**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 |

**2022-2023**

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**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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I think I am doing pretty well. | *None of the time* | *A little of the time* | *Some of the time* | *A lot of the time* | *Most of the time* | *All of the time* |
| 1. I can think of many ways to get the things in life that are most important to me. | *None of the time* | *A little of the time* | *Some of the time* | *A lot of the time* | *Most of the time* | *All of the time* |
| 1. I am doing just as well as other kids my age. | *None of the time* | *A little of the time* | *Some of the time* | *A lot of the time* | *Most of the time* | *All of the time* |
| 1. When I have a problem, I can come up with lots of ways to solve it. | *None of the time* | *A little of the time* | *Some of the time* | *A lot of the time* | *Most of the time* | *All of the time* |
| 1. I think the things I have done in the past will help me in the future. | *None of the time* | *A little of the time* | *Some of the time* | *A lot of the time* | *Most of the time* | *All of the time* |
| 1. Even when others want to quit, I know that I can find ways to solve the problem. | *None of the time* | *A little of the time* | *Some of the time* | *A lot of the time* | *Most of the time* | *All of the time* |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **How much do you agree or disagree with the following statements about your family/home?** Circle the answer that fits for you. | | | | |
| 1. My parents or guardians notice when I am doing a good job and let me know about it. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I feel safe at home. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. When I am not home, one of my parents/guardians knows where I am and who I am with. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I enjoy spending time with my family. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. There is someone in my family I can talk to about anything. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |

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

1. **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.

| 1. **How much do you agree or disagree with the following statements about your school?** Circle the answer that fits for you. | | | | |
| --- | --- | --- | --- | --- |
| 1. My teacher(s) notices when I am doing a good job and lets me know about it. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I feel safe at my school. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I enjoy being at school. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I try hard in school. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |

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

| 1. **How much do you agree or disagree with the following statements about your community?** Circle the answer that fits for you. | | | | |
| --- | --- | --- | --- | --- |
| 1. There is an Elder in my community that I hang out with and go to for advice. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I feel safe in my community. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |

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

| 1. **In the past year (12 months), how many of your friends ...?** | | | | |
| --- | --- | --- | --- | --- |
| 1. Try to do their best? | *None* | *1 friend* | *2 friends* | *3 or more friends* |
| 1. Do well in school? | *None* | *1 friend* | *2 friends* | *3 or more friends* |

**Health: The following questions are about your health.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Circle the answer about your health that fits best for you.** | | | | |
| 1. In general, how good is your physical health? | *Poor* | *Fair* | *Good* | *Excellent* |
| 1. In general, how good is your mental health?   *Mental health includes mood, feelings about self and self-worth, and how well you handle stressful situations, relate to others, and make choices.* | *Poor* | *Fair* | *Good* | *Excellent* |

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

* 4 hours or less
* 5 hours
* 6 hours
* 7 hours
* 8 hours
* 9 hours
* 10 hours or more

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

* 0 days
* 1 day
* 2 days
* 3 days
* 4 days
* 5 days
* 6 days
* 7 days

1. **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 where your body was moving most of the time. *Mental health includes stress, anxiety, depression, and problems with emotions.* Please check one box.)

* 0 days
* 1 day
* 2 days
* 3 days
* 4 days
* 5 days
* 6 days
* 7 days

**The next set of questions is about your alcohol and/or drug use.**

**Remember that your answers will be kept PRIVATE.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **During the past 30 days, on how many days did you**… (Circle the answer that fits for you) | | | |
| 1. Smoke cigarettes? Includes vaping (tobacco) & using chewing tobacco, but NOT ceremonial tobacco use | *0 days* | *1 to 10 days* | *11 or more days* |
| 1. Drink alcohol? | *0 days* | *1 to 10 days* | *11 or more days* |
| 1. Use marijuana? This includes edibles, vaping (marijuana), and smoking | *0 days* | *1 to 10 days* | *11 or more days* |
| 1. Use non-prescription, over the counter drugs for the feeling they cause? (these are medications you can buy at the grocery store or gas station) | *0 days* | *1 to 10 days* | *11 or more days* |
| 1. Use derbisol? | *0 days* | *1 to 10 days* | *11 or more days* |
| 1. Use prescription drugs (like Vicodin, OxyContin, Tylox, Xanax, Valium, Ritalin, Ambien, etc.) without a doctor’s orders | *0 days* | *1 to 10 days* | *11 or more days* |
| 1. Use other illegal drugs (like cocaine, meth, inhalants, psychadelics, heroin, etc.)? | *0 days* | *1 to 10 days* | *11 or more days* |

**Your answers will not be shared with your instructors or anyone else,   
and NO ONE who sees the survey will know your name.**

1. **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)

* I did not have 5 drinks of alcohol in a row in the past 30 days
* 1 or 2 days
* 3 to 5 days
* 6 to 9 days
* 10 to 19 days
* 20 or more days

**The next question is about big life events.**

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

* Changed or left school
* Became homeless or moved into foster care, a shelter, a group home, a treatment center, or moved in with relatives/friends
* 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*.

1. **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

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

* Yes
* No

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

* 0 times
* 1 time
* 2 or 3 times
* 4 or 5 times
* 6 or 7 times
* 8 or 9 times
* 10 or 11 times
* 12 or more times

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

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

1. **Have you ever been forced to do something sexual that you didn’t want to do?**

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

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

| 1. **Please circle one answer for each statement.** | | | | |
| --- | --- | --- | --- | --- |
| 1. I am proud of my cultural background. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I enjoy my community's traditions. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. I feel connected to my own culture, race or ethnic group. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. It is important to me to have Indian values and practices, such as respect for elders and generosity. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |
| 1. Spiritual beliefs are a source of strength for me. | *Strongly Disagree* | *Disagree* | *Agree* | *Strongly Agree* |

**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. But, *if you tell us that you might hurt yourself***

***or someone else, we will let your instructor know to keep you and others safe.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Sometimes people feel so depressed about the future that they may consider attempting suicide; that is, taking some action to end their own life.** | | | | |
| 1. 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 |
| 1. How likely would you be to seek help if **you** were feeling depressed or suicidal? | Very  unlikely | Somewhat unlikely | Somewhat likely | Very likely |
| 1. 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 |

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

🞏 No 🞏 Yes

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

🞏 No 🞏 Yes

1. **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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What is one thing that you are grateful for?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

| 1. **Please circle one answer for each statement.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 1. I have people I look up to. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. Getting an education is important to me. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. My parent(s)/caregiver(s) know a lot about me (for example, who my friends are, what I like to do). | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I try to finish what I start. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I solve problems without harming myself or others (for example, hitting others, saying nasty things, using drugs and/or being violent). | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I know where to go in my community to get help. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I feel I belong at my school. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. My family stands by me during difficult times. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. My friends stand by me during difficult times. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I am treated fairly in my community. | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others). | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |
| 1. I like the way my community celebrates things (like holidays, festivals). | *Not at all* | *A little* | *Somewhat* | *Quite a bit* | *A lot* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Before** coming to HOC, when I was stressed, I used healthy skills like mindfulness, taking deep breaths, taking a walk, etc. to help. | *Not at all* | *A little* | *Some-what* | *Quite a bit* | *A lot* | *Not applicable* |
| 1. **After** coming to HOC, when I have been stressed, I have used healthy skills like mindfulness, taking a walk, etc. to help. | *Not at all* | *A little* | *Some-what* | *Quite a bit* | *A lot* | *Not applicable* |

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

* I am \_\_\_\_\_\_\_\_\_\_ years old

1. **What is your gender?**

* Female, Woman, Girl 🞏 Male, Man, Boy 🞏 Two Spirit
* Non-binary or other gender (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* American Indian or Alaska Native
* Asian or Pacific Islander
* Black or African American
* Hispanic or Latino
* White
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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

1. **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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THANK YOU!

