



THE LEO PROGRAM

Learn & Empower Oneself

New Wood County Pre-Program Survey

Brighter Futures Initiative - LEO

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!



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New Wood County Pre-Program Survey

Demographics

* 1. First name, Last name

* 2. How old are you?

- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old

3. What is your gender?

- Female
- Male
- Transgender
- Other

4. What grade are you in school?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- College
- Not in school

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 Questions

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

11. I enjoy my life.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

12. I feel my life is meaningful.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

13. I am satisfied with myself.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

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

- Strongly Disagree Disagree Neutral Agree Strongly Agree

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

- Strongly Disagree Disagree Neutral Agree Strongly Agree

16. 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

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

- Strongly Disagree Disagree Neutral Agree Strongly Agree

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

- Strongly Disagree Disagree Neutral Agree Strongly Agree

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

- Strongly Disagree Disagree Neutral Agree Strongly Agree

20. How often are you on social media on a typical day? Social media includes: Facebook, Twitter, Instagram, Snapchat 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

21. 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.

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

- I respond to situations emotionally.
- I respond to situations logically.

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

- I pay attention to how many 'likes' I get on social media.
- I don't pay attention to responses I get to posts I make on social media.

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

- I feel calm most of the time.
- I am anxious most of the time.

**over the last two weeks, how often have you been bothered by any of the following?
Select the response that best describes you.**

25. Little interest or pleasure in doing things.

Not at all	Several days	Over half the days	Nearly every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Feeling down, depressed, or hopeless.

Not at all	Several days	Over half the days	Nearly every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Trouble falling or staying asleep, or sleeping too much.

Not at all	Several days	Over half the days	Nearly every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Feeling tired or having little energy.

Not at all	Several days	Over half the days	Nearly every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Poor appetite or overeating.

Not at all

Several days

Over half the days

Nearly every day

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

Not at all

Several days

Over half the days

Nearly every day

31. 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

32. Feeling nervous, anxious or on edge.

Not at all

Several days

Over half the days

Nearly every day

33. Not being able to stop or control worrying.

Not at all

Several days

Over half the days

Nearly every day

34. Worrying too much about different things.

Not at all

Several days

Over half the days

Nearly every day

35. Trouble relaxing.

Not at all

Several days

Over half the days

Nearly every day

36. Being so restless that it is hard to sit still.

Not at all

Several days

Over half the days

Nearly every day

37. 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 select the answer that currently applies to you.

The next 3 questions ask about cigarette smoking.

38. Have you ever tried cigarette smoking, even on or two puffs?

- Yes
- No

39. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never tried cigarette smoking, not even one or two puffs
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

40. 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

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.

41. Have you ever used an electronic vapor product?

- Yes
- No

42. During the past 30 days, on how many days did you use an electronic vapor product?

- 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 3 questions ask about other tobacco products.

43. 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

44. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

- 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

45. 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?

- I did not use any tobacco products during the past 12 months
- Yes
- 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.

46. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

47. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

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

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

49. 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?

- I did not drink alcohol during the past 30 days
- 1 or 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 or 7 drinks
- 8 or 9 drinks
- 10 or more drinks

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

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

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

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

- I have never tried marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

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

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 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.

53. 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?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

The next 6 questions ask about other drugs.

54. During your life, how many times have you taken an **over-the-counter drug** to get high?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

55. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

56. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

57. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- Yes
- No

58. 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?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

59. 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?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 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.

60. 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?

- Yes
- No

61. During the past 12 months, did you ever **seriously** consider attempting suicide?

- Yes
- No

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

