

OPIOID HOME KIT SURVEY

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

- Increase the **awareness of the dangers of Opioid**,
- help others **know what signs to look for**, and
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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. The Home Kits activities showed me that:

4. I know the difference between good and bad choices for taking medicine: _____

5. A bad choice is: _____

6. A good choice is: _____

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

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