Check Yourself Questions

Select a language	
Options: • English • Spanish • Vietnamese • Ukrainian • Russian • Simplified Chinese • Korean • Marshallese • Punjabi • Dari • Farsi • Somali • Amharic • Arabic • French • Portuguese • Hindi • Khmer • Japanese • Nepali • Telugu • Traditional Chinese	*Flags:*
What to expect: 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.	
Options: • I accept • I decline	*Flags:*
I am in grade:	
Options: Middle school only: • 6 • 7 • 8 High school only: • 9 • 10 • 11 • 12	*Flags:*
My age is:	
Options: • 11 • 12 • 13 • 14 • 15 • 16 • 17 • 18 • 19 • 20 • 21	*Flags:*

Continued next page

My top goals for the coming year are: (You can choose more than one)

Options:

Middle school only:

- ☐ Be famous
- ☐ Be in a romantic relationship
- ☐ Excel in the arts of performance
- ☐ Get/stay healthy
- ☐ Get along better with family
- ☐ Improve/keep up grades
- ☐ Improve in sports/athletics
- ☐ Learn a new skill
- ☐ Spend more time with friends
- ☐ Other (write it in)

High school only:

- ☐ Be famous
- ☐ Be in a romantic relationship
- ☐ Excel in the arts or performance
- ☐ Get/stay healthy
- ☐ Get a job
- ☐ Get along better with family
- ☐ Get into college/trade school
- ☐ Improve/keep up grades
- ☐ Improve in sports/athletics
- ☐ Learn a new skill
- ☐ Spend more time with friends
- ☐ Other (write it in)

Any written concerns are treated as flags

At home most of the time I speak: (You can choose more than one)

Options:

- ☐ Amharic
- ☐ Arabic
- ☐ Chinese
- ☐ Cambodian
- ☐ English
- ☐ French
- ☐ Khmer
- ☐ Korean
- ☐ Punjabi
- ☐ Russian
- ☐ Spanish
- ☐ Somali
- ☐ Tagalog
- ☐ Ukrainian
- ☐ Vietnamese
- ☐ Other (write it in)
- ☐ Prefer not to answer

Any written concerns are treated as flags

I would describe myself as: (You can choose more than one)

Options:

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Chinese
- ☐ Ethiopian
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Mexican, Mexican American, Chicano
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian
- ☐ Other Latino/a/x
- ☐ Pacific Islander
- ☐ Somali
- ☐ Vietnamese
- ☐ White
- ☐ Something else fits better (write it in)
- ☐ Prefer not to answer

Any written concerns are treated as flags

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If selection American Indian or Alaska Native: The name of my tribe(s) is:

Write in	*Any written concerns are treated as flags*

I identify as: (You can choose more than one)

Options:	*Any written concerns are treated as flags*
☐ Female ☐ Male ☐ Non-binary ☐ Transgender ☐ Questioning my gender identity ☐ Something else fits better (write it in) ☐ Prefer not to answer	

Middle school only: I am most likely to have a crush on: (You can choose more than one)

Options:	*Any written concerns are treated as flags*
☐ All genders ☐ Both males and females ☐ Females ☐ Males ☐ Not sure ☐ Something else fits better (write it in) ☐ Prefer not to answer ☐ None	

High school only: I am most likely to have romantic feelings for: (You can choose more than one)

Options:	*Any written concerns are treated as flags*
☐ All genders ☐ Both males and females ☐ Females ☐ Males ☐ Not sure ☐ Something else fits better (write it in) ☐ Prefer not to answer ☐ None	

The biggest supports in my life are: (You can choose more than one)

Options:			*Any written concerns are treated as flags*
☐ Mother(s) ☐ Father(s) ☐ Stepmother(s) ☐ Stepfather(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	

I get along with the people I live with:

Options:	*Flags:*
• Yes • Sometimes • No	

Continued next page

At home I sometimes or always experience: (You can choose more than one)

Options:		*Any written concerns are treated as flags*
☐ 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 ☐ 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) ☐ Prefer not to answer ☐ None	

I feel safe at school:

Options:	*Flags:*
• Yes • Sometimes • No	• No (Moderate risk – not feeling safe at school)

I sleep this many hours, on an average night:
(If you usually go to bed at 10pm and wake up at 6am you sleep 8 hours)

Options:				*Flags:*
• 4 • 4.5 • 5 • 5.5 • 6	• 6.5 • 7 • 7.5 • 8 • 8.5	• 9 • 9.5 • 10 • 10.5 • 11	• 11.5 • 12	

In the past year, how many times have you used cigarettes/tobacco?

Options:	*Flags:*
• Never • Once or twice • Monthly • Weekly or more	• Once or twice • Monthly • Weekly or more (Moderate risk – substance use)

Continued next page

In the past year, how many times have you drank alcohol?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)
In the past year, how many times have you used marijuana/weed/cannabis?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)
In the past year, how many times have you used a vaping device containing nicotine and/or other flavors?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)
High school only: In the past year, how many times have you used prescription drugs that were **not prescribed for you** (such as pain medication or Adderall)?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)
High school only: In the past year, how many times have you used illegal drugs (such as cocaine or Ecstasy)?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)

Continued next page

High school only: In the past year, how many times have you used inhalants (such as nitrous oxide)?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)
High school only: In the past year, how many times have you used herbs or synthetic drugs (such as salvia, 'K2', or bath salts)?	
Options: • Never • Once or twice • Monthly • Weekly or more	*Flags:* • Once or twice • Monthly • Weekly or more (Moderate risk – substance use)
Middle school only, if never used cigarettes/tobacco: How likely are you to smoke cigarettes or use tobacco in the next year?	
Options: • Unlikely • Maybe • Likely	*Flags:* • Maybe • Likely (Moderate risk – intent to use substances)
Middle school only, if never drank alcohol: How likely are you to drink alcohol in the next year?	
Options: • Unlikely • Maybe • Likely	*Flags:* • Maybe • Likely (Moderate risk – intent use substances)
Middle school only, if never used marijuana/weed/cannabis: How likely are you to use marijuana/weed/cannabis in the next year?	
Options: • Unlikely • Maybe • Likely	*Flags:* • Maybe • Likely (Moderate risk – intent to use substances)
Middle school only, if never vaped or used e-cigs: How likely are you to vape, or use e-cigs in the next year?	
Options: • Unlikely • Maybe • Likely	*Flags:* • Maybe • Likely (Moderate risk – intent to use substances)

High school only, if substance(s) endorsed: Do you ever use alcohol or drugs while you are by yourself, or alone?	
Options: • Yes • No	*Flags:* • Yes (Moderate risk – problem substance use)
High school only, if substance(s) endorsed: Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	
Options: • Yes • No	*Flags:* • Yes (Moderate risk – problem substance use)
High school only, if substance(s) endorsed: Do you ever forget things you did while using alcohol or drugs?	
Options: • Yes • No	*Flags:* • Yes (Moderate risk – problem substance use)
High school only, if substance(s) endorsed: Do your family or friends ever tell you that you should cut down on your drinking or drug use?	
Options: • Yes • No	*Flags:* • Yes (Moderate risk – problem substance use)
High school only, if substance(s) endorsed: Have you ever gotten into trouble while you were using alcohol or drugs?	
Options: • Yes • No	*Flags:* • Yes (Moderate risk – problem substance use)
Has anyone bullied, threatened, or harassed you in real life or on social media? (Used power to repeated hurt you on purpose with words or physical attacks)	
Options: • Never • More than a year ago • Within the last year • Within the last month • Within the last week	*Flags:* • Within the last year • Within the last month • Within the last week (Moderate risk – bullying/harassment)

Continued next page

If bullying/harassment within last month or week is endorsed: Because of bullying, I feel my safety is at risk right now:

Options:	*Flags:*
• Yes • Unsure • No	• Yes (Immediate risk – safety at risk)

Grades 8-12 only: In the past year, have you been in a romantic and/or intimate relationship?

Options:	*Flags:*
• Yes • No	

Grades 8-12 only, if relationship is endorsed: Has someone you were in a romantic and/or intimate relationship with pressured you to do things you did not feel comfortable doing?

Options:	*Flags:*
• Yes • No	• Yes (Moderate risk – relationship concern)

Grades 8-12 only, if relationship is endorsed: Has someone you were in a romantic and/or intimate relationship with tried to control you?

Options:	*Flags:*
• Yes • No	• Yes (Moderate risk – relationship concern)

On most days I feel: (Choose up to two)

Options:		*Flags:*
☐ Angry ☐ Scared ☐ Worried ☐ Irritable ☐ Sad	☐ Tired ☐ OK ☐ Good ☐ Great	

What have others said you are good at or what makes you proud of yourself? (You can choose more than one)

Options:			*Any written concerns are treated as flags*
☐ Art/crafts ☐ Being a good friend/making friends ☐ Exercise and sports ☐ Gaming ☐ Helping out at home	☐ Leadership ☐ Music ☐ Participating in clubs ☐ Religion/spirituality ☐ School ☐ Taking care of animals	☐ Theater/dance ☐ Using technology ☐ Writing and reading ☐ Other (write it in) ☐ None	

<table>
<tr><td colspan="2">I am happy with my eating habits and the way I feel about my body:</td></tr>
<tr><td>Options:
Yes
Sometimes
No</td><td>Flags:</td></tr>
<tr><td colspan="2">Grades 8-12 only: Within the last year, have you purposefully vomited, taken diet pills, or intentionally not eaten to lose weight or control your weight?</td></tr>
<tr><td>Options:
Yes
No, but I’ve thought about it
No</td><td>Flags:
No
(Moderate risk – eating habit/body image)</td></tr>
<tr><td>Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?</td><td></td></tr>
<tr><td>Options:
Not at all
Several days
More than half the days
Nearly every day</td><td>Flags:
Several days
GAD Anxiety tally (1)
More than half the days
GAD Anxiety tally (2)
Nearly every day
GAD Anxiety tally (3)
(Moderate risk if 3+ – anxiety symptoms)</td></tr>
<tr><td colspan="2">Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?</td></tr>
<tr><td>Options:
Not at all
Several days
More than half the days
Nearly every day</td><td>Flags:
Several days
GAD Anxiety tally (1)
More than half the days
GAD Anxiety tally (2)
Nearly every day
GAD Anxiety tally (3)
(Moderate risk if 3+ – anxiety symptoms)</td></tr>
</table>

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Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things? (How often have you felt like not doing your usual activities)	
Options: • Not at all • Several days • More than half the days • Nearly every day	*Flags:* • Several days *PHQ-2 Depression tally (1)* • More than half the days *PHQ-2 Depression tally (2)* • Nearly every day *PHQ-2 Depression tally (3)* (Moderate risk if 3+ – depression symptoms)
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, irritable, or hopeless?	
Options: • Not at all • Several days • More than half the days • Nearly every day	*Flags:* • Several days *PHQ-2 Depression tally (1)* • More than half the days *PHQ-2 Depression tally (2)* • Nearly every day *PHQ-2 Depression tally (3)* (Moderate risk if 3+ – depression symptoms)
During the past year, have you ever hurt yourself on purpose like cutting, biting, burning or hitting?	
Options: • Yes • No	*Flags:* • Yes (Immediate risk – self-harm)
If self-harm endorsed: When did you last hurt yourself on purpose?	
Options: • More than 1 year ago • More than 1 month ago • Over the past month • This week	*Flags:*
During the past year, did you ever seriously think about ending your life?	
Options: • Yes • No	*Flags:* • Yes (Immediate risk – suicidal ideation)

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<table>
<tr><td colspan="2">If suicidal ideation endorsed: When did you last feel this way?</td></tr>
<tr><td>Options:
More than 1 year ago
More than 1 month ago
Over the past month
This week</td><td>Flags:</td></tr>
<tr><td>If suicidal ideation endorsed: Have you ever tried to kill yourself?</td><td></td></tr>
<tr><td>Options:
Yes
No</td><td>Flags:
Yes
(Immediate risk – suicide attempt)</td></tr>
<tr><td colspan="2">When things are tough or stressful, I get through the tough times by: (You can choose more than one)</td></tr>
<tr><td>Options:
Attending religious/cultural services
Exercise
Gaming
Hanging out with family/friends
Making art/drawing
Making/listening to music
Meditation/yoga
Prayer
Reading/writing
Relaxing/taking a break
Social media
Talking to someone I trust
Other (write it in)
None</td><td>Any written concerns are treated as flags</td></tr>
<tr><td colspan="2">I feel this way about the future: (You can choose up to 3 feelings)</td></tr>
<tr><td>Options:
☐ Sad
☐ Hopeless
☐ Scared
☐ Worried
☐ OK
☐ Hopeful
☐ Excited
☐ Other (write in in)</td><td>Any written concerns are treated as flags</td></tr>
<tr><td colspan="2">At school, there is an adult who will help me if I need it:</td></tr>
<tr><td>Options:
Yes
Sometimes
No</td><td>Flags:
No
Lack of connection tally: 1
(Moderate risk If 3+ – lack of connection)</td></tr>
</table>

Continued next page

At school, there is an adult who really cares about me:	
Options: • Yes • Sometimes • No	*Flags:* • No *Lack of connection tally: 1* (Moderate risk if 3+ – lack of connection)
At school, there is an adult who tells me when I do a good job:	
Options: • Yes • Sometimes • No	*Flags:* • No *Lack of connection tally: 1* (Moderate risk if 3+ – lack of connection)
At school, there is an adult who listens to me when I have something to say:	
Options: • Yes • Sometimes • No	*Flags:* • No *Lack of connection tally: 1* (Moderate risk if 3+ – lack of connection)
At school, there is an adult who believes that I will be a success:	
Options: • Yes • Sometimes • No	*Flags:* • No *Lack of connection tally: 1* (Moderate risk if 3+ – lack of connection)

Sleep feedback

If amount of sleep is appropriate for age:
Because you indicated that you get at least 8 hours of sleep every night, you are making healthy decisions. Great job!

If amount of sleep is less than what is appropriate for age:
(Individualized sleep graph showing difference)
How does this add up over one week?
That's at least __ missing hours of sleep per week!

Why getting enough sleep is important:

- When people are well rested, they listen better, remember more, and are more creative. Staying up late can lead to lower grades.
- People who get enough sleep are happier, more patient, and less grouchy.
- People who get enough sleep have more energy throughout the day

Continued next page

If amount of sleep is less than what is appropriate for age:

Ways to get a good night's sleep (Lots of things can get in the way of a good night's sleep, here is what you can do to help):

- The light from screens (including phones) keeps your brain awake. Turn them off at least 1 hour before bedtime.
- Avoid drinks with caffeine after 2pm
- For deeper sleep, keep the room dark
- Getting in bed should be a signal for sleep. Limit the amount of TV or videos you watch in bed

Substance use feedback

If answer to all substance use questions was "never":

You said that you did not use any substances in the past year. That's a healthy decision!

If answer to "in the past year, how many times have you drank alcohol?" was "never":

Your results: Alcohol use

You said that you did not drink any alcohol in the last year: That's a healthy decision!

Middle school only:

What are common risks of alcohol use? Here are the facts:

- Accidents: Alcohol increases risk for care and bike accidents, being involved in a fight, and injuries due to falls
- Harm: Alcohol interferes with decision making. Being drunk puts you at greater risk for being a victim of crime like robbery and sexual assault
- Alcohol poisoning: People can die from drinking too much alcohol because it slows your breathing and changes your body's chemical balance

If answer to "in the past year, how many times have you used marijuana/weed/cannabis?" was "never":

That's a healthy decision!

You said that you did not use marijuana/weed/cannabis in the last year.

Middle school only:

Marijuana can have harmful effects on teen health:

- Memory: Marijuana can make it hard to learn and remember things
- Mental health: It can increase worry, fear and risk for psychosis (losing touch with reality) especially in teens
- Health risk: Marijuana smoke can damage the lungs just like tobacco smoke

If answer to "in the past year, how many times have you used cigarettes/tobacco?" was "never":

Your results: Cigarette smoking

You said that you did not smoke cigarettes in the last year. That's a healthy decision!

Continued next page

Middle school only:

Is vaping just inhaling flavoring?

- Vape companies call the liquid used in vaping devices "juice" which sounds harmless
- Vape liquid is a mixture of nicotine and chemicals which damage your body
- One pod of liquid in a Juul has the same amount of nicotine as a whole pack of cigarettes. Nicotine is addictive.
- 31% of teens who vape being to smoke cigarettes within 6 months

Middle school only:

What's in the vapor?

The vapor contains even more harmful chemicals that weren't originally in the liquid because of the heating process.

- Cadmium: Cadmium is found in cell phone batteries and when inhaled can cause nausea, vomiting, and diarrhea
- Aluminum: Inhaling aluminum can cause pneumonia and in teens can slow growth and deform bones
- Lead: Lead exposure can lead to a drop in IQ, nerve damage, digestive problems, and death

Substance & Its Effects:

- Marijuana can have harmful effects on teen memory and mental health, and other risks such as damaging the lungs
- Alcohol consumption can lead to accidents, fights, or injuries, and can increase your chances of being involved in a crime or getting alcohol poisoning
- Vaping contains harmful chemicals that can lead to the slow growth and deformation of your bones, a drop in your IQ, nerve damage, or digestive problems

Prescription Drug Misuse

Taking someone else's prescription medication can have unintended side effects, or negatively interact with other medications you're taking. Some of the most misused medications are:

- Opioids: Opioids are usually prescribed to treat pain (OxyContin, Percocet, Vicodin)
- Depressants: Depressants are used to treat anxiety and sleep disorders (Valium, Xanax)
- Stimulants: Stimulants are most often prescribed to treat attention-deficit hyperactivity disorder (ADHD) (Ritalin, Adderall)

Prescription Drug Misuse (Continued)

Opioids are highly addictive.

- Side effects: Depending on the opioid, negative side effects can include vomiting, mood changes, the inability to think clearly, and even decreased respiratory function, coma, or death
- Mixing opioids: This can be especially true if opioids are mixed with other substances such as alcohol or anti-depressants

Continued next page

Fentanyl can be fatal
Fentanyl is a powerful synthetic opioid drug that is approximately 100 times more powerful than other opioids. If you are taking a pill that someone else has given you, you may not know what else is in it- it could be laced with Fentanyl. Fentanyl does not have a taste or smell. It is sometimes sold as counterfeit OxyContin, Xanax, and other prescription drugs.

Would you like to see additional tips about alcohol and drugs?

Options:

- Yes
- No

Additional substance use feedback, if endorsed:

What is binge drinking?

- Binge drinking is when you drink many drinks over a short period of time
- If you binge drink, your blood alcohol (the amount of alcohol in your blood) rises rapidly, which can be dangerous

Tips to avoid drinking and drugs:

- Practice easy-to-say phrases for refusing what you are offered, like: “I’m good, no thanks.” “I don’t like it.” “I’ll get in trouble at home.”
- Find healthy ways to feel good, like exercise, participating in hobbies, and doing other activities.
- Don’t go to places where you know people will be drinking or using drugs when possible.

Relationship feedback (If grades 8-12)
Relationships
Everybody deserves a healthy relationship, and no one deserves to be harmed in their relationships. Harm is not just physical.

Signs that a relationship is healthy is when the other person and you:

- Have equal decision-making power
- Talk openly and honestly about feelings and relationship challenges
- Discuss and respect one another’s boundaries
- Are patient and do not pressure or manipulate

Warning signs that a relationship may be unhealthy or abusive is when either person:

- Says things that make the other feel badly about themselves or feel small
- Looks through private messages or violates privacy in other ways
- Prevents the other person from spending time with their hobbies and loved ones
- Is physically violent or threatens the other person and their loved ones
- Touches or pressures the other person sexually without their permission

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Relationship feedback continued (If grades 8-12)

If relationship concern is endorsed:

If you have experienced relationship abuse, you are not alone. 1 in 3 teens experience some form of abuse (physical, emotional, sexual) in a dating relationship before age 18. It is never OK to abuse or harm another person. No one deserves to be hurt and you did nothing to cause it. You deserve a safe relationship. Help is available. Check in with an adult you trust.

Emotions feedback

If GAD anxiety tally is less than 2:

Your mood: Right now, your responses suggest that you don't need support for anxious feelings right now. Anxious feelings affect everyone at some point and can become a problem when it stops us from doing things we need or want to do, or when we get too upset about normal situations. Would you like to see tips for coping, in case it comes up in the future?

Options

- Yes
- No

If GAD anxiety tally is more than 2:

Your feelings: Your responses show that you might be experiencing some anxious feelings right now. Anxious feelings affect everyone at some point and can become a problem when it stops us from doing things we need or want to do, or when we get too upset about normal situations. If anxious feelings interfere with your life, talk to an adult you trust.

If GAD anxiety tally is more than 2, or if 'tips for coping' is endorsed:

Steps YOU can take to try to cope with anxious feelings:

- Think about what causes you to worry and talk it through with someone you trust
- Use relaxation techniques, exercise, music, or meditation to calm your body
- Make an effort to replace negative thoughts with neutral ones

If PHQ-2 depression tally is less than 2:

Your mood: Right now, your responses suggest that you don't need support for feelings of sadness right now. Feelings of sadness affect everyone at some point and can become a problem when it stops us from doing things we need or want to do. Would you like to see some tips for coping, in case it comes up in the future?

Options

- Yes
- No

Continued next page

If PHQ-2 depression tally is 3 or more:

Your mood: Right now, your responses show that you may be experiencing some feelings of sadness or lack of interest in things you used to enjoy. Feelings of sadness affect everyone at some point and can become a problem when it stops us from doing things we need or want to do. If feelings of sadness interfere with your life, talk to an adult you trust.

If PHQ-2 depression tally is 3 or more, or if 'tips for coping' is endorsed:

Steps YOU can take to try to cope with feelings of sadness:

- Get regular exercise, or plan and do fun activities
- Try to get at least 8 hours of quality sleep each night
- Spend more time or share your feelings with the people you care about

Many teens get help with depression or sad feelings. Below are some benefits of sharing your feelings:

- Friendships: Depression can affect your relationships with friends and family. Getting help can improved your relationships and sense of wellbeing.
- Sleep: Depression can disrupt sleep, or make you tired. Getting help can improve your sleep.
- School: Feeling down can affect your grades and motivation at school. Sharing your feelings with a trusted adult can help.

Are you currently seeing a counselor or therapist?

Options

- Yes, in school
- Yes, outside of school
- No

Using this tool was:

Options

- Very confusing
- Confusing
- Easy
- Very easy

Understanding the questions in this survey was:

Options

- Very confusing
- Confusing
- Easy
- Very easy

Is there anything else you want to say about this survey?

Write in	*All written concerns are treated as flags*

All done! Thank you for completing Check Yourself.