

**St. Mary County Youth and Young Adults Perceptions of Mental Health  
and Substance Use Survey**

1. **Are you a St. Mary County resident?**
  - Yes
  - No
2. **What is your age?**
  - <18
  - 18-24
  - 25-34
  - 35-44
  - 45-54
  - 55-64
  - 65+
3. **What is your gender?**
  - Male
  - Female
  - Other
  - Prefer not to say
4. **What is your identifying race?**
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - White
  - Hispanic or Latino
  - Native Hawaiian or Pacific Islander
  - Two or more races
  - Other
  - Prefer not to say
5. **Have you ever had an alcoholic drink?**
  - Yes
  - No
6. **Are you currently/still consuming alcohol?**
  - Yes
  - No
7. **How often do you have a drink containing alcohol?**
  - 4 or more times a week
  - 2 to 3 times a week
  - 2 to 4 times a month
  - Monthly or less
  - Never
8. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
  - 1 or 2
  - 3 or 4
  - 5 or 6
  - 7 to 9
  - 10 or more
9. **How often do you have 5 or more drinks on one occasion?**
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily
10. **Where were you when you drank one or more drinks of alcohol in a row? (Select all that apply)**
  - At home
  - In a bar/restaurant
  - On school property
  - On public ground /property (Park, Beach, Parking Lot, etc)
  - At a friend's house
  - Other\_\_\_\_\_
11. **Have you or someone else been injured as a result of your drinking?**
  - Yes
  - No
12. **Have you or someone else been in a dangerous (robbery) or undesired situation (school disciplinary action) as a result of your drinking?**
  - Yes
  - No
13. **Have you ever driven after consuming 2 or more alcoholic drinks?**
  - Yes
  - No

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**14. Have you ever consumed other substances while consuming alcohol?**

- Yes
- No

**If yes, please specify which substances you have consumed while consuming alcohol (select all that apply):**

- Marijuana/ THC products
- Healthcare Provided Prescription Medication
- Opioids (Not Prescribed)
- Cocaine
- Hallucinogens
- Not applicable
- Other (please specify)\_\_\_\_\_

**15. How much has your alcohol consumption changed since COVID-19?**

- Drinking Increased
- Drinking Decreased
- Drinking Did Not Change

**If your drinking increased, Please state reasons. (Select all that apply)**

- Increased Stress
- Increased Alcohol Availability
- Boredom
- No Reason Given
- Other Reason (Please specify)\_\_\_\_\_

**If your drinking decreased, Please state reasons. (Select all that apply)**

- Less Alcohol Availability
- Less Free Time
- Less Money
- Other Reason(Please specify)\_\_\_\_\_

**16. Have you ever used marijuana?**

- Yes
- No

**If yes, how often do you use marijuana?**

- Daily
- 4 or more times a week
- 2 to 3 times a week
- 2 to 4 times a month
- Monthly or less
- Never

**17. In the past week, have you used marijuan?**

- Yes
- No

**18. Have you ever driven after using marijuana?**

- Yes
- No

**19. Why did/do you use marijuana (weed, pot, dope, or cannabis)? (Select all that apply)**

- To reduce anxiety, depression or stress
- For recreation or fun
- To impress someone
- To fit in
- To relieve physical pain
- As a sleeping aid
- Other (Please specify)\_\_\_\_\_

**20. Is it safe to use marijuana?**

- Yes
- No

**21. Where did/do you get your marijuana (weed, pot, dope, or cannabis)?(Select all that apply)**

- Community
- Licensed Dispensary
- Family member
- Friends
- Other (Please specify)\_\_\_\_\_

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**22. How much has your marijuana consumption changed since COVID-19?**

- Increased
- Decreased
- Did Not Change

**If your marijuana consumption increased, Please state reasons. (Select all that apply)**

- Increased Stress
- Increased Marijuana Availability
- Boredom
- No Reason Given
- Other Reason (Please specify)\_\_\_\_\_

**If your marijuana/THC products consumption decreased, Please state reasons. (Select all that apply)**

- Less Marijuana Availability
- Less Free Time
- Less Money
- Other Reason(Please specify)\_\_\_\_\_

**23. Where were you when you consumed marijuana? (Select all that apply)**

- At home
- At street
- At a friend's house
- Other\_\_\_\_\_

**24. Have you seen information about Alcohol/ marijuana prevention?\_\_\_\_\_**

**25. What are the main sources of information available to you on Alcohol/ marijuana prevention?\_\_\_\_\_**

**26. What is the best way for the County Health Department to share information in your community?\_\_\_\_\_**