

## 2021 Community Perception Survey SPC Opioid Committee

### This survey...

- Will ask 24 questions about your use of prescription drugs, and some other drugs.
- Results will be used to help inform and improve prevention programs.
- Is completely voluntary. You may skip any question that you are not comfortable with.
- Is completely anonymous. We are not asking for your name or other identifying information.
- It should take approximately 5 minutes to complete.

1. How easy do you think it is for persons your age in your community to obtain prescription pain relievers (such as Oxycontin, Percocet, Vicodin, Hydrocodone, or Tylox) that were not prescribed to them?

- Very easy  Somewhat difficult  
 Easy  Difficult

2. How easy do you think it is for persons your age in your community to obtain stimulant pills (such as Ritalin, Adderall, or Concerta) that were not prescribed to them?

- Very easy  Somewhat difficult  
 Easy  Difficult

3. How easy do you think it is for persons your age in your community to obtain prescription tranquilizers or "benzos," (such as Xanax, Valium, or Ativan) that were not prescribed to them?

- Very easy  Somewhat difficult  
 Easy  Difficult

4. How easy do you think it is for persons your age in your community to obtain heroin?

- Very easy  Difficult  
 Easy  I don't know.  
 Somewhat difficult

5. How easy do you think it is for persons your age in your community to obtain fentanyl?

- Very easy  Difficult  
 Easy  I don't know.  
 Somewhat difficult

6. How easy do you think it is for a person your age in your community to obtain carfentanil?

- Very easy  Difficult  
 Easy  I don't know.  
 Somewhat difficult

7. How much do people risk harming themselves physically and/or in other ways when they use prescription pain relievers that are not prescribed to them?

- No risk  Great risk  
 Slight risk  Not sure  
 Moderate risk

8. How much do people risk harming themselves physically and/or in other ways when they use heroin?

- No risk  Great risk  
 Slight risk  Not sure  
 Moderate risk

9. How much do people risk harming themselves physically and/or in other ways when they use fentanyl?

- No risk  Great risk  
 Slight risk  Not sure  
 Moderate risk

10. How do you feel about someone your age using prescription pain relievers that are not prescribed to them?

- Strongly approve  Disapprove  
 Approve  Strongly disapprove  
 Neither approve nor disapprove

11. How do you feel about a person your age using heroin?

- Strongly approve  Disapprove  
 Approve  Strongly disapprove  
 Neither approve nor disapprove

12. During the past 30 days, how many days did you use prescription pain relievers (such as Oxycontin, Percocet, Vicodin, or Tylox) that were not prescribed to you?

- 0  11-19  
 1-5  20+  
 6-10

13. In the past 30 days, how many days did you use heroin?

- 0  11-19  
 1-5  20+  
 6-10

14. In the past 30 days, how many days did you use fentanyl?

- 0  11-19  
 1-5  20+  
 6-10

15. If you used prescription drugs such as pain relievers, stimulants or tranquilizers that were not prescribed to you, how did you get them?

- I bought them on the internet.  I got them from a doctor, but I didn't follow doctor's orders.  
 I found them at home.  I got them from a drug dealer or another stranger.  
 I found them at a friend or relative's home.  I have NEVER used them without a prescription.  
 A friend or relative gave them to me.

16. During the past 12 months, have you experienced any of the following due to your use of prescription pain relievers, illicit opioids (heroin or fentanyl) or other prescription drugs? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Performed poorly at work or school                                    | <input type="checkbox"/> Forgot where I was or what I did      |
| <input type="checkbox"/> Missed work or a class  | <input type="checkbox"/> Done something I later regretted      |
| <input type="checkbox"/> Got into an argument or a fight                                       | <input type="checkbox"/> Have been taken advantage of sexually |
| <input type="checkbox"/> Driven a vehicle while under the influence of opiates                 | <input type="checkbox"/> Got nauseated or vomited              |
| <input type="checkbox"/> Rode in a vehicle while the driver was under the influence of opiates | <input type="checkbox"/> Seriously thought of suicide          |
| <input type="checkbox"/> Been in trouble with the police or authorities due to drug use        | <input type="checkbox"/> Seriously tried to commit suicide     |
| <input type="checkbox"/> Damaged property  | <input type="checkbox"/> Thought I might have a drug problem   |
| <input type="checkbox"/> Been hurt or injured  | <input type="checkbox"/> Tried unsuccessfully to stop using    |

17. Do you know where to get help in Steuben County if you're having concerns with a person's use of illicit drugs?

- Yes  
 No

18. How do you access the internet? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> I use my own desktop computer, laptop or tablet and I have reliable access to the internet. | <input type="checkbox"/> I use my phone to access the internet.                      |
| <input type="checkbox"/> I use a relative or friend's device to access the internet.                                 | <input type="checkbox"/> I use my computer at work or school to access the internet. |
| <input type="checkbox"/> I go to the public library to access the internet.  | <input type="checkbox"/> I do not have reliable access to the internet.              |

19. Where do you get your local news?

- |  |                                 |
|--|---------------------------------|
| <input type="radio"/> Local TV Stations    | <input type="radio"/> Twitter   |
| <input type="radio"/> Local Radio Stations | <input type="radio"/> Instagram |
| <input type="radio"/> Internet news        | <input type="radio"/> Other     |
| <input type="radio"/> Facebook             |                                 |

20. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

\* 21. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

22. What is your employment status?

- |  |                               |
|--|-------------------------------|
| <input type="radio"/> Employed (Full or part-time) | <input type="radio"/> Veteran |
| <input type="radio"/> Not Employed                 | <input type="radio"/> Retired |
| <input type="radio"/> Self-Employed                |                               |

23. Are you currently a student?

- |   |   |
|---|---|
| <input type="radio"/> Yes, full time      | <input type="radio"/> Yes, in some other type of school |
| <input type="radio"/> Yes, part time      | <input type="radio"/> No                                |
| <input type="radio"/> Yes, in GED program |   |

24. What is your highest level of education?

- Some high school
- GED
- High school diploma
- Some college
- Associates Degree

- Bachelors Degree
- Masters Degree
- Trade Certification/Diploma
- I prefer not to answer.