

Brighter Futures Initiative - LEO Post-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 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.

Demographics

1. First Name, Last Name:

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

Quality of Life Questions

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

6. I feel my life is meaningful.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. I am satisfied with myself.

- | | | Strongly
Disagree | Disagree | Neutral | Agree | Strongly
Agree |
|-----|---|----------------------|----------|---------|-------|---|
| 8. | I tend to bounce back quickly after hard times. | | | | | |
| 9. | I have a hard time making it through stressful events. | | | | | |
| 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.). | | | | | |
| 11. | My decisions are usually influenced by what everyone else is doing. | | | | | |
| 12. | I tend to worry about what other people think of me. | | | | | |
| 13. | I am good at managing the many responsibilities of my daily life. | | | | | |
| 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. | | | | | |
| | <input type="checkbox"/> I am in control of my emotions. | | | | or | <input type="checkbox"/> My emotions are in control of me. |
| | <input type="checkbox"/> I respond to situations emotionally. | | | | or | <input type="checkbox"/> I respond to situations logically. |
| | <input type="checkbox"/> I pay attention to how many "likes" | | | | or | <input type="checkbox"/> I don't pay attention to responses I |

I get on social media. _____ 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 cigarette smoking, 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. 20 to 29 days
F. 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 vaping 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 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
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 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 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 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 old 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 of 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 this 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 select the answer that best describes you.

41. Overall, I found the program to be valuable.
- | | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------|----------|---------|-------|----------------|
42. I can identify if I am in lower brain or higher brain throughout the day.
- | | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------|----------|---------|-------|----------------|
43. I apply at least one of the tools taught in the LEO program in my everyday life.
- | | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------|----------|---------|-------|----------------|
44. The LEO program has changed the way I approach life experiences.
- | | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------|----------|---------|-------|----------------|

45. I would recommend LEO to other people.

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

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