



THE LEO PROGRAM
Learn & Empower Oneself

Wood County Middle School Pre-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 and Last name

* 2. How old are you?

- 12 years old
 13 years old
 14 years old
 15 years old

* 3. What grade are you in school?

- 6th grade
 7th grade
 8th grade

* 4. What is your gender?

- Female
 Male
 Transgender
 Other

Youth Outcomes

The first set of questions asks about your current life situation.

5. Are you in stable housing?

- Yes
- No

6. Are you homeless?

- Yes
- No

7. Are you currently working (employed)?

- Yes
- No

8. Do you have more than one supportive (unpaid) individual in your life?

- Yes
- No

9. Are you connected to services to meet your health needs?

- Yes
- No

10. Are you engaged in planning for your future?

- Yes
- No

Quality of Life and Connections

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

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

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

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

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

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

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

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

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

15. My friends are people I can trust.

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

16. 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.

17. 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.

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

- Yes
- No

19. 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

20. 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.

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

- Yes
- No

22. 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

23. 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

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

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

25. 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.

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

- Yes
- No

27. 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

28. 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.

29. Have you ever used marijuana?

- Yes
- No

30. 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.

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

- Yes
- No

32. 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 why you may choose to use substances.

33. If you answered yes to smoking cigarettes, using an electronic vapor product, drinking alcohol and/or using drugs - why did/do you use this substance(s)? Select all that apply.

- Peer Pressure (friends)
- To destress and forget about my life
- Because it's fun
- To relax
- To make me happier
- I'm not really sure why
- Other (please specify)

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