

# 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. Please answer questions as honestly as possible.

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

<b>1. IN THE LAST 30 DAYS, how many times did you:</b>	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 a nicotine vape or e-cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a stimulant ( <i>cocaine, methamphetamine, etc.</i> )	<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"/>
Smoke a marijuana or hashish cigarette ( <i>blunt, joint, bong, pipe, or bowl</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an opioid ( <i>heroin or Fentanyl</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniff or inhale a product sold for other purposes to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a prescription medication that was <b>not</b> 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"/>

<b>2. IN THE NEXT 30 DAYS, do you think you will:</b>	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 a nicotine vape or e-cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a stimulant ( <i>cocaine, methamphetamine, etc.</i> )	<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"/>
Smoke a marijuana or hashish cigarette ( <i>blunt, joint, bong, pipe, or bowl</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vape marijuana	0	0	0	0
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )	0	0	0	0
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	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 <b>not</b> prescribed to you:				
Rx pain medication ( <i>Oxycontin, Percocet, Vicodin</i> )	0	0	0	0
Rx stimulant ( <i>Adderall, Ritalin, "study aids".</i> )	0	0	0	0
Rx sedative ( <i>Xanax, Valium, etc.</i> )	0	0	0	0

<b>3. HOW MUCH do you think people risk harming themselves when they:</b>	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 ( <i>cocaine, methamphetamine, etc.</i> )	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 ( <i>blunt, joint, bong, pipe, or bowl</i> )					
Vape marijuana	0	0	0	0	0
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )					
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	0	0	0	0	0
Use an opioid ( <i>heroin or Fentanyl</i> )					
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 <b>not</b> prescribed to them:					
Rx pain medication ( <i>Oxycontin, Percocet, Vicodin</i> )	0	0	0	0	0
Rx stimulant ( <i>Adderall, Ritalin, "study aids".</i> )	0	0	0	0	0
Rx sedative ( <i>Xanax, Valium, etc.</i> )	0	0	0	0	0

<b>4. HOW WRONG do your friends feel it would be for you to:</b>	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	0	0
Use smokeless tobacco daily	0	0	0	0
Use a nicotine vape or e-cigarette	0	0	0	0
Use a stimulant ( <i>cocaine, methamphetamine, etc.</i> )	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
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	0
Smoke a marijuana or hashish cigarette ( <i>blunt, joint, bong, pipe, or bowl</i> )	0	0	0	0
Vape marijuana				
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )				
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	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 <b>not</b> prescribed to you:				
Rx pain medication ( <i>Oxycontin, Percocet, Vicodin</i> )	0	0	0	0
Rx stimulant ( <i>Adderall, Ritalin, "study aids".</i> )	0	0	0	0
Rx sedative ( <i>Xanax, Valium, etc.</i> )	0	0	0	0

<b>5. I HAVE FRIENDS WHO:</b>	YES	NO	I don't know
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Smoke one or more packs of cigarettes or a cigar per day	0	0	0
Use smokeless tobacco daily	0	0	0
Use a nicotine vape or e-cigarette	0	0	0
Use a stimulant ( <i>cocaine, methamphetamine, etc.</i> )	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 marijuana or hashish cigarette ( <i>blunt, joint, bong, pipe, or bowl</i> )	0	0	0
Vape marijuana			
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )			
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	0	0	0
Use an opioid ( <i>heroin or Fentanyl</i> )	0	0	0
Sniff or inhale a product sold for other purposes to get high			
Use a prescription pain reliever prescribed to someone else ( <i>Oxycontin, etc.</i> )	0	0	0
Use a prescription stimulant prescribed to someone else ( <i>Adderall, "study aids", etc.</i> )	0	0	0
Use a prescription sedative prescribed to someone else ( <i>Xanax, etc.</i> )	0	0	0

<b>6. HOW OLD WERE YOU when you first:</b>	Never Used	10 or less	11 years	12 years	13 years	14 years	15 years	16 years	17 or older
Smoked a tobacco cigarette or cigar	0	0	0	0	0	0	0	0	0
Used smokeless tobacco	0	0	0	0	0	0	0	0	0
Use a nicotine vape or e-cigarette	0	0	0	0	0	0	0	0	0
Use a stimulant ( <i>cocaine, methamphetamine, etc.</i> )	0	0	0	0	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	0	0	0	0
Smoke a marijuana or hashish cigarette ( <i>blunt, joint, bong, pipe, or bowl</i> )	0	0	0	0	0	0	0	0	0
Vape marijuana									
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )									
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	0	0	0	0	0	0	0	0	0
Use an opioid ( <i>heroin or Fentanyl</i> )	0	0	0	0	0	0	0	0	0

<b>6. HOW OLD WERE YOU when you first:</b>	Never Used	10 or less	11 years	12 years	13 years	14 years	15 years	16 years	17 or older
Used a prescription medication other than prescribed or <b>not</b> prescribed to you:									
Rx pain medication ( <i>Oxycontin, etc.</i> )	0	0	0	0	0	0	0	0	0
Rx stimulant ( <i>Adderall, "study aids"</i> )	0	0	0	0	0	0	0	0	0
Rx sedative ( <i>Xanax, Valium, etc.</i> )	0	0	0	0	0	0	0	0	0

<b>7. HOW WRONG do your parents feel it would be for you to:</b>	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 ( <i>cocaine, methamphetamine, etc.</i> )	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; <u>do not include religious use.</u> )				
Smoke a marijuana or hashish cigarette ( <i>blunt, joint, bong, pipe, or bowl</i> )				
Vape marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an edible marijuana product ( <i>food, beverage or other edibles</i> )				
Use hallucinogens ( <i>mushrooms, LSD, etc.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an opioid ( <i>heroin or Fentanyl</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniff or inhale a product sold for other purposes to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a prescription medication other than prescribed or that was <b>not</b> 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"/>

<b>8. IN THE LAST 90 DAYS have you:</b>	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 bullied or harassed 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"/>
Felt you needed to protect yourself or someone else from harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>9. PLEASE DESCRIBE how often you feel about each statement:</b>	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 believe my life has a purpose.	<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 have access to quality food when I am hungry.	<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 sometimes consider suicide.	<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 Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>My Family &amp; Friends</b>					
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 my 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"/>
<b>My School Environment</b>					
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"/>
<b>My Community</b>					
Aside from my parents, I know some 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 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.



TEXT **4HOPE** TO 741-741 | FREE SUPPORT AT YOUR FINGERTIPS, 24/7.

