

OPIOID HOME KIT SURVEY

First Name:	Age:
Last Name (optional):	Male or Female
Would you like to sign up for our newsletter?	How many kids do you have?
Email or mailing address:	
Phone Number:	

Thank you for taking time to complete this short survey. The goals for the Home Kits are to:

- promote the **awareness of the dangers of Opioid,**
- help others **know what signs to look for,** and
- help parents **talk to their children about Opioids.**

Please take a few moments to share your thoughts on what you learned from today's presentation. This survey should only take about 10 minutes to finish.

This is completely voluntary and confidential. No names are required. Thank you.

1. Did you know what OPIODS were before receiving the Home Kits? YES or NO

2. What did you know about OPIODS before receiving the Home Kits?:

3. I learned from the Home Kits that:

4. The Home Kits on Opioids were helpful for me because:

5. I listen to KDNA for information. YES or NO

6. Signs of possible Opioid addiction include: _____

7. I personally know someone who struggles with OPIOID use. Yes or NO

8. If I, or someone I know needs help dealing with Opioid addiction, I can call

9. Resources to help deal with Opioid addiction include: _____
