Introduction

Thank you for being a part of the Philly 4 Life Skills Building (e-learning) journey. We are asking all participants to take a brief online survey so we can learn about your skills and confidence in coping with life's challenges.

This confidential survey should take you about 15 minutes to complete. Your answers are being collected by researchers at the School of Public Health at the University of Colorado.

They are the only ones who have access to any information you share and will not make it public. When they share information with the Philly 4 Life's creators they will only provide information on how everyone in the program responded instead of any one individual. The only exception to this is if you say anything in the survey about harming yourself or others, or if you share that someone else has plans to harm themselves or others. In that case, we do need to share that information with people who can help you.

Once you finish and submit the survey, you will go back to the dashboard, so you can start the process of preparing for next steps in the Philly 4 Life journey.

Thanks so much for your time!

Identifier Code part 1

Do you live in Philadelphia?

- Yes
- No

What zip code do you live in?

Click to write Choice 1

What is your first name? (please only tell us your first name, not your last name)

What is the last letter of your last name? If your last name is "Wilson," then you would select "n" here. Please just choose one letter.

Which day of the month were you born? Choose 1 answer

Please tell us your cell phone number with area code here--please just enter the numbers and do not use parentheses or dashes

phone number

Demographics

In this first section we will be asking a little bit about you and where you are from.

Are you currently enrolled in high school or post-secondary education? Please choose one answer

- ○ Yes, I am in high school
- ○ Yes, I attend a 2-year college
- ○ Yes, I attend a 4-year college
- ○ No, dropped out of high school
- ○ No, I have not attended 2- or 4- year college, but I plan to soon
- ○ No, I have not attended a 2- or 4- year college, and have no plans to
- ○ No, I have a full time (or part-time) job
- ○ [ ] Other
- ○ Prefer not to answer

Where do you spend *most of your time* between 4pm and 11pm during the week? (Check only 2)

- [ ] Home
- [ ] Family Member's House
- [ ] Work
- [ ] School
- [ ] Friend's House
- [ ] Park/Rec Center/Gym
- [ ] Neighborhood Hangout/Street/Corner
- [ ] Boyfriend/Girlfriend's House
- [ ] Library
- [ ] Movie Theater
- [ ] Community Organization
- [ ] Church/Religious Organization
- [ ] Night Club/Bar
- [ ] Shopping Mall
- [ ] Other
- [ ] Prefer Not to Answer

Block - Social-Emotional Regulation

We want to ask you about your own experiences in managing stressful events in your life. Please read each statement and put a check mark next to any that are true for you.

- ☐ When I'm faced with a dispute or a stressful situation, I make myself think about it in a way that helps me stay calm.
- ☐ I control my emotions by changing the way I think about the situation I'm in
- ☐ When someone confronts me (physically or verbally), I always defend myself
- ☐ When someone offends me, I usually (most of the time) strike back
- ☐ When I'm faced with a conflict or a stressful situation, I don't address it and escape it by getting high
- ☐ When I'm faced with a conflict or a stressful situation, I step away to remove myself from that situation
- ☐ I keep my emotions (negative or positive) to myself
- ☐ When I am feeling negative emotions, I make sure not to express them
- ☐ When I am feeling negative emotions, I make sure to express them

Block - Self-Efficacy

In this section, we will be asking about self-efficacy, your belief in your ability to succeed in different situations and tasks. Please read each statement and put a check mark next to all those that are true for you.

- ☐ I am able to solve problems without harming myself or others (for example using drugs or getting violent)
- ☐ I am aware of my own strengths
- ☐ I can offer help and/or advice to my friends who are struggling
- ☐ I notice when I have a friend or friends who have been struggling

Block - Intentions

Now we will ask questions about your intentions. Please read each statement and put a check mark next to all

those that are true for you.

- [ ] I think it is important to serve my community and/or volunteer
- [ ] Getting an education is important to me

Block - Behaviors

Now we will ask questions about your behaviors. Please read each statement and put a check mark next to all those that are true for you.

- [ ] I participate in activities at a church, mosque, synagogue, etc.
- [ ] I've been saying to myself "this situation isn't real”
- [ ] I've been using alcohol or other drugs to make myself feel better and/or to help me get through things I'm dealing with
- [ ] I've given up trying to deal or cope with unpleasant situations in my life
- [ ] I've been taking action to try to make the hard or unpleasant situations in my life better
- [ ] I’ve been refusing to believe that something unpleasant has happened in my life

- [ ] I've been saying positive things to overcome my unpleasant feelings
- [ ] I've been trying to come up with a strategy about what to do about my situation
- [ ] I've been looking for something good in what is happening to me
- [ ] I've been making jokes about unpleasant situations in my life
- [ ] I've been doing something to think less about things that stress me out, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping
- [ ] I've helped a friend by getting them connected to help (like connecting them with /escalating to a counselor or other trusted adult I know, or like giving them a referral to a doctor or mental health professional)

We hear you. It's OK to not be OK. We thank you for your openness and honesty in answering these survey questions. Everyone has a bad day from time to time. But sometimes, something more might be going on. If you're feeling hopeless, overwhelmed or in a crisis, it might be time to get some immediate support to help you get through it. When the emotional pain seems too big to handle, get help. Start with these resources where people will step up and help you... To talk to someone, text "4hope" to the Crisis Text Line: 741 741 Available 24/7, call the National Suicide Prevention Lifeline: 1-800-273-8255

Block - Social Support

We would like to ask you how you manage stress and process different life events. Please read each statement and put a check mark next to all those that are true for you.

- [ ] I have adults in my life that I look up to
- [ ] I get along with people around me
- [ ] My parent(s)/caregiver(s) watch me closely
- [ ] My parent(s)/caregiver(s) know a lot about me
- [ ] I believe in a higher power; this spiritual belief is a source of strength for me
- [ ] People think I am fun to be with
- [ ] I talk to my family/caregiver(s) about how I feel
- [ ] I feel supported by my friends
- [ ] My family stands by me during difficult times
- [ ] My friends stand by me during difficult times
- [ ] I am treated fairly by all adults in my community (For example, you feel as though people from community organization like churches, after school clubs, recreation centers treat you with respect)

- [ ] I have opportunities to show others that I am mature and can act responsibly as a young person
- [ ] I feel safe when I am with my family/caregiver(s)
- [ ] I've been seeking help and advice from adults who are not my parent or caregiver
- [ ] I've been seeking help and advice from close friends
- [ ] I've been getting advice, comfort and understanding from a close friend or classmate
- [ ] I can get emotional support from others

Block - Knowledge

This section will be questions about mental health and mental illness. Mental health includes our emotional, psychological, and social well being. It affects how we think, feel, and act.

Please read each statement and put a check mark next to all those that are true for you.

- [ ] Mental Illness is an illness like any other
- [ ] One of the main causes of mental illness is a lack of self-discipline and willpower
- [ ] Virtually anyone can experience a mental illness
- [ ] It is best to avoid people experiencing mental illness

Please read each statement and put a check mark next to all those that are true for you.

- [ ] I help friend(s) by getting them connected to help (like giving them a referral to a doctor, mental health professional, school counselor, teacher, or coach)
- [ ] I recognize when a friend is struggling and needs my help

Block - Self-Esteem

Now we will ask questions about how you feel about yourself. Please read each statement and put a check mark next to all those that are true for you.

- [ ] As a whole, I am satisfied with myself
- [ ] At times, I think I am no good at all
- [ ] I feel that I have a number of good qualities
- [ ] I am able to do things as well as most other people
- [ ] I certainly feel useless at times
- [ ] I feel that I'm a person of worth, at least on an equal plane with others
- [ ] All in all, I am inclined to feel that I am a failure
- [ ] I've been criticizing myself

We hear you. It's OK to not be OK.

We thank you for your openness and honesty in answering these survey questions. Everyone has a bad day from time to time. But sometimes, something more might be going on.

If you're feeling hopeless, overwhelmed or in a crisis, it might be time to get some immediate support to help you get through it. When the emotional pain seems too big to handle, get help. Start with these resources where people will step up and **help you**...

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Block - Sources of Strength

These questions will ask about different sources of strength. Please tell us for each statement if you experience this often, sometimes or never.

	Often	Sometimes	Never	Don't Know/Not Sure/Don't want to answer
I feel good because many of my activities are meaningful and have purpose	○	○	○	○
I expect to have a long and interesting life	○	○	○	○
I believe I am a good person	○	○	○	○
I believe I can find a purpose in life, a reason to live	○	○	○	○
I believe I can learn to adjust or cope with my problems	○	○	○	○
I have important goals for my future and I still have many things left to do	○	○	○	○

	Often	Sometimes	Never	Don't Know/Not Sure/Don't want to answer
I have future plans I am looking forward to carrying out	○	○	○	○

Profile/Background

We'd like to ask a few more questions about you.

What is your gender identification? Please check one

- ○ Male
- ○ Female
- ○ Transgender Male to Female
- ○ Transgender Female to Male
- ○ Gender Fluid

- ○ Gender Queer
- ○ Other (Please specify in the next question)
- ○ Prefer Not to Answer

You selected "other" gender, please specify.

Do you think of yourself as: Please check one

- ○ Lesbian, gay, or homosexual
- ○ Straight or heterosexual
- ○ Bisexual
- ○ Queer
- ○ Asexual
- ○ Pansexual
- ○ Something else

- ○ Prefer not to answer

Do you consider yourself Hispanic or Latino? Please check one

- ○ Yes
- ○ No
- ○ Prefer not to answer

What do you consider your race to be? Check any of these that apply to you

- ○ Black/African American
- ○ [ ] Multi-racial or More than one race (please specify)
- ○ Asian
- ○ Native American/American Indian
- ○ Native Hawaiian/ Pacific Islander
- ○ White

- ○ Prefer not to answer
- ○ Other (please indicate)

How old are you? (years)

What social media do you use most? (Choose your top 2)

- ☐ Instagram
- ☐ Tik Tok
- ☐ SnapChat
- ☐ YouTube
- ☐ Twitter
- ☐ Facebook
- ☐ Other

Finish

Please confirm your cell phone number—we'll send you text message to remind you about taking the post-training survey in about 2 months

Thank you for completing this pre-training survey!

Please click here: https://philly4life.com/my-dashboard/ to go back to the Philly 4 Life dashboard and get started on your skills building journey.