

Community Survey on Substance Use

Start of Block: Description and Consent

Q1 This survey is about substance use and mental health behaviors in Oneida County. It has been developed to better understand how you view the health of our community. This information will be used to help plan effective community prevention and response efforts. Your participation is completely voluntary. The information you provide will be kept confidential and will be used for research purposes only. The survey will take 10-15 minutes to complete. You must be 18 or older to participate. Please respond to the questions based on what you really do, think, or believe. If you are not comfortable answering any questions, just leave it blank and move on. Funding for this project was made possible by the Overdose Data to Action (OD2A) cooperative agreement #6NU17CE925003-02-02 from the Centers for Disease Control and Prevention (CDC). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government Please click the arrow below to begin the survey.

Please click the arrow below to indicate you are 18 years of age or older and to continue to the survey.

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Q2 Do you live and/or work in Oneida County?

Yes (1)

No (2)

End of Block: Description and Consent

Start of Block: Use Problems (Community Perception)

Q3 In your opinion, how much of a problem are the following substances in our community?

	No problem at all (1)	A little problem (2)	More than a little problem (3)	A big problem (4)	A very big problem (5)	Unsure (6)
Smoking Cigarettes (tobacco) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping/E-Cigarettes (nicotine) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tobacco Products (cigars, chew, snuff) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, dope, junk) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®, Percocet®, OxyContin®) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC (pot, weed, hashish, hash oil) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Consumption (beer, wine, liquor) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge Drinking (5+ drinks for men, 4+ for women per occasion) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Have you noticed any changes in availability of opioids (prescription painkillers and heroin) and other substances over time in this area?

Yes (1)

No (2)

Unsure (3)

Q5 What changes in availability of opioids (prescription painkillers and heroin) and other substances have you noticed in our area?

End of Block: Use Problems (Community Perception)

Start of Block: Negative Outcomes Related to AODA - Community Perceptions

Q6 In your opinion, how much of a problem are the following in our community?

	No problem at all (1)	A little problem (2)	More than a little problem (3)	A big problem (4)	A very big problem (5)	Unsure (6)
Driving under the influence of alcohol (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence of substances other than alcohol (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug overdose (injury or death) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q7 When it comes to people UNDER THE AGE OF 21, how much of a problem are the following substances in our community?

	No problem at all (1)	A little problem (2)	More than a little problem (3)	A big problem (4)	A very big problem (5)	Unsure (6)
Smoking Cigarettes (tobacco) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping/E-Cigarettes (nicotine) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tobacco Products (cigars, chew, snuff) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, dope, junk) (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®, Percocet®, OxyContin®) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC (pot, weed, hashish, hash oil) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Consumption (beer, wine, liquor) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge Drinking (5+ drinks for men, 4+ for women per occasion) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Negative Outcomes Related to AODA - Community Perceptions

Start of Block: Prevention Perspective

Q8 What could be done to prevent people from starting to use substances, including opioids?

End of Block: Prevention Perspective

Start of Block: Use Problem (self)

Q9 In the last 30 days, how many days did you use the following?

	Never Used (1)	More than 30 days ago (2)	1-2 days (3)	3-5 days (4)	6-9 days (5)	10-19 days (6)	20-29 days (7)	Every day (8)
Smoking Cigarettes (tobacco) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping/E-Cigarettes (nicotine) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tobacco Products (cigars, chew, snuff) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, dope, junk) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids not as prescribed by a doctor (pain medication like morphine, Vicodin®, Percocet®, OxyContin®) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC (pot, weed, hashish, hash oil) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Consumption (beer, wine, liquor) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge Drinking (5+ drinks for men, 4+ drinks for women per occasion) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q10 In the last 30 days, did you try to quit using tobacco, alcohol, or other substances?

- Yes (1)
 - No (2)
 - Never used (5)
-

Q11 What do you think prevents people from seeking or receiving treatment for substance use disorders?

End of Block: Use Problem (self)

Start of Block: Comorbidity Factors (self)

Q12

In the last 30 days, have you experienced problems related to any of the following? *Select all that apply.*

- Access to care - not able to access healthcare when needed (1)
- Anxiety- feeling anxious, nervous, tense, scared or like something bad was going to happen (23)
- Assault (physical)- has anyone threatened or used violence to cause injury to your body (2)
- Assault (sexual)- have you been physically forced to have unwanted sexual contact (3)
- Chronic health problems or serious illnesses (diabetes, asthma, cancer, etc.) (4)
- Chronic pain- constant pain that lasts for 6 months or longer (5)
- Crime - theft, burglary, arson (24)
- Depression- feeling sad or hopeless almost every day for two weeks or more (6)
- Discrimination- been treated differently because of your race, sexual orientation, gender, religion, etc. (7)
- Financial distress- unable to make money to pay bills (9)
- Health literacy - not able to understand basic health information needed to make decisions about health (25)
- Housing instability - overcrowding, moving frequently, staying with relatives, homelessness (26)
- Hunger- going hungry because there is not enough food in your home (21)
- Learning disability (ADHD, dyslexia, unable to read, language barrier) (14)

(22)

Physical disability - condition that affects a person's mobility or physical capacity

Stress- emotional strain caused by difficult situations (17)

(20)

Suicidal thoughts- seriously considered suicide or made a plan to attempt suicide

Q13 What factors do you think contributes to a person's addiction?



Q14 Please rate your agreement with the following statements.

	Disagree (1)	Slightly disagree (2)	Neutral (3)	Slightly agree (4)	Agree (5)
People who develop an addiction to other drugs often start with tobacco use first (smoking, chew, e-cigarettes) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking poses less risk to health than illegal substances (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes have negative health consequences (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco products help individuals cope with stress (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana products help individuals cope with stress (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 Please rate your agreement with the following statements.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I have close relationships that provide me with a sense of emotional security and well-being. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of a group of people who share my attitudes and beliefs. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I could talk to about important decisions in my life. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have relationships where my competence and skill are recognized. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people I can count on in an emergency. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Comorbidity Factors (self)

Start of Block: Awareness of Treatment Options in Oneida County

Q16 Where do you typically get information about what is happening in Oneida County? *Select all that apply.*

- Newspapers (1)
 - Television (2)
 - Social Media (please specify platform) (3)
-

- Friends/Family (4)
 - Flyers/Posters (5)
 - Radio (6)
 - Websites (please specify which websites) (7)
-

- Other (please specify) (8)
-

Q17 Are you aware of treatment options for alcohol, tobacco, or other substances in your community?

- Yes (1)
 - No (2)
-

Q18 What treatment options are you aware of?

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End of Block: Awareness of Treatment Options in Oneida County

Start of Block: Community Climate

Q19 How much of a priority is addressing substance use to community members?

- Not a priority at all (1)
- A low priority (2)
- A moderate priority (3)
- A high priority (4)
- The highest priority (6)

End of Block: Community Climate

Start of Block: Hodag

Q53

Billy the Bass says "Thanks for your patience, you're almost done!"

End of Block: Hodag

Start of Block: Demographic Questions

Q20 What is your 5-digit zip code?

Q21 Which of the following best represents your current occupation? Select all that apply.

- Healthcare / Treatment Provider (1)
 - Education / Teacher / Professor (5)
 - Caregiver/Homemaker (21)
 - Small Business Owner (6)
 - Student / Youth (7)
 - Law / Criminal Justice (9)
 - Broadcasting / Media / Social Media (10)
 - Social Services / State / Local / Tribal Govt. (11)
 - Religious Organization (13)
 - Youth Serving Agency / Childcare (14)
 - Skilled Labor / Agriculture (15)
 - Service Industry / Retail / Food Service (18)
 - Retired (17)
 - Unable to work due to disability (22)
 - Unemployed (20)
 - Other (12) _____
-

Q22 What is your highest level of education?

- Some high school (1)
 - High school diploma, GED, or other equivalent certificate (2)
 - Some College (3)
 - Associate's degree (4)
 - Bachelor's degree (5)
 - Master's degree (6)
 - Doctorate degree (7)
-

Q23 What is your estimated household income including all sources before taxes?

- Less than \$10,000 (1)
 - \$10,000 to \$19,999 (4)
 - \$20,000 to \$29,999 (5)
 - \$30,000 to \$39,999 (6)
 - \$40,000 to \$49,999 (7)
 - \$50,000 to \$59,999 (8)
 - \$60,000 to \$69,999 (9)
 - \$70,000 to \$79,999 (10)
 - \$80,000 to \$89,999 (11)
 - \$90,000 to \$99,999 (12)
 - \$100,000 to \$149,999 (13)
 - \$150,000 or more (14)
 - Prefer not to answer (15)
-

Q24 Including yourself, how many people currently live in your household?

▼ 1 (1) ... 10+ (10)

Q25 Do you currently have health insurance?

- Yes (1)
- No (2)

Q26 Are you currently enrolled in Medicaid/Badgercare?

Yes (1)

No (2)

Q27 Which category best describes you? Select all that apply.

American Indian or Alaska Native (4)

Asian (7)

Black or African American (8)

Hispanic, Latino, or Spanish (9)

Middle Eastern or North African (10)

Native Hawaiian or Other Pacific Islander (11)

White (12)

Other (13) _____

Q28 Which gender do you identify with?

Female (1)

Male (2)

Other (3) _____

Q29 Do you identify as a member of the LGBTQ community?

Yes (1)

No (2)

Q30 How old are you?

▼ 18 (4) ... 100 (88)

End of Block: Demographic Questions
