

# Student Behavioral Health Survey



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## BEHAVIORAL HEALTH SURVEY ORIGIN & FOCUS

The KnowYourNeuro Student Behavioral Health Survey (BHS) for schools is designed to measure the prevalence of a variety of risk behaviors children face today (see below). It is based on the Youth Risk Behavior Survey or YRBS, a national survey of risk behaviors developed by the CDC and serves as the official source of information about risk behaviors among adolescents in Grades 7 to 12 (CDC, 2004; 2013).

No special permission is required to use or to modify the YRBS questionnaires (CDC, 2009). The national student population of this survey comprises public and private high school students in the United States. A sample of this population has been surveyed every 2 years since 1991. Additional questions have been added pertaining to risk behaviors not included in the YRBS (Collier, 2013). The additional topic items were constructed in an identical format to the existing YRBS item format.

### Targeted High-Risk Behaviors

- Alcohol, Binge Drinking, Driving & Drinking
- Marijuana Use & Hard Illegal Drug Use
- Technology Overuse & Addiction
- Tobacco, Nicotine & Vaping
- Pornography Use
- Risky Sexual Behavior
- Dating Violence & Date Rape
- Depression, Self-Injury & Suicide
- Video Game Overuse & Addiction
- Bullying & Cyberbullying
- Gambling
- Eating Disorders
- Anxiety & Perfectionism Issues

## BEHAVIORAL HEALTH SURVEY UTILIZATION

The BHS contains useful information to assist in understanding the scope of risk behavior within a specific school or district. BHS scores are compared to national YRBS rates to determine which behaviors to target via prevention and/or treatment programming for the upcoming school year. Thereafter, surveys conducted in subsequent years are compared to previous years for discovery and monitoring of progress and trends. Changing student data is utilized to inform dynamic student-driven behavioral health programming and staff responsiveness each year. Additionally, survey data is a vital component of private grant and public funding proposals.



## SCORE RELIABILITY AND VALIDITY

National YRBS data are representative of all public and private school students in Grades 9 to 12 in the 50 states and the District of Columbia. YRBS data are weighted to adjust for school and student nonresponse and to make the data representative of the population of students from which the sample was drawn. Generally, these adjustments are made by applying a weight based on student sex, grade, and race/ethnicity (CDC, 2004; 2013).

The CDC has conducted score reliability and score validity testing of the 1992 and 2000 versions of the YRBS questionnaires. Regarding test-retest reliability of the YRBS scores, researchers computed kappa statistics for items measuring health risk behaviors and compared group prevalence estimates at two testing occasions (Brenner, Billy, & Grady, 2003; CDC, 2004; 2013). Approximately three fourths of the survey items were rated as having a substantial or higher score reliability (kappa > 61%) and no statistically significant differences between the prevalence estimates for the first and second times of administration (CDC, 2004; 2013).

To secure honest responses, participants' identities are protected by anonymity, data are checked for false answers, and participants are aware the instrument allows the researcher to check for truthful answers. These internal reliability checks are built into the format of the YRBS. They are designed to identify inconsistent responses and maintain content and convergent validity. Additionally, the CDC reported that 90% of the items measured consistently maintained moderate or higher levels of score reliability longitudinally (CDC, 2004; 2013). Overall, the researchers concluded that students appeared to report health risk behaviors reliably over time.

Researchers at the CDC (2004; 2013) indicated that the YRBS provides several types of score validity that reinforces the score reliability of the survey comprising: (a) constructs of adolescent behaviors, (b) internal consistency of responses, (c) external validity of causal relationships that are generalizable across populations, and (d) face validity that establishes intent and purpose of the study. Overall, high levels of reliability and validity of the YRBS scores illustrated that prevalence rates within group changes measure 2% across two administrations of the YRBS (CDC, 2004; 2013). Additionally, Brenner et al. (2003) examined possible threats to validity of self-report measures and found that cognitive and situational factors do not threaten the score validity of these measures.

## ADDITIONAL SURVEYS AVAILABLE

KnowYourNeuro Staff and Family Needs Assessments are also available. Each survey contains questions to assess perceptions of faculty and/or parent groups within a specific school or district. Participants are asked to rank the variety of risk behaviors in importance and share their perceptions of school needs.

Student, staff and family surveys contain open-ended questions to give voice to community members and obtain “buy-in” for instituting new, school-wide prevention and/or treatment efforts. Additional survey questions such as school climate assessment questions can be added to a school’s survey upon request.

## FOR MORE INFORMATION CONTACT

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## REFERENCES

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