

## Appendix

This survey is part of a study conducted by the \_\_\_\_\_. **The goal of the study is to understand whether our patients or their family or close contacts are at risk of opioid overdose.** Your answers will give us valuable information that will help us provide the highest quality care for our patients.

**If you decide to complete the survey, your responses will be completely anonymous.** We will not know that the answers to this survey belong to you. Please do not put your name anywhere on this survey. Your response to the survey will be kept confidential to the extent allowed by law. When we write about the study you will not be identified, and your name will not be used in presentations or publications.

Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them.

We hope to receive completed surveys/questionnaires from about 400 people, so your answers are important to us. Of course, **you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time.**

The survey will take about 3 minutes to complete.

**You are encouraged to speak to your doctor if you have any questions about your health, opioids, or responding to an opioid overdose. Resources related to opioid overdose, naloxone, and substance use treatment are included at the end of this survey.**

If you have questions about the study, please feel free to ask. You can contact the PI - \_\_\_\_ – at \_\_\_\_ or \_\_\_\_\_. If you have questions about your rights as a research participant or want to report any problems or complaints, you can call the \_\_\_\_ Research Subject Advocate at \_\_\_\_\_.

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**After filling out this survey, please fold it and take it with you to place in the locked box at clinic checkout.**

**We ask that you only complete this survey once. If you have already completed this survey at another visit, please check this box and leave the rest of the survey blank.**

**1. How many times have you used an opioid** (some examples are heroin, fentanyl, morphine, oxycodone/Oxycontin/Percocet, hydrocodone/Vicodin, oxymorphone, hydromorphone) or medication for treatment of opioid use disorder (methadone, buprenorphine/Suboxone) **in the last year?**

Never    Once or twice    Monthly    Weekly    Daily    Prefer not to answer

*If you answered "Never" or "Prefer not to answer" to Question 1, skip to Question 2.*

*If you answered "Once or twice," "Monthly," "Weekly," or "Daily", please answer the following questions:*

**1a. Were any of these opioids prescribed to you by a doctor?**

Yes                      No                      Prefer not to answer

**1b. Were any of these opioids used without a prescription or used in a way that was different from what a doctor told you?**

Yes                      No                      Prefer not to answer

**1c. Have you overdosed on opioids** (meaning seeing a person have trouble breathing or who cannot be woken up after using an opioid) **in the past year?**

Yes                      No                      Prefer not to answer

*If you answered "No" or "Prefer not to answer" to Question 1c, skip to Question 2.*

*If you answered "Yes", please answer the following questions:*

**1ci. About how many times have you overdosed on opioids in the past year? \_\_\_\_\_**

**1cii. When you overdosed on opioids in the past year, were you taken to the emergency room?**

Yes                      No                      Not Always

**1ciii. When you overdosed on opioids in the past year, did somebody call 911?**

Yes                      No                      Not Always

**2. Does anyone in your family or someone close to you use opioids?**

Yes                      No                      Prefer not to answer

3. **Have you seen an opioid overdose** (meaning seeing a person have trouble breathing or who cannot be woken up after using an opioid) **in the past year?**

Yes                      No                      Prefer not to answer

*If you answered "No" or "Prefer not to answer" to Question 3, skip to Question 4.*

*If you answered "Yes", please answer the following question:*

**3a. About how many times have you seen an opioid overdose in the past year? \_\_\_\_\_**

4. **Have you ever used naloxone/Narcan during an opioid overdose?**

Yes                      No                      I don't know what naloxone/Narcan is

5. **Have you been trained or taught** (which could be training videos, in-person demonstration, articles, handouts) **how to respond to an opioid overdose?**

Yes                      No

*If you answered "Yes" to Question 5, skip to Question 6.*

*If you answered "No", please answer the following question:*

**5a. Would you like to be trained or taught how to respond to an opioid overdose?**

Yes                      No

6. **Do you carry naloxone/Narcan or have it at home?**

Yes                      No                      No and I don't know what naloxone/Narcan is

*If you answered "No" to Question 6, please answer the following question:*

**6a. Do you know where to get naloxone/Narcan?**

Yes                      No

***You can separate this sheet from the rest of the survey and take it with you***

Information about opioid overdose and naloxone:

- <https://www.getnaloxonenow.org>



- <https://www.dhs.wisconsin.gov/opioids/naloxone-faq.htm>



- <https://www.dhs.wisconsin.gov/publications/p01576.pdf>



Resources for substance use treatment:

- Call 211 or go to <https://211wisconsin.communityos.org/addiction-helpline>

