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| A blue and orange letters on a black background  AI-generated content may be incorrect.You must be 18 or older andcurrently live in New Mexicoto take this survey. | FOR DATA COLLECTION STAFF ONLY |  |
| **Location:** |  |  |
| **Date:** |  |  |
| **Surveyor Initials:** |  |  |
| **Survey #:** |  |  |
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| **The purpose of the survey:** |  | **What you can expect:** |
| * Welcome to the New Mexico Community Survey funded by the New Mexico Office of Substance Abuse Prevention (NM OSAP) and administered by the Pacific Institute for Research and Evaluation (PIRE).
* Findings from this survey will be used to better understand substance use issues across New Mexico. The more New Mexico residents who complete the survey, the better NM OSAP can respond to the problems and areas of most concern.
 |  | * **Your participation in this survey is completely voluntary**. You may choose not to answer a question, and you may quit the survey at any time.
* The survey should take you approximately 20 minutes to complete.
* There is a very slight risk that your responses will be seen by data collectors, however we have taken precautions to prevent this by providing an envelope to put your completed survey into, and then another closed container to place your sealed envelope.
* Do NOT put your name or any identifying information on the survey.
* There is a risk that some questions may upset you. **You do not have to answer any question you don’t want to answer.** We provide contact information to everyone completing the survey about local resources for substance use issues and mental health.
* When you are done, please place the survey in the envelope provided, seal the envelope and place in the box provided by the data collectors.
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| **IMPORTANT:**  | This survey is conducted by the (Name your coalition or agency here) on behalf of the NM Office of Substance Abuse Prevention. If you have questions about the procedures or purpose of this survey, please contact Dr. David Currey at: **dcurrey@pire.org** **or toll-free at 1-855-346-2631**.  |

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| **Directions:** Please think about where you currently live in New Mexico as you answer the following questions. Provide only 1 answer for each question unless otherwise specified. |

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|  | How old are you? | o 18 to 20o 21 to 25 | o 26 to 30o 31 to 40 | o 41 to 50o 51 to 60 | o 61 to 70o 71 or older |
|  | Which one or more of the following would you say is your race or ethnicity? *(Check all that apply.)* | o Asian o Black or African Americano Hispanic or Latinoo Native American/American Indian or Alaska Native | o Native Hawaiian or Other Pacific Islandero Whiteo Other [Please write in your race/ethnicity] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Which of the following best describes you? (Select one) | o Femaleo Maleo Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender categoryo I prefer not to answer |
|  | Which of the following best describes how you think of yourself? (Check all that apply) | o Straight or heterosexualo Lesbian or gayo Bisexualo Queer, pansexual, and/or questioning o An identity that is not listedo I prefer not to answer |
|  | Do you or anyone in your household primarily speak a language other than English throughout the day? | o No, everyone in my household speaks mostly English throughout the day. o Yes, Spanisho Yes, a Native American languageo Yes, another language. |
|  | What is the highest grade or year of school you completed to date? | o Less than high schoolo High school graduate or GEDo I am currently an undergraduate in college at\_\_\_\_\_\_\_\_\_\_\_\_ college/university | o Some college or technical schoolo College graduate, graduate or professional school graduate |
|  | What is your zip code? *(for geographic sorting purposes only)* |  |
|  | Are you a parent or caretaker of someone under 21 currently living in your household? | o Yes **(please answer 8a. below)** o No |
| **8a**. What is this person’s age (please select all categories that apply if there is more than one person)? | o Under age 5 o 5-11 o 12-17 o 18-20 |
|  | For the past 30 days, have you had a permanent and stable place to live? | o Yes o No |

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| The next questions are about your personal perceptions of the community where you are *currently* living.**Please remember that your responses are anonymous**. |
|  | How easy do you think it is for teens in your community to get alcohol? | o Very easyo Somewhat easy | o Somewhat difficulto Very difficult | o Don’t know |
|  | How likely are police in your community to arrest an adult for giving alcohol to someone under 21? | o Very likelyo Somewhat likely | o Not very likelyo Not at all likely | o Don’t know |
|  | In your opinion, if you were driving after you had too much to drink, how likely is it you would be stopped by police? | o Very likelyo Somewhat likely | o Not very likelyo Not at all likely | o Don’t know |
| **How much do you agree or disagree with the following statement?** |
|  | Problems due to alcohol use hurt my community financially (such as costs associated with property damage, use of criminal justice system and public services). | o Strongly disagreeo Disagreeo Neither Agree nor Disagree | o Agreeo Strongly agree |

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| **As you answer the next few questions, please define one drink as equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots of liquor would count as 2 drinks.** |
|  | During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage (if any)? | o 0 dayso 1 or 2 dayso 3 to 5 days | o 6 to 9 dayso 10 to 19 dayso 20 to 29 days | o All 30 days |
|  | In general, how many alcoholic drinks do you typically consume in a week (including weekends)? | o None \_\_\_\_\_\_\_\_ Drinks a week (1 or more) |
|  | Considering all types of alcoholic beverages, how many times during the past 30 days did you have **5** or more drinks on an occasion (if your sex is **male**), or **4** or more drinks on an occasion (if your sex is **female**)? | o None\_\_\_\_\_\_\_ Times in past 30 days |
|  | During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? | o None \_\_\_\_\_\_\_\_ Times in past 30 days |
|  | ***If you are 18 to 20 years old*, *please answer this question:*** During the past 30 days, how did you get your alcohol? *(Check all that apply.)* | o I have not drunk alcohol in the past 30 days.o Adult family member who is 21 or older gave it or bought it for me.o Someone not related to me who is 21 or older gave it or bought it for me.o I got it at a college party (e.g., fraternity, sorority, tailgate, college dorm).o I got it at some other type of party.o My parent or guardian gave it or bought it for me.o I took it from my home or someone else’s home.o I bought it at a store, restaurant, bar or public place.o Someone under age 21 bought or gave it to me.o I got it some other way. *[Please specify]*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | In the past year, have you purchased or otherwise provided alcohol (beer, wine, liquor) for someone under 21, even if it was for your own child? *(not including alcohol used for religious purposes)* | o Yes o No o Don’t know |
| **The following questions have to do with opioid-based prescription pain medications (painkillers) such as Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs). This does not include over-the-counter medications including those that can be prescribed by a doctor such as ibuprofen/Motrin, Tylenol/acetaminophen, or aspirin.**  |
|  | In the past year, were you prescribed pain medication by a medical professional *(even if you did not take them)*? | o Yes o No  |
|  | How much do you think people risk harming themselves (physically or in other ways) using **prescription pain medication** for a non-medical reason? | o No risko Slight risk | o Moderate risko Great risk |
|  | If you’ve taken **prescription pain medication** for any reason in the last 30 days *(even if you were not prescribed them)*, on how many days did you take them? | o None, 0 days. I have not taken prescription pain medication in the last 30 days ***(Skip to question 25).***o 1 or 2 dayso 3 to 5 days o 6 to 9 dayso 10 to 19 dayso 20 to 29 days o All 30 days |
|  | During the past 30 days, how many times did you take prescription pain medication without a doctor's prescription or differently than how a doctor told you to use it? | o 0 times o 1 or 2 timeso 3 to 9 times | o 10 to 19 timeso 20 to 39 timeso 40 or more times |
|  | If you used a prescription pain medication or other opioid, did you have access to naloxone or Narcan? | o Yes o No o Not sure |
|  | In the past year, have you given or otherwise shared any prescription drugs with someone that was not prescribed them *(even if that person was a close friend or family member)*? | o Yes o No |
|  | If you took **prescription pain medication** in the past year, why did you take them? (Check all that apply) | o I did not take prescription pain medication in the past yearo To treat pain that my doctor or dentist identified (for example, injury, surgery, tooth extraction, illness, cancer)o For pain not identified by my physician (e.g., minor injury)o To have fun with a friend or friend(s) sociallyo To help me sleepo To get high or stoned o To cope with anxiety or stresso Another reason [Please specify]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Are all your **prescription pain medications** stored in a locked cabinet or box so that others cannot get to them *(including youth and family)*? | o Yeso Noo I do not have any prescription pain medication |
|  | In the past year, which of the following actions did you take with unused or expired prescription pain medication in your home? (Check all that apply) | * I didn’t have any unused or expired prescription pain medication
* Took them to a prescription medication drop box
* Took them to a periodic “Take Back” event.
* Flushed them down the toilet or sink
* Mixed them with an unappealing substance (i.e., kitty litter or coffee grounds) and put them in the trash
* Threw them away some other way (such as in the trash)
* Used a disposal pouch, bag or packet designed to deactivate the medication (i.e., “Deterra”)
* Kept them for future use.
* Did something else with my unused medications:

(describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How much do people risk harming themselves (physically or in other ways) when they take an **opioid-based prescription** pain medication and a **prescription benzodiazepine** (Xanax, Valium, Klonipin) together or within an hour or two?  | o No Risk o Slight Risk o Moderate Risk o Great Risk oNot sure |
| **The next questions ask about cannabis/marijuana use.  Cannabis/Marijuana is also called weed or grass and includes medical cannabis and cannabis extracts such as edibles, pot hash oil, shatter, and wax, but do not consider CBD use when responding to these questions.  People consume cannabis/marijuana for both medicinal and recreational purposes.** |
|  | During the past 30 days, how many days did you use cannabis/marijuana?  | o None, 0 days. I have not used cannabis/marijuana in the last 30 days ***(Skip to question 32)***o 1 or 2 dayso 3 to 5 days o 6 to 9 dayso 10 to 19 dayso 20 to 29 days o All 30 days |
|  | ***If you are 18 to 20 years old*, *please answer this question:*** If you used cannabis/marijuana in the last 30 days, where did you get your cannabis/marijuana? (Check all that apply.) | o I have not used cannabis/marijuana in the past 30 days.o I got it at a party.o A family memberprovided it to me. o Someone not related to me provided it to me.o I took it from my home or someone else’s home.o I bought it from someone (e.g., friend, dealer, family member)o I purchased it at a New Mexico dispensary.o I purchased it at a dispensary in another state where cannabis/marijuana is legally sold.o I grew cannabis/marijuana plants myselfo I got it some other way. [Please describe]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is all of your cannabis/marijuana stored in a locked location (ex. locked cabinet box or room) so that others cannot get to it (including youth)?  | o Yeso Noo I do not have cannabis/marijuana |
|  | In the past year, have you given or otherwise shared any cannabis/marijuana with someone under 21 *(even if that person was a close friend or family member)?*  | o Yes o No  |
| **The next question is about use of two or more of the following substances on an occasion (within an hour or two of each other or at the same time): alcohol, prescription pain relievers (such as hydrocodone, oxycodone, propoxyphene, tramadol, codeine, morphine, or buprenorphine), fentanyl, heroin, methamphetamine, cocaine, or a prescription sedative or tranquilizer (such as diazepam (Valium), alprazolam (Xanax), or clonazepam (Klonopin), among others).** |
|  | How much do people risk harming themselves (physically or in other ways) when they take two or more substances together or within an hour or two?  | o No Risk o Slight Risk o Moderate Risk o Great Risk oNot sure |

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| **Because you live in [INSERT COUNTY NAME] County, the [INSERT PROGRAM NAME] would like you to respond to the following questions about your community.** |
|  | *Delete rows not used* |  |
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| **You are almost finished! Just one last question!** |
|  | Is there anything else you’d like to tell us or add about the issues we have asked about today? |

**Thank you for your participation!**