Mahoning County 2024 PEP Survey

INSTRUCTIONS: Thank you for participating in this survey. Your participation is completely voluntary and your answers are confidential and cannot be tracked to you. Your responses will be combined with those of all students taking this survey in your grade throughout Mahoning County. <u>*Please answer questions as honestly as possible.*</u>

What is Your Current	6	7	8	9	10	11	12	Other
Grade?	0	0	0	0	0	0	0	0
With What Gender Do	Male	Female	Genderquee non-binary	r or t	ransgender		refer Not nswer	
You Identify?	0	0	0		0		0	
Do you live in Mahoning	Yes	No	l Don't Know					
County?	0	Ο	0					
Which School do you attend?								

		1-2	2-5	Almost
1. IN THE LAST 30 DAYS, how many times did you:	0 times	times a	times a	every
	(no use)	week	week	day
Smoke all or part of a tobacco cigarette or cigar	0	0	0	0
Use smokeless tobacco	0	0	0	0
Use a nicotine vape or e-cigarette	0	0	0	0
Use a stimulant (cocaine, methamphetamine, etc.)	0	0	0	0
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> .)	0	0	0	0
Use marijuana or hashish (pot, grass, blunt, reefer, hash) Smoke a marijuana or hashish cigarette <i>(blunt, joint, bong, pipe, or bowl)</i>	00	0	0	0
Vape marijuana Use an edible marijuana product <i>(food, beverage or other edibles)</i>	0	0	0	0
Use hallucinogens (mushrooms, LSD, etc.)	0	0	0	0
Use an opioid (heroin or Fentanyl)	0	0	0	0
Sniff or inhale a product sold for other purposes to get high	0	0	0	0
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>	0	0	0	0
Rx pain medication (<i>Oxyconun, Percocel, vicodin)</i> Rx stimulant <i>(Adderall, Ritalin, ''study aids'.</i>)	0	0	0	0
Rx sedative (Xanax, Valium, etc.)	Õ	Õ	Õ	Õ

				Almost
2. IN THE NEXT 30 DAYS, do you think you will:	0 times	1-2 times	a 2-5 times	every
	(no use)	week	a week	day
Smoke all or part of a tobacco cigarette or cigar	0	0	0	0
Use smokeless tobacco	0	0	0	0
Use a nicotine vape or e-cigarette	0	0	0	0
Use a stimulant (cocaine, methamphetamine, etc.)	0	0	0	0
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> .)	0	0	0	0
Smoke a marijuana or hashish cigarette (<i>blunt, joint, bong, pipe, or bowl</i>)	0	0	0	0

Vape marijuana	0	0	0	0
Use an edible marijuana product (food, beverage or other edibles)	0	0	0	0
Use hallucinogens (mushrooms, LSD, etc.)	0	0	0	0
Use an opioid <i>(heroin or Fentanyl)</i>	0	0	0	0
Sniff or inhale a product sold for other purposes to get high	0	0	0	0
Use a prescription medication other than prescribed or that was not prescribed to you:				
Rx pain medication (Oxycontin, Percocet, Vicodin)	0	0	0	0
Rx stimulant (Adderall, Ritalin, ''study aids''.)	0	0	0	0
Rx sedative (Xanax, Valium, etc,)	0	0	0	0

3. HOW MUCH do you think people risk harming themselves when they:	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't Know
Smoke one or more packs of cigarettes or a cigar per day	0	0	0	0	0
Use smokeless tobacco daily	0	0	0	0	0
Use a nicotine vape or e-cigarette	0	0	0	0	0
Use a stimulant (cocaine, methamphetamine, etc.)	0	0	0	0	0
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> .)	0	0	0	0	0
Drink five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week; <u>do not include religious use</u> .)					
Smoke a marijuana or hashish cigarette (blunt, joint, bong, pipe,					
<i>or bowl)</i> Vape marijuana	0	0	0	0	0
Use an edible marijuana product <i>(food, beverage or other</i>	0	0	0	0	0
edibles)					
Use hallucinogens (mushrooms, LSD, etc.)	0	0	0	0	0
Use an opioid <i>(heroin or Fentanyl)</i>	Ũ	Ū	C	Ū	Ū
Sniff or inhale a product sold for other purposes to get high	0	0	0	0	0
Use a prescription medication other than prescribed or that is no prescribed to them:	t				
Rx pain medication (Oxycontin, Percocet, Vicodin)	0	0	0	0	0
Rx stimulant (Adderall, Ritalin, 'study aids''.)	0	0	0	0	0
Rx sedative (Xanax, Valium, etc,)	0	0	0	0	0

4. HOW WRONG do your friends feel it would be for you to:	Not at all wrong	A little bit wrong	Wrong	Very Wrong
Smoke one or more packs of cigarettes or a cigar per day	0	0	O	0
Use smokeless tobacco daily	Ō	Ō	Ō	Ō
Use a nicotine vape or e-cigarette	0	0	0	0
Use a stimulant (cocaine, methamphetamine, etc.)	0	0	0	0
Drink one or more drinks of an alcoholic beverage (beer, wine,	0	0	0	0
liquor intended to alter how you feel; <i>do not include religious use</i> .)				
Drink five or more drinks of an alcoholic beverage (beer, wine,	0	0	0	0
liquor) once or twice a week; <u>do not include religious use</u> .)				
Smoke a marijuana or hashish cigarette (blunt, joint, bong, pipe,	0	0	0	0
or bowl)				
Vape marijuana				
Use an edible marijuana product (food, beverage or other				
edibles)				
Use hallucinogens (mushrooms, LSD, etc.)	0	0	0	0
Use an opioid <i>(heroin or Fentanyl)</i>	0	0	0	0
Sniff or inhale a product sold for other purposes to get high	0	0	0	0
Use a prescription medication other than prescribed or that was				
not prescribed to you:				
Rx pain medication (Oxycontin, Percocet, Vicodin)	0	0	0	0
Rx stimulant (Adderall, Ritalin, ''study aids''.)	0	0	0	0
Rx sedative (Xanax, Valium, etc,)	0	0	0	0
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5. I HAVE FRIENDS WHO:		YES	NO	l don't
				know

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Use a nicotine vape or e-cigarette 0 0 0 0 Use a stimulant (cocaine, methamphetamine, etc.) 0 0 0 0 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>). 0 0 0 Drink five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week: <u>do not include religious use</u>). 0 0 0 Smoke a manjuana or hashis cigarette (blunt, joint, borg, pipe, or bowl) 0 0 0 0 Use an etible marijuana product (food, beverage or other edibles) 0 0 0 0 Use an appioid (heroin or Fentany!) 0 0 0 0 0 0 Use a prescription simulant prescribed to someone else (Xanax, etc.) 0 <td></td> <td>es or a c</td> <td>igar per</td> <td>day</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		es or a c	igar per	day						
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Used a prescription medication other than prescribed or not prescribed to you: Rx pain medication (<i>Oxycontin,</i> O O O O O O O O O O O <i>etc.</i>) Rx stimulant (<i>Adderall, "study</i> O O O O O O O O O O O <i>aids"</i>)										
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prescribed to you: Rx pain medication (<i>Oxycontin,</i> O O O O O O O O O O etc.) Rx stimulant (<i>Adderall, "study</i> O O O O O O O O O O aids")										
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		0	0	0	0	0	0	0	0	0
		-	-		-			<u> </u>		-

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	0	0	0	0
Use smokeless tobacco	0	0	0	0
Use a nicotine vape or e-cigarette	0	0	0	0
Use a stimulant (cocaine, methamphetamine, etc.)	0	0	0	0
Drink one or more drinks of an alcoholic beverage (beer, wine,	0	Ο	0	Ο

<u>religious use</u> .) Smoke a marijuana or hashish cigarette <i>(blunt, joint, bong,</i>				
pipe, or bowl)				
Vape marijuana	0	0	0	С
Use an edible marijuana product <i>(food, beverage or other edibles)</i>	-	-	_	-
Use hallucinogens (mushrooms, LSD, etc.)	0	0	0	С
Use an opioid (heroin or Fentanyl)	0	0	0	С
Sniff or inhale a product sold for other purposes to get high	0	0	0	С
Use a prescription medication other than prescribed or that prescribed to you:	t was not			
Rx pain medication (Oxycontin, Percocet, Vicodin)	0	0	0	С
Rx stimulant (Adderall, Ritalin, "study aids".)	0	0	0	С
Rx sedative (Xanax, Valium, etc.)	0	0	0	C

8. IN THE LAST 90 DAYS have you:	Never	Once	A Few Times	Regularly
Skipped school	0	0	0	0
Skipped homework assignments	0	0	0	0
Been suspended from school	0	0	0	0
Been bullied or harassed at school	0	0	0	0
Been bullied on social media	0	0	0	0
Been in a fight	0	0	0	0
Carried a weapon	0	0	0	0
Been in legal trouble	0	0	0	0
Stolen something	0	0	0	0
Damaged someone's property	0	0	0	0
Lied about something important	0	0	0	0
Felt you needed to protect yourself or someone else from harm	0	0	0	0

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.	0	0	0	0	0
I can stand up for what I believe.	0	0	0	0	0
I know and am comfortable with people of different cultural/racial/ethnic backgrounds.	0	0	0	0	0
I feel good about myself.	0	0	0	0	0
I believe my life has a purpose.	Ο	0	0	0	0
I have been persistently feeling down or anxious lately.	0	0	0	0	0
I have access to quality food when I am hungry.	0	0	0	0	0
I have tried to alter my mood or self-medicate with drugs or alcohol.	0	0	0	0	0
I sometimes consider suicide.	0	0	0	0	0
I am optimistic about my future.	0	0	0	0	0

10. The following questions ask how you feel about the support you receive. Please describe how you feel about each statement:											
My Family & Friends	Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree						
When I feel really bad, I can almost always find	0	0	0	0	0						

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
0	0	0	0	0
0	0	0	0	0
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Thank you for completing the survey. Your answers will help determine ways that students can be helped.

Our goal is to gather information in a way that is not triggering, but if this survey raised questions or emotions for you, there are resources that can help support you.

You can text the Crisis Text Line at 741-741 or you can text or call 9-8-8 to speak with someone trained to help you process what you experience.

