4c counselors who piloted the original SBIRT-SB project in middle schools. Factoring in cultural considerations in the adaptation of the questions was key to the development of the tool as well as assuring diverse perspectives from both parents and students were included. The King County SBIRT Workgroup consisted of representatives from: King County’s behavioral health and recovery division, school-based partnerships, and BSK evaluation team; Reclaiming Futures; Tickit Health; and Seattle Children’s Research Institute.

Question #	Content	Source
1.1	Your responses to these questions will help us understand if you may need or want more support. Someone has explained to you how your answers will be kept private and in what situations they could be shared. Please follow-up with them if you have any questions. The support team at your school may follow-up with you about your responses. You can stop at any time. I Accept I Decline	King County SBIRT Workgroup
1.2	My age is Number scroller: 10-18	Check Yourself 2.0
1.3	I am in grade Number scroller: 6-11	Check Yourself 2.0
Menu	SELECT A TOPIC ABOUT ME MY HEALTH & SAFETY MY STRESS & COPING	

<p>2.1</p>	<p>My top goals for the coming year are <i>Select all that apply</i></p> <p>improve/keep up grades get along better with family spend more time with friends be famous get a job be in a romantic relationship improve in sports / athletics excel in the arts or performance get / stay healthy other (write it in)</p>	<p>Check Yourself 2.0</p>
<p>2.1a</p>	<p>If selected “other” for Q2.1: My top goals for the coming year are <free text box></p>	
<p>2.2</p>	<p>At home most of the time I speak <i>Choose only one</i></p> <p>English Spanish Russian Ukrainian Vietnamese Arabic Somali Chinese Amharic Korean Punjabi Khmer Tagalog Other (write it in)</p>	<p>BSK Evaluation requirement</p>
<p>2.2a</p>	<p>If selected “other” for Q2.2: At home I usually speak <free text box></p>	

<p>2.3</p>	<p>My race or ethnicity is... <i>Select all that apply. You may be offered more options on the next screen.</i></p> <p>Asian or Asian Indian American Indian or Alaska Native Black or African American (and East African) Middle Eastern or North African Latinx or Hispanic Native Hawaiian or Pacific Islander White</p>	<p>BSK Evaluation requirement (branching not included)</p>
<p>2.3a</p>	<p>If selected “Asian” in Q2.3: Please specify</p> <p>Asian Indian Chinese Filipino Japanese Korean Vietnamese Other (write it in)</p>	
<p>2.3aa</p>	<p>If selected “other” in Q2.3a: Please specify your race or ethnicity <free text box></p>	
<p>2.3c</p>	<p>If selected “Black or African American” in Q2.3: Please specify</p> <p>Black or African American Somali Ethiopian Other (write it in)</p>	
<p>2.3cc</p>	<p>If selected “other” in Q2.3c: Please specify your race or ethnicity <free text box></p>	
<p>2.3d</p>	<p>If selected “Latinx/Hispanic” in Q2.3: Please specify</p> <p>Mexican, Mexican American, Chicano Cuban or Puerto Rican</p>	

	Other (write it in)	
2.3dd	<p>If selected “other” in Q2.3d: Please specify your race or ethnicity <free text box></p>	
2.3e	<p>If selected “Middle Eastern or Northern African” in Q2.3: Please specify</p> <p>Algerian Egyptian Iranian Lebanese Moroccan Syrian Other (write it in)</p>	
2.3ee	<p>If selected “other” in Q2.3e: Please specify your race or ethnicity <free text box></p>	
2.3f	<p>If selected “Native Hawaiian or Pacific Islander” in Q2.3: Please specify</p> <p>Native Hawaiian Samoan Other (write it in)</p>	
2.3ff	<p>If selected “other” in Q2.3f: Please specify your race or ethnicity <free text box></p>	
2.3b	<p>If selected “American Indian or Alaska Native” in Q2.3: Please specify the name of tribe(s) <free text box></p>	
2.4	<p>I identify as... Select all that apply</p> <p>female male non-binary questioning my gender identity something else fits better (write it in)</p>	BSK Evaluation requirement

	<p>transgender prefer not to answer</p>	
2.4a	<p>If selected “something else fits better” in Q2.4: Please specify how you describe your gender identity <free text box></p>	
2.5	<p>I am most likely to have a crush on.... <i>Someone you are interested in dating or as more than a friend</i></p> <p>Males Females Both males and females All genders Not sure None Something else fits better (write it in) Prefer not to answer</p>	BSK Evaluation requirement
2.5a	<p>If selected “something else fits better” in Q2.5: Please specify <free text box></p>	
2.7	<p>The biggest supports in my life are Select all that apply</p> <p>mother/step mother(s) father/step father(s) sibling(s) grandparent(s) cousin(s) friend(s) aunt/uncle(s) teacher/coach(s) virtual/online friend(s) mentor/counselor(s) other (write it in) nobody</p>	Check Yourself 2.0

<p>3.1.1</p>	<p>At home I sometimes or always experience...(Part 1) <i>Select all that apply. There are more options on the next slide.</i></p> <p>eating dinner as a family not knowing where we will sleep insulting others causes problems at home spending time together watching a movie/show together staying home alone for a long time alcohol/drug use causes problems at home; taking care of family members other (write it in) none prefer not to answer</p>	<p>Developed from MIDD4c counselors' feedback</p>
<p>3.1</p>	<p>At home I sometimes or always experience...(Part 2) <i>Select all that apply</i></p> <p>playing games together skipping/missing meals fighting or physically hurting others or animals going out in nature moving from place to place family traditions we do together family member serving time in jail cooking together other (write it in) none prefer not to answer</p>	<p>Developed from MIDD4c counselors' feedback</p>
<p>3.1a</p>	<p>If selected "other" in Q3.1 Part 1 or 2: Please describe what you experience at home <free text box></p>	
<p>3.2</p>	<p>I feel safe at school</p> <p>yes sometimes no</p>	<p>HYS 2016 Form A (#35), Form B (#13), Form C (#24)</p>
<p>3.3</p>	<p>I get along with the people I live with:</p> <p>yes</p>	<p>Check Yourself 2.0</p>

	<p>sometimes no</p>	
3.4	<p>I sleep this many hours, on an average night <i>If you usually go to bed at 10pm and wake up at 6am you sleep 8 hours</i></p> <p>4 – 12</p>	Check Yourself 2.0
3.5	<p>I often get stomach aches, headaches, or other pains that prevent me from being in school or in class</p> <p>yes sometimes no</p>	King County SBIRT Workgroup
3.6	<p>In the past year I have used at least once <i>Please do not include medication that has been prescribed to you by a doctor or nurse</i></p> <p>marijuana (cannabis, weed) cigarettes e-cigarettes (vaping, juuling) alcohol (more than a sip) other drugs (including someone else’s pills) none</p>	CY 2.0 (asks past year use) and HYS 2016 Form B (asks age at first use for mj, alcohol, and smoking cigarettes) & Form C #43 (asks about ever used alcohol, marijuana, inhalants, and other illegal drugs)
3.6a	<p>If selected “marijuana” in Q3.6: During the past 30 days, there were __ days when I used marijuana / weed / cannabis <i>This includes smoking, vaping, dabbing, edibles or others</i></p> <p>0-30</p>	HYS 2016 Form C #42
3.6aa	<p>How likely are you to use marijuana / weed / cannabis in the next year?</p> <p>unlikely maybe likely</p>	Maslowsky et al. 2017 with 9th and 10th graders

3.6aaa	<p>If selected “marijuana” in Q3.6: I guess other people my age use marijuana / weed / cannabis ___ days each month</p> <p>0-30</p>	Check Yourself 2.0
3.6b.1	<p>If selected “alcohol” in Q3.6: Did you know... <i>1 alcoholic drink equals 12 oz. of beer, 5 oz. of wine, or 1 shot of hard liquor</i></p>	Check Yourself 2.0
3.6b	<p>If selected “alcohol” in Q3.6: During the past 30 days, there were ___ days when I had at least one alcoholic drink</p> <p>0-30</p>	HYS 2016 Form C #42 and Form B #24
3.6ba	<p>How likely are you to drink alcohol in the next year?</p> <p>unlikely maybe likely</p>	Maslowsky et al. 2017 with 9th and 10th graders
3.6bb	<p>If selected “alcohol” in Q3.6: I guess other people my age drink alcohol ___ days each month</p> <p>0-30</p>	Check Yourself 2.0
3.6d	<p>If selected “cigarettes” in Q3.6: During the past 30 days, there were ___ days when I smoked cigarettes</p> <p>0-30</p>	HYS 2016 Form C #42
3.6dd	<p>How likely are you to smoke cigarettes in the next year?</p> <p>unlikely maybe likely</p>	Maslowsky et al. 2017 with 9th and 10th graders

<p>3.6ddd</p>	<p>If selected “cigarettes” in Q3.6: I guess other people my age smoke cigarettes ___ days each month 0-30</p>	<p>Check Yourself 2.0</p>
<p>3.6c</p>	<p>If selected “e-cigarettes” in Q3.6: During the past 30 days, there were ___ days when I vaped or used e-cigarettes <i>This includes juuling, using a hookah, or others</i> 0-30</p>	<p>HYS 2016 Form C #42</p>
<p>3.6ca</p>	<p>How likely are you to vape or use e-cigarettes in the next year? <i>This includes juuling, using a hookah, or others</i> unlikely maybe likely</p>	<p>Maslowsky et al. 2017 with 9th and 10th graders</p>
<p>3.6cb</p>	<p>If selected “other drugs” in Q3.6: Names of other drugs I’ve used <free text box></p>	
<p>3.6e</p>	<p>If selected “other drugs” in Q3.6: During the past 30 days, there were __ days when I used other drugs (including someone else’s pills) <i>Please do not include medication that has been prescribed to you by a doctor or nurse</i> 0-30</p>	<p>HYS 2016 Form C #42</p>
<p>3.10</p>	<p>In the last year has anyone bullied, threatened or harassed you <u>in real life or on social media</u>? <i>Social media includes Facebook, Instagram, Snapchat, Twitter, texts, email, etc.</i> Yes No</p>	<p>Adapted from "Talking to Kids about School Safety" 2016, page 14 #4 and #7</p>

<p>3.10a</p>	<p>If selected “yes” to Q3.10: Do you feel that your safety is at risk right now?</p> <p>Yes No</p>	
<p>4.1</p>	<p>What have others said you are good at or what makes you proud of yourself? Select all that apply</p> <p>school exercise and sports writing and reading helping out at home being a good friend/making friends using technology art/crafts theater/dance music gaming participating in clubs taking care of animals religion/spirituality leadership none other (write it in)</p>	<p>GAIN SS #4</p>
<p>4.1a</p>	<p>If selected “other” in Q4.1: Please specify <free text box></p>	
<p>4.2.1</p>	<p>On most days I feel</p> <p>angry worried sad ok good great other (write in)</p>	<p>Tickit Health Wellbeing question</p>
<p>4.2.2</p>	<p>If selected “other” for 4.2.1: Please specify</p>	

	<free text box>	
4.2	<p>Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?</p> <p>not at all several days more than half the days nearly every day</p>	GAD-2
4.3	<p>Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?</p> <p>not at all several days more than half the days nearly every day</p>	GAD-2
4.4	<p>Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things? <i>How often have you felt like not doing your usual activities?</i></p> <p>not at all several days more than half the days nearly every day</p>	PHQ-2
4.5	<p>Over the last 2 weeks, how often have you been bothered by feeling down, depressed, irritable, or hopeless?</p> <p>not at all several days more than half the days nearly every day</p>	PHQ-2
4.6	<p><u>During the past year</u>, have you ever hurt yourself on purpose like cutting, biting, burning, or hitting?</p> <p>yes no</p>	Adapted from SOARS - a brief screening assessment for Non-Suicidal Self-Injury (NSSI)
4.6a	<p>If selected “yes” to Q4.6: When did you last hurt yourself?</p>	

	<p>This week Over the past month More than 1 month ago More than 1 year ago</p>	
4.7	<p><u>During the past year, did you ever seriously think about ending your life?</u></p> <p>yes no</p>	HYS Form C (#48)
4.7a	<p>If selected “yes” to Q4.7: When did you last feel this way?</p> <p>This week Over the past month More than 1 month ago More than 1 year ago</p>	
4.7b	<p>If selected “yes” to Q4.7: Have you ever tried to kill yourself?</p> <p>yes no</p>	HYS Form C (#49), not branched
4.8	<p>Has something really bad ever happened to you?</p> <p>yes no</p>	King County SBIRT Workgroup
4.8a	<p>If selected “yes” to Q4.8: I get very upset, scared, or sad when I think about what happened</p> <p>yes no</p>	Drawn from PTSD-RI (7-18 year olds), CPSS (Child PTSD Sx Scale for 8-15 year olds), & CATS (Child and Ado trauma screen for 7-17 year olds)
4.8aa	<p>If selected “yes” to Q4.8a: When did you last feel this way?</p> <p>This Week</p>	

	<p>Over the past month More than 1 month ago More than 1 year ago</p>	
4.8b	<p>If selected “yes” to Q4.8: I have a hard time not thinking about what happened</p> <p>yes no</p>	<p>Drawn from PTSD-RI (7-18 year olds), CPSS (Child PTSD Sx Scale for 8-15 year olds), & CATS (Child and Ado trauma screen for 7-17 year olds)</p>
4.8ba	<p>If selected “yes” to Q4.8b: When did you last feel this way?</p> <p>This Week Over the past month More than 1 month ago More than 1 year ago</p>	
4.8c	<p>If selected “yes” to Q4.8: I am extra alert for danger or things that I am afraid of (like looking over my shoulder even when nothing is there)</p> <p>yes no</p>	<p>Drawn from PTSD-RI (7-18 year olds), CPSS (Child PTSD Sx Scale for 8-15 year olds), & CATS (Child and Ado trauma screen for 7-17 year olds)</p>
4.8ca	<p>If selected “yes” to Q4.8c: When did you last feel this way?</p> <p>This Week Over the past month More than 1 month ago More than 1 year ago</p>	

<p>4.9</p>	<p>When things are tough or stressful, what kind of things get you through the tough times? Select all that apply</p> <p>exercise gaming social media meditation/yoga hanging out with family/friends attending religious/cultural services listening to music prayer writing talking to someone I trust relaxing/taking a break other (write it in)</p>	<p>Tickit Health Wellbeing question options & GAIN SS #3</p>
<p>4.9a</p>	<p>If selected “other” for Q4.9: Please specify <free text box></p>	
<p>4.10</p>	<p>I feel this way about the future Select up to 3 feelings</p> <p>sad hopeless scared worried ok hopeful excited other (write it in)</p>	<p>Tickit Health Wellbeing question</p>
<p>4.10a</p>	<p>If selected “other” for Q4.10: Please specify <free text box></p>	
<p>4.11</p>	<p><u>Outside of school</u>, I have at least one adult I can really talk to</p> <p>yes sometimes no</p>	<p>CY 2.0 and HYS 2016 Form C #50</p>
<p>4.13</p>	<p><u>At school</u>, there is an adult who really cares about me</p>	<p>School connection</p>

	<p>yes sometimes no</p>	<p>scale from Lereya et al. 2016 with ages 11-15 years</p>
4.14	<p><u>At school</u>, there is an adult who tells me when I do a good job</p> <p>yes sometimes no</p>	<p>School connection scale from Lereya et al. 2016 with ages 11-15 years</p>
4.15	<p><u>At school</u>, there is an adult who listens to me when I have something to say</p> <p>yes sometimes no</p>	<p>School connection scale from Lereya et al. 2016 with ages 11-15 years</p>
4.16	<p><u>At school</u>, there is an adult who believes that I will be a success</p> <p>yes sometimes no</p>	<p>School connection scale from Lereya et al. 2016 with ages 11-15 years</p>
7.4	<p>Are you currently seeing a counselor or therapist?</p> <p>yes no</p>	<p>King County SBIRT Workgroup</p>
7.5	<p>Someone from your school's support team may check in with you about your responses. Is there something you want to talk to a counselor about in private?</p> <p>yes, as soon as possible yes, in the next few weeks no, thanks</p>	<p>King County SBIRT Workgroup</p>