



Healing of the Canoe Survey

POST-SURVEY

Instructions

When you see a box, please indicate your answer with an "X" or check mark.

Example: Do you like ice cream?

- No
- Yes

When you see box, please circle the answer that best fits how you feel.

I like chocolate ice cream.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
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2020-2021



HOC Survey



1. For each sentence, please think about how you are in most situations.

Circle one response in each row that describes YOU the best. There are no right or wrong answers.

a. I think I am doing pretty well.	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>A lot of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
b. I can think of many ways to get the things in life that are most important to me.	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>A lot of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
c. I am doing just as well as other kids my age.	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>A lot of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
d. When I have a problem, I can come up with lots of ways to solve it.	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>A lot of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
e. I think the things I have done in the past will help me in the future.	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>A lot of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
f. Even when others want to quit, I know that I can find ways to solve the problem.	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>A lot of the time</i>	<i>Most of the time</i>	<i>All of the time</i>

Family: The next set of questions is about your family and home life.

2. How much do you agree or disagree with the following statements about your family/home? Circle the answer that fits for you.				
a. My parents or guardians notice when I am doing a good job and let me know about it.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
b. I feel safe at home.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
c. When I am not home, one of my parents/guardians knows where I am and who I am with.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
d. I enjoy spending time with my family.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
e. There is someone in my family I can talk to about anything.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

School: The next set of questions is about school (middle or high school, college, etc.).

3. If you were not in school over the past 12 months, check the box and skip to the next section about your friends.

I was not in school (middle school, high school, college, etc.) in the past 12 months.

4. How much do you agree or disagree with the following statements about your school? Circle the answer that fits for you.				
a. My teacher(s) notices when I am doing a good job and lets me know about it.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
b. I feel safe at my school.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
c. I enjoy being at school.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
d. I try hard in school.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

Community: The next set of questions is about your community.

5. How much do you agree or disagree with the following statements about your community? Circle the answer that fits for you.				
a. There is an Elder in my community that I hang out with and go to for advice.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
b. I feel safe in my community.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

Friends: The next set of questions is about your friends.

6. In the past year (12 months), how many of your friends ...?				
a. Try to do their best?	<i>None</i>	<i>1 friend</i>	<i>2 friends</i>	<i>3 or more friends</i>
b. Do well in school?	<i>None</i>	<i>1 friend</i>	<i>2 friends</i>	<i>3 or more friends</i>

Health: The following questions are about your health.

7. Circle the answer about your health that fits best for you.				
a. In general, how good is your physical health?	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
b. In general, how good is your mental health? <i>Mental health includes stress, anxiety, depression, and problems with emotions.</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

8. On an average week night, how many hours of sleep do you get? (Please check one box)

- | | |
|--|---|
| <input type="checkbox"/> 4 hours or less | <input type="checkbox"/> 8 hours |
| <input type="checkbox"/> 5 hours | <input type="checkbox"/> 9 hours |
| <input type="checkbox"/> 6 hours | <input type="checkbox"/> 10 hours or more |
| <input type="checkbox"/> 7 hours | |

9. During the past 7 days, on how many days did you eat breakfast? (Please check one box)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

10. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time. Please check one box)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

**The next set of questions is about your alcohol and/or drug use.
Remember that your answers are CONFIDENTIAL and that they will be kept PRIVATE.
Your answers will not be shared with your instructors or anyone else,
and NO ONE who sees the survey will know your name.**

11. During the past 30 days, on how many days did you... (Circle the answer that fits for you)			
a. Smoke cigarettes? Includes vaping (tobacco) & using chewing tobacco, but NOT ceremonial tobacco use	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>
a. Drink alcohol?	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>
b. Use marijuana? This includes edibles, vaping (marijuana), and smoking	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>
c. Use non-prescription, over the counter drugs for the feeling they cause? (examples: diet pills, No Doze, cough medicine, etc.)	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>
d. Use derbisol?	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>
e. Use prescription drugs (like Vicodin, OxyContin, Tylox, Xanax, Valium, Ritalin, Ambien, etc.) without a doctor's orders	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>
f. Use other illegal drugs (like cocaine, meth, inhalants, psychedelics, heroin, etc.)?	<i>0 days</i>	<i>1 to 10 days</i>	<i>11 or more days</i>

12. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (Please check one box)

- | | |
|--|--|
| <input type="checkbox"/> 1 did not drink alcohol in the past 30 days | <input type="checkbox"/> 6 to 9 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> 20 or more days |

The next question is about big life events.

13. Please check whether any of the following events happened to you in the past 3 months:

- Changed or left school
- Moved to a different home or became homeless (for example, foster care, relatives/friends, shelter, group home, treatment center, etc.)
- Broke up with a boyfriend or girlfriend
- One or more adults important to you had a serious alcohol or drug problem
- Death among family/friends
- Experienced violence (physical, emotional, sexual, etc.)
- Other (please describe _____)
- None of the above

The next set of questions is about harassment and violence.

Harassment can include threatening, bullying, online bullying, picking on people, name calling or swearing, offensive notes, texts or graffiti, unwanted touching and physical attacks.

14. During the past 12 months, have you been harassed at school or anywhere else because of any of the following issues? (Pick all that apply)

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian, or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons (please specify: _____)
- I have not been harassed

15. During the past 12 months, have you been electronically bullied? (Count being bullied through social media, e-mail, chat rooms, instant messaging, websites, or texting.)

- Yes
- No

16. During the past 12 months, how many times were you in a physical fight? (Please check one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 8 or 9 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 10 or 11 times |
| <input type="checkbox"/> 2 or 3 times | <input type="checkbox"/> 12 or more times |
| <input type="checkbox"/> 4 or 5 times | |
| <input type="checkbox"/> 6 or 7 times | |

17. Have you ever been physically abused (like pushed, slapped, or kicked)?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't want to answer |

18. Have you ever been forced to do something sexual that you didn't want to do?

- Yes
 Don't know
 No
 Don't want to answer

The next set of questions is about your beliefs and culture.

19. Please circle one answer for each statement.				
a. I am proud of my ethnic background.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
b. I enjoy my community's traditions.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
c. I feel connected to my own culture, race or ethnic group.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
d. It is important to me to have Indian values and practices, such as respect for elders and generosity.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
e. Spiritual beliefs are a source of strength for me.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

Great job - You're almost there!
 The next set of questions is about suicide and self-harm. These questions are very personal.
 Remember, your answers will be kept private. *If you tell us that you might hurt yourself or someone else, we will take steps to keep you and others safe.*

20. Sometimes people feel so depressed about the future that they may consider attempting suicide; that is, taking some action to end their own life.				
a. How likely would you be to seek help for a friend who you thought might be depressed or suicidal?	Very unlikely	Somewhat unlikely	Somewhat likely	Very likely
b. How likely would you be to seek help if you were feeling depressed or suicidal?	Very unlikely	Somewhat unlikely	Somewhat likely	Very likely
c. Do you feel confident that that you could help a friend or family member who is thinking about suicide?	Not Confident at All	Not Confident	Confident	Very Confident

21. During the past 30 days, did you seriously consider suicide?

- No
 Yes

22. During the past 30 days, did you attempt suicide?

- No
 Yes

23. During the past 12 months, did you attempt suicide?

- I did not attempt suicide in the last 12 months
 I attempted 1 time
 I attempted 2 or 3 times
 I attempted 4 or more times

24. What is your favorite thing to do during the day?

25. What is one thing that you are grateful for?

The next set of questions is about you and different parts of your life.

26. Please circle one answer for each statement.

a. I have people I look up to.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
b. Getting an education is important to me.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
c. My parent(s)/caregiver(s) know a lot about me (for example, who my friends are, what I like to do).	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
d. I try to finish what I start.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
e. I solve problems without harming myself or others (for example, hitting others, saying nasty things, using drugs and/or being violent).	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
f. I know where to go in my community to get help.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
g. I feel I belong at my school.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
h. My family stands by me during difficult times.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
i. My friends stand by me during difficult times.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
j. I am treated fairly in my community.	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
k. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
l. I like the way my community celebrates things (like holidays, festivals).	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>

27. Before coming to HOC, when I was stressed, I used healthy skills like mindfulness, taking deep breaths, taking a walk, etc. to help.	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>A lot</i>	<i>Not applicable</i>
28. After coming to HOC, when I have been stressed, I have used healthy skills like mindfulness, taking a walk, etc. to help.	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>A lot</i>	<i>Not applicable</i>

Last, but not least...

29. How old are you? (Please fill in the blank.)

I am _____ years old

30. What is your sex?

Female Male Other (please describe): _____

31. What is your race/ethnicity? (Please choose all that apply to you.)

- American Indian or Alaska Native White
- Asian or Pacific Islander Other (please describe): _____
- Black or African American
- Hispanic or Latino

32. How do you describe your sexual orientation? (Please choose all that apply.)

- Straight or heterosexual (attracted to the opposite sex)
- Lesbian (you are female attracted to other females) or Gay (you are male attracted to other males)
- Bi-sexual (attracted to both males and females)
- Two-Spirit
- Other (please describe): _____
- Don't know
- Choose not to say

33. How honest were you in filling out this survey?

- I was very honest
- I was honest much of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

34. What was the most useful thing you learned in HOC?

THANK YOU!

