

## Investing in Kids (INK!) Survey Questions Youth (10 - 17 Years)

Investing in Kids (INK!) of St. Johns County needs your help. Please fill out this survey to share your opinions about mental health, substance use, and the quality of life in St. Johns County. Your feedback will help identify gaps to help make St. Johns County a better place to live.

1. Stress is when a person feels tense, restless, nervous, or anxious. Sometimes when someone is stressed, they may be unable to sleep at night because their mind is always troubled. In the last 30 days, have you experienced this kind of stress?  
 Never  Sometimes  Always  
 Rarely  Often
2. Have you ever talked to someone (friend, family, counselor) about your concerns about your mental health or substance use?  
 Yes, and it was helpful.  No, but I want to.  I haven't felt the need.  
 Yes, but it wasn't very helpful.  No, and I do not want to.
3. What factors do you think contribute to mental health issues in youth your age? Check all that apply.  
 Family problems at home  Bullying in person  Friends  
 School / club performance  Bullying on social media  Other: \_\_\_\_\_
4. Have you experimented with or used substances like alcohol, drugs, or vaping in the past year?  
 Yes  No  I prefer not to answer.
5. What factors do you think contribute to substance use issues in youth your age? Check all that apply.  
 Boredom  Lack of knowing the risks  Stress  
 Curiosity  Mental health concerns  Other: \_\_\_\_\_  
 Family influence  Peer pressure
6. Do you believe your school and community provide you with enough support and resources to help with mental health and substance use issues?  
 Yes, I feel supported.  No, I need more support.  Other: \_\_\_\_\_
7. What do you think schools and communities can do to better support young people's mental health and reduce the use of drugs and alcohol? Check all that apply.  
 Provide information and education.  Offer support groups  Provide healthy activities and alternatives to drug and alcohol use.  
 Offer counseling services  Create safe safes for open discussions  Other: \_\_\_\_\_
8. What is your ZIP code?  
 32004  32081  32085  
 32033  32082  32086  
 32080  32084
9. What is your age?  
 10  13  16  
 11  14  17  
 12  15

Turn over



10. What is your gender?

Female

Male

I prefer not to answer.

11. What is your race? Check all that apply.

Asian / Pacific Islander

Native American / Alaskan  
Native

I prefer not to answer.

Black / African-American

White / Caucasian

12. What is your ethnicity?

Hispanic or Latino(a)

Non-Hispanic or Latino(a)

I prefer not to answer.

13. Do you identify with any of the following groups? Check all that apply.

Currently in or formerly in  
foster care

English as a second language

I do not identify with these  
groups.

Disabled

LGBTQ+