Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_

Name of HOA/ Neighborhood Assoc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male**** Female**** Other**** \_\_\_\_\_\_\_\_\_\_\_\_\_

Race- Black**** White**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Age 8-17****18-25****26-35****36-50****51-Up****

**1. Has your life personally been impacted by the misuse of Opioids?**

**Yes NoHow?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. Do you believe there is a need to address this epidemic? Yes No Why or Why not?**

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**3. How Can Families and Communities Help Solve the Problem?**

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**4. Do You Think there are enough resources available to address the “misuse” of opioids? Yes**

**No**

**5. Your Opinion Matters: Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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