

Mahoning County 2020 PEP Survey

INSTRUCTIONS: Your participation is completely voluntary and anonymous. Please answer questions honestly. DO NOT answer questions about which you cannot be truthful.

What is Your Current Grade?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	Other <input type="radio"/>
With What Gender Do You Identify?	Male <input type="radio"/>	Female <input type="radio"/>	Transgender <input type="radio"/>	Other <input type="radio"/>	Prefer Not To Answer <input type="radio"/>			
Do you live in Mahoning County?	Yes <input type="radio"/>	No <input type="radio"/>	I Don't Know <input type="radio"/>					
Which School do you attend?								

1. IN THE LAST 30 DAYS, how many times did you:	0 times (no use)	1-2 times a week	2-5 times a week	Almost every day
Smoke all or part of a tobacco cigarette or cigar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette or vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a stimulant (cocaine, methamphetamine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or more drinks of an alcoholic beverage (beer, wine, liquor intended to alter how you feel; <u>do not include religious use.</u>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana or hashish (pot, grass, blunt, reefer, hash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniff or inhale something to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a prescription medication that was not prescribed to you OR use your prescription medication other than prescribed (taking extra or taking more often than prescribed):				
Rx pain medication (<i>Oxycontin, Percocet, Vicodin</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx stimulant (<i>Adderall, Ritalin, "study aids".</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx sedative (<i>Xanax, Valium, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. IN THE NEXT 30 DAYS, do you think you will:	0 times (no use)	1-2 times a week	2-5 times a week	Almost every day
Smoke all or part of a tobacco cigarette or cigar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette or vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a stimulant (cocaine, methamphetamine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or more drinks of an alcoholic beverage (beer, wine, liquor; <u>do not include religious use.</u>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (pot, grass, blunt, reefer, hash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniff or inhale something to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a prescription medication other than prescribed or that was not prescribed to you:				
Rx pain medication (<i>Oxycontin, Percocet, Vicodin</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx stimulant (<i>Adderall, Ritalin, "study aids".</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx sedative (<i>Xanax, Valium, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Used marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniffed / inhaled something to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a prescription medication other than prescribed or not prescribed to you:									
Rx pain medication (<i>Oxycontin, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx stimulant (<i>Adderall, "study aids"</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx sedative (<i>Xanax, Valium, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. HOW WRONG do your parents feel it would be for you to:	Not at all wrong	A little bit wrong	Wrong	Very Wrong
Smoke tobacco cigarette or cigar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette or vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a stimulant (cocaine, methamphetamine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have 5 or more drinks of an alcoholic beverage in a single day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniff or inhale something to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a prescription medication other than prescribed or that was not prescribed to you:				
Rx pain medication (<i>Oxycontin, Percocet, Vicodin</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx stimulant (<i>Adderall, Ritalin, "study aids".</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx sedative (<i>Xanax, Valium, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. IN THE LAST 90 DAYS have you:	Never	Once	A Few Times	Regularly
Skipped school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skipped homework assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been picked on or bullied at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been bullied on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in a fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in legal trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stolen something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged someone's property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lied about something important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been involved with a gang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. PLEASE DESCRIBE how often you feel about each statement:	Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
I believe it is really important to help other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can stand up for what I believe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know and am comfortable with people of different cultural/racial/ethnic backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been persistently feeling down or anxious lately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my life has a purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have tried to alter my mood or self-medicate with drugs or alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am optimistic about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. The following questions ask how you feel about the support you receive.					
Please describe how you feel about each statement:					
Strongly My Family & Friends	Agree	Agree	Can't Decide	Disagree	Strongly Disagree
When I feel really bad, I can almost always find someone I trust to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive high levels of love and support from family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can go to my parents or guardians for advice and support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at home and in the neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone in my family cares about how I am doing in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My School Environment	Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
My school provides a caring, encouraging environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive attitude toward school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the challenge of learning new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to people in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a trusted adult I can go to with my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have at least one friend at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Community	Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
I know some non-parent, adults I can go to for advice and support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are adults who encourage me to do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growing up, there were adults who could help me feel better if I was sad or worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know there are teachers, coaches, youth leaders, or ministers who are there to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your participation!

Struggling?

BULLYING SUICIDE EATING DISORDERS
DRUG USE ADDICTION
 HOMOPHOBIA FEELING ISOLATED AND ALONE
 AFRAID TO GO TO SCHOOL SAD
 MISUNDERSTOOD DEPRESSION
 INFLECTING SELF HARM ABUSE

Help is Available

CRISIS TEXT LINE

Text 4hope
to 741 741

You are not alone.