

# Brighter Futures Initiative - LEO Annual Program 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 shared with your LEO Facilitator. Answer 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.*

## Pre-Questions

**What year did you attend the LEO classroom session?**

- A. 2019
- B. 2020
- C. 2021

**What time of year did you attend the LEO classroom session?**

- A. Spring
- B. Summer
- C. Fall

## Demographics

1. First Name, Last Name:

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Please provide your updated contact information, if it had changed since you participated in LEO.

Address:

Address 2:

City/town:

State/Province:

Zip/Postal Code:

Email Address:

Phone Number:

2. How old are you?

- A. 14 years old
- B. 15 years old
- C. 16 years old
- D. 17 years old
- E. 18 years old
- F. 19 years old
- G. 20 years old

3. What is your Gender?

- A. Female
- B. Male
- C. Transgender
- D. Other

4. What grade are you in school?

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. College
- F. Not in school

<b>Quality of Life Questions</b>
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**The next set of questions ask about your life. Circle the response that currently describes you.**

5. I enjoy my life.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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6. I feel my life is meaningful.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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7. I am satisfied with myself.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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8. I tend to bounce back quickly after hard times.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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9. I have a hard time making it through stressful events.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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10. I tend to take a long time to get over setbacks in my life (such as failing a test, a fight with a friend or family member, etc.).

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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11. My decisions are usually influenced by what everyone else is doing.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

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

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

13. I am good at managing the many responsibilities of my daily life.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

14. How often are you on social media on a typical day? Social media includes: Facebook, Twitter, Instagram, Snap Chat and other similar platforms.

- A. I don't use social media
- B. Less than an hour
- C. 1 hour
- D. 2 hours
- E. 3 hours
- F. 4 hours
- G. 5 or more hours

15. Please mark the statement that is most often true of you.

- I am in control of my emotions.      or       My emotions are in control of me.
- I respond to situations emotionally.      or       I respond to situations logically.
- I pay attention to how many "likes" I get on social media.      or       I don't pay attention to responses I get to posts I make on social media.
- I feel calm most of the time.      or       I am anxious most of the time.

16. Over the last two weeks, how often have you been bothered by any of the following? Circle the response that best describes you.

Little interest or pleasure in doing things

Not at all      Several Days      Over half the days      Nearly every day

Feeling down, depressed, or hopeless.

Not at all      Several Days      Over half the days      Nearly every day

Trouble falling or staying asleep, or sleeping too much.

Not at all      Several Days      Over half the days      Nearly every day

Feeling tired or having little energy.

Not at all      Several Days      Over half the days      Nearly every day

Poor appetite or overeating.

Not at all      Several Days      Over half the days      Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television.

Not at all      Several Days      Over half the days      Nearly every day

Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual.

Not at all      Several Days      Over half the days      Nearly every day

Feeling nervous, anxious or on edge.

Not at all      Several Days      Over half the days      Nearly every day

Not being able to stop or control worrying.

Not at all      Several Days      Over half the days      Nearly every day

Worrying too much about different things.

Not at all      Several Days      Over half the days      Nearly every day

Trouble relaxing.

Not at all      Several Days      Over half the days      Nearly every day

Being so restless that it is hard to sit still

Not at all      Several Days      Over half the days      Nearly every day

Becoming easily annoyed or irritable.

Not at all      Several Days      Over half the days      Nearly every day

**The remaining questions relate to substance use and mental health. These questions come from the Youth Risk Behavior Survey.**

**Substance Use Questions**

**Please circle the answer that currently applies to you.**

**The next 3 questions ask about cigarette smoking.**

17. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
  - B. No
18. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried tobacco, not even one or two puffs
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
19. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 2 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.**

20. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
21. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 3 questions ask about other tobacco products.**

22. 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.)
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
23. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 to 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
24. During the past 12 months, did you ever try **to quit** using **all** tobacco products, including: cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
- A. I did not use any tobacco products during the past 12 months
  - B. Yes
  - C. No

**The next 4 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.**

25. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 to 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 29 days
  - F. 40 to 99 days
  - G. 100 or more days
26. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old

- F. 15 or 16 years old
- G. 17 years or older

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

28. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- A. I did not drink alcohol during the past 30 days
- B. 1 or 2 drinks
- C. 3 drinks
- D. 4 drinks
- E. 5 drinks
- F. 6 or 7 drinks
- G. 8 or 9 drinks
- H. 10 or more drinks

**The next 3 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.**

29. During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

30. How old were you when you tried marijuana for the first time?

- A. I have never tried marijuana
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

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

- H. 0 times
- I. 1 or 2 times

- J. 3 to 9 times
- K. 10 to 19 times
- L. 20 to 39 times
- M. 40 or more times

**The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

32. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

**The next 6 questions ask about other drugs.**

33. During your life, how many times have you taken an **over-the-counter drug** to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
34. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
35. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

36. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No
37. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
38. During the past 12 months, how many times have you used any illegal drug except marijuana, such as methamphetamines, heroin, cocaine, or crack, ecstasy, or hallucinogens?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

## Mental Health

The next two questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

39. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
  - B. No
40. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No

## LEO Questions

The following questions relate to your experience with the LEO Program. Please circle the answer that best describes you.

2. Overall, I found the program to be valuable.
- |                      |          |         |       |                   |
|----------------------|----------|---------|-------|-------------------|
| Strongly<br>Disagree | Disagree | Neutral | Agree | Strongly<br>Agree |
|----------------------|----------|---------|-------|-------------------|
3. I can identify if I am in lower brain or higher brain throughout the day.
- |                      |          |         |       |                   |
|----------------------|----------|---------|-------|-------------------|
| Strongly<br>Disagree | Disagree | Neutral | Agree | Strongly<br>Agree |
|----------------------|----------|---------|-------|-------------------|
4. I apply at least one of the tools taught in the LEO program in my everyday life.
- |                      |          |         |       |                   |
|----------------------|----------|---------|-------|-------------------|
| Strongly<br>Disagree | Disagree | Neutral | Agree | Strongly<br>Agree |
|----------------------|----------|---------|-------|-------------------|
5. The LEO program has changed the way I approach life experiences.
- |                      |          |         |       |                   |
|----------------------|----------|---------|-------|-------------------|
| Strongly<br>Disagree | Disagree | Neutral | Agree | Strongly<br>Agree |
|----------------------|----------|---------|-------|-------------------|
6. I would recommend LEO to other people.
- |                      |          |         |       |                   |
|----------------------|----------|---------|-------|-------------------|
| Strongly<br>Disagree | Disagree | Neutral | Agree | Strongly<br>Agree |
|----------------------|----------|---------|-------|-------------------|
7. **While you were attending the LEO classes**, did you meet with the LEO Coordinator outside of the scheduled classroom sessions for mentorship (to work on applying LEO tools in your life)? Meetings could be either one-on-one or small groups.
- A. I did not meet with the LEO Coordinator for mentorship time.
  - B. I met with the coordinator 1 – 3 times.
  - C. I met with the coordinator 4 – 6 times.
  - D. I met with the coordinator 7 or more times.
8. Have you met with the LEO coordinator **after** the LEO classes were completed for mentorship (to work on applying LEO tools in your life)? Meetings could be either one-on-one or small groups.
- A. I did not meet with the LEO Coordinator for mentorship time.
  - B. I met with the coordinator 1 – 3 times.
  - C. I met with the coordinator 4 – 6 times.
  - D. I met with the coordinator 7 or more times.

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