



California Student Wellness Index+

# CARES

## Comprehensive Assessment of Resilience and Emotional Strength

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## Expanding the Value, Impact, and Reach of the California Student Wellness Index

We recently developed and validated the brief 10-item California Student Wellness Index (CSWI) for the California Healthy Kids Survey (CHKS).<sup>1</sup> This index provides schools with anonymous and comprehensive insights into their students' mental well-being. By using the CSWI in conjunction with the items from the CHKS, schools are enhancing their understanding of the connections between students' mental health and behavioral health risk factors.

The CSWI provides a reliable and validated index for assessing mental wellness. However, its effectiveness as a standalone screening tool is limited, as school care teams cannot identify which students need follow-up interviews. Although some schools currently incorporate the CSWI into universal wellness screenings using online survey platforms, broader and more impactful adoption of the CSWI will require further enhancements.

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<sup>1</sup> Furlong, M. J., O'Malley, M., Chan, M-K., Dowdy, E., Goodwin, J., Ortiz, A., Nylund-Gibson, K., Hanson, T. (2024). [Development, validation, and multitier applications with the California Student Wellness Index](https://doi.org/10.1007/s40688-024-00519-2). *Contemporary School Psychology*. <https://doi.org/10.1007/s40688-024-00519-2>

It is essential to integrate additional asset-focused components and conduct non-anonymous screenings to enhance the impact of the CSWI. These improvements would help us better understand students' perspectives and beliefs, highlight their strengths, and gather valuable insights. By including questions about school relationships and climate, we can explore the nurturing environment within the school and, more thoroughly, increase the CSWI's contributions.

Other CHKS components provide valuable insights into students' social and psychological well-being that enhance and complement the CSWI. Building on our previous work, which received support from an Institute of Education Sciences Goal 5 measurement grant, we have successfully validated two additional CHKS measures in close collaboration with the California Department of Education and WestEd.

The CSWI, the Social-Emotional Health Survey-Secondary (SEHS-S, described below), and School Connectedness (SchCon, described below) are essential CHKS components. Despite their central contributions to the CHKS, information regarding their associations and normative distributions has yet to be reported. Currently, normative data for both the SEHS-S and SchCon is nonexistent. This data gap represents a missed opportunity for schools aiming to improve student well-being. We can provide educators with valuable insights by developing a comprehensive report that combines student responses from the CSWI with connectedness and strengths scores. This critical information could foster schools' efforts to cultivate nurturing environments prioritizing social-emotional health and strengthening student connectedness.

The CSWI, SEHS-S, and SchCon self-report measures form the **CARES: Comprehensive Assessment of Resilience and Emotional Strength**. These three assessments could offer valuable insights into students' psychological well-being and perceptions of relationships within the school environment. The concise format of these assessments allows for widespread administration, enabling educators to understand individual needs better and foster stronger connections. Ultimately, this approach can enhance the overall educational experience.

## Document's Objectives

This document evaluates three CHKS measures—CSWI, SEHS-S, and SchCon—to assess student wellness. A primary objective is to provide schools and mental health staff with co-normative information about these measures based on a substantial sample of secondary students.

The proposed CARES tool is a streamlined screening and monitoring instrument consisting of just 27 items. It takes a positive and strengths-focused approach, making it

suitable for universal screening and monitoring in educational settings. For example, this tool could be easily integrated as an anonymous module within the CHKS.

By combining three well-designed and rigorously validated measures, CARES creates a consistent method for assessing and understanding students' social and emotional well-being. The information provided by CARES offers California-validated normative data to support educators in making data-informed decisions for selecting, implementing, and evaluating student wellness services.

## Data Source

### California Healthy Kids Survey

The original CSWI data were collected through the CHKS, an anonymous self-report survey conducted by the California Department of Education (CDE) in partnership with WestEd. The information gathered from the CHKS is used to inform public policy in education and human services, help school districts prioritize planning, and enhance students' school experiences. The CHKS includes questions about resiliency, protective factors, risk behaviors, and school climate.

The CHKS core module includes ten items related to CSWI and the five-item SchCon scale. The optional Social Emotional Health Module (SEHM) contains the SEHS-S items. Our analysis of student responses to the CHKS during the 2023-2024 academic year provides the CSWI, SEHS-S, and SchCon data to establish their response distributions. In recent years, driven by the goal of better understanding and promoting students' mental health, many schools have opted to administer the core module annually to students in Grades 6 through 12.

### CARES Sample

For the 2023/24 academic year, the high school version consists of 142 items, while the middle school version contains 135 items tailored for younger students. Both versions feature the CSWI and SchCon items. Students in 512 of the state's 977 school districts, representing 52 of California's 58 counties, participated in the CHKS. Only students who completed all CSWI and SchCon items and passed the quality checks were included in the analysis for this report. An overview of the 525,520 students in the primary sample is provided in Table 1.

The optional CHKS SEHM was completed by a subsample of 80,947 students from 96 school districts across 28 counties statewide. This subsample's gender distribution is as follows: male (49.3%), female (48.1%), non-binary (1.2%), and other (1.4%). This distribution closely mirrors the larger sample (see Table 1).

## CHKS Data Collection Procedures

School districts obtained guardian consent for students in Grades 7, 9, and 11 to participate in the survey. Some districts also invited students from other Grades (6-12). The procedures for obtaining guardian consent, whether passive or active, vary according to each school district's policy. Student consent was also required.

At the beginning of the survey, participants were informed that their involvement was voluntary. They could skip any questions and discontinue their participation at any time. The administration procedures adhered to all relevant laws.

During the 2023-24 academic year, students completed the online survey in three waves: fall (October–December 2023: 34.0%), winter (January–March 2024: 46.5%), and spring (April–June 2024: 19.5%).

## CARES Measures

### California Student Wellness Index

The CSWI is a brief self-report tool consisting of ten items designed to assess overall mental well-being through two main dimensions: life satisfaction and emotional distress. Life satisfaction is measured using the Brief Multidimensional Student Life Satisfaction Scale (BMSLSS). This tool is grounded in the Dual-Factor Mental Health model, which combines life satisfaction and emotional distress responses to produce a single composite score ranging from 0 to 40.

You can find the CSWI items listed in Table 1, while Figure 1 displays the distribution of CSWI responses. Table 4 provides the raw to standard score conversions. Table 5 is intended to record the standard score equivalent response profile.

**Development.** The CSWI development involved analyzing data from 626,940 secondary students in California who completed the CHKS during the 2021/22 and 2022/23 academic years. To further assess the validity of the CSWI, we conducted additional analyses using data from independent samples to evaluate its concurrent validity with the SEHS-S, which included responses from 78,769 students collected during the 2020/21 academic year. Furthermore, we examined the stability and predictive validity of the CSWI using the Mental Health Continuum-Short Form (MHC-SF), which involved 1,828 participants from the 2020/21 and 2021/22 academic years. To establish the validity and reliability of the CSWI, we employed confirmatory factor analysis (CFA) and measurement invariance.

**Psychometric Properties.** The concurrent validity of the CSWI with the SEHS-S was assessed through confirmatory factor analysis (CFA) and measurement invariance tests. The

results showed that the CSWI significantly correlated with the SEHS-S scores across all four domains, suggesting a moderate correlation with other relevant aspects of students' positive social-emotional health. For a comprehensive description of the psychometric and validity analyses, refer to [Furlong et al. \(2024\)](#).

**SEHS-S: Assessing Students' Strengths and Assets.** The CHKS SEHM includes the 36 [SEHS-S](#) items. This measure evaluates students' social and emotional strengths in four areas, with three items in each category:

1. Belief in Self (self-awareness, persistence, self-efficacy)
2. Belief in Others (school support, family coherence, peer support)
3. Emotional Competence (empathy, self-control, behavioral self-control)
4. Engaged Living (gratitude, zest, and optimism)

**Development.** Many prior studies provide evidence supporting a three-level, one-general factor model comprising four domains and 12 subscales, each containing three items. Previous California and cross-national [research offers extensive validity and reliability evidence](#) through confirmatory factor analysis and measurement invariance.

In 2020, the SEHS-S <sup>2</sup> was updated to enhance its applicability for all secondary schools (Grades 6-12) with a diverse group of adolescents. The updates included standardizing the response format and rewording some items. The study involved 72,740 students from 113 schools across California for structural validation, 10,757 students from 15 randomly selected California schools for criterion validation, and 707 students from four additional California schools for test-retest validation. The data analysis focused on structural validity, measurement invariance, criterion validity, internal consistency, and response stability.

**Psychometric Properties.** The SEHS-S demonstrates strong psychometric properties, showcasing excellent validity and reliability. It consistently measures covitality across various demographic groups and effectively predicts student distress and well-being outcomes. Additionally, it strongly correlates with the MHC-SF measure and reflects stable psychological dispositions. Utilizing the SEHS-S can provide valuable insights to support students' mental wellness.

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<sup>2</sup> Furlong, M.J., Dowdy, E., Nylund-Gibson, K. et al. (2020). Enhancement and standardization of a universal social-emotional health measure for students' psychological strengths. *Journal of Well-Being Assessment*, 4, 245–267. <https://doi.org/10.1007/s41543-020-00032-2>

### Social Emotional Health Survey-Secondary–Short Form (SEHS-S-SF) <sup>3</sup>

The SEHS-S is a robust and well-validated tool commonly used in research and clinical settings. However, its large number of items makes efficient screening and monitoring challenging. To address this issue, we conducted analyses to develop a more concise version of the assessment and improve its application for wellness screening.

**Objectives.** Research groups from UCSB and the [Proyecto Covitalidad](#), recognizing the need for a shorter version of the SEHS-S, conducted analyses to develop a concise form. The proposed brief version incorporates the best single item from each of the 12 SEHS-S subscales, resulting in scores across four domains: Belief in Self, Belief in Others, Social-Emotional Competence, and Engaged Living, and a total covitality score.

**Method.** This analysis included the responses of secondary school students from Spain (51% females) and the USA (50% females). We used item and Rasch analyses on the Spanish sample to select the most representative items for each first-order domain, resulting in a 12-item scale. We then conducted Confirmatory Factor Analyses (CFAs) on these items and explored measurement invariance (MI) across countries, genders, and grades. We correlated the SEHS-S-SF and SEHS-S factors to test convergent validity. We assessed internal consistencies using Cronbach's  $\alpha$  and McDonald's  $\omega$ .

**Results.** Our analyses developed and validated a shorter version of the SEHS-S, referred to as SEHS-S-SF (see Table 3). Figure 2 illustrates the response distribution. The higher-order model for the SEHS-S-SF was validated through confirmatory factor analyses. Measurement invariance was established across different countries and educational grades for first- and second-order factor loadings, items, and first-order factor intercepts. However, measurement invariance was only demonstrated for first- and second-order factor loadings when considering sex. The domains of SEHS-S-SF displayed strong correlations with their corresponding SEHS-S domains, with values of .92 or higher. The internal consistency indices for the four latent traits ranged from .54 to .81, with the general factor of Covitality achieving a value of .86.

**Summary.** Our analyses developed and validated the SEHS-S-SF (see Table 3). Table 4 provides the raw scores for standard conversions. Table 5 is designated for recording the Standard Score Equivalent Response Profile. The SEHS-S-SF shows strong psychometric properties, allowing for a comprehensive assessment of the higher-order domains of the

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<sup>3</sup> Francisco Javier López Fernández, David Pineda, Raquel Falcó, Juan Carlos Marzo, Erin Dowdy, Mei-ki Chan, Michael Furlong y Jose Antonio Piqueras (2024). "Desarrollo y validación transcultural de la Social Emotional Health Survey-Secondary Short Form (SEHS-S-SF). XIII Jornadas de la Asociación Iberoamericana para la Investigación de las Diferencias Individuales "Líneas actuales en el estudio de las diferencias individuales y la salud" celebradas en el Centro de Congresos de Elche (Alicante) los días 26 y 27 de Septiembre de 2024.

[Covitality model](#). This short form is convenient for time-limited assessments, such as school wellness screenings. This brief form can also be administered 2-3 times a year using carefully selected random samples to assess trends in population wellness.

### School Connectedness Scale <sup>4</sup>

The SchCon measure includes five items designed to evaluate students' social relationships within the school environment. Table 4 presents the SchCon items, and Figure 3 illustrates the response distribution. In Table 4, you will find the raw scores used for standard conversions. In contrast, Table 5 is intended to record the Standard Score Equivalent Response Profile.

**Method.** The psychometric properties of the CHKS SchCon <sup>5</sup> were analyzed for 18 sociocultural groups based on the responses of 500,800 California junior and senior high school students.

**Psychometric Properties.** In a [previous study](#), we found that the fundamental properties of the SchCon are favorable, including its reliability, concurrent validity, and construct structure. In the multigroup invariance testing, a single-factor model of the SchCon was consistent across all 18 sociocultural groups. Confirmatory factor analysis indicated that all items on the SchCon are related to a single distinct factor. Additionally, the scores on this scale demonstrated internal consistency, making it suitable for both research in schools and practical assessment applications. These results suggest that it is appropriate to compare the effects of the SchCon across different racial and ethnic groups.

## CARES Psychometric Information

### Descriptive and Normative Information

Figures 1 (CSWI), 2 (SEHS-S-SF), and 3 (SchCon) show each CARES measure's raw score distribution and their means, standard deviations, and selected percentile ranks. The cross-measures correlations were all positive and in the expected direction: *CSWI–Connectedness* ( $r = .50$ ), *CSWI–SEHS-S-SF* ( $r = .59$ ), and *Connectedness–SEHS-S-SF* ( $r = .45$ ).

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<sup>4</sup> For more information see, Centers for Disease Control [school connectedness resources](#), and its [links to risk behaviors](#).

<sup>5</sup> Furlong, M. J., O'Brennan, L. M., & You, S. (2011). Psychometric properties of the Add Health School Connectedness scale for 18 sociocultural groups. *Psychology in the Schools*, 48(10), 986–997. <https://doi.org/10.1002/pits.20609>

## CARES Applications

### Universal Screening and Progress Monitoring

The CARES assessment is a practical universal screening tool designed to evaluate students' overall mental wellness. If employed in this way and to maximize its effectiveness, the school wellness care team should actively involve parents or guardians by informing them about the assessment and obtaining their permission for its distribution. Once students consent, they enter an ID, allowing the school care team to follow up and connect them with any necessary support services. The CARES assessment consists of 27 items and can be administered several times each year to monitor students' progress in receiving school counseling and related services.



## Appendix 1

### CARES Tables, Figures, and Normative Charts

Table 1: California Healthy Kids Survey CHKS 2023/24 Sample Description

Table 2: California Student Wellness Index Items

Table 3: 12-item SEHS-Secondary Short Form Items

Table 4: School Connectedness Scale Items

Table 5: Comprehensive Assessment of Resilience and Emotional Strength, Raw Score to Standard Score Equivalent

Table 6: Comprehensive Assessment of Resilience and Emotional Strength, Standard Score Equivalent Response Profile

Figure 1: California Student Wellness Index Raw Score Distribution and Mean, Standard Deviation, and Selected Percentile Ranks

Figure 2: Social Emotional Health Survey Raw Score Distribution and Mean, Standard Deviation, and Selected Percentile Ranks

Figure 3: School Connectedness Raw Score Distribution and Mean, Standard Deviation, and Selected Percentile Rank

Table 1

California Healthy Kids Survey CHKS 2023/24 Sample Description

Total Sample Descriptive Information	N = 525,520	
	n	%
<b>Grade</b>		
6	16944	3.2
7	148215	28.2
8	26364	5.0
9	144073	27.4
10	30404	5.8
11	133750	25.5
12	25211	4.8
Other/Ungraded	455	—
Declined to answer	104	—
<b>Gender Identification</b>		
Male	258461	49.3
Female	252013	48.1
Nonbinary	6352	1.2
Another Identification	6928	1.3
Declined to answer	1766	0.3
<b>Transgender</b>		
No	424034	80.7
Yes	8736	1.7
Not sure	9152	1.7
Decline to respond	19040	3.6
Missing	1360	0.3
<b>Ethnicity (could select more than 1)</b>		
American Indian, Alaskan Native	19978	3.8
Asian or Asian American	115175	21.9
Black, African American	41662	7.9
Hispanic or Latinx	249532	47.5
Native Hawaiian, Pacific Islander	14769	2.8
White	179416	34.1
Declined to answer	1976	0.4
<b>Student Program Eligibility</b>		
English Learner	37439	7.1
Special Education	43672	8.3
<b>Living circumstances</b>		
Home with 1+ parents/guardians	485591	92.4
Another relative	7305	1.4
Home more than one family	17994	3.4
Friend's home	845	0.2
Foster, group home	1095	0.2
Hotel, motel	923	0.2
Shelter, car, temporary housing	1177	0.2
Other	9602	1.8
Declined to answer	988	0.2
<b>Parent Education</b>		
Did not finish high school	55432	10.5

Graduated high school	78858	15.0
Attended some college	51550	9.8
College degree (4-year)	237933	45.3
Do not know	93905	17.9
Declined to answer	7842	1.5
<hr/>		
Home Language		
English	336458	64.1
Spanish	125745	23.9
Other Asian	29429	5.6
Others	33108	6.3
<hr/>		

*Note.* This Table includes students who answered all the CSWI and SEHS-SF items and passed a response quality check. There are more students in Grades 7, 9, and 11 because, historically, the CHKS has been administered to those grades. The students' responses in Grades 6, 8, 10, and 12 are from schools that invited all students to respond.

## Table 2

### California Student Wellness Index Items <sup>6</sup>

#### Life Satisfaction

Generally, how satisfied are you with your life?

I would describe my satisfaction with my **FAMILY** life as...

Very Dissatisfied      Dissatisfied      A Little Dissatisfied      A Little Satisfied      Satisfied      Very Satisfied

I would describe my satisfaction with my **FRIENDSHIPS** as...

Very Dissatisfied      Dissatisfied      A Little Dissatisfied      A Little Satisfied      Satisfied      Very Satisfied

I would describe my satisfaction with my **SCHOOL EXPERIENCES** as...

Very Dissatisfied      Dissatisfied      A Little Dissatisfied      A Little Satisfied      Satisfied      Very Satisfied

I would describe my satisfaction with **MYSELF** as...

Very Dissatisfied      Dissatisfied      A Little Dissatisfied      A Little Satisfied      Satisfied      Very Satisfied

I would describe my satisfaction with **WHERE I LIVE** as...

Very Dissatisfied      Dissatisfied      A Little Dissatisfied      A Little Satisfied      Satisfied      Very Satisfied

#### Social Emotional Distress

Over the past 30 days, how true do you feel these statements are about you?

I had a hard time relaxing.

Not At All True      A Little True      Pretty Much True      Very Much True

I felt sad and down.

Not At All True      A Little True      Pretty Much True      Very Much True

I was easily irritated.

Not At All True      A Little True      Pretty Much True      Very Much True

It was hard for me to cope, and I thought I would panic.

Not At All True      A Little True      Pretty Much True      Very Much True

It was hard for me to get excited about anything.

Not At All True      A Little True      Pretty Much True      Very Much True

<sup>6</sup> Furlong, M. J., O'Malley, M., Chan, M-K., Dowdy, E., Goodwin, J., Ortiz, A., Nylund-Gibson, K., Hanson, T. (2024). [Development, validation, and multitier applications with the California Student Wellness Index](https://doi.org/10.1007/s40688-024-00519-2). *Contemporary School Psychology*. <https://doi.org/10.1007/s40688-024-00519-2>

Table 3

SEHS-S-SF: SEHS-Secondary Short Form Items <sup>7</sup>

Directions: You are invited to complete this survey about how you have felt over the past few weeks. Read each item and choose the response that best describes you. There are no right or wrong answers. You can skip questions you don't want to answer.		1	2	3	4
1	I can do most things if I try.	1	2	3	4
2	I understand my moods and feelings.	1	2	3	4
3	I try to answer all the questions asked in class.	1	2	3	4
4	At my school, there is a teacher or some other adult who always wants me to do my best.	1	2	3	4
5	My family really gets along well with each other.	1	2	3	4
6	I have a friend my age who helps me when I'm having a hard time.	1	2	3	4
7	I accept responsibility for my actions.	1	2	3	4
8	I try to understand what other people go through.	1	2	3	4
9	I think before I act.	1	2	3	4
10	I usually expect to have a good day.	1	2	3	4
11	On most days, I feel grateful	1	2	3	4
12	On most days, I feel active	1	2	3	4

1-3 Belief in Self, 4-6 Belief in Others, 7-9 Emotional Competence, 10-12 Engaged Living  
 1-12 Total Covitality

1 = Not at all true, 2 = A little true, 3 = Pretty much true, 4 = Very much true

<sup>7</sup> Furlong, M.J., Dowdy, E., Nylund-Gibson, K. et al. (2020). Enhancement and Standardization of a Universal Social-Emotional Health Measure for Students' Psychological Strengths. *Journal of Well-Being Assessment*, 4, 245–267. <https://doi.org/10.1007/s41543-020-00032-2>

Table 4

School Connectedness Scale Items <sup>8</sup>

I feel close to people at this school.	SD	D	N	A	SA
I am happy to be at this school.	SD	D	N	A	SA
I feel like I am part of this school.	SD	D	N	A	SA
The teachers at this school treat students fairly.	SD	D	N	A	SA
I feel safe in my school.	SD	D	N	A	SA

SD = Strongly disagree,

D = Disagree

N= Neither disagree nor agree

A = Agree

SD = Strongly agree

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<sup>8</sup> Furlong, M. J., O'Brennan, L. M., & You, S. (2011). Psychometric properties of the Add Health School Connectedness scale for 18 sociocultural groups. *Psychology in the Schools*, 48(10), 986–997. <https://doi.org/10.1002/pits.20609>

**Table 5**  
**Comprehensive Assessment of Resilience and Emotional Strength**  
**Raw Score to Standard Score Equivalent**

Raw Score	SEDS SS	BMSLSS SS	CSWI SS	SEHS SS	SchCon SS	Raw Score
0	83	45	45	54	51	0
1	87	48	50	56	55	1
2	90	51	52	58	58	2
3	97	54	54	60	62	3
4	100	57	56	62	66	4
5	104	60	58	64	70	5
6	107	63	60	67	74	6
7	111	66	61	69	78	7
8	114	69	63	71	82	8
9	117	73	65	73	86	9
10	121	76	67	75	90	10
11	124	79	69	77	94	11
12	128	82	71	79	98	12
13	131	85	73	82	102	13
14	135	88	74	84	106	14
15		91	76	86	110	15
16		94	78	88	114	16
17		97	80	90	118	17
18		100	82	92	122	18
19		103	84	94	125	19
20		106	85	97	129	20
21		109	87	99		21
22		112	89	101		22
23		115	91	103		23
24		119	93	105		24
25		125	95	107		25
26			96	109		26
27			98	111		27
28			100	114		28
29			102	116		29
30			104	118		30
31			106	120		31
32			107	122		32
33			109	124		33
34			111	126		34
35			113	129		35
36			115	131		36
37			117			37
38			119			38
39			120			39
40			122			40

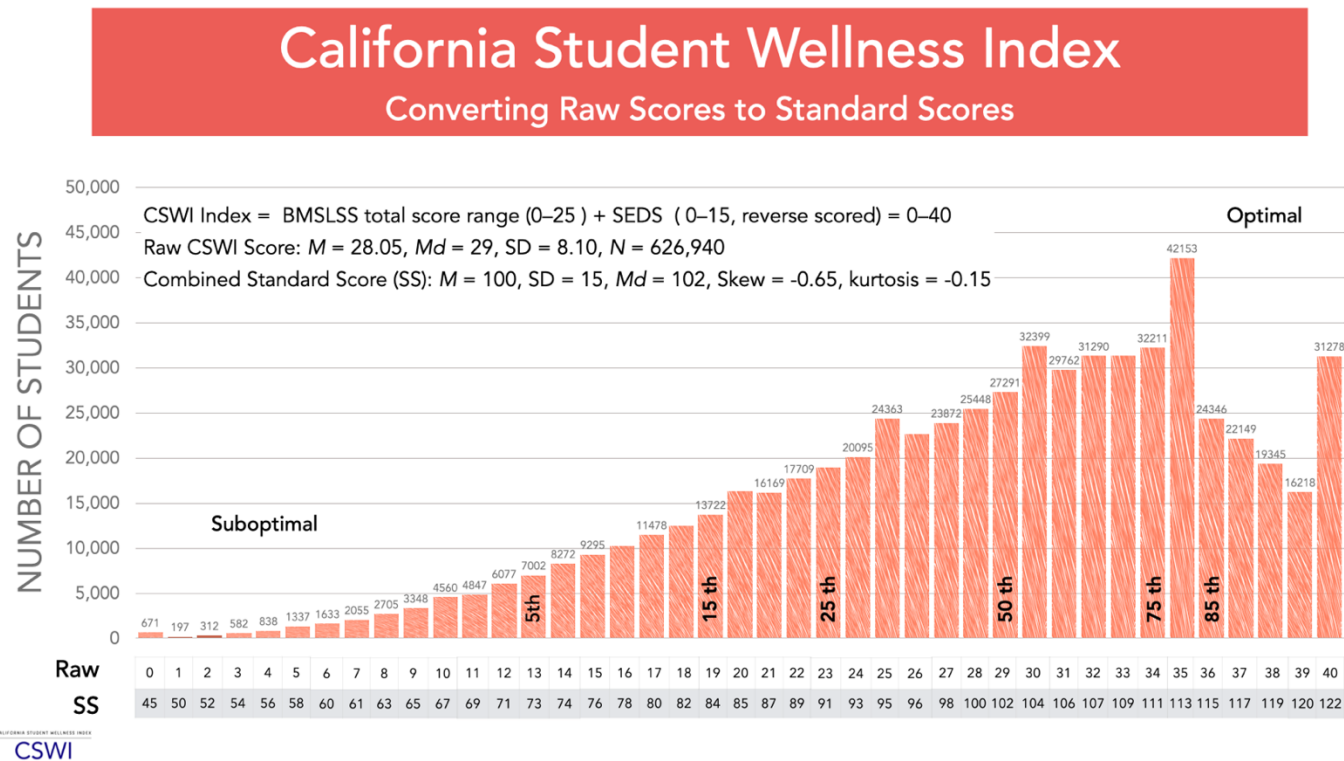
**Table 6**  
**Comprehensive Assessment of Resilience and Emotional Strength**  
**Standard Score Equivalent Response Profile**

SS	California Student Wellness Index	Social Emotional Health Survey	School Connectedness Scale	SS
120+				120+
119				119
118				118
117				117
116				116
115				115
114				114
113				113
112				112
111				111
110				110
109				109
108				108
107				107
106				106
105				105
104				104
103				103
102				102
101				101
100				100
99				99
98				98
97				97
96				96
95				95
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93				93
92				92
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87				87
86				86
85				85
84				84
83				83
82				82
81				81
80				80
79				79
78				78
77				77
76				76
75				75
74				74
73				73
72				72
71				71
70				70
69				69
68				68
67				67
66				66
65				65
64				64
63				63
62				62
61				61
≤ 60				≤ 60



Figure 1 <sup>9</sup>

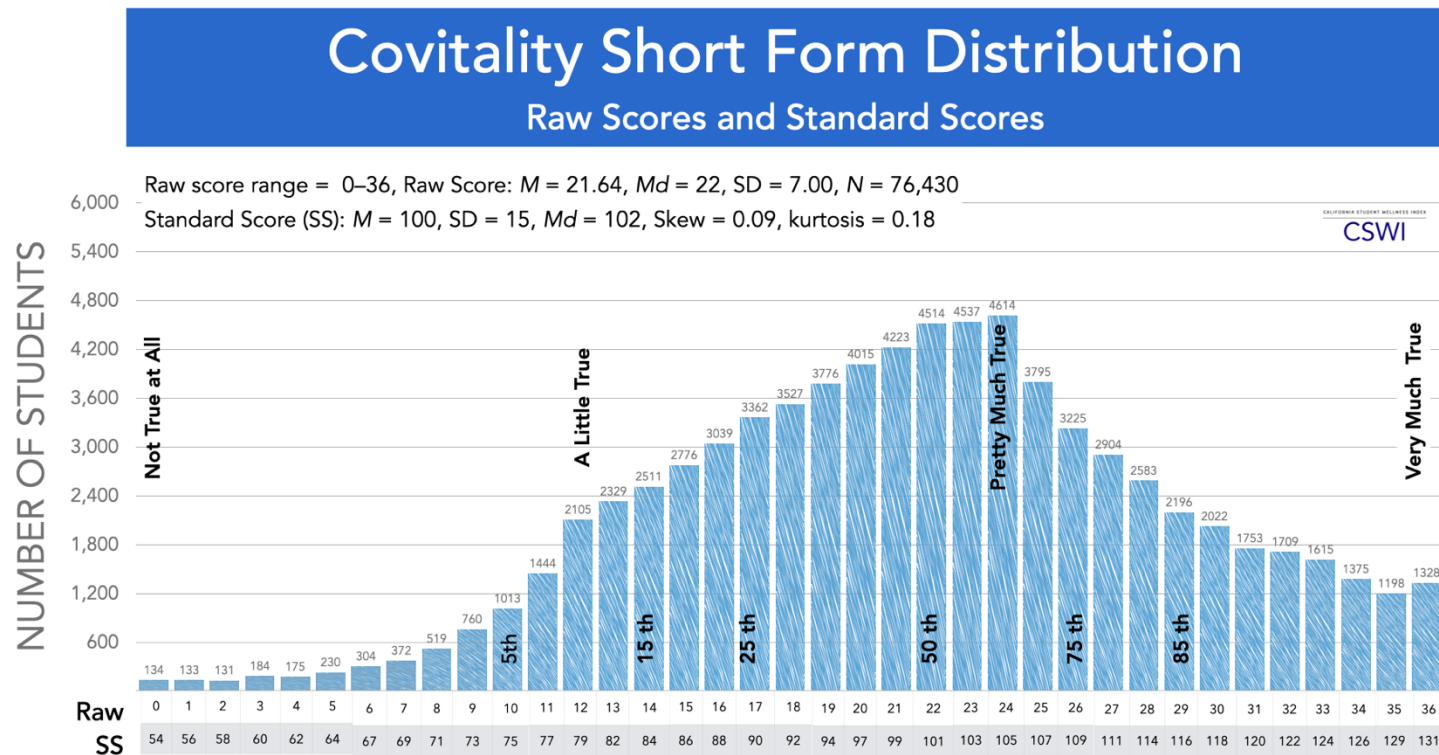
California Student Wellness Index Raw Score Distribution and Mean, Standard Deviation, and Selected Percentile Ranks



<sup>9</sup> For extensive CSWI psychometric and validation information see, Furlong, M. J., O'Malley, M., Chan, M-K., Dowdy, E., Goodwin, J., Ortiz, A., Nylund-Gibson, K., Hanson, T. (2024). [Development, validation, and multitier applications with the California Student Wellness Index](https://doi.org/10.1007/s40688-024-00519-2). *Contemporary School Psychology*. <https://doi.org/10.1007/s40688-024-00519-2>

Figure 2 <sup>10</sup>

Social Emotional Health Survey Raw Score Distribution and Mean, Standard Deviation, and Selected Percentile Ranks (alpha = .86)

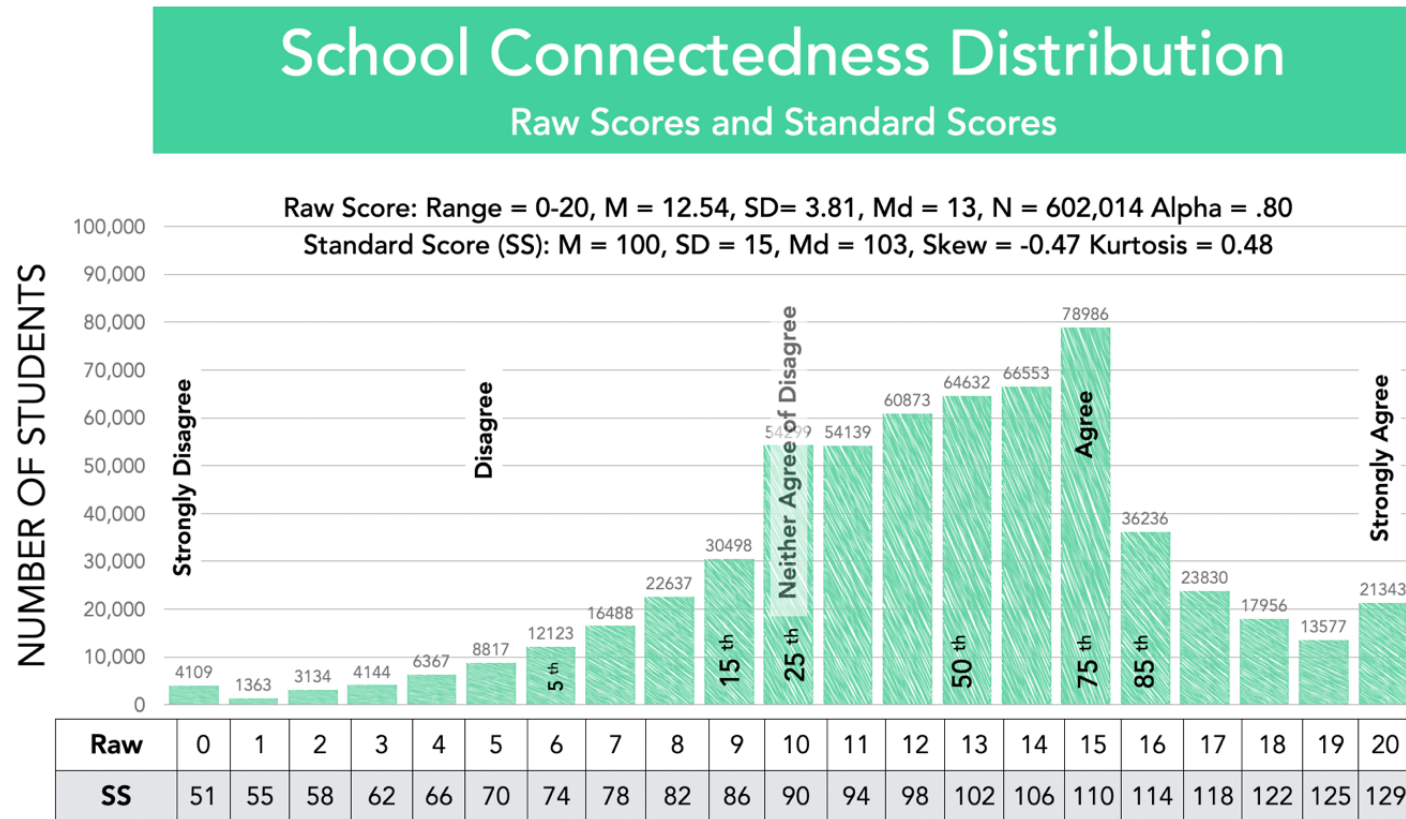


3

<sup>10</sup> See UC Santa Barbara [Project Covitality](#) for extensive SEHS-S psychometric and validation information.

Figure 3 <sup>11</sup>

School Connectedness Raw Score Distribution and Mean, Standard Deviation, and Selected Percentile Rank (alpha = .83)



CALIFORNIA STUDENT WELLNESS INDEX  
**CSWI**

<sup>11</sup> Furlong, M. J., O’Brennan, L. M., & You, S. (2011). Psychometric properties of the Add Health School Connectedness scale for 18 sociocultural groups. *Psychology in the Schools*, 48(10), 986–997. <https://doi.org/10.1002/pits.20609>

## Appendix 2

### CARES Resources

When used in the anonymous Healthy Kids Survey, the CSWI offers a reliable mental wellness index, providing overall data that informs mental health policies and practices at the school, district, and state levels. It is important to note that **schools do not have the resources to use students' CSWI responses to identify individuals** for follow-up interviews or personal evaluations for wellness-promoting services.

In collaboration with WestEd, the State Department of Education has championed the development of a robust infrastructure for managing, scoring, and sharing anonymous CSWI assessments at the school level. However, **the lack of resources poses a significant challenge for schools wishing to implement the CSWI in a non-anonymous manner**, such as through student ID entry, as part of a comprehensive, school-wide wellness screening and monitoring initiative.

We have partnered with several schools to conduct the CSWI survey for all Grades 6-12 students who have consent from their parents and assent from the students. The survey is administered **online using Qualtrics and has been optimized to efficiently collect CSWI data and generate real-time reports for the entire district and each school.**


[UCSB Project Covitality](#)

[CSWI-Related Resources](#)

[CARES Online Qualtrics Survey Administration and Scoring Example](#)

## CARES Online Survey Scoring Response Summary Example

CARES: Comprehensive Assessment of Resilience and Emotional Strengths



Important: Capture Screenshot to Save Response Record

CARES: Comprehensive Assessment of Resilience and Emotional Strength

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**California Student Wellness Index**  
**10** of 10 BMSLSS and SEDS Items were answered. If less than 10, interpret carefully.

**CSWI Total Score** (range = 0-40) = **32**  
Based on the responses of 626,940 California students in Grades 6-12

- 1 = 36-40 (upper 15%)
- 2 = 28-35 (average)
- 3 = 20-27 (low average)
- 4 = 0-19 (lower 15%)

**Life Satisfaction** (0-25) = **20**

- 1 = 23-25 (upper 15%)
- 2 = 18-22 (average)
- 3 = 13-17 (low average)
- 4 = 0-12 (lower 15%)

**Emotional Distress** (0-15) = **3**

- 1 = 10-15 (upper 15%)
- 2 = 5-9 (low average)
- 3 = 1-4 (average)
- 4 = 0 (lower 15%)

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**Student Personal Social Emotional Assets**  
Based on the responses of 94,134 California students in Grades 6-12

**Belief in Self** (0-9) = **8**

**Belief in Others** (0-9) = **7**

**Emotional Competence** (0-9) = **8**

**Engaged Living** (0-9) = **5**

**Total Covitality** (0-36) = **28**

- 1 = 29-36 (upper 15%)
- 2 = 22-28 (average)
- 3 = 15-21 (low average)
- 4 = 0-14 (lower 15%)

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**Global Mental Health Self-Rating** = **6**  
 ( 1= very poor.... 5 = fair.... 10 = excellent)

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**School Connectedness Score** (0-20, higher scores = positive school connections) = **15**  
Based on the responses of 525,520 California students in Grades 6-12

- 1 = 17-20 (upper 15%)
- 2 = 13-16 (average)
- 3 = 9-12 (low average)
- 4 = 0-8 (lower 15%)

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**See Counselor?** [Not right now](#)

**Learn About Wellness Programs?** [Yes](#)

## Appendix 3

### List of Acronyms

BMSLSS	Brief Multidimensional Student Life Satisfaction Scale
CHKS	California Healthy Kids Survey
CSWI	California Student Wellness Index
MHC-SF	Mental Health Continuum-Short Form
SchCon	School Connectedness Scale
SEDS	Social Emotional Distress Scale
SEHM	Social Emotional Health Module
SEHS-S	Social Emotional Health Survey-Secondary
SEHS-S-SF	Social-Emotional Health Survey-Short Form

## Author Information

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