

SURVEY OF SUBSTANCE USE AND RELATED RISK FACTORS (SURF) IN MASSACHUSETTS SCHOOLS

Haverhill High School
SY2023-2024

Massachusetts General Hospital/Harvard Medical School
Center for Addiction Medicine



Massachusetts General Hospital
Founding Member, Mass General Brigham



HARVARD
MEDICAL SCHOOL



Table of Contents

1	Funding	3
2	Background	3
3	Methodology	3
3.1	Survey Development	3
3.2	Survey Domains	3
3.3	Survey Distribution	4
3.4	Questions for Longitudinal Linkage	4
3.5	Survey Quality Control	4
4	Participants (Across All Schools)	4
5	Contact Information	4
6	Administration Details at Haverhill High School	4
7	Result Section 1: Sample Size and Completion	5
8	Result Section 2: Demographic Information	6
9	Result Section 3: Emotional Distress	7
10	Result Section 4: Substance Use	13
10.1	Alcohol	15
10.2	Cannabis	16
10.3	Electronic Cigarettes	17
10.4	Cigarettes	18
10.5	Cigars	19
10.6	Smokeless Tobacco	20
10.7	Craving	21
10.8	Psychotic Experiences During Cannabis Intoxication	21
10.9	Substance Use on School Property	21
11	Result Section 5: Experiences of Discrimination	22
12	Remaining figures	26
13	References	27
14	Appendix	28
14.1	SURF Survey Copy	28



1 Funding

This report was written by Randi Schuster, PhD (Principal Investigator) and research staff at the Massachusetts General Hospital (MGH) Center for Addiction Medicine (CAM). Funds for this study are provided by the Massachusetts Department of Public Health, Office of Youth & Young Adult Services' federal award by the Substance Abuse and Mental Health Services Administration (INTF2400H78500224455; PI: Schuster), as well as the Patient Centered Outcomes Research Institute (AU-2022C1-26355; PI: Schuster).

2 Background

Adolescence is the developmental period during which emergence of psychiatric illness is likely and vulnerability to negative effects of substance use is highest. To better inform schools about current student behavioral health needs and to monitor the effectiveness of novel interventions on student health and well-being, researchers at the MGH CAM, in partnership with schools across Massachusetts, have administered the Substance Use and Risk Factor (SURF) survey since 2016, which targets trends in mental health, substance use, and related risk and protective factors.

3 Methodology

3.1 Survey Development

Survey items were selected by a panel of experts in adolescent psychological development, drawing from standard assessment batteries and similar nationwide surveys. See the Appendix for a copy of the survey instrument and references for all validated scales included in the SURF survey. All components of the SURF survey were carefully reviewed to use inclusive and culturally sensitive language whenever possible.

The SURF survey is similar to other epidemiological reports, like the CDC's Youth Risk Behavior Surveillance System (YRBSS) survey, but differs in a few key ways:

- It is an annual, versus biannual survey, allowing for more up-to-date data and closer monitoring of trends;
- It is distributed to the entire school, as opposed to randomly selected classrooms;
- Multiple validated psychosocial instruments are embedded within the SURF survey, allowing for more robust measurement of assessed domains (see Appendix).

To increase access to the SURF survey to English language learner (ELL) students in Massachusetts (approximately 19% of students), the survey has been professionally translated by Eriksen Translations, Inc. Translations were performed according to the language needs reported by schools. As of the school year (SY) 2023-2024, the survey has been translated into 21 languages, including: Amharic, Arabic, Bengali, Crioulo, Dari, English, Farsi, Filipino, French, Greek, Gujarati, Haitian Creole, Khmer, Kirundi, Mandarin, Portuguese, Russian, Spanish, Turkish, Ukrainian, and Vietnamese.

3.2 Survey Domains

The SURF survey summarizes key behavioral health indicators. Full details on the included measures are available in Appendix:

- Demographic characteristics;



- Mental health symptoms and access to mental health support;
- Substance use;
- Experiences of discrimination (high school only).

Please note that this survey only includes symptom *screeners*, and not formal diagnostic assessments.

3.3 Survey Distribution

Survey data were collected electronically through REDCap, a secure and HIPAA compliant platform for electronic data capture, and hosted on servers internal to Mass General Brigham. A unique link to the survey was distributed to administrations of each school, which distributed the link to students directly or through teachers and staff. The SURF survey was administered through an optout parental consent model in which parents were offered the option to withdraw their child from participation prior to the survey administration date. Students who were not opted out of the survey by their parents/guardians had the option to complete the survey but were told that doing so was voluntary.

3.4 Questions for Longitudinal Linkage

Beginning in SY2020-2021, questions were included at the beginning of the SURF survey to create a unique code with which student records could be linked over each subsequent survey year, without requiring the collection of names, contact number, or other personally identifying information. These questions were adapted from those asked in similar surveys. See Appendix for a list of linking code questions.

3.5 Survey Quality Control

Record quality was determined via attention check questions and completion rate. Students were asked to respond to two attention questions, where the correct answer could be found in the prompt (e.g. “Please select option 4 below.”). Records that failed both attention checks were removed. To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

4 Participants (Across All Schools)

The SY2023-2024 SURF survey collected data from 50 high schools (N = approximately 19005 students), 9 middle schools (N = approximately 3686 students), and 2 combined middle/high schools (N = approximately 651 students).

Enrollment and socio-demographic information for Haverhill High School can be found in the first page of the Results. Each Results section reports information as self reported by students at Haverhill High School.

5 Contact Information

For questions about the survey, please contact Dr. Randi Schuster (Principal Investigator); 617-643-6673; rschuster@mgh.harvard.edu.

6 Administration Details at Haverhill High School

- The SURF survey was administered on December 19, 2023.



7 Result Section 1: Sample Size and Completion

This table shows the completion rates of students by survey section at Haverhill High School. Please note that the sample size by item within each section may vary based on student completion. 1.1% of students were opted out by a parent or guardian.

Table 1: Sample Size and Completion Rates of Student Participants

Sections	Count	Percent Started	Percent Enrollment
Started Survey	1,068	100.0	55.8
Demographics	1,060	99.3	55.4
Substance Use	1,019	95.4	53.2
Anxiety/Depression	981	91.9	51.3
Suicidal Thoughts and Behavior	977	91.5	51.0
Psychotic Experiences	962	90.1	50.3
Emotional Reactivity	932	87.3	48.7
ADHD	926	86.7	48.4
Health	927	86.8	48.4
Discrimination	865	81.0	45.2
Contact	199	18.6	10.4



8 Result Section 2: Demographic Information

Table 2: Demographic Characteristics of Student Participants

Demographics		Percent (%)
Grade		
	9	31.1
	10	23.2
	11	23.2
	12	22.4
Sex		
	Male	48.2
	Female	51.8
Gender Identity		
	Boy/man/male	46.9
	Girl/woman/female	47.4
	Gender Diverse	4.1
	Not sure	0.4
	Don't want to say	1.1
Sexual Orientation		
	Heterosexual	74.0
	Sexually Diverse	17.5
	Not sure	4.1
	Don't want to say	4.4
Race		
	White	52.8
	Asian	2.9
	Haitian Black African American	13.6
	Hawaiian Pacific Islander	0.6
	American Indian Alaska Native	0.5
	Middle Eastern North African	1.4
	Multiple Races	9.2
	Other	15.1
Ethnicity		
	Not Hispanic/ Latino(a)	56.6
	Hispanic/ Latino(a)	43.4
Place of Birth		
	United States or U.S. Territory	86.3
	Not in the United States	13.7
Adoption Status		
	Adopted	2.2
	Not Adopted	95.8
	Not Sure	2.0



9 Result Section 3: Emotional Distress

Please see the Appendix for relevant citations.

Table 3.1: Questions and Analytic Coding for Symptoms of Anxiety and Depression

Domain	Measure	Question	Response options	Analytic coding
Symptoms of anxiety and depression	Patient Health Questionnaire 4-Item (PHQ-4)	Over the last two weeks, how often have you been bothered by: 1. Feeling nervous, anxious or on edge? 2. Not being able to stop or control worrying? 3. Feeling down, depressed or hopeless? 4. Little interest or pleasure in doing things?	Not at All; Several Days; More Than Half the Days; Nearly Every Day	The response options were coded as 0, 1, 2, and 3, respectively. The PHQ-4 total score was determined by adding together the scores of each of the 4 items. Scores were rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Total score ≥ 3 for first 2 questions suggests risk for anxiety. Total score ≥ 3 for last 2 questions suggests depression.

Table 3.2: Questions and Analytic Coding for Psychotic Experiences

Domain	Measure	Question	Response options	Analytic coding
Psychotic experiences	Adolescent Psychotic-Like Symptom Screen (APSS)	Have these experiences ever happened to you? 1. Some people believe that their thoughts can be read by another person. Have other people ever read your mind? 2. Have you ever had messages sent just to you through TV or radio? 3. Have you ever thought that people are following or spying on you? 4. Have you ever heard voices or sounds that no one else can hear? 5. Have you ever felt you were under the control of some special power? 6. Have you ever seen things that other people could not see? 7. Have you ever felt like you had extraspecial powers?	No/Never; Maybe; Yes/ Definitely	The response options were coded as 0, 0.5, and 1, respectively. The APSS total score was determined by adding together the scores across each of the 7 items, with scores ≥ 2 suggestive of risk for psychotic experiences.



Table 3.3: Questions and Analytic Coding for Suicidal Thoughts and Behavior

Domain	Measure	Question	Response options	Analytic coding
Suicidal thoughts and behavior	N/A	Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. During the past 12 months... 1. Did you ever have thoughts about killing yourself (ending your life)? 2. Did you think about how you would kill yourself? 3. Did you try to kill yourself? 4. Did you hurt yourself on purpose without trying to kill yourself?	No; Yes	Items queried suicidal thoughts (i.e., ideation), development of a suicide plan, suicidal behavior/attempt, and non-suicidal self-injury (NSSI). The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

Table 3.4: Questions and Analytic Coding for Past Year Access to Formal and Informal Mental Health Supports

Domain	Measure	Question	Response options	Analytic coding
Access to formal and informal mental health support	Adapted version of the Actual Help Seeking Questionnaire (AHSQ)	In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.	I Have Not Talked With Anyone; Parent Or Caregiver; Other Relative/Family Member; Friend or Romantic Partner; Teacher/Coach/School Administrative Staff; School Counselor; Mental Health Professional (Outside of School); Pediatrician; Minister or Religious Leader; Phone/Text Helpline; Online/Social Media Support Group; Emergency Room, Inpatient, or Residential Services; Substance Use Detox or Rehab Center; I've talked with another person not listed above	Items were analyzed as presented.



Figure 1: Rates of Psychiatric Symptoms in Full Sample

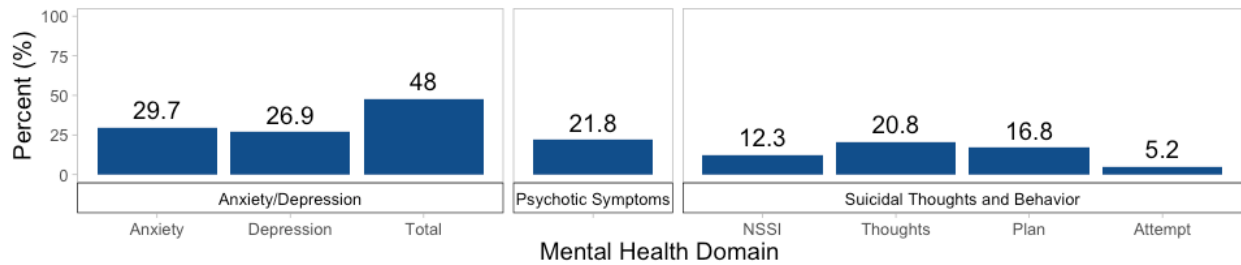
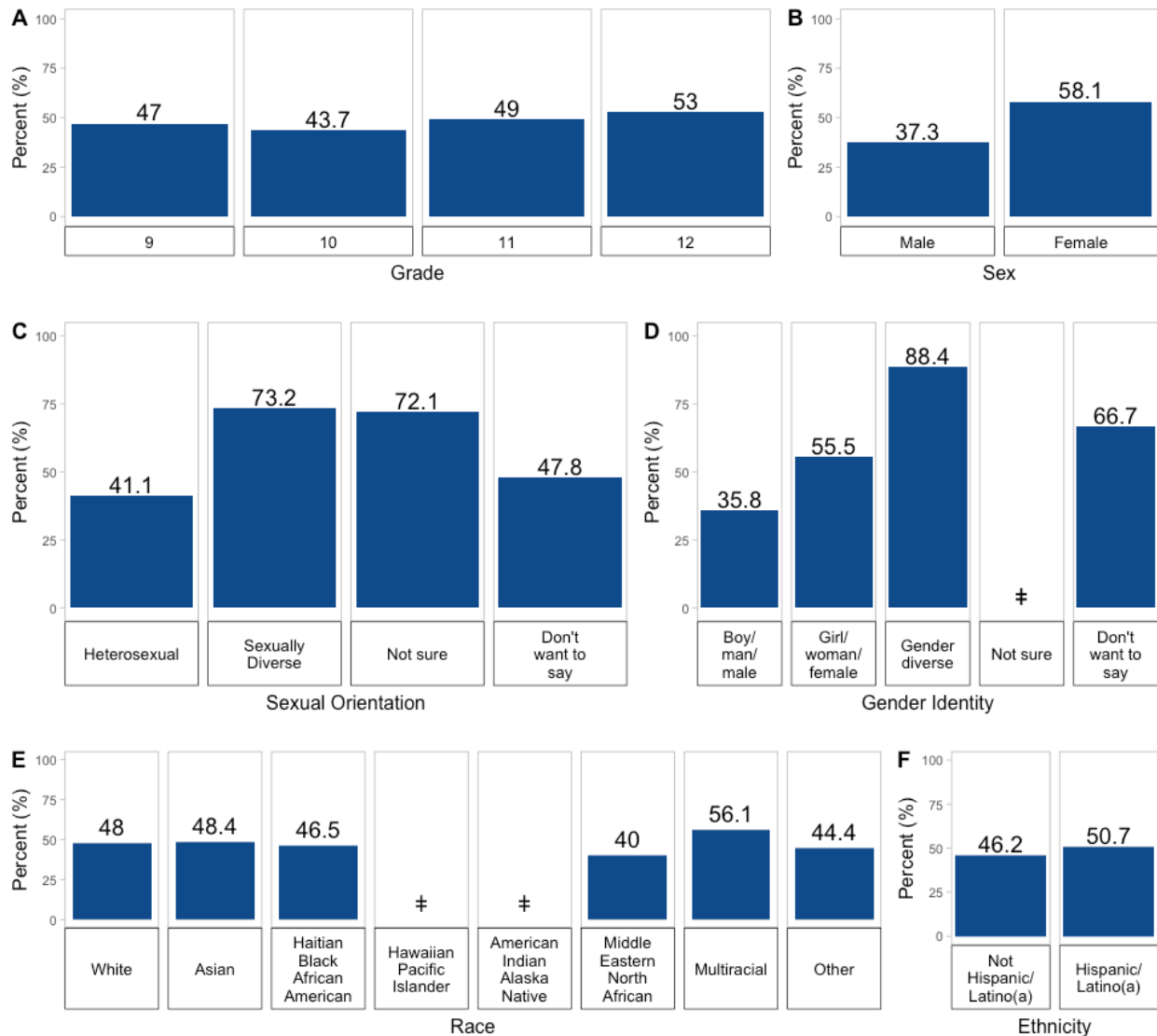
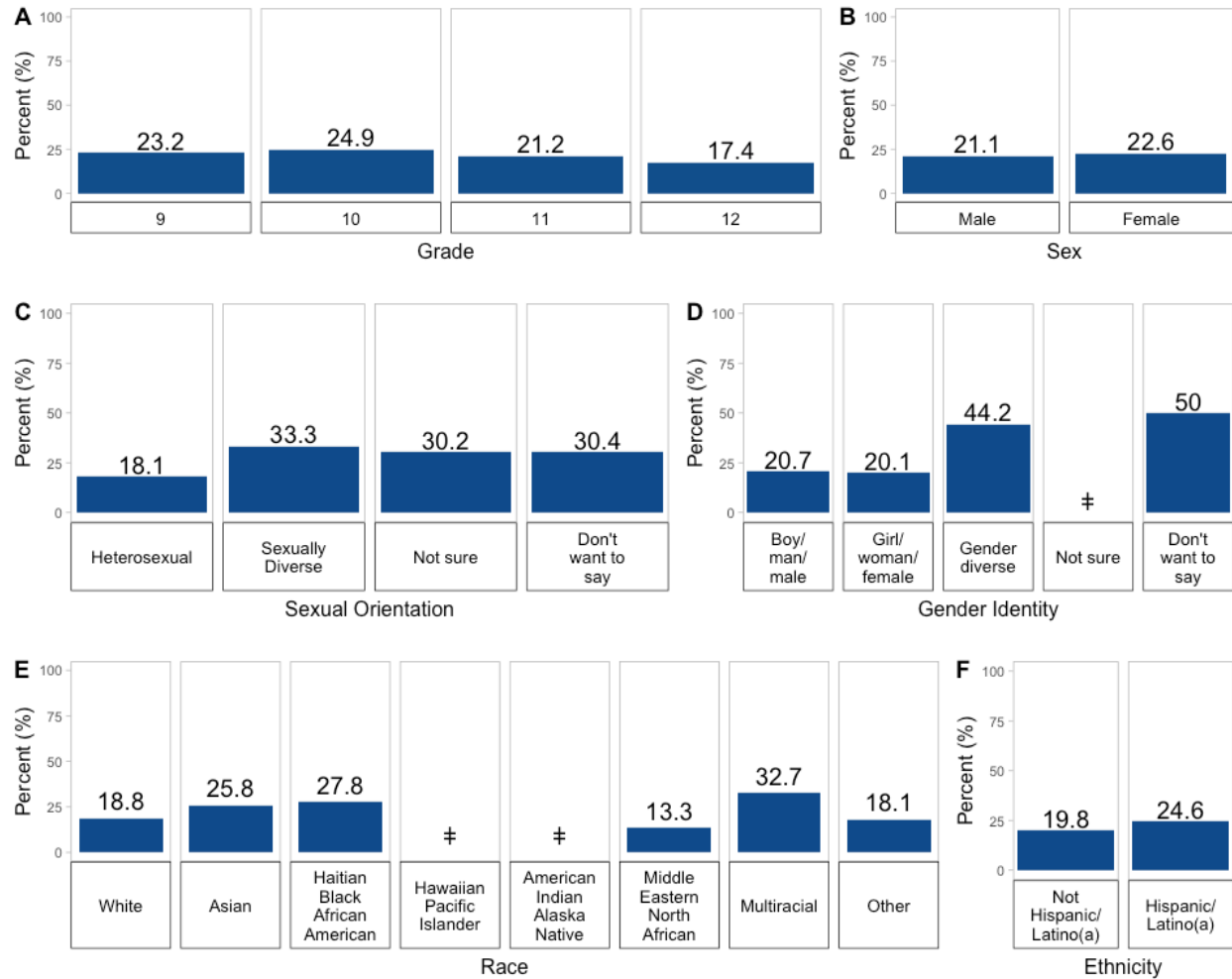


Figure 2: Rates of Symptoms of Depression/Anxiety (PHQ-4 scores ≥ 3) Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



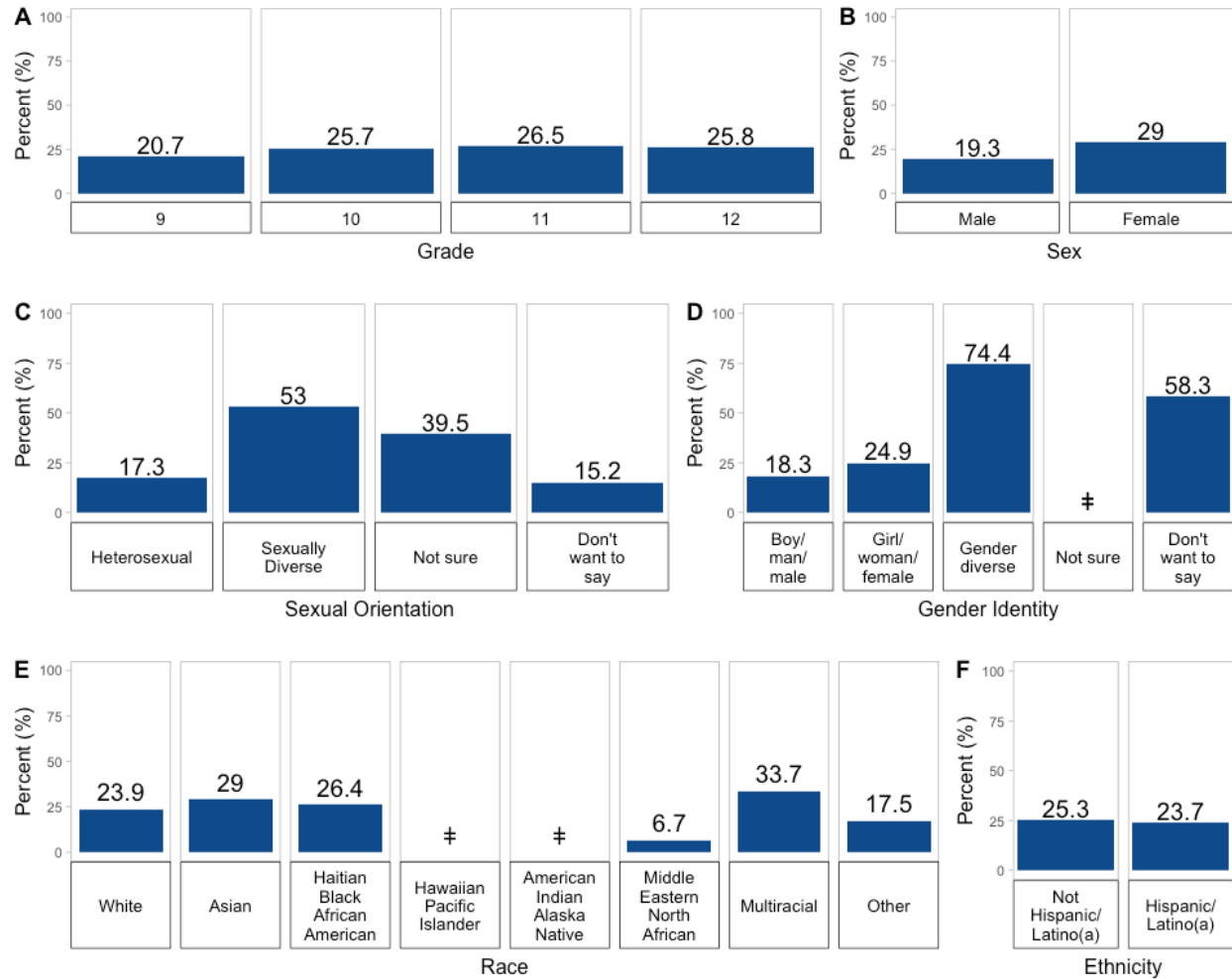
† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Figure 3: Rates of Psychotic Experiences (APSS scores ≥ 2) Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Figure 4: Rates of Suicidal Thoughts and Behavior (At Least 1 of 4 SI Questions Coded as “Yes”), Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 4: Access to Formal and Informal Mental Health Supports in the Past Year Among Students in Full Sample, with Symptoms of Depression/Anxiety, and with Daily/Near Daily Substance Use

In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.	Full Sample	PHQ4 ≥ 3	Daily/Near Daily Substance Use
I Have Not Talked With Anyone	24.5	20.0	11.6
Parent Or Caregiver	42.2	50.0	51.6
Other Relative/Family Member	19.9	25.7	28.4
Friend or Romantic Partner	42.2	55.7	61.1
Teacher/Coach/School Administrative Staff	10.1	14.9	17.9
School Counselor	8.8	15.1	13.7
Mental Health Professional (Outside of School)	12.5	21.0	24.2
Pediatrician	9.6	14.3	16.8
Minister or Religious Leader	0.8	1.0	2.1
Phone/Text Helpline	2.5	4.5	9.5
Online/Social Media Support Group	2.2	3.5	3.2
Emergency Room, Inpatient, or Residential Services	1.7	2.5	3.2
Substance Use Detox or Rehab Center	0.5	0.6	2.1
I've talked with another person not listed above	1.9	2.7	3.2



10 Result Section 4: Substance Use

Please see the Appendix for relevant citations.

Table 5.1: Questions and Analytic Coding for Lifetime Substance Use

Domain	Measure	Question	Response options	Analytic coding
Lifetime use	N/A	Have you ever used/tried: 1. at least one full drink of alcohol? 2. marijuana? 3. a vape for nicotine or flavors? 4. smoking a cigarette? 5. smoking a cigar, cigarillo, or little cigar? 6. smokeless tobacco? 7. prescription drugs not used as prescribed (e.g., Adderall, Ritalin, Xanax, oxycodone, codeine)? 8. hallucinogens or dissociative drugs (e.g., mushrooms, LSD, Acid, PCP, ketamine, DXM)? 9. club drugs (e.g., Ecstasy, MDMA, Molly, GHB)? 10. cocaine (e.g., powder, crack, or freebase)? 11. methamphetamine (also called speed, crystal meth, crank, ice, or meth)? 12. heroin or fentanyl (e.g., smack, junk, or China White)? 13. inhalants (e.g., whippets, snied glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays)? 14. anabolic steroids (e.g., juice, pumpers, tren, dbol, roids)? 15. I have never tried any of the above drugs	No; Yes	The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

Table 5.2: Questions and Analytic Coding for Past 4-Week Substance Use

Domain	Measure	Question	Response options	Analytic coding
Frequency of past 4-week use	N/A	In the past 4 weeks (on average), how often did you: 1. drink alcohol (at least 1 full drink, not just a sip)? 2. use marijuana? 3. use a vape for nicotine or flavors? 4. smoke cigarettes? 5. smoke cigars, cigarillos, little cigars? 6. use smokeless tobacco?	0 times; Only Once; Less than once a week; On at least one day a week; 2-3 days a week; 4-6 days per week; Everyday	The response options were coded as 0, 1, 2, 3, 4, 5, and 6, respectively. Options 1-6 were aggregated to reflect current (past 30-day) use. Options 0-2 were aggregated to reflect use less than 1 day/week. Options 3-4 were aggregated to reflect use 1-3 days/week. Options 5-6 were aggregated to reflect daily/near daily substance use.



Table 5.3: Questions and Analytic Coding for Intent to Quit Substance Use

Domain	Measure	Question	Response options	Analytic coding
Intent to quit or reduce in next 4 weeks	N/A	In the next 4 weeks, are you seriously considering quitting or reducing... 1. your use of alcohol? 2. your use of marijuana? 3. your use of vapes for nicotine or flavors? 4. your use of cigarettes? 5. your use of cigars, cigarillos, or little cigars? 6. your use of smokeless tobacco?	No; Yes, I'm planning to reduce (but not quit) [substance] use in the next 4 weeks; Yes, I'm planning to quit [substance] use completely in the next 4 weeks	The response options were coded as 0, 1, and 2, respectively. Items were analyzed as presented.

Table 5.4: Questions and Analytic Coding for Craving

Domain	Measure	Question	Response options	Analytic coding
Craving (for cannabis [marijuana] and tobacco only)	N/A	How soon after you wake up do you want (or have a craving) to: 1. use marijuana? 2. use a nicotine/tobacco product of any kind?	10min; 11-31min; 31-60min; 1hour or more; Never	The response options were coded as 1, 2, 3, 4, and 5, respectively. Options 1, 2, and 3 were aggregated to reflect craving within the first hour. Option 4 reflects craving more than 1 hour later, and option 5 reflects never having a craving.

Table 5.5: Questions and Analytic Coding for Psychotic Experiences During Intoxication

Domain	Measure	Question	Response options	Analytic coding
Experiences of psychosis during intoxication (for cannabis only)	N/A	During or after using cannabis, how often have you: 1. felt anxious or paranoid? 2. seen, felt, or heard things that were not really there (i.e., hallucinations)?	Rarely or Never; From time to time; Sometimes; More often than not; Almost always or always	The response options are coded as 1, 2, 3, 4, and 5, respectively. Options 2-5 were aggregated to reflect having symptoms during cannabis intoxication.

Table 5.6: Questions and Analytic Coding for Substance Use on School Property

Domain	Measure	Question	Response options	Analytic coding
Substance use on school property	N/A	During the past 12 months, have you used alcohol, marijuana, nicotine (vapes, cigarettes, etc.), or other drugs on school property?	No; Yes	The response options are coded as 0 and 1, respectively. Items were analyzed as presented.

10.1 Alcohol

Figure 5: Rates of Lifetime and Current (Past 30-Day) Alcohol Use in Full Sample

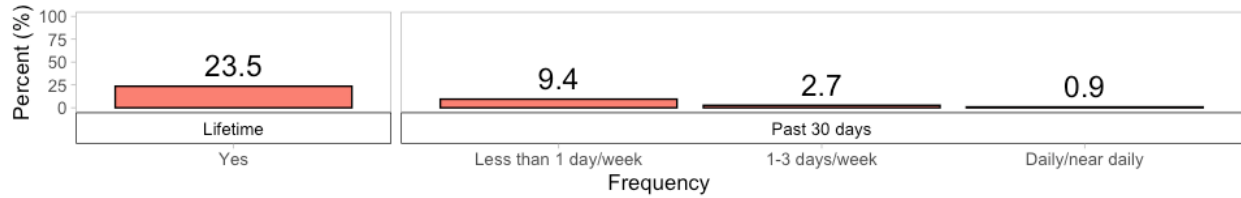
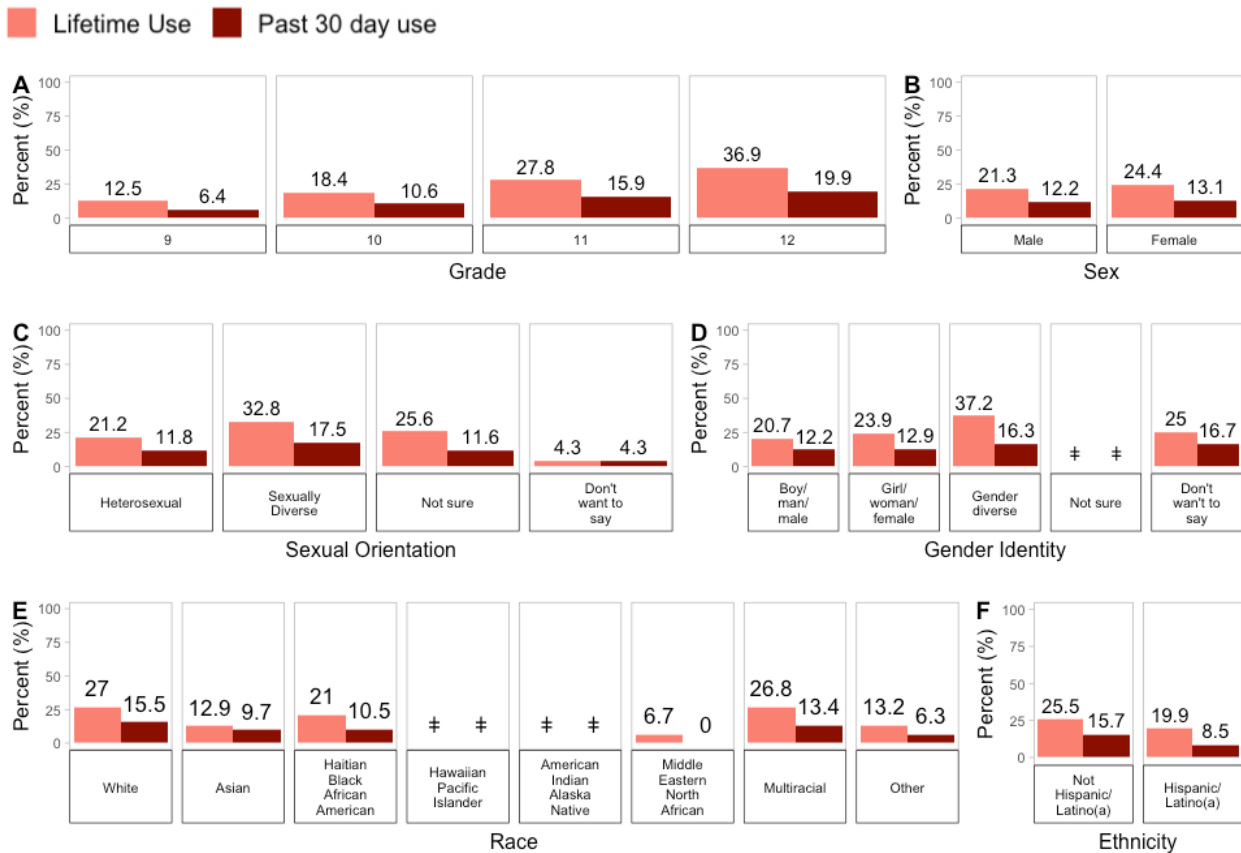


Figure 6: Rates of Lifetime and Current (Past 30-Day) Alcohol Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 6: Percent of Students with Current Alcohol Use (N = 135) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of alcohol?	Percent (%)
No	62.7
Yes, I'm planning to reduce (but not quit) in next 4 weeks	23.1
Yes, I'm planning to quit completely in the next 4 weeks	14.2

10.2 Cannabis

Figure 7: Rates of Lifetime and Current (Past 30-Day) Cannabis Use in Full Sample

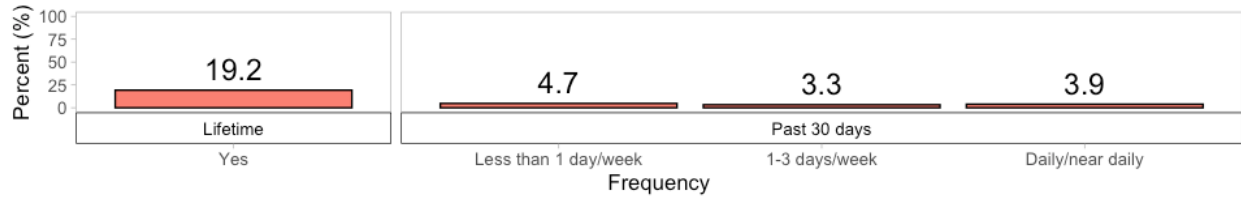
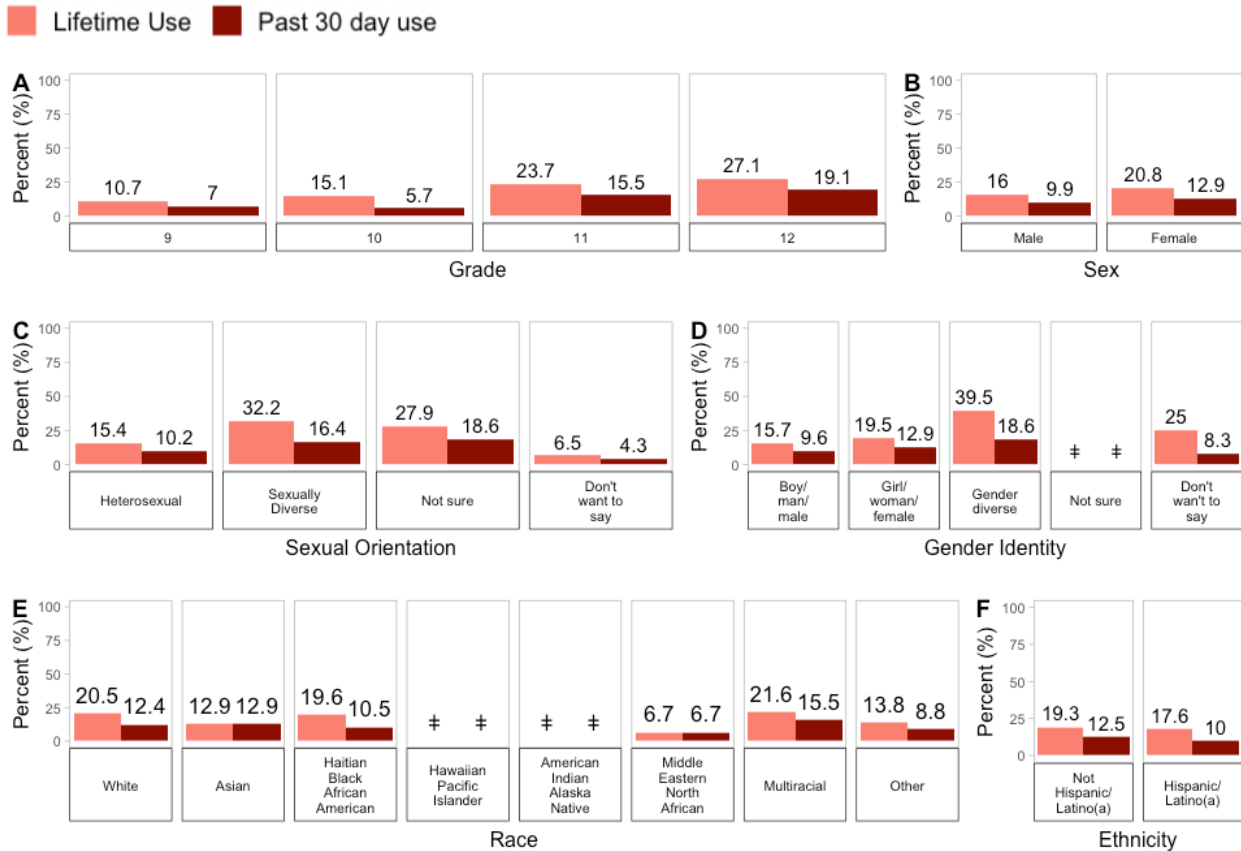


Figure 8: Rates of Lifetime and Current (Past 30-Day) Cannabis Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 7: Percent of Students with Current Cannabis Use (N = 122) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of cannabis?	Percent (%)
No	53.7
Yes, I'm planning to reduce (but not quit) in next 4 weeks	33.1
Yes, I'm planning to quit completely in the next 4 weeks	13.2

10.3 Electronic Cigarettes

Figure 9: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarette Use in Full Sample

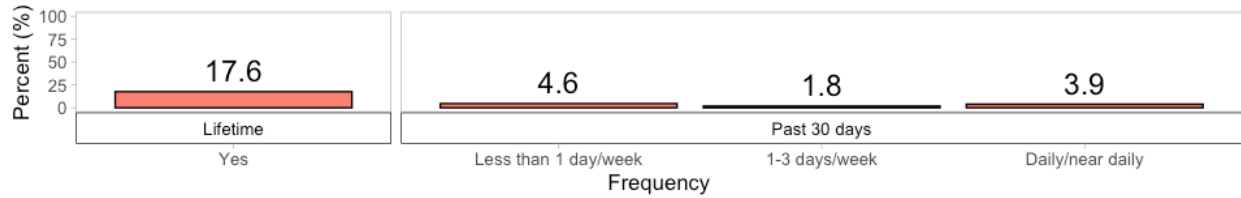
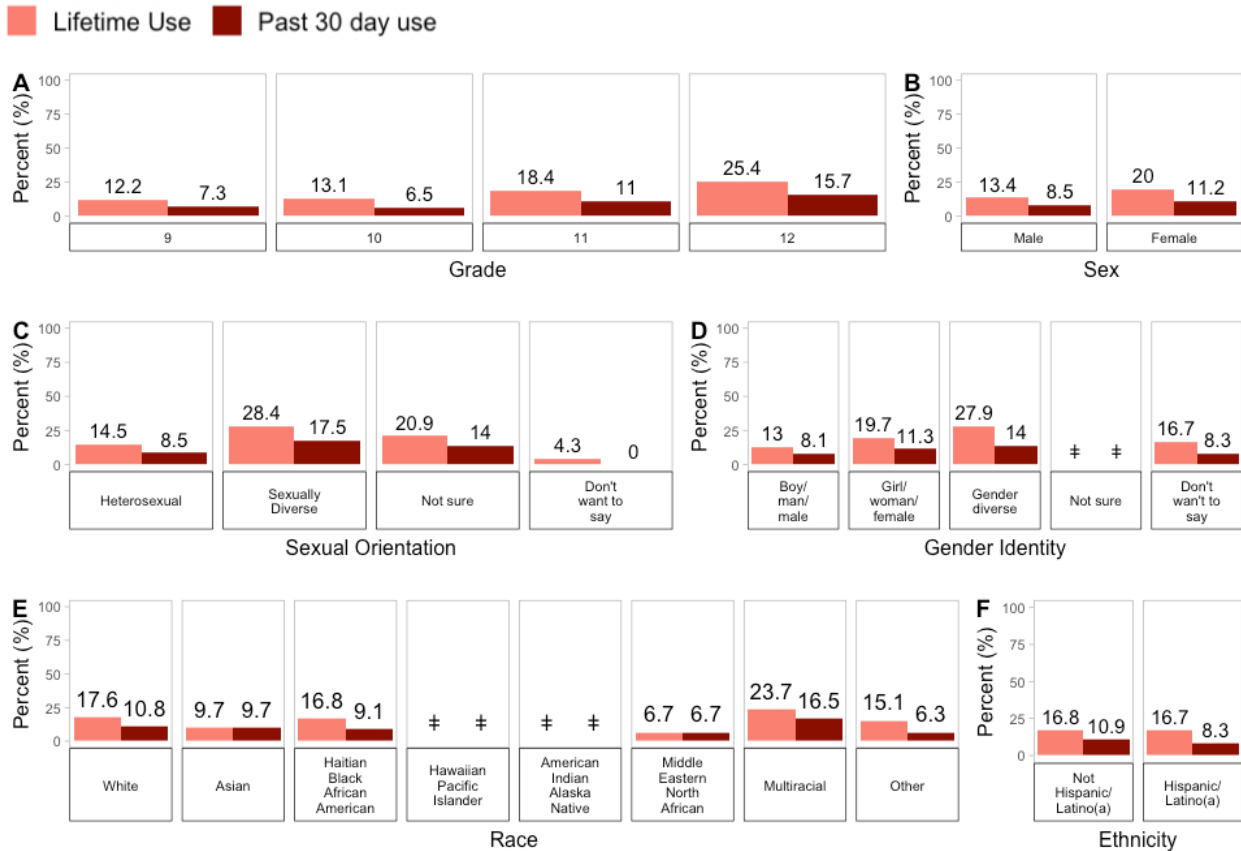


Figure 10: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarettes Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 8: Percent of Students with Current Electronic Cigarette Use (N = 105) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of electronic cigarettes?	Percent (%)
No	28.8
Yes, I'm planning to reduce (but not quit) in next 4 weeks	24.0
Yes, I'm planning to quit completely in the next 4 weeks	47.1

10.4 Cigarettes

Figure 11: Rates of Lifetime and Current (Past 30-Day) Cigarettes Use in Full Sample

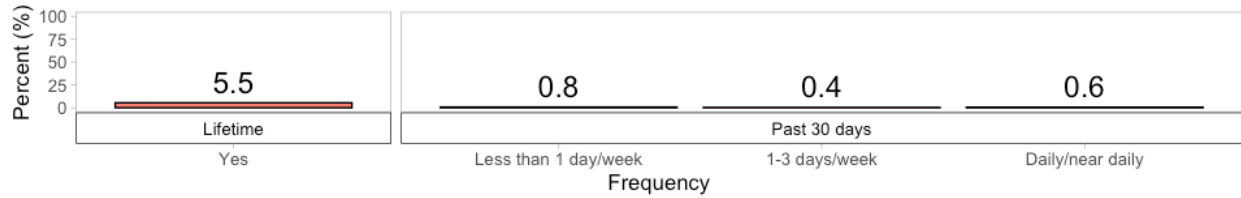
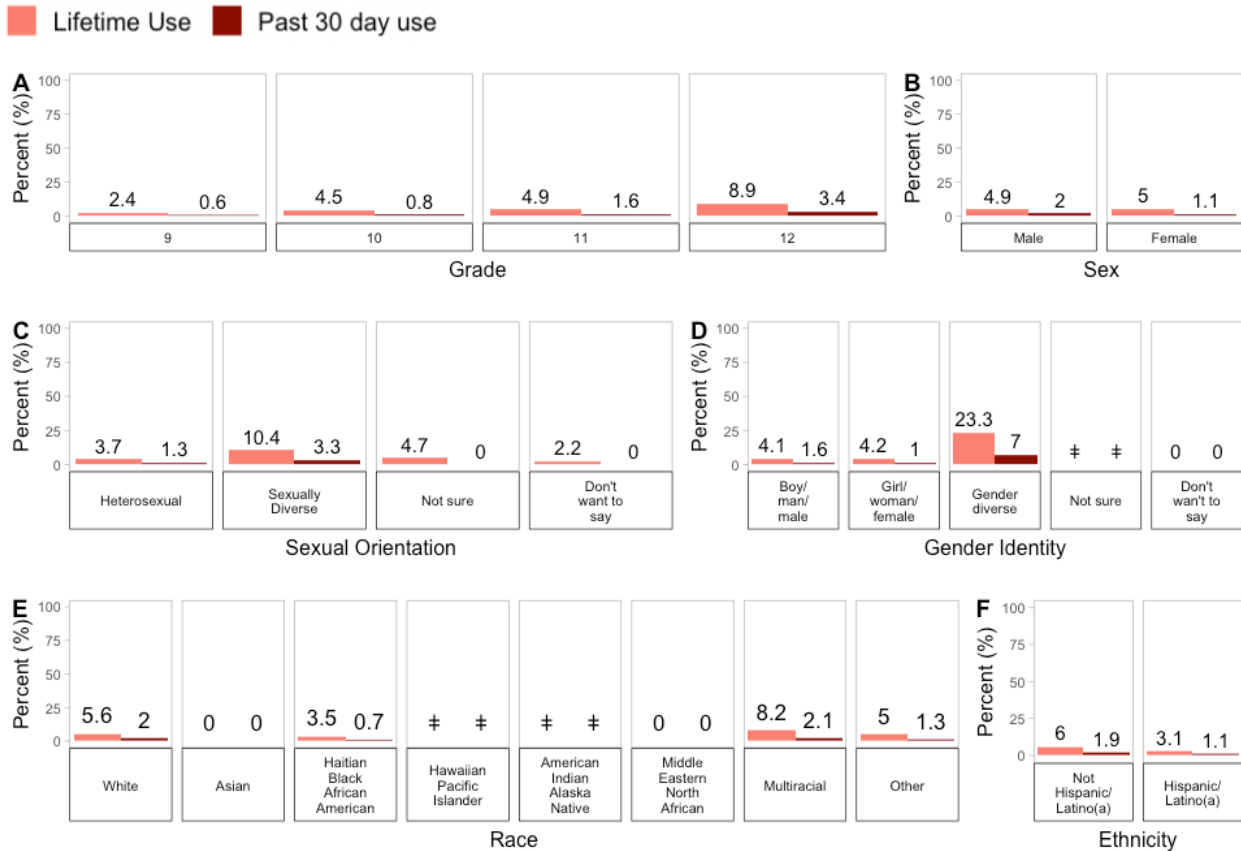


Figure 12: Rates of Lifetime and Current (Past 30-Day) Cigarettes Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 9: Percent of Students with Current Cigarette Use (N = 18) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of cigarettes?	Percent (%)
No	58.8
Yes, I'm planning to reduce (but not quit) in next 4 weeks	23.5
Yes, I'm planning to quit completely in the next 4 weeks	17.6

10.5 Cigars

Figure 13: Rates of Lifetime and Current (Past 30-Day) Cigar Use in Full Sample

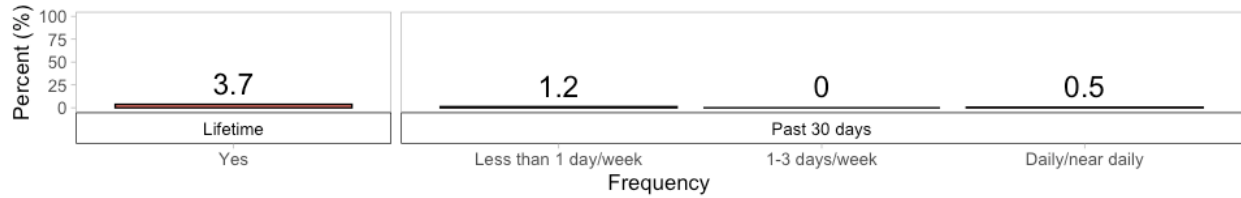
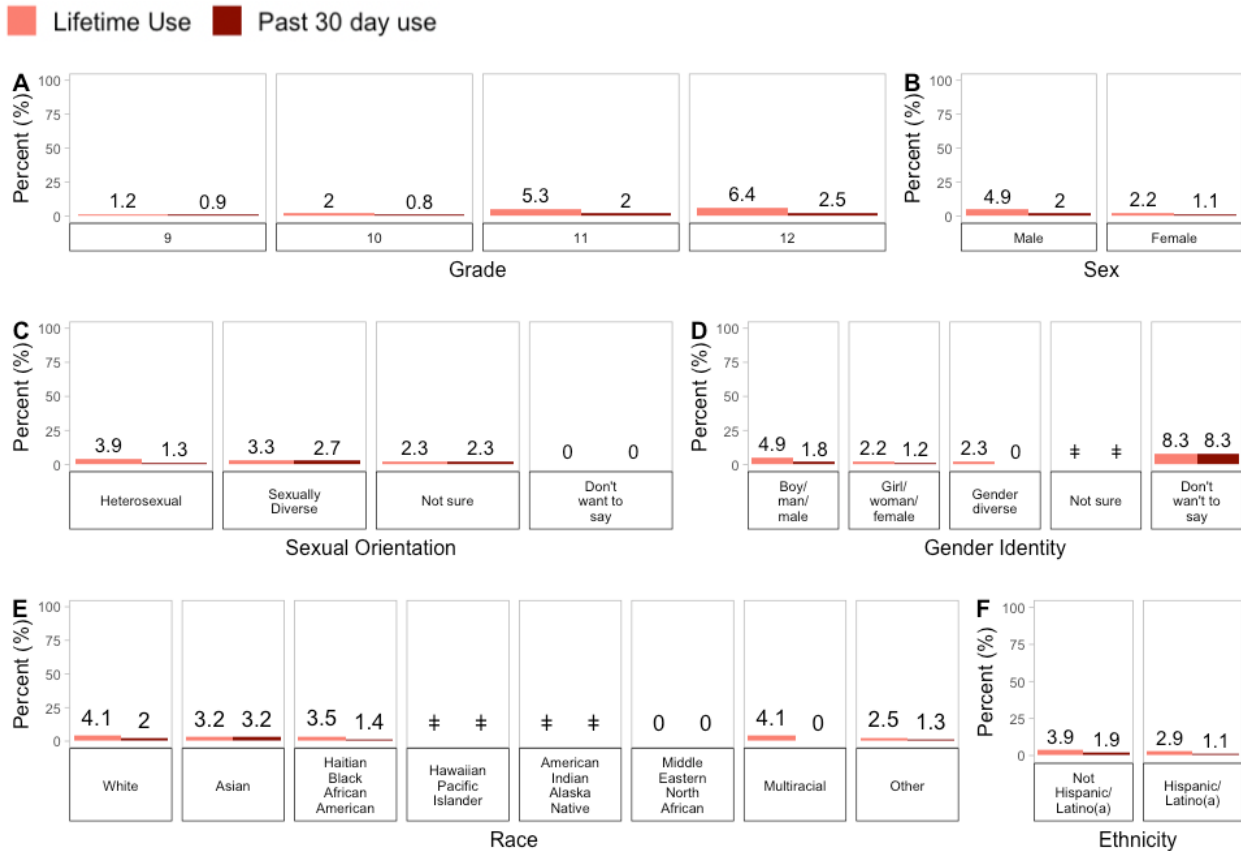


Figure 14: Rates of Lifetime and Current (Past 30-Day) Cigars Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



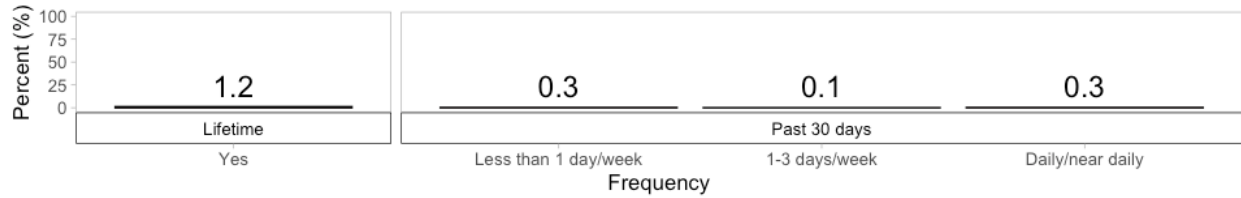
† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 10: Percent of Students with Current Cigar Use (N = 17) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of cigars?	Percent (%)
No	64.7
Yes, I'm planning to reduce (but not quit) in next 4 weeks	17.6
Yes, I'm planning to quit completely in the next 4 weeks	17.6

10.6 Smokeless Tobacco

Figure 15: Rates of Lifetime and Current (Past 30-Day) Smokeless Tobacco Use in Full Sample



[To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, no other analyses reported given <10 students in this school endorsed Lifetime and Current (Past 30-Day) Smokeless Tobacco Use]

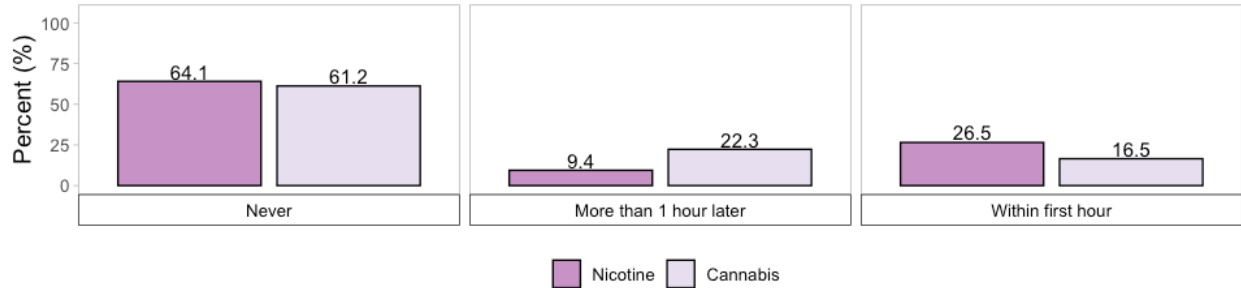
Table 11: Percent of Students with Current Smokeless Tobacco Use (N = 7) with Plans to Quit or Reduce Drinking in Next 4 Weeks

[To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, no other analyses reported given <10 students in this school endorsed current (past 30-day) smokeless tobacco use]

10.7 Craving

Students who reported any cannabis (N = 122) or tobacco product use in the past 30 days (N = 147) were asked how soon after waking up do they want (or have a craving) to use.

Figure 16: Rate of Craving Among Students with Past 30-Day Cannabis or Tobacco Use



10.8 Psychotic Experiences During Cannabis Intoxication

Students with lifetime cannabis use reported whether they had psychotic experiences during cannabis intoxication

Table 12: Rate of Psychotic Experiences During Cannabis Intoxication among Students with Lifetime Cannabis Use (N = 197)

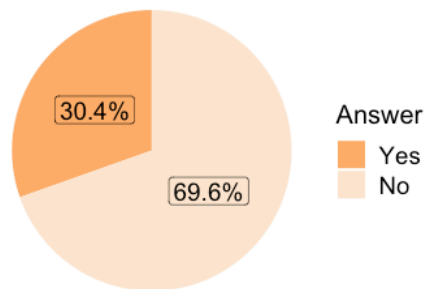
During or after using cannabis, how often have you:	Percent (%)*
Felt anxious or paranoid	8.3
Seen, felt, or heard things that were not really there (i.e., hallucinations)	5.4

*having symptoms during cannabis intoxication

10.9 Substance Use on School Property

Students who reported lifetime use of any substance (N = 334) were asked whether they have used substances on school property in the last 12 months.

Figure 17: Percent of Substance Use on School Property in the Past Year



11 Result Section 5: Experiences of Discrimination

Please see the Appendix for relevant citations.

Table 13: Questions and Analytic Coding for Experiences of Discrimination Related to Race or Ethnicity

Domain	Measure	Question	Response options	Analytic coding
Discrimination related to race or ethnicity	Adolescent Discrimination Distress Index: 15-item (ADDI)	<p>Tell us if you have experienced each of the following types of discrimination because of your race or ethnicity. For these questions, we are only interested in occasions when racial-ethnic discrimination was at least partly responsible for your experience.</p> <ol style="list-style-type: none"> 1. You were discouraged from joining an advanced level class because of your race or ethnicity. 2. You were wrongly disciplined or given after-school detention because of your race or ethnicity. 3. You were given a lower grade than you deserved because of your race or ethnicity. 4. You were discouraged from joining a club because of your race or ethnicity. 5. Others your age did not include you in their activities because of your race or ethnicity. 6. People expected more of you than they expected of others your age because of your race or ethnicity. 7. People expected less of you than they expected of others your age because of your race or ethnicity. 8. People assumed your English was poor because of your race or ethnicity. 9. You were hassled by police because of your race or ethnicity. For example, you were given a hard time or harassed. 10. You were hassled by a store clerk or store guard because of your race or ethnicity. For example, you were given a hard time or harassed. 11. You were called racially insulting names because of your race or ethnicity. 12. You received poor service at a restaurant or store because of your race or ethnicity. 13. People acted as if they thought you were not smart because of your race or ethnicity. 14. People acted as if they were afraid of you because of your race or ethnicity. 15. You were threatened because of your race or ethnicity. 	No; Yes	<p>The response options were coded as 0 and 1, respectively.</p> <p>Items were grouped according to domain in which discrimination may have been experienced (i.e., educational, peer, and institutional). For each item endorsed, participants were asked how upsetting that experience was on a scale of 1-5.</p>



Table 14: Questions and Analytic Coding for Experiences of Discrimination Related to Personal Identities

Domain	Measure	Question	Response options	Analytic coding
Experiences of discrimination related to personal identities	N/A	<p>In the past 12 months, have you experienced discrimination related to any of the following other aspects of who you are?</p> <p>Check all that apply.</p> <ol style="list-style-type: none"> 1. Your gender identity or what others think it is 2. Your sexual orientation or what others think it is 3. Your religion or what others think it is 4. A disability you have or others think you have 5. How much money your family has or how much others think they have 6. Other 7. I have not experienced discrimination in the last 12 months 	No; Yes	The response options were coded as 0 and 1, respectively. Items were analyzed as presented.



Table 15: ADDI Results in Full Sample

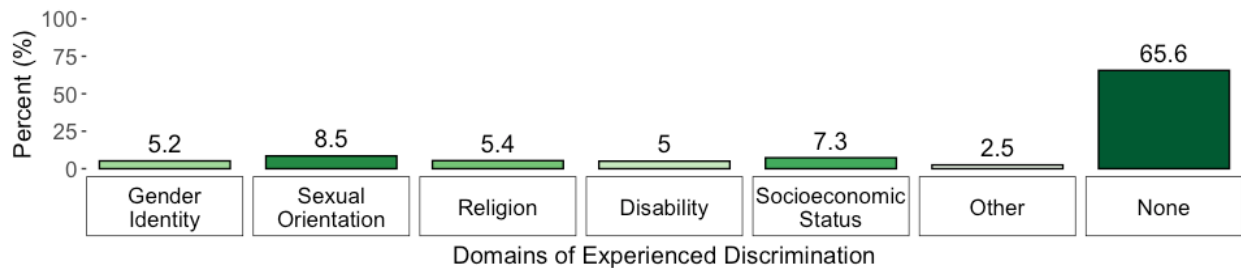
After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.					
	Have you experienced this?	If yes, did it upset you?			
	Yes (%)	Not at all	Slightly	Moderately	Extremely
Educational					
Discouraged from joining an advanced level class	7	19.4	26.9	22.4	31.3
Wrongly disciplined or given after-school detention	6.3	6.7	15	13.3	65
Given a lower grade than you deserved	5.3	6	8	22	64
Peer					
Discouraged from joining a club	4.6	16.3	39.5	14	30.3
Others your age did not include you in their activities	8.8	15.5	28.6	17.9	38.1
People assumed your English was poor	15.1	32.6	20.6	17	29.8
You were called racially insulting names	25.7	29.6	20.6	18.2	31.6
You were threatened	7.4	17.6	14.7	17.6	50
Institutional					
People expected more of you than others your age	14.1	29.6	23	17.8	29.6
People expected less of you than others your age	10.2	16.8	16.8	26.3	40
You were hassled by police	4.8	9.1	22.7	20.5	47.7
You were hassled by a store clerk or store guard	7.7	13.7	23.3	21.9	41.1
You received poor service at a restaurant or store.	5.8	9.8	17.6	29.4	43.1
People acted as if they thought you were not smart	11	13.3	19	24.8	42.9
People acted as if they were afraid of you	9.3	21.6	25	22.7	30.6



Table 16: ADDI Results Among Racially Minoritized Participants (Individuals Who Identify as Anything Other Than Non-Hispanic/White) (N = 337)

After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.					
	Have you experienced this?	If yes, did it upset you?			
	Yes (%)	Not at all	Slightly	Moderately	Extremely
Educational					
Discouraged from joining an advanced level class	12.2	15.1	30.2	20.8	34
Wrongly disciplined or given after-school detention	11.6	6	14	14	66
Given a lower grade than you deserved	8	2.9	5.9	20.6	70.6
Peer					
Discouraged from joining a club	7.1	10	43.3	13.3	33.3
Others your age did not include you in their activities	13.1	14.3	25	17.9	42.8
People assumed your English was poor	25.2	31.8	19.6	16.8	31.8
You were called racially insulting names	39.8	26.4	19.5	18.4	35.7
You were threatened	9.9	10	17.5	20	52.5
Institutional					
People expected more of you than others your age	21.2	30.8	20.9	13.2	35.2
People expected less of you than others your age	19	16.2	17.5	25	41.2
You were hassled by police	9.2	10.5	18.4	21.1	50
You were hassled by a store clerk or store guard	13.8	11.9	25.4	18.6	44
You received poor service at a restaurant or store.	9.5	10.3	17.9	33.3	38.5
People acted as if they thought you were not smart	19.3	14.3	17.9	21.4	46.4
People acted as if they were afraid of you	17.2	26	21.9	21.9	30.1

Figure 18: Experiences of Discrimination Related to Other Personal Identities in Full Sample



12 Remaining figures

Table 17: Mental health percentage across all school

Demographics	PHQ-4			APSS	Suicidal Thoughts and Behavior			
	Anxiety	Depression	Overall		Thoughts	Plan	Attempt	SSSI
Grade								
9	28.7	25.3	47	23.2	17.1	12.5	3.7	11.9
10	24.5	24.9	43.7	24.9	20.4	17.1	6.1	14.3
11	35.1	29.8	49	21.2	24.1	20	5.3	13.1
12	30.9	28	53	17.4	22.9	19.1	6.4	10.2
Sex								
Male	18.7	20.5	37.3	21.1	16.6	12.8	3.2	5.7
Female	40.1	32.5	58.1	22.6	24.6	20.6	7.2	18.6
Gender Identity								
Boy/man/male	17.5	19.1	35.8	20.7	15.9	11.8	3.3	5.3
Girl/woman/female	37.6	30.4	55.5	20.1	21.3	17.9	6.2	15.5
Gender Diverse	67.4	65.1	88.4	44.2	65.1	53.5	16.3	51.2
Not sure	†	†	†	†	†	†	†	†
Don't want to say	50	25	66.7	50	25	33.3	8.3	8.3
Sexual Orientation								
Heterosexual	23.5	21.3	41.1	18.1	14.9	11.9	3.6	7
Sexually Diverse	58.5	48.6	73.2	33.3	47.5	35.5	12.6	32.8
Not sure	34.9	39.5	72.1	30.2	27.9	32.6	7	27.9
Don't want to say	17.4	23.9	47.8	30.4	8.7	8.7	2.2	6.5
Race								
White	31.8	25.9	48.2	18.9	21	15.6	4.7	13.1
Asian	22.6	35.5	48.4	25.8	22.6	25.8	9.7	19.4
Haitian Black African American	26.6	24.5	46.9	28	21.7	21	5.6	7
Hawaiian Pacific Islander	†	†	†	†	†	†	†	†
American Indian Alaska Native	†	†	†	†	†	†	†	†
Middle Eastern North African	13.3	6.7	40	13.3	6.7	-	-	-
Multiple	35.1	28.9	55.7	32	26.8	24.7	9.3	20.6
Other	26.4	27	44.7	18.2	15.1	12.6	5	7.5
Ethnicity								
Not Hispanic/ Latino(a)	29.9	26.7	46.2	19.8	21.4	16.6	4.6	12.8
Hispanic/ Latino(a)	29.9	27	50.7	24.6	20.3	17.2	6	12.1
Place of Birth								
United States or U.S. Territory	30.1	27.3	47.7	21.1	21.2	16.7	5	12.8
Not in the United States	27.3	25.2	49.7	25.9	18.9	17.5	6.3	10.5
Adoption Status								
Yes	26.1	26.1	39.1	26.1	17.4	13	8.7	17.4
No	29.3	26.2	47.6	21.2	20.7	16.6	5.3	12.3
Not Sure	42.9	42.9	52.4	42.9	23.8	19	-	4.8



13 References

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14 Appendix

14.1 SURF Survey Copy

Confidential School-Wide Assessment

We are a team of doctors and researchers from Massachusetts General Hospital (MGH), and we are asking students to complete this survey about substance use, stress, and mental health. We value your participation – your responses are important in helping us better support students now and in the future!

There are a few important things to know about this survey:

- 1) Everything is voluntary—you do not have to participate in anything you don't want to.
- 2) By completing all or part of this voluntary survey, you are agreeing to participate in this portion of our research. Completing this survey **does not** require you to participate in any of our other clinical research projects.
- 3) Your parents/teachers will not have access to any of the information you provide. **ALL INFORMATION IS CONFIDENTIAL!**
- 4) Make sure to carefully read every question and answer as **honestly** as possible. Remember, all information you provide is confidential.
- 5) If you have any questions about this survey, please contact Dr. Randi Schuster (rschuster@mgch.harvard.edu; (617) 643-6673). If you'd like to speak to someone not involved in this research about your rights as a participant, or any concerns you may have about the research, contact the Mass General Brigham IRB at (857) 282-1900.

The next few questions will help us to get to know you better.

1. What grade are you in?

- ☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade
☐ 10th grade ☐ 11th grade ☐ 12th grade

2. What month were you born in?

- ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

3. What year were you born in? Please enter a four-digit year. For example, if you were born in 2007, enter 2007. _____

4. What is your sex? This question is asking about your sex assigned at birth. This is what the doctor put on your birth certificate.

- ☐ Male (Boy/man) ☐ Female (Girl/woman)

5. What is your current gender identity? Please choose the option that best describes you.

- ☐ Boy/man/male ☐ Girl/woman/female ☐ Transgender boy/man/male
☐ Transgender girl/woman/female ☐ Non-binary, genderqueer, or not exclusively male or female
☐ Another gender ☐ Not sure ☐ I don't want to say

5A. • If another gender not listed here, please specify: _____

6. Do you think of yourself as: ☐ Straight or heterosexual ☐ Gay or Lesbian ☐ Bisexual
☐ Queer ☐ Pansexual ☐ Asexual ☐ Something else ☐ Questioning or still figuring it out
☐ I haven't thought about it or I don't know what this question means ☐ I don't want to say

6A. • If something else not listed here, please specify: _____



7. Are you Hispanic or Latino/a? *Someone who is Hispanic/Latino/a usually has family from Cuba, Mexico, Puerto Rico, South America, Central America, Spain, or another Spanish speaking country.*

☐ No, I am not Hispanic or Latino/a ☐ Yes, I am Hispanic or Latino/a

8. What is your race? *Check all that apply.*

☐ White ☐ Haitian, Black or African American ☐ Asian ☐ Hawaiian or Other Pacific Islander
☐ American Indian/Alaska Native ☐ Middle Eastern/North African ☐ Other

8A. • If you are a race not listed here, please specify: _____

9. Were you born in the United States or a U.S. Territory?

☐ No ☐ Yes

If grade 9 or higher:

10. Were you adopted?

☐ No ☐ Yes ☐ Not sure

11. Please select option 4 below. We are just making sure you are paying attention!

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

The next section asks a few more questions to help us get to know you better. These questions may be used to link survey records over time, but we will not use this information to find out your name.

12. How many older siblings do you have?

☐ 0 (I am the oldest sibling or I have no siblings) ☐ 1 ☐ 2 ☐ 3+

If > 0:

12A. • What month was your oldest sibling born in?

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

13. What is the 3rd letter of your first name? *Please answer based on your full name, not nickname. For example, if your name is Jacob (and your nickname is Jake), you would answer C.*

14. Do you have a middle name?

☐ No ☐ Yes

If yes:

14A. • What is the 1st letter of your middle name? *If you have 2 middle names, please give the 1st letter of your 1st middle name. For example, if your middle name was Melissa, you would answer M.*

15. What best describes the color of your eyes?

☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray

16. What are the first 3 letters of the street you lived on at the beginning of 5th grade? *Please only answer with letters, not numbers. For example, if you lived on 20 Stream Court, you would answer "Str." If you lived on 123 4th Street, you would answer "Fou".* _____



The next section asks about your experience with alcohol (e.g., beer, wine, flavored alcoholic beverages, liquor such as rum, gin, vodka, or whiskey). For these questions, drinking alcohol does not include drinking a few sips of alcohol with family or for religious purposes.

17. Have you ever had at least one full drink of alcohol?

☐ No ☐ Yes

If yes:

17A. • In the past 4 weeks (on average), how often did you drink alcohol (at least 1 full drink, not just a sip)?

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

If past 4-week use and reported biological sex is male:

17A.1. • In the past 4 weeks (on average), on how many days did you have 5 or more drinks of alcohol in a row? "In a row" means within a couple of hours.

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

If past 4-week use and reported biological sex is female:

17A.2. • In the past 4 weeks (on average), on how many days did you have 4 or more drinks in a row? "In a row" means within a couple of hours.

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

17A.3. • In the next 4 weeks, are you seriously considering quitting or reducing your use of alcohol?

- ☐ No
☐ Yes, I'm planning to reduce (but not quit) alcohol use in the next 4 weeks
☐ Yes, I'm planning to quit alcohol use completely in the next 4 weeks

The next section asks about your experience with marijuana (e.g., pot, weed, cannabis, THC, dab pens, edibles).

18. Have you ever used marijuana?

☐ No ☐ Yes

If yes:

18A. • <u>During your life</u> , how many times have you used marijuana in any of the following ways?	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 or more times
A. Smoked (like in a joint or blunt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vaped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Bong or waterpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Used a concentrate or other high potency product (like hash oil, dabs, wax, or shatter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Ate or drank it ("edibles," like in candy, baked goods, snacks, or drinks that contain marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18B. ♦ During your life, how often have you...	Rarely	From time to time	Sometimes	More often than not	Almost always or always
A. ...felt anxious or paranoid during or after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ...seen, felt, or heard things that were not really there (i.e., hallucinations) during or after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18C. ♦ In the past 4 weeks (on average), how often have you used marijuana?

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

If past 4-week use:

18C.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of marijuana?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) marijuana use in the next 4 weeks
☐ Yes, I'm planning to **quit** marijuana use completely in the next 4 weeks

18C.2. ♦ How soon after you wake up do you want (or have a craving) to use marijuana?

- ☐ I want to use marijuana within 10 minutes of waking up
☐ I want to use marijuana within 11 to 30 minutes of waking up
☐ I want to use marijuana within 31 to 60 minutes of waking up
☐ I want to use marijuana after more than 1 hour of waking up but sometime during that day
☐ I never/rarely want (or have a craving) to use marijuana

The next section asks about your experience with different ways of using nicotine or flavors.

Vapes (for nicotine or flavors)

Vapes include e-cigarettes, vape pens, e-cigars, e-hookahs, hookah pens, mods, and other electronic vapor products (e.g., Puff Bar, JUUL, SMOK, Suorin, Vuse, and blu).

19. Have you ever used a vape for nicotine or flavors?

- ☐ No ☐ Yes

If yes:

19A. ♦ In the past 4 weeks (on average), how often have you used a vape for nicotine or flavors?

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

If past 4-week use:

19A.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of vapes for nicotine or flavors?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) my use of vapes in the next 4 weeks
☐ Yes, I'm planning to **quit** use of vapes completely in the next 4 weeks

Cigarettes

20. Have you ever tried smoking a cigarette?

- ☐ No ☐ Yes



If yes:

20A. ♦ In the past 4 weeks (on average), how often have you smoked cigarettes?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use:

20A.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of cigarettes?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) smoking cigarettes in the next 4 weeks
☐ Yes, I'm planning to **quit** smoking cigarettes completely in the next 4 weeks

Cigars, cigarillos, or little cigars (e.g., Black & Mild, Swisher Sweet, Phillies, Backwoods)

21. Have you ever tried smoking a cigar, cigarillo, or little cigar?

- ☐ No ☐ Yes

If yes:

21A. ♦ In the past 4 weeks (on average), how often have you smoked cigars, cigarillos, or little cigars?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use:

21A.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of cigars, cigarillos, or little cigars?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) smoking cigars, cigarillos, or little cigars in the next 4 weeks
☐ Yes, I'm planning to **quit** smoking cigars, cigarillos, or little cigars completely in the next 4 weeks

Smokeless tobacco (e.g., chewing tobacco, snuff dip, snus or dissolvable tobacco products)

22. Have you ever used smokeless tobacco?

- ☐ No ☐ Yes

If yes:

22A. ♦ In the past 4 weeks (on average), how often have you used smokeless tobacco?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use:

22A.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of smokeless tobacco?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) using smokeless tobacco in the next 4 weeks
☐ Yes, I'm planning to **quit** using smokeless tobacco completely in the next 4 weeks

When past 4-week use of any nicotine product is endorsed:

These next questions are about your experiences across all nicotine/tobacco products you have used in the past 4 weeks.



23. In the past 4 weeks, what flavor(s) were in the nicotine/tobacco products you used (including e-cigarettes or nicotine vapes)? Check all that apply.

- ☐ Fruit, candy, or alcohol flavors (e.g., cherry, vanilla, citrus, peach, piña colada, bubble gum, blue mist, fizzy pop, etc.)
- ☐ Mint, menthol or wintergreen flavors
- ☐ Clove or spice flavors
- ☐ Plain or tobacco
- ☐ Not sure

24. How soon after you wake up do you want (or have a craving) to use a nicotine/tobacco product of any kind?

- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 10 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 11 to 30 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 31 to 60 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) after more than 1 hour of waking up but sometime during that day
- ☐ I never/rarely want (or have a craving) to use a nicotine/tobacco product

The next section asks about your experiences with other drugs.

25. Have you ever tried any of the following other drugs in your life? Check all that apply.

- ☐ Prescription drugs not used as prescribed (e.g., Adderall, Ritalin, Xanax, oxycodone, codeine)
- ☐ Hallucinogens or dissociative drugs (e.g., mushrooms, LSD, Acid, PCP, ketamine, DXM)
- ☐ Club drugs (e.g., Ecstasy, MDMA, Molly, GHB)
- ☐ Cocaine (e.g., powder, crack, or freebase)
- ☐ Methamphetamine (also called speed, crystal meth, crank, ice, or meth)
- ☐ Heroin or fentanyl (e.g., smack, junk, or China White)
- ☐ Inhalants (e.g., whippets, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays)
- ☐ Anabolic steroids (e.g., juice, pumpers, tren, dbol, roids)
- ☐ I have not used any of the above drugs

26. Please select option 2 below. We are just making sure you are still paying attention!

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

If grade 9 or higher:

The next section asks about experiences related to discrimination.

27. After each statement, tell us if you have experienced each of the following types of discrimination because of your <u>race or ethnicity</u> . <i>Remember, for these questions, we are only interested in occasions when racial-ethnic discrimination was at least partly responsible for your experience.</i>	Have you experienced this?		If yes to having experienced each time: Did it upset you?				
			Not at all	Slightly	Moderately	Considerably	Extremely
A. You were discouraged from joining an advanced level class.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. You were wrongly disciplined or given after-school detention.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. You were given a lower grade than you deserved.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. You were discouraged from joining a club.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Others your age did not include you in their activities.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. People expected more of you than they expected of others your age.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. People expected less of you than they expected of others your age.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. People assumed your English was poor.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. You were hassled by police. <i>For example, you were given a hard time or harassed.</i>	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. You were hassled by a store clerk or store guard. <i>For example, you were given a hard time or harassed.</i>	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. You were called racially insulting names.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. You received poor service at a restaurant or store.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. People acted as if they thought you were not smart.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. People acted as if they were afraid of you.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. You were threatened.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In the past 12 months, have you experienced discrimination related to any of the following other aspects of who you are? Check all that apply.

- ☐ Your gender identity or what others think it is
- ☐ Your sexual orientation or what others think it is
- ☐ Your religion or what others think it is
- ☐ A disability you have or others think you have
- ☐ How much money your family has or how much others think they have
- ☐ Other
- ☐ I have not experienced discrimination in the last 12 months

28A. ♦ If other, please specify: _____

The next section asks about your emotional and physical health.

29. Over the last 2 weeks, how often have you been bothered by:	Not at all	Several days	More than half the days	Nearly every day
A. Feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Feeling nervous, anxious, or on edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Not being able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.	No	Yes
During the past 12 months....		
A. ...did you ever have thoughts about killing yourself (ending your life)?	<input type="checkbox"/>	<input type="checkbox"/>
B. ... did you think about how you would kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>



C. ... did you try to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>
D. ...did you hurt yourself on purpose without trying to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you are having thoughts or feelings of suicide, please know there are people who can help. Here are some numbers you can use 24 hours a day, 7 days a week to talk to someone who cares.</p> <ul style="list-style-type: none"> • Crisis Text Line: 741741 • National Suicide Prevention Lifeline: 9-8-8 <p>Please also make sure to talk to a trusted adult if you ever feel like you cannot keep yourself safe or need extra support.</p>		

31. Have these experiences <u>ever</u> happened to you?	No, never	Maybe	Yes, definitely
A. Some people believe that their thoughts can be read by another person. Have other people ever read your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever had messages sent just to you through TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever thought that people are following or spying on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever heard voices or sounds that no one else can hear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever felt you were under the control of some special power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever seen things that other people could not see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever felt like you had extra-special powers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Please rate the following statements based on how you experience emotions on a regular basis.	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
A. When something happens that upsets me, it's all I can think about for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My feelings get hurt easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When I experience emotions, I feel them very strongly/intensely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When I'm emotionally upset, my whole body gets physically upset as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I tend to get very emotional very easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I experience emotions very strongly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I often feel extremely anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Even the littlest things make me emotional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. When I am angry/upset, it takes me much longer than most people to calm down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. I get angry at people very easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I am often bothered by things that other people don't react to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. I am easily agitated (shaken up or bothered).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. My emotions go from neutral (neither happy or upset) to extreme in an instant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. People tell me that my emotions are often too intense for the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. I am a very sensitive person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. My moods are very strong and powerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. I often get so upset it's hard for me to think straight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Other people tell me I'm overreacting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Since you were a young child, how often have the following been true:	Not at all	Sometimes	Often	Always
A. I have trouble paying attention at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. I make mistakes in my school work because I rush through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. My teachers think I am not listening in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. It's hard for me to finish my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. It's hard for me to keep track of things and stay organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I fidget a lot in my seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. It's hard for me to stay in my seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. It's hard for me to be quiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. It's hard for me to wait my turn or wait in line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. I interrupt people a lot in conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. How often do you get a real kick out of doing things that are a little dangerous?

☐ Never ☐ Seldom ☐ Sometimes ☐ Always

35. How often do you like to test yourself by doing something a little risky

☐ Never ☐ Seldom ☐ Sometimes ☐ Always

36. In the past 12 months, have you been prescribed a medication for your mental or emotional health (for example, for your feelings, mood, or behavior)?

☐ No ☐ Yes ☐ Not sure

37. In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.

- ☐ Parent or caregiver
- ☐ Other relative/family member
- ☐ Friend or romantic partner
- ☐ Teacher/Coach/School Administrative Staff (e.g., principal, vice principal, dean)
- ☐ School Counselor
- ☐ Mental health professional outside of school (e.g. psychologist, social worker, counselor)
- ☐ Pediatrician
- ☐ Minister or religious leader (e.g. Priest, Rabbi, Chaplain)
- ☐ Phone/text helpline (e.g. Lifeline)
- ☐ Online/social media support group
- ☐ Emergency room, inpatient or residential services
- ☐ Substance use detox or rehab center
- ☐ I've talked with another person not listed above about my mood or feelings in the past year (please list in space provided)
- ☐ I have not talked with anyone about my mood or feelings in the past year

37A. • If you have talked to someone else not listed here about your feelings, mood, or behavior, please specify: _____

38. 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 that increased your heart rate and made you breathe hard some of the time.

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days
☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

This last section asks about your experiences at school.

39. During the past 12 months, did you play on a school sports team?

☐ No ☐ Yes

40. During the past 12 months, how would you describe your grades in school?

☐ Mostly A's ☐ Mostly B's ☐ Mostly C's



