



**THE LEO PROGRAM**  
*Learn & Empower Oneself*

Wood County Middle School Post-Program Survey

**Brighter Futures Initiative - LEO**

**This is a voluntary survey, you are not required to complete this survey to participate in The LEO Program.**

**If you do complete the survey, the answers you provide will be kept confidential and will not be shared with anyone, for any reason. Your name will NEVER be reported to any individual or group or shared with your LEO Facilitator. Answer the questions based on what you really do.**

**Directions:**

- **Select one answer, per question.**
- **Your name is required, but will be kept confidential and not shared with LEO Facilitators for any reason.**
- **Completing the survey is voluntary. If you are not comfortable answering a question, just leave it blank.**

***Thank you very much for your help!***



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## Demographics

\* 1. First name, Last name

## Quality of Life and Connections

The next set of questions ask about your life. Select the response that currently describes you.

2. My decisions are usually influenced by what everyone else is doing.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. I tend to worry about what other people think of me.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. I tend to bounce back quickly after hard times.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. I have a hard time making it through stressful events.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

6. My friends are people I can trust.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

7. Please select the statement that is most often true for you.

- I am in control of my emotions.
- My emotions are in control of me.

8. How often are you on social media in a typical day? Social media includes: Facebook, Twitter, Instagram, Snapchat, TikTok and other similar platforms.

- I don't use social media
- Less than an hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 or more hours

## Substance Use

**The remaining questions relate to substance use. The questions come from the Youth Risk Behavior Survey. Please select the answer that currently applies to you.**

**The next 3 questions ask about cigarette smoking and tobacco use.**

9. Have you ever tried cigarette smoking, even one or two puffs?

- Yes
- No

10. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

11. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus (do not count any electronic vapor products).

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**The next 5 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

12. Have you ever used an electronic vapor product (vape), even one or two puffs?

- Yes
- No

13. During the past 30 days, how many days did you use an electronic vapor product (vape)?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

14. During the past 12 months, did you ever try to quit using all tobacco/nicotine, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco and/or electronic vapor products (vape)?

- I did not use any tobacco products during the last 12 months
- Yes
- No

15. I would be able to say no if a friend offered me an electronic vapor product (vape).

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

16. What level of risk do you think vaping has on your physical and mental health?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

**The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

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

- Yes
- No

18. During the past 30 days, how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

19. I would be able to say no if a friend offered me a drink of alcohol.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**The next 2 questions ask about marijuana use. Marijuana also is called pot, weed or cannabis.**

20. Have you ever used marijuana?

- Yes
- No

21. During the past 30 days, how many days did you use marijuana?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**The next 2 questions ask about other drugs.**

22. Have you ever taken over-the-counter or prescription drugs to get high?

- Yes
- No

23. During your life, have you used any of the following: methamphetamines, heroin, cocaine or crack, ecstasy, or hallucinogens?

- Yes
- No

**The next question asks about your experience with The LEO Program.**

## **The LEO Program Questions**

The final set of questions ask about your experience in The LEO Program. Please select the response that currently describes how you feel and what you remember about the program.

24. Please select the statement that BEST describes you:

- I can always identify when I am in higher or lower brain throughout the day.
- I can sometimes identify when I am in higher or lower brain throughout the day.
- I can never identify when I am in higher or lower brain throughout the day.
- I don't know what higher or lower brain is.

25. My higher brain helps me:

- Helps me breathe, keeps me safe, and can make me have big emotions.
- Think logically and rationally; see the big picture.
- Survive.
- I don't know what my higher brain helps me do.

26. My lower brain:

- Helps me breathe, keeps me safe, and can make me have big emotions.
- Helps me think logically and rationally.
- Keeps me calm.
- I don't know what my lower brain does.

27. Please select the statement that is most true for you:

- The LEO Program tools always help me overcome difficult situations.
- The LEO Program tools sometimes help me overcome difficult situations.
- The LEO Program tools never help me overcome difficult situations.

28. Please select the statement that is most true for you:

- The LEO program tools always help me make healthy choices, including not using drugs, substances or vaping.
- The LEO program tools sometimes help me make healthy choices, including not using drugs, substances or vaping.
- The LEO program tools never help me make healthy choices, including not using drugs, substances or vaping.

29. Overall, The LEO Program:

- Was valuable and helped me learn something new.
- Was somewhat valuable and helped me maybe learn something new.
- Was not valuable and I did not learn anything new.

**This is the end of the survey.**  
**Thank you very much for your help.**