

## Survey of CUMC congregation regarding opioids

Please share any information or perspectives that you can with our opioid crisis team. We will use this information to inform our efforts for education and support of the community during this crisis.

You may keep your response confidential — there is a box outside the church office where you can submit your completed survey. However, if you would like to discuss your experiences, opinions or ideas with our team, please come to our listening session on Feb. 26th, contact one of our team members, or put your name and contact information at the end of the survey and someone will contact you.

Please share your reflections on any of the following questions. Attach additional sheets if necessary.

- 1) How aware are you of the epidemic of opioid abuse, including both prescription medications and illegal opioids such as heroin or fentanyl?
  
- 2) What are your fears/worries about the epidemic?
  
- 3) What information/support would you find helpful to protect yourself and your family from the dangers of opioids?
  
- 4) How have you and your family been affected by the opioid epidemic? By other substance abuse or addiction?
  - a) Were you able to get any needed treatment? If yes, was it successful? Did you have trouble getting insurance coverage?
  
  - b) What have you learned from your experiences with these challenges? What do you wish you had known earlier?
  
- 5) How can this church help/support you or your family in responding to these challenges?

Check any of the following that apply:

- 1) I am a parent of:
  - a) one or more grade-school age children \_\_\_\_\_
  - b) one or more middle-school age children \_\_\_\_\_
  - c) one or more high-school age children \_\_\_\_\_
  - d) one or more college-age children \_\_\_\_\_
  - e) one or more adult children \_\_\_\_\_
  
- 2)\_\_\_\_\_ I have been prescribed opioids (e.g. percocet, vicodin, oxycontin) after surgery
  
- 3)\_\_\_\_\_ I have been prescribed opioids for chronic pain.
  
- 4)\_\_\_\_\_ I have a family member who has been prescribed opioids after surgery
  
- 5)\_\_\_\_\_ I have a family member who has been prescribed opioids for chronic pain
  - a) If yes to 2,3,4,or 5, did you receive clear warnings about the potential for addiction to these medications?
  
  - b) Were you offered any other pain treatment - e.g. physical therapy, acupuncture, non-opioid medication? If yes, please describe
  
- 6)\_\_\_\_\_ I know someone who has become addicted to opioid pain medication
  
- 7)\_\_\_\_\_ I know someone who has been treated for substance abuse

\_\_\_\_\_ Check if you would like to be contacted to discuss further.  
Name and contact info: