

Mahoning County 2021 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!