National Survey Of Syringe Services Programs

Form Approved OMB No. 0920-1359 Expiration Date: XX/XX/XXXX

Public reporting burden of this collection of information is estimated to average 35 minutes per survey, including the time for reviewing instructions, administering questions and entering responses. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, US8-4, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1359); Expiration: 12/31/2024

Thank you for taking the time to complete this survey. We know that you are incredibly busy, and we have worked hard to design a set of questions that accurately captures the current experience of syringe services programs (SSPs) throughout the country. Your participation will help us tell these stories more accurately.

When answering questions, please refer to the period from January 1, [year], to December 31, [year] unless otherwise stated. If program data are not available, please use your best estimate to complete the questions below. If your SSP only operated during some of the specified time period, please provide information reflective of the time period(s) during which your SSP did operate.

During the survey, you may need to refer to your records to answer some questions. If you need to step away, please select "Save & Return" at the bottom of the page. You can return to the survey using the link in your invitation email, or you will have the option to enter an email address and the same survey link will be sent to the specified email. If you are unable to answer a question, but later find the answer in your records, you can reach us later to provide this additional information by contacting [NAME] at [EMAIL].

If you need any clarifications about any of the questions in this survey or how this information will be used, please contact [NAME] at [EMAIL].

All information will be kept confidential.

To begin, please let us know a couple of details about your syringe services program (SSP).

What is the name of your organization?

Please specify any nicknames (i.e., abbreviated name or acronym) that are used for your SSP.

What is the city or town and state where your SSP headquarters is located?

City:



State:

 ○ AL ○ CA ○ DC ○ ID 	O AK O CO O FL O IL 0	○ AZ ○ CT ○ GA ○ IN (○ AR ○ DE ○ HI ○ IA
\bigcirc KS	⊖ KY	\bigcirc LA	⊖ ME
ŎМD	О MA	O MI	O MN
O MS	O MO	Ó MT	-
О́ NE	О́ NV	◯ NH	🔿 NJ
О́ NM	O NY	◯ NC	
\bigcirc ND	O OH	⊖ OK	
◯ OR	Ó PA	◯ RI	\bigcirc SC
Ó SD	О́ ТN	О ТХ	O UT
О VT	⊙ VA	⊙ WA	○ WV
Ō WI	Ō WY	◯ PR	

Did your program provide any services at any time in [year]?

○ Yes

How did your SSP deliver services in [year]? Please select all that apply.

- Brick and mortar fixed site (including drop-in centers)
- Backpack/outreach
- Pop-up sites (tables, tent, etc.)
- Delivery to regular locations (e.g., established route)
- Delivery to participant requested locations (e.g., home delivery)
- □ Mail-based distribution
- Vending machine
- Other (please describe) _____
- Don't Know
- Choose not to answer



Please select whether your SSP provides services in any of the following state(s), U.S. territory or in a Tribal Nation in [year]. Please select all that apply.

🗌 We operated in all states 🔄 Alabama 🔛 Alaska 📄 Arizona 📄 Arkansas 📄 California
🗌 Colorado 🔄 Connecticut 🔄 Delaware 🔄 District of Columbia 🔄 Florida 🔲 Georgia
🗌 Hawaii 🔲 Idaho 🔲 Illinois 🗌 Indiana 🔛 Iowa 🗌 Kansas 🔲 Kentucky 🔲 Louisiana
🗌 Maine 🔲 Maryland 🗌 Massachusetts 🗌 Michigan 🗌 Minnesota 🗌 Mississippi
🗌 Missouri 🔲 Montana 🔲 Nebraska 🗌 Nevada 🗌 New Hampshire 🔲 New Jersey
🗌 New Mexico 🔲 New York 🔲 North Carolina 🗌 North Dakota 🔲 Ohio 🗌 Oklahoma
🗌 Oregon 🔄 Pennsylvania 🔄 Puerto Rico 🔄 Rhode Island 🔄 South Carolina 🔄 South Dakota
🗌 Tennessee 🔲 Texas 🔲 Utah 🗌 Vermont 🗌 Virginia 🗌 Washington 🗌 West Virginia
🗌 Wisconsin 🔄 Wyoming 🔄 Choose not to answer

REDCap

Alabama:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🛛 Autauga 🔛 Baldwin 🗌 Barbour 🗌 Bibb	
Blount Bullock Butler Calhoun Chambers Cherokee Chilton	
🗌 Choctaw 🔲 Clarke 🔲 Clay 🗌 Cleburne 🗌 Coffee 🗌 Colbert 🔲 Conecuh 🔲 Coosa	
🗌 Covington 🔄 Crenshaw 📋 Cullman 🗌 Dale 🔄 Dallas 🗌 DeKalb 🔲 Elmore	
🗌 Escambia 🔄 Etowah 🔄 Fayette 🔄 Franklin 📄 Geneva 📄 Greene 📄 Hale 📄 Henry	
🗌 Houston 🔄 Jackson 🔄 Jefferson 🔄 Lamar 🔄 Lauderdale 🔄 Lawrence 🔄 Lee	
🗌 Limestone 🔄 Lowndes 🔄 Macon 🔄 Madison 📄 Marengo 📄 Marion 📄 Marshall	
🗌 Mobile 🔲 Monroe 🗌 Montgomery 🗌 Morgan 🔛 Perry 🗌 Pickens 🗌 Pike 🔲 Randolph	
🗌 Russell 🔄 St. Clair 🔄 Shelby 🗌 Sumter 🗌 Talladega 🔛 Tallapoosa 🔲 Tuscaloosa	
🗌 Walker 🔄 Washington 🔄 Wilcox 🗌 Winston 📄 Choose not to answer	

Alaska:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🛛 Aleutians East Borough 🔄 Aleutians West Census Area
🗌 Anchorage Municipality 🔄 Bethel Census Area 🔄 Bristol Bay Borough 🔄 Chugach Census Area
🗌 Copper River Census Area 🔄 Denali Borough 🔄 Dillingham Census Area 🔄 Fairbanks North Star
Borough 🛛 Haines Borough 🔲 Hoonah-Angoon Census Area 🔲 Juneau City and Borough
🗌 Kenai Peninsula Borough 🔄 Ketchikan Gateway Borough 🔄 Kodiak Island Borough
🗌 Kusilvak Census Area 🛛 🗋 Lake and Peninsula Borough 🔄 Matanuska-Susitna Borough
🗌 Nome Census Area 🔄 North Slope Borough 🗌 Northwest Arctic Borough 🗌 Petersburg Borough
🗌 Prince of Wales-Hyder Census Area 🛛 🗋 Sitka City and Borough 🗌 Skagway Municipality
🗌 Southeast Fairbanks Census Area 🛛 🗋 Wrangell City and Borough 🔄 Yakutat City and Borough
🗌 Yukon-Koyukuk Census Area 🛛 Choose not to answer

Arizona:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We ope	rated throughou	it the entire s	state 🗌 Ap	oache 🗌	Cochise		onino	🗌 Gila
Graham	Greenlee	🗌 La Paz	Maricop	a 🗌 Moh	ave 🗌	Navajo	🗌 Pin	na
🗌 Pinal	🗌 Santa Cruz	🗌 Yavapai	🗌 Yuma	Choose	not to ar	າswer		



Arkansas:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.



California:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Alameda 🔄 Alpine 🔄 Amador 🔄 Butte
🗌 Calaveras 🔄 Colusa 🔄 Contra Costa 🔄 Del Norte 🔄 El Dorado 🔄 Fresno 🗋 Glenn
🗌 Humboldt 🔄 Imperial 🔄 Inyo 🔄 Kern 🔄 Kings 🔄 Lake 🔄 Lassen 🔄 Los Angeles
🗌 Madera 🔲 Marin 🗌 Mariposa 🗌 Mendocino 🗌 Merced 🗌 Modoc 🗌 Mono
🗌 Monterey 🔲 Napa 🔄 Nevada 🗌 Orange 🗌 Placer 🗌 Plumas 🗌 Riverside
🗌 Sacramento 🔄 San Benito 🗌 San Bernardino 📄 San Diego 🗌 San Francisco 🗌 San Joaquin
🗌 San Luis Obispo 🔲 San Mateo 🗌 Santa Barbara 🗌 Santa Clara 🔲 Santa Cruz 🔲 Shasta
🗌 Sierra 🔲 Siskiyou 🔲 Solano 🗌 Sonoma 🗌 Stanislaus 🗌 Sutter 🔲 Tehama
□ Trinity □ Tulare □ Tuolumne □ Ventura □ Yolo □ Yuba □ Choose not to answer



Colorado:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

□ We operated throughout the entire state □ Adams □ Alamosa □ Arapahoe □ Archuleta
🗌 Baca 🔄 Bent 🔄 Boulder 🔄 Broomfield 🔄 Chaffee 🔄 Cheyenne 🗔 Clear Creek
□ Conejos □ Costilla □ Crowley □ Custer □ Delta □ Denver □ Dolores □ Douglas
Eagle Elbert El Paso Fremont Garfield Gilpin Grand Gunnison
🗌 Hinsdale 🔄 Huerfano 🔄 Jackson 🔄 Jefferson 🔄 Kiowa 🗔 Kit Carson 🗔 Lake
🗌 La Plata 🔲 Larimer 🔄 Las Animas 🔛 Lincoln 🔛 Logan 🔛 Mesa 🗔 Mineral
□ Moffat □ Montezuma □ Montrose □ Morgan □ Otero □ Ouray □ Park □ Phillips
□ Pitkin □ Prowers □ Pueblo □ Rio Blanco □ Rio Grande □ Routt □ Saguache
🗌 San Juan 🔲 San Miguel 🔲 Sedgwick 🔲 Summit 🔄 Teller 🔛 Washington 🔛 Weld
Yuma Choose not to answer

Connecticut:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

We operated throughout the entire state
Fairfield
Hartford
Litchfield
Middlesex
New Haven
New London
Tolland
Windham
Choose not to answer

Delaware:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

Kent
 New Castle
 Sussex

Choose not to answer



Florida:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.



Georgia:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of	of the page to ensure you l	nave chosen all applic	cable counties, a	and to continue t	o the next
page.					

Hawaii:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

☐ Hawaii
 ☐ Honolulu
 ☐ Kalawao

🗌 Kauai

🗌 Maui

Choose not to answer



Idaho:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We served in all counties 🔄 Ada 🔄 Adams 🔄 Bannock 🔄 Bear Lake 🔄 Benewah	
🗌 Bingham 🔲 Blaine 🔲 Boise 🗌 Bonner 🗌 Bonneville 🔲 Boundary 🔲 Butte	
🗌 Camas 🔲 Canyon 🗌 Caribou 🗌 Cassia 🗌 Clark 🗌 Clearwater 🗌 Custer 🗌 Elmore	ì
🗌 Franklin 🔲 Fremont 🗌 Gem 🗌 Gooding 🗌 Idaho 🔛 Jefferson 🔲 Jerome 🗌 Kooten	ai
🗌 Latah 🔄 Lemhi 🔄 Lewis 🔄 Lincoln 🔄 Madison 🔄 Minidoka 🔄 Nez Perce 🗔 Oneida	а
🗌 Owyhee 🔄 Payette 🔄 Power 🔄 Shoshone 🔄 Teton 🔄 Twin Falls 🔛 Valley	
□ Washington □ Choose not to answer	



Illinois:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.



Indiana:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Adams □ Allen □ Bartholomew □ Benton
Blackford Boone Brown Carroll Cass Clark Clay Clinton
🗌 Crawford 🔄 Daviess 🗌 Dearborn 🗌 Decatur 📄 DeKalb 🔄 Delaware 🗌 Dubois
🗌 Elkhart 🔲 Fayette 🔲 Floyd 🗌 Fountain 🗌 Franklin 🗌 Fulton 🗌 Gibson 🗌 Grant
Greene Hamilton Hancock Harrison Hendricks Henry Howard
🗌 Huntington 🔄 Jackson 🔄 Jasper 🔄 Jay 🔄 Jefferson 🔄 Jennings 📋 Johnson
□ Knox □ Kosciusko □ LaGrange □ Lake □ LaPorte □ Lawrence □ Madison
🗌 Marion 🔄 Marshall 🔄 Martin 🗌 Miami 🗌 Monroe 🗌 Montgomery 🗌 Morgan
□ Newton □ Noble □ Ohio □ Orange □ Owen □ Parke □ Perry □ Pike □ Porter
🗌 Posey 🔲 Pulaski 🔄 Putnam 🔄 Randolph 🔄 Ripley 🔄 Rush 🔄 St. Joseph 🗔 Scott
□ Shelby □ Spencer □ Starke □ Steuben □ Sullivan □ Switzerland □ Tippecanoe
□ Tipton □ Union □ Vanderburgh □ Vermillion □ Vigo □ Wabash □ Warren
□ Warrick □ Washington □ Wayne □ Wells □ White □ Whitley □ Choose not to answer



lowa:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Adair 🔄 Adams 🔄 Allamakee 🗔 Appanoose
🗌 Audubon 🔄 Benton 🔄 Black Hawk 🔄 Boone 🔄 Bremer 🔄 Buchanan 🔄 Buena Vista
🗌 Butler 🔲 Calhoun 🔲 Carroll 🗌 Cass 🗌 Cedar 🗌 Cerro Gordo 🗌 Cherokee
🗌 Chickasaw 🔲 Clarke 🗌 Clay 🗌 Clayton 📄 Clinton 🗌 Crawford 🔲 Dallas 🔲 Davis
🗌 Decatur 🔄 Delaware 🔄 Des Moines 🔄 Dickinson 🔄 Dubuque 🔄 Emmet 🗔 Fayette
🗌 Floyd 🔲 Franklin 🔲 Fremont 🗌 Greene 🗌 Grundy 🗌 Guthrie 🗌 Hamilton
🗌 Hancock 🔲 Hardin 🗌 Harrison 🗌 Henry 🗌 Howard 🗌 Humboldt 🗌 Ida 🗌 Iowa
🗌 Jackson 🔲 Jasper 🔲 Jefferson 🗌 Johnson 🗌 Jones 🗌 Keokuk 🔲 Kossuth 🗌 Lee
🗌 Linn 🔄 Louisa 🔄 Lucas 🔄 Lyon 🔄 Madison 🔄 Mahaska 🔄 Marion 🗔 Marshall
🗌 Mills 🔲 Mitchell 🗌 Monona 🗌 Monroe 🗌 Montgomery 🗌 Muscatine 🔲 O'Brien
🗌 Osceola 🔄 Page 🔄 Palo Alto 🔄 Plymouth 🔄 Pocahontas 🔄 Polk 🗌 Pottawattamie
🗌 Poweshiek 🗌 Ringgold 🗌 Sac 🔲 Scott 🗌 Shelby 🗌 Sioux 🔲 Story 🗌 Tama
🗌 Taylor 🔄 Union 🔄 Van Buren 🔄 Wapello 🗌 Warren 📄 Washington 🗌 Wayne
□ Webster □ Winnebago □ Winneshiek □ Woodbury □ Worth □ Wright □ Choose not to answer



Kansas:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Allen 🔄 Anderson 🔄 Atchison 📄 Barber
🗌 Barton 🔄 Bourbon 🔄 Brown 🔄 Butler 🔄 Chase 🔄 Chautauqua 🔄 Cherokee
□ Cheyenne □ Clark □ Clay □ Cloud □ Coffey □ Comanche □ Cowley □ Crawford
🗌 Decatur 🔄 Dickinson 🗋 Doniphan 🗌 Douglas 🗌 Edwards 🔄 Elk 🗌 Ellis 🗌 Ellsworth
🗌 Finney 🔲 Ford 🔲 Franklin 🗌 Geary 🗌 Gove 🗌 Graham 🔲 Grant 🗌 Gray
🗌 Greeley 🔲 Greenwood 🔲 Hamilton 🗌 Harper 🔛 Harvey 🗌 Haskell 🔲 Hodgeman
🗌 Jackson 🔲 Jefferson 🗌 Jewell 🗌 Johnson 🗌 Kearny 🗌 Kingman 🗌 Kiowa 🔲 Labette
□ Lane □ Leavenworth □ Lincoln □ Linn □ Logan □ Lyon □ McPherson □ Marion
🗌 Marshall 🔲 Meade 🗌 Miami 🗌 Mitchell 🗌 Montgomery 🗌 Morris 🗌 Morton
🗌 Nemaha 🔄 Neosho 🗌 Ness 🗌 Norton 🗌 Osage 📄 Osborne 📄 Ottawa 🗌 Pawnee
Phillips Pottawatomie Pratt Rawlins Reno Republic Rice Riley
□ Rooks □ Rush □ Russell □ Saline □ Scott □ Sedgwick □ Seward □ Shawnee
Sheridan Sherman Smith Stafford Stanton Stevens Sumner
🗌 Thomas 🔄 Trego 🔄 Wabaunsee 📄 Wallace 🔄 Washington 📄 Wichita 🗌 Wilson
Woodson Wyandotte Choose not to answer



Kentucky:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Adair 🔄 Allen 🔄 Anderson 🗔 Ballard
🗌 Barren 🔄 Bath 🗌 Bell 🗌 Boone 🗌 Bourbon 🗌 Boyd 🗌 Boyle 🗌 Bracken
🗌 Breathitt 🔲 Breckinridge 🔄 Bullitt 🔄 Butler 🔄 Caldwell 🔄 Calloway 🗔 Campbell
🗌 Carlisle 🔲 Carroll 🔲 Carter 🗌 Casey 🗌 Christian 🗌 Clark 🗌 Clay 🗌 Clinton
🗌 Crittenden 🔄 Cumberland 🔄 Daviess 🔄 Edmonson 🔄 Elliott 🔄 Estill 🔄 Fayette
🗌 Fleming 🔄 Floyd 🔲 Franklin 🗌 Fulton 🗌 Gallatin 🗌 Garrard 🔲 Grant 🗌 Graves
🗌 Grayson 🔲 Green 🗌 Greenup 🔲 Hancock 🗌 Hardin 🗌 Harlan 🗌 Harrison
🗌 Hart 🔄 Henderson 🗌 Henry 🗌 Hickman 🗌 Hopkins 📄 Jackson 🔲 Jefferson
🗌 Jessamine 🔄 Johnson 🗌 Kenton 🗌 Knott 🗌 Knox 🗌 Larue 🔲 Laurel 🔲 Lawrence
🗌 Lee 🔄 Leslie 🔄 Letcher 🔄 Lewis 🗌 Lincoln 🔄 Livingston 📄 Logan 🔂 Lyon
🗌 McCracken 🔲 McCreary 🗌 McLean 🗌 Madison 🗌 Magoffin 🗌 Marion 🗌 Marshall
Martin Mason Meade Menifee Mercer Metcalfe Monroe Montgomery
🗌 Morgan 🔄 Muhlenberg 🔄 Nelson 📄 Nicholas 📄 Ohio 📄 Oldham 📄 Owen
🗌 Owsley 📋 Pendleton 🔄 Perry 🔄 Pike 📄 Powell 📄 Pulaski 📄 Robertson 📄 Rockcastle
🗌 Rowan 🔲 Russell 🔲 Scott 🗌 Shelby 🗌 Simpson 🗌 Spencer 🗌 Taylor 🗌 Todd
🗌 Trigg 🔲 Trimble 🔲 Union 🗌 Warren 🗌 Washington 🗌 Wayne 🗌 Webster
Whitley Wolfe Woodford Choose not to answer



Louisiana:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🛛 Acadia Parish 🗋 Allen Parish 🗋 Ascension Parish
🗌 Assumption Parish 🔄 Avoyelles Parish 📄 Beauregard Parish 📄 Bienville Parish 📄 Bossier Parish
🗌 Caddo Parish 🔲 Calcasieu Parish 🗌 Caldwell Parish 🗌 Cameron Parish 🔲 Catahoula Parish
🗌 Claiborne Parish 🔄 Concordia Parish 🔄 De Soto Parish 📄 East Baton Rouge Parish
🗌 East Carroll Parish 🔄 East Feliciana Parish 🔄 Evangeline Parish 🔄 Franklin Parish
🗌 Grant Parish 🔄 Iberia Parish 🔄 Iberville Parish 🔄 Jackson Parish 🔄 Jefferson Parish
🗌 Jefferson Davis Parish 🔄 Lafayette Parish 📄 Lafourche Parish 📄 LaSalle Parish 📄 Lincoln Parish
🗌 Livingston Parish 🔄 Madison Parish 📄 Morehouse Parish 📄 Natchitoches Parish
🗌 Orleans Parish 🔄 Ouachita Parish 🔄 Plaquemines Parish 🔄 Pointe Coupee Parish
🗌 Rapides Parish 🔄 Red River Parish 🔄 Richland Parish 📄 Sabine Parish 📄 St. Bernard Parish
🗌 St. Charles Parish 🔄 St. Helena Parish 🔄 St. James Parish 🔄 St. John the Baptist Parish
🗌 St. Landry Parish 🔄 St. Martin Parish 🗌 St. Mary Parish 🗌 St. Tammany Parish 🔲 Tangipahoa Parish
🗌 Tensas Parish 🔄 Terrebonne Parish 📄 Union Parish 📄 Vermilion Parish 📄 Vernon Parish
🗌 Washington Parish 🔄 Webster Parish 📄 West Baton Rouge Parish 📄 West Carroll Parish
🗌 West Feliciana Parish 🔄 Winn Parish 🔄 Choose not to answer

Maine:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the e	entire state 🛛 🗌 Andro	scoggin 🗌 Aroostoo	ok 🗌 Cu	mberland
🗌 Franklin 🔲 Hancock 🗌 Ke	ennebec 🗌 Knox 🗌] Lincoln 🛛 Oxford	🗌 Peno	bscot
🗌 Piscataquis 🗌 Sagadahoc	🗌 Somerset 🗌 Wal	do 🗌 Washington	🗌 York	Choose not to
answer				



Maryland:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🛛 Allegany 📋 Anne Arundel 🔲 Baltimore
Calvert Caroline Carroll Cecil Charles Dorchester Frederick
🗌 Garrett 🔲 Harford 🔲 Howard 🔛 Kent 🔛 Montgomery 🔛 Prince George's 🔛 Queen Anne's
🗌 St. Mary's 🔲 Somerset 🔲 Talbot 🗌 Washington 🗌 Wicomico 🗌 Worcester 🗌 Baltimore
Choose not to answer

Massachusetts:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Barnstable □ Berks	shire 🗌 Bristol	🗌 Dukes
Essex Franklin Hampden Hampshire Middlesex	Nantucket	Norfolk
Plymouth Suffolk Worcester Choose not to answer		



Michigan:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Alcona 🔄 Alger 🔄 Allegan 🔄 Alpena
🗌 Antrim 🔄 Arenac 🔄 Baraga 🔄 Barry 🔄 Bay 🔄 Benzie 🔄 Berrien 🔄 Branch
🗌 Calhoun 🔲 Cass 🔲 Charlevoix 🗌 Cheboygan 🗌 Chippewa 🔲 Clare 🗌 Clinton
Crawford Delta Dickinson Eaton Emmet Genesee Gladwin
🗌 Gogebic 🔲 Grand Traverse 🔲 Gratiot 🗌 Hillsdale 🗌 Houghton 🗌 Huron 🗌 Ingham
🗌 Ionia 🔲 Iosco 🔲 Iron 🔄 Isabella 🔛 Jackson 🗌 Kalamazoo 🔛 Kalkaska 🔲 Kent
🗌 Keweenaw 🔲 Lake 🗌 Lapeer 🗌 Leelanau 🗌 Lenawee 🔲 Livingston 🗌 Luce
🗌 Mackinac 🗌 Macomb 🗌 Manistee 🗌 Marquette 🗌 Mason 🗌 Mecosta 🗌 Menominee
🗌 Midland 🔲 Missaukee 🗌 Monroe 🗌 Montcalm 🗌 Montmorency 🗌 Muskegon
🗌 Newaygo 🔄 Oakland 🔄 Oceana 🔄 Ogemaw 🔄 Ontonagon 🔄 Osceola 🔄 Oscoda
🗌 Otsego 🔲 Ottawa 🗌 Presque Isle 🔄 Roscommon 🗌 Saginaw 🔄 St. Clair 🗌 St. Joseph
🗌 Sanilac 🔲 Schoolcraft 🔲 Shiawassee 🗌 Tuscola 🔛 Van Buren 🔲 Washtenaw
□ Wayne □ Wexford □ Choose not to answer



Minnesota:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.



Mississippi:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.



Missouri:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Adair □ Andrew □ Atchison □ Audrain
🗌 Barry 🔲 Barton 🔄 Bates 🗌 Benton 🗌 Bollinger 🗌 Boone 🗌 Buchanan 🗌 Butler
🗌 Caldwell 🔲 Callaway 🔲 Camden 🗌 Cape Girardeau 🔲 Carroll 🔲 Carter 🔲 Cass
Cedar Chariton Christian Clark Clay Clinton Cole Cooper
🗌 Crawford 🔲 Dade 🗌 Dallas 🗌 Daviess 🗌 DeKalb 🗌 Dent 🗌 Douglas 🗌 Dunklin
🗌 Franklin 🔲 Gasconade 🔄 Gentry 🗌 Greene 🗌 Grundy 🗌 Harrison 🗌 Henry
🗌 Hickory 🔲 Holt 🗌 Howard 🗌 Howell 🗌 Iron 🗌 Jackson 🔲 Jasper 🔲 Jefferson
🗌 Johnson 🔲 Knox 🔲 Laclede 🗌 Lafayette 🗌 Lawrence 🔲 Lewis 🔲 Lincoln
🗌 Linn 🔲 Livingston 🗌 McDonald 🗌 Macon 🗌 Madison 🗌 Maries 🗌 Marion
🗌 Mercer 🔄 Miller 🗌 Mississippi 🗌 Moniteau 🗌 Monroe 🗌 Montgomery 🗌 Morgan
🗌 New Madrid 🔲 Newton 🗌 Nodaway 🗌 Oregon 🗌 Osage 🔲 Ozark 🗌 Pemiscot
Perry Pettis Phelps Pike Platte Polk Pulaski Putnam Ralls
🗌 Randolph 🔄 Ray 🔄 Reynolds 🔄 Ripley 🔄 St. Charles 🔄 St. Clair 🔄 Ste. Genevieve
🗌 St. Francois 🔄 St. Louis 🗌 Saline 🗌 Schuyler 🗌 Scotland 🔲 Scott 🗌 Shannon
🗌 Shelby 🔲 Stoddard 🔲 Stone 🗌 Sullivan 🗌 Taney 🗌 Texas 🗌 Vernon 🗌 Warren
□ Washington □ Wayne □ Webster □ Worth □ Wright □ St. Louis □ Choose not to answer



Montana:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Beaverhead 🔄 Big Horn 🔄 Blaine 🗔 Broadwater
🗌 Carbon 🔲 Carter 🗌 Cascade 🗌 Chouteau 🗌 Custer 🗌 Daniels 🗌 Dawson
🗌 Deer Lodge 🔄 Fallon 🔲 Fergus 🔛 Flathead 🔛 Gallatin 🔛 Garfield 🔛 Glacier
🗌 Golden Valley 🔲 Granite 🔲 Hill 🔛 Jefferson 🔛 Judith Basin 🔛 Lake 🔲 Lewis and Clark
🗌 Liberty 🔲 Lincoln 🔲 McCone 🗌 Madison 🗌 Meagher 🗌 Mineral 🔲 Missoula
🗌 Musselshell 🔲 Park 🔲 Petroleum 🗌 Phillips 🗌 Pondera 🔲 Powder River 🗌 Powell
🗌 Prairie 🔲 Ravalli 🗌 Richland 🗌 Roosevelt 🗌 Rosebud 🔲 Sanders 🔲 Sheridan
🗌 Silver Bow 🔲 Stillwater 🔲 Sweet Grass 🗌 Teton 🗌 Toole 🔲 Treasure 🔲 Valley
🗌 Wheatland 🔄 Wibaux 📋 Yellowstone 🔄 Choose not to answer



Nebraska:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🛛 Adams 🗌 Antelope 🗌 Arthur 🔲 Banner
🗌 Blaine 🔄 Boone 🔄 Box Butte 🔄 Boyd 🔄 Brown 🔄 Buffalo 🔄 Burt 🔄 Butler
🗌 Cass 🔲 Cedar 🔲 Chase 🔲 Cherry 🗌 Cheyenne 🗌 Clay 🔲 Colfax 🔲 Cuming
🗌 Custer 🔲 Dakota 🔲 Dawes 🗌 Dawson 🗌 Deuel 🗌 Dixon 🗌 Dodge 🗌 Douglas
🗌 Dundy 🔲 Fillmore 🔲 Franklin 🔄 Frontier 🗌 Furnas 🗌 Gage 🔲 Garden 🔲 Garfield
Gosper Grant Greeley Hall Hamilton Harlan Hayes Hitchcock
🗌 Holt 🗌 Hooker 🔲 Howard 🔲 Jefferson 🔛 Johnson 🔛 Kearney 🔛 Keith 🔛 Keya Paha
🗌 Kimball 🔄 Knox 🔄 Lancaster 🔄 Lincoln 🔄 Logan 🔄 Loup 🔄 McPherson 🗔 Madison
Merrick Morrill Nance Nemaha Nuckolls Otoe Pawnee Perkins
Phelps Pierce Platte Polk Red Willow Richardson Rock Saline
🗌 Sarpy 🔲 Saunders 🔲 Scotts Bluff 🗌 Seward 🔲 Sheridan 🔛 Sherman 🔲 Sioux
🗌 Stanton 🔲 Thayer 🗌 Thomas 🗌 Thurston 🗌 Valley 🗌 Washington 🗌 Wayne
Webster Vork Choose not to answer

Nevada:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🔄 Churchill 📋 Clark 🔲 Douglas 🗌 Elko	
🗌 Esmeralda 🔄 Eureka 🔄 Humboldt 🔄 Lander 🔄 Lincoln 🔄 Lyon 🗔 Mineral	
□ Nye □ Pershing □ Storey □ Washoe □ White Pine □ Carson City □ Choose not to answ	er

New Hampshire:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

We operated throughout th	e entire state	🗌 Belknap	🗌 Carr	oll 🗌 Che	eshire	Coos
Grafton Hillsborough	🗌 Merrimack	C Rocking	nam 🗌	Strafford	🗌 Su	llivan
Choose not to answer						



New Jersey:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

U We opera	ated throug	hout the er	itire state	🗌 Atlan	tic 🗌 Berge	en 🗌 Burl	ington [🗌 Camden
Cape May	y 🗌 Cum	berland [Essex	🗌 Glouce	ster 🗌 Hud	lson 🗌 Hı	unterdon	🗌 Mercer
Middlese:	x 🗌 Monr	mouth 🗌	Morris	🗌 Ocean	🗌 Passaic	🗌 Salem	🗌 Some	rset
🗌 Sussex	🗌 Union	🗌 Warren	🗌 Cho	ose not to	answer			

New Mexico:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

U We oper	rated throug	hout the ent	ire state 🛛 🗌	Bernalillo	Catron	🗌 Chaves	🗌 Cibola
Colfax	Curry [🗌 De Baca	🗌 Doña Ar	na 🗌 Eddy	🗌 Grant	🗌 Guadalup	be 🗌 Harding
🗌 Hidalgo	🗌 Lea 🛛	🗌 Lincoln	🗌 Los Alamo	os 🗌 Luna	🗌 McKinle	ey 🗌 Mora	🗌 Otero
🗌 Quay 🛛	🗌 Rio Arriba	a 🗌 Roose	evelt 🗌 Sar	ndoval 🗌 S	San Juan 🛛 🗌] San Miguel	🗌 Santa Fe
🗌 Sierra	Socorro	🗌 Taos	Torrance	🗌 Union	🗌 Valencia	🗌 Choose	not to answer



New York:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Albany 🔄 Allegany 🔄 Bronx 🔅 Broome
🗌 Cattaraugus 🔄 Cayuga 🔄 Chautauqua 🔄 Chemung 📄 Chenango 🔄 Clinton
🗌 Columbia 🔄 Cortland 🔄 Delaware 🔄 Dutchess 🔄 Erie 🔄 Essex 🔄 Franklin
🗌 Fulton 🔲 Genesee 🔲 Greene 🗌 Hamilton 🔛 Herkimer 🔛 Jefferson 🔲 Kings
🗌 Lewis 🔲 Livingston 🗌 Madison 🗌 Monroe 🗌 Montgomery 🗌 Nassau 🗌 New York
🗌 Niagara 🔲 Oneida 🗌 Onondaga 🗌 Ontario 🗌 Orange 🔲 Orleans 🗌 Oswego
🗌 Otsego 🔄 Putnam 🔄 Queens 🔄 Rensselaer 🔄 Richmond 🔄 Rockland 🗔 St. Lawrence
□ Saratoga □ Schenectady □ Schoharie □ Schuyler □ Seneca □ Steuben □ Suffolk
🗌 Sullivan 🔲 Tioga 🔲 Tompkins 🔛 Ulster 🔛 Warren 🔛 Washington 🗌 Wayne
Westchester Wyoming Yates Choose not to answer



North Carolina:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🛛 Alamance 🔄 Alexander 🗌 Alleghany
Anson Ashe Avery Beaufort Bertie Bladen Brunswick Buncombe
🗌 Burke 🔲 Cabarrus 🔲 Caldwell 🗌 Camden 🗌 Carteret 🔲 Caswell 🔲 Catawba
🗌 Chatham 🔲 Cherokee 🔄 Chowan 🗌 Clay 🗌 Cleveland 🔲 Columbus 🔲 Craven
🗌 Cumberland 🔲 Currituck 🔲 Dare 🗌 Davidson 🔲 Davie 🗌 Duplin 🗌 Durham
🗌 Edgecombe 🔲 Forsyth 📋 Franklin 🔛 Gaston 🔛 Gates 🔛 Graham 🔛 Granville
🗌 Greene 🔲 Guilford 🔄 Halifax 🔄 Harnett 🔄 Haywood 🔄 Henderson 🔄 Hertford
🗌 Hoke 🔄 Hyde 🔄 Iredell 🔄 Jackson 🔄 Johnston 🔄 Jones 🔄 Lee 🔄 Lenoir
□ Lincoln □ McDowell □ Macon □ Madison □ Martin □ Mecklenburg □ Mitchell
Montgomery Moore Nash New Hanover Northampton Onslow
🗌 Orange 🔲 Pamlico 🔲 Pasquotank 🗌 Pender 🗌 Perquimans 🗌 Person 🗌 Pitt
Polk Randolph Richmond Robeson Rockingham Rowan Rutherford
🗌 Sampson 🔲 Scotland 🔲 Stanly 🗌 Stokes 🗌 Surry 🗌 Swain 🔲 Transylvania
□ Tyrrell □ Union □ Vance □ Wake □ Warren □ Washington □ Watauga □ Wayne
🗌 Wilkes 🔲 Wilson 🗌 Yadkin 🔄 Yancey 📄 Choose not to answer



North Dakota:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Adams □ Barnes □ Benson □ Billings
🗌 Bottineau 🔲 Bowman 🔄 Burke 🔄 Burleigh 🔄 Cass 🔄 Cavalier 🔄 Dickey 📋 Divide
🗌 Dunn 🔲 Eddy 🔲 Emmons 🔛 Foster 🔛 Golden Valley 🔛 Grand Forks 🔛 Grant
□ Griggs □ Hettinger □ Kidder □ LaMoure □ Logan □ McHenry □ McIntosh
🗌 McKenzie 🔲 McLean 🗌 Mercer 🗌 Morton 🗌 Mountrail 🗌 Nelson 🔲 Oliver
🗌 Pembina 🔲 Pierce 🔲 Ramsey 🗌 Ransom 🗌 Renville 🔲 Richland 🔲 Rolette
🗌 Sargent 🔲 Sheridan 🗌 Sioux 🗌 Slope 🗌 Stark 🗌 Steele 🗌 Stutsman 🗌 Towner
🗌 Traill 🔄 Walsh 🔄 Ward 🔄 Wells 📋 Williams 🔄 Choose not to answer



Ohio:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Adams □ Allen □ Ashland □ Ashtabula
Athens Auglaize Belmont Brown Butler Carroll Champaign
Clark Clermont Clinton Columbiana Coshocton Crawford Cuyahoga
🗌 Darke 🔲 Defiance 🗌 Delaware 🗌 Erie 🗌 Fairfield 🗌 Fayette 🗌 Franklin 📋 Fulton
🗌 Gallia 🔲 Geauga 🔲 Greene 🔲 Guernsey 🔛 Hamilton 🔄 Hancock 🔛 Hardin
🗌 Harrison 🔲 Henry 🔲 Highland 🔛 Hocking 🔛 Holmes 🔛 Huron 🔛 Jackson
🗌 Jefferson 🔲 Knox 🗌 Lake 🗌 Lawrence 🔛 Licking 🗌 Logan 🔲 Lorain 🗌 Lucas
🗌 Madison 🔲 Mahoning 🗌 Marion 🗌 Medina 🗌 Meigs 🗌 Mercer 🗌 Miami 🗌 Monroe
🗌 Montgomery 🔲 Morgan 🗌 Morrow 🗌 Muskingum 🗌 Noble 🗌 Ottawa 🗌 Paulding
🗌 Perry 🔲 Pickaway 🗌 Pike 🗌 Portage 🗌 Preble 🗌 Putnam 🗌 Richland 🔲 Ross
🗌 Sandusky 🔲 Scioto 🗌 Seneca 🗌 Shelby 🗌 Stark 🗌 Summit 🔲 Trumbull 🗌 Tuscarawas
🗌 Union 🔄 Van Wert 🔄 Vinton 📄 Warren 📄 Washington 📄 Wayne 📄 Williams
□ Wood □ Wyandot □ Choose not to answer



Oklahoma:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Adair 🔄 Alfalfa 🔄 Atoka 🔄 Beaver
🗌 Beckham 🔄 Blaine 🔄 Bryan 🔄 Caddo 🔄 Canadian 🔄 Carter 🔄 Cherokee
🗌 Choctaw 🔲 Cimarron 🔲 Cleveland 🗌 Coal 🗌 Comanche 🗌 Cotton 🔲 Craig
🗌 Creek 🔲 Custer 🔲 Delaware 🗌 Dewey 🗌 Ellis 🗌 Garfield 🔲 Garvin 🔲 Grady
🗌 Grant 🔲 Greer 🔲 Harmon 🗌 Harper 🔛 Haskell 🔄 Hughes 🔛 Jackson 🗔 Jefferson
🗌 Johnston 🔲 Kay 🔄 Kingfisher 🗌 Kiowa 🗌 Latimer 🗌 Le Flore 🗌 Lincoln 🗌 Logan
🗌 Love 🔲 McClain 🔄 McCurtain 🗌 McIntosh 🗌 Major 🗌 Marshall 🗌 Mayes 🗌 Murray
🗌 Muskogee 🔲 Noble 🗌 Nowata 🔲 Okfuskee 🔲 Oklahoma 🔲 Okmulgee 🔲 Osage
🗌 Ottawa 🔲 Pawnee 🔄 Payne 🔄 Pittsburg 🗌 Pontotoc 🔄 Pottawatomie 🗌 Pushmataha
🗌 Roger Mills 🔲 Rogers 🔲 Seminole 🔄 Sequoyah 🔛 Stephens 🔛 Texas 🗔 Tillman
□ Tulsa □ Wagoner □ Washington □ Washita □ Woods □ Woodward □ Choose not to answer



Oregon:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Baker □ Benton □ Clackamas □ Clatsop
🗌 Columbia 🔄 Coos 🔄 Crook 🔄 Curry 🗌 Deschutes 🗌 Douglas 🗌 Gilliam 🗌 Gran
🗌 Harney 🔲 Hood River 🔲 Jackson 🔛 Jefferson 🔛 Josephine 🔛 Klamath 🔛 Lake
□ Lane □ Lincoln □ Linn □ Malheur □ Marion □ Morrow □ Multnomah □ Polk
🗌 Sherman 🔲 Tillamook 🔲 Umatilla 🔛 Union 🔛 Wallowa 🔛 Wasco 🔛 Washington
Wheeler Yamhill Choose not to answer



Pennsylvania:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Adams □ Allegheny □ Armstrong □ Beaver
🗌 Bedford 🔄 Berks 🗋 Blair 🔄 Bradford 🔄 Bucks 🔄 Butler 🔄 Cambria 🔄 Cameron
🗌 Carbon 🔄 Centre 🔄 Chester 🔄 Clarion 📄 Clearfield 🔄 Clinton 📄 Columbia
🗌 Crawford 🔲 Cumberland 🗌 Dauphin 🔛 Delaware 🔛 Elk 🔄 Erie 🔲 Fayette
🗌 Forest 🔲 Franklin 🗌 Fulton 🗌 Greene 🗌 Huntingdon 🗌 Indiana 🔲 Jefferson
🗌 Juniata 🔲 Lackawanna 🗌 Lancaster 🗌 Lawrence 🗌 Lebanon 🔲 Lehigh 🗌 Luzerne
🗌 Lycoming 🔄 McKean 🔄 Mercer 🔄 Mifflin 🔄 Monroe 🔄 Montgomery 🗔 Montour
□ Northampton □ Northumberland □ Perry □ Philadelphia □ Pike □ Potter □ Schuylkill
🗌 Snyder 🔄 Somerset 🔲 Sullivan 📄 Susquehanna 🗌 Tioga 🔛 Union 🗌 Venango
□ Warren □ Washington □ Wayne □ Westmoreland □ Wyoming □ York □ Choose not to
answer



Puerto Rico:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We served all municipios 🔄 Adjuntas 🔄 Aguada 🔛 Aguadilla 🔄 Aguas Buenas
🗌 Aibonito 🔄 Añasco 🔄 Arecibo 🔄 Arroyo 🔄 Barceloneta 🔄 Barranquitas 🔄 Bayamón
🗌 Cabo Rojo 🔲 Caguas 🔲 Camuy 🔲 Canóvanas 🗌 Carolina 🔲 Cataño 🔲 Cayey
🗌 Ceiba 🔲 Ciales 🔲 Cidra 🔲 Coamo 🗌 Comerío 🗌 Corozal 🔲 Culebra 🔲 Dorado
🗌 Fajardo 🔲 Florida 🔲 Guánica 🔲 Guayama 🔛 Guayanilla 🔛 Guaynabo 🔲 Gurabo
🗌 Hatillo 🔲 Hormigueros 🗌 Humacao 🔛 Isabela 🔛 Jayuya 🔛 Juana Díaz 🔛 Juncos
🗌 Lajas 🔲 Lares 🔲 Las Marías 🖳 Las Piedras 🗌 Loíza 🔛 Luquillo 🗌 Manatí
🗌 Maricao 🔲 Maunabo 🗌 Mayagüez 🗌 Moca 🗌 Morovis 🗌 Naguabo 🗌 Naranjito
🗌 Orocovis 🔲 Patillas 🗌 Peñuelas 🗌 Ponce 🗌 Quebradillas 🗌 Rincón 🔲 Río Grande
🗌 Sabana Grande 🔲 Salinas 🔲 San Germán 🔛 San Juan 📋 San Lorenzo 🔲 San Sebastián
🗌 Santa Isabel 🔲 Toa Alta 🗌 Toa Baja 🗌 Trujillo Alto 📄 Utuado 📄 Vega Alta 📄 Vega Baja
🗌 Vieques 🔲 Villalba 🔲 Yabucoa 🔛 Yauco 🔛 Choose not to answer

Rhode Island:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

 \Box We operated throughout the entire state

Bristol

🗌 Kent

Newport

Providence

U Washington

Choose not to answer



South Carolina:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Abbeville 🔄 Aiken 🔄 Allendale 🔄 Anderson
🗌 Bamberg 🔲 Barnwell 🔄 Beaufort 🔄 Berkeley 🔄 Calhoun 🔄 Charleston 📄 Cherokee
□ Chester □ Chesterfield □ Clarendon □ Colleton □ Darlington □ Dillon □ Dorchester
🗌 Edgefield 🔲 Fairfield 🔄 Florence 🔄 Georgetown 📄 Greenville 🗔 Greenwood
□ Hampton □ Horry □ Jasper □ Kershaw □ Lancaster □ Laurens □ Lee □ Lexington
□ McCormick □ Marion □ Marlboro □ Newberry □ Oconee □ Orangeburg □ Pickens
🗌 Richland 🔲 Saluda 🔲 Spartanburg 🗌 Sumter 🗌 Union 🗌 Williamsburg 🔲 York
Choose not to answer



South Dakota:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Aurora □ Beadle □ Bennett □ Bon Homme
🗌 Brookings 🔄 Brown 🗋 Brule 📄 Buffalo 📄 Butte 📄 Campbell 📄 Charles Mix
🗌 Clark 🔲 Clay 🔲 Codington 🗌 Corson 🗌 Custer 🗌 Davison 🗌 Day 🗌 Deuel
🗌 Dewey 🔲 Douglas 🔄 Edmunds 🔛 Fall River 🔛 Faulk 🔛 Grant 🔛 Gregory
🗌 Haakon 🔲 Hamlin 🔄 Hand 🗌 Hanson 🗌 Harding 🔄 Hughes 🔲 Hutchinson
□ Hyde □ Jackson □ Jerauld □ Jones □ Kingsbury □ Lake □ Lawrence □ Lincoln
Lyman McCook McPherson Marshall Meade Mellette Miner
□ Minnehaha □ Moody □ Oglala Lakota □ Pennington □ Perkins □ Potter □ Roberts
Sanborn Spink Stanley Sully Todd Tripp Turner Union
🗌 Walworth 🔄 Yankton 🔄 Ziebach 🔄 Choose not to answer



Tennessee:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Anderson □ Bedford □ Benton □ Bledsoe
🗌 Blount 🔲 Bradley 🔲 Campbell 🗌 Cannon 🗌 Carroll 🔲 Carter 🔲 Cheatham
□ Chester □ Claiborne □ Clay □ Cocke □ Coffee □ Crockett □ Cumberland
🗌 Davidson 🔲 Decatur 🗌 DeKalb 🗌 Dickson 🗌 Dyer 🗌 Fayette 🔲 Fentress
□ Franklin □ Gibson □ Giles □ Grainger □ Greene □ Grundy □ Hamblen □ Hamilton
🗌 Hancock 🔲 Hardeman 🗌 Hardin 🗌 Hawkins 🗌 Haywood 🔲 Henderson 🗌 Henry
🗌 Hickman 🔲 Houston 🗌 Humphreys 🗌 Jackson 🗌 Jefferson 🔲 Johnson 🗌 Knox
🗌 Lake 🔲 Lauderdale 🔄 Lawrence 🔛 Lewis 🗌 Lincoln 🔄 Loudon 🗌 McMinn
🗌 McNairy 🔲 Macon 🗌 Madison 🗌 Marion 🗌 Marshall 🗌 Maury 🗌 Meigs 🗌 Monroe
🗌 Montgomery 🔲 Moore 🗌 Morgan 🗌 Obion 🗌 Overton 🔲 Perry 🔲 Pickett
□ Polk □ Putnam □ Rhea □ Roane □ Robertson □ Rutherford □ Scott □ Sequatchie
Sevier Shelby Smith Stewart Sullivan Sumner Tipton Trousdale
🗌 Unicoi 🔲 Union 🔄 Van Buren 🗌 Warren 📄 Washington 🗌 Wayne 🗌 Weakley
White Williamson Wilson Choose not to answer



Texas:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

We operated throughout the entire state Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Brizos Browster Borden Bosque Bosque Burnet Caldwell Calhoun Callahan Cameron Carp Carson Cass Castro Chambers Cherokee Childress Clay Cochran Coke Coleman Collingsworth Colorado Coanache Concho Cocke Coryell Cottle Crane Crockett Colberson Dallam Dallas Dawson Deat Smith Delta Denton DeWitt Dickenso Dimmit Donley Duval Eastland Ector Edwards Glilespie Glasscock Goliad Gonzales Gray Grayson Gregg Grimes Gaudalupe Hale
□ Wood □ Yoakum □ Young □ Zapata □ Zavala □ Choose not to answer



Utah:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🔄 Beaver 🔄 Box Elder 🔄 Cache 🔲 Carbon
Daggett Davis Duchesne Emery Garfield Grand Iron Juab
🗌 Kane 🔲 Millard 🗌 Morgan 🗌 Piute 🗌 Rich 🗌 Salt Lake 🗌 San Juan 🗌 Sanpete
🗌 Sevier 🔲 Summit 🔲 Tooele 🔄 Uintah 🗌 Utah 🔄 Wasatch 📄 Washington
□ Wayne □ Weber □ Choose not to answer

Vermont:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated	l throughout th	ne entire state	🗌 Addisor	n 🗌 Bennin	gton 🗌 Cal	edonia
Chittenden	Essex] Franklin 🛛	Grand Isle	🗌 Lamoille	🗌 Orange	🗌 Orleans
□ Rutland □] Washington	🗌 Windham	Windsor	· 🗌 Choose	not to answe	er



Virginia:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🛛 Accomack 🖳 Albemarle 🗌 Alleghany
🗌 Amelia 🔄 Amherst 🔄 Appomattox 🔄 Arlington 🔄 Augusta 🔄 Bath 🔄 Bedford
Bland Botetourt Brunswick Buchanan Buckingham Campbell Caroline
Carroll Charles City Charlotte Chesterfield Clarke Craig Culpeper
🗌 Cumberland 🔲 Dickenson 🔲 Dinwiddie 🗌 Essex 🔲 Fairfax 🔲 Fauguier 🗌 Floyd
🗌 Fluvanna 🔲 Franklin 🗌 Frederick 🗌 Giles 🗌 Gloucester 🔲 Goochland 🔲 Grayson
🗌 Greene 🔲 Greensville 🗌 Halifax 🗌 Hanover 🗌 Henrico 🗌 Henry 🗌 Highland
🗌 Isle of Wight 🔄 James City 🔲 King and Queen 🔛 King George 🔲 King William
🗌 Lancaster 🔄 Lee 🔄 Loudoun 🔄 Louisa 🔄 Lunenburg 🔄 Madison 🗔 Mathews
🗌 Mecklenburg 🔲 Middlesex 🗌 Montgomery 🗌 Nelson 🗌 New Kent 🗌 Northampton
🗌 Northumberland 🔲 Nottoway 🔲 Orange 🗌 Page 🗌 Patrick 🔲 Pittsylvania 🗌 Powhatan
🗌 Prince Edward 🔲 Prince George 🗌 Prince William 🗌 Pulaski 🔲 Rappahannock
🗌 Richmond 🔄 Roanoke 🔄 Rockbridge 🔄 Rockingham 🔄 Russell 📋 Scott 🗔 Shenandoah
🗌 Smyth 🔄 Southampton 🔄 Spotsylvania 🔛 Stafford 🔛 Surry 🔛 Sussex 🔲 Tazewell
🗌 Warren 🔲 Washington 🗌 Westmoreland 🗌 Wise 🗌 Wythe 🗌 York 🗌 Alexandria
🗌 Bristol 🔄 Buena Vista 🔄 Charlottesville 🔄 Chesapeake 🔄 Colonial Heights 📄 Covington
🗌 Danville 🔄 Emporia 🔄 Fairfax 🔄 Falls Church 📋 Franklin 🔄 Fredericksburg
Galax Hampton Harrisonburg Hopewell Lexington Lynchburg Manassas
Manassas Park Martinsville Newport News Norfolk Norton Petersburg
Poquoson Portsmouth Radford Richmond Roanoke Salem Staunton
🗌 Suffolk 🔄 Virginia Beach 🗍 Waynesboro 📄 Williamsburg 📄 Winchester 📋 Choose not to answer



Washington:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

🗌 We operated throughout the entire state 🔄 Adams 🔄 Asotin 🔄 Benton 🔄 Chelan
Clallam Clark Columbia Cowlitz Douglas Ferry Franklin Garfield
□ Grant □ Grays Harbor □ Island □ Jefferson □ King □ Kitsap □ Kittitas □ Klickitat
🗌 Lewis 🔲 Lincoln 🗌 Mason 🗌 Okanogan 🗌 Pacific 🗌 Pend Oreille 🗌 Pierce
🗌 San Juan 🔲 Skagit 🔲 Skamania 🔛 Snohomish 🔛 Spokane 🔛 Stevens 🔛 Thurston
🗌 Wahkiakum 🔄 Walla Walla 🔄 Whatcom 🔄 Whitman 🔄 Yakima 🔲 Choose not to answer



West Virginia:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

□ We operated throughout the entire state □ Barbour □ Berkeley □ Boone □ Braxton
🗌 Brooke 🔲 Cabell 🗌 Calhoun 🗌 Clay 🗌 Doddridge 🗌 Fayette 🗌 Gilmer 🗌 Grant
Greenbrier Hampshire Hancock Hardy Harrison Jackson Jefferson
🗌 Kanawha 🔄 Lewis 🗌 Lincoln 🔄 Logan 🔄 McDowell 🔄 Marion 🗌 Marshall
🗌 Mason 🔲 Mercer 🔲 Mineral 🗌 Mingo 🔛 Monongalia 🔛 Monroe 🔲 Morgan
🗌 Nicholas 🔲 Ohio 🔲 Pendleton 🔛 Pleasants 🔛 Pocahontas 🔛 Preston 🔛 Putnam
🗌 Raleigh 🔄 Randolph 🔄 Ritchie 🔄 Roane 🔄 Summers 🔛 Taylor 🔲 Tucker
🗌 Tyler 🔄 Upshur 🔄 Wayne 🔄 Webster 🔄 Wetzel 🔄 Wirt 🗔 Wood 🗔 Wyoming
Choose not to answer





Wisconsin:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🔄 Adams 🔄 Ashland 🔄 Barron 📄 Bayfield
🗌 Brown 🔲 Buffalo 🔲 Burnett 🔄 Calumet 🔄 Chippewa 🔛 Clark 🔲 Columbia
🗌 Crawford 🔄 Dane 🗌 Dodge 🗌 Door 🗌 Douglas 🗌 Dunn 🗌 Eau Claire 🗌 Florence
🗌 Fond du Lac 🔲 Forest 🗌 Grant 🗌 Green 🗌 Green Lake 🗌 Iowa 🔲 Iron 🗌 Jackson
🗌 Jefferson 🔲 Juneau 🔲 Kenosha 🗌 Kewaunee 🔛 La Crosse 🔲 Lafayette 🔲 Langlade
🗌 Lincoln 🔄 Manitowoc 🗌 Marathon 🗌 Marinette 🗌 Marquette 🗌 Menominee
🗌 Milwaukee 🔲 Monroe 🔲 Oconto 🗌 Oneida 🗌 Outagamie 🗌 Ozaukee 🔲 Pepin
Pierce Polk Portage Price Racine Richland Rock Rusk
🗌 St. Croix 🔲 Sauk 🗌 Sawyer 🗌 Shawano 🗌 Sheboygan 🗌 Taylor 🗌 Trempealeau
🗌 Vernon 🔲 Vilas 🔲 Walworth 🔄 Washburn 📄 Washington 🗌 Waukesha 🗌 Waupaca
🗌 Waushara 🔲 Winnebago 🗌 Wood 📄 Choose not to answer

Wyoming:

In which county(ies) did your program provide services in [year]? Please include all counties served, including those with mobile services, deliveries, etc.

Please scroll to the bottom of the page to ensure you have chosen all applicable counties, and to continue to the next page.

🗌 We operated throughout the entire state 🛛 Albany 📄 Big Horn 🔲 Campbell 🔲 Carbon					
Converse Crook Fremont Goshen Hot Springs Johnson Laramie					
□ Lincoln □ Natrona □ Niobrara □ Park □ Platte □ Sheridan □ Sublette □ Sweetwater					
🗌 Teton 🔲 Uinta 🔲 Washakie 🔲 Weston 🔛 Choose not to answer					

In what year did your SSP start providing services?

(Please enter four digit year)

How would you best classify your SSP? Please select all that apply.

Community-based organization without 501(c)(3) status

- Community-based organization with our own 501(c)(3) status
- \Box Community-based organization with a sponsor's 501(c)(3) status
- City or County health department
- State health department
- Tribal affiliated organization
- □ Academic health care organization
- Private or commercial health care organization
- Mutual aid organization
- Other (please specify)
- Choose not to answer



What were your SSP's sources of funding in [year]? Please select all that apply.

	City government
	County government
🗌 S	State government
🗌 F	ederal government
🗌 F	oundation
🗌 Ir	ndividual donations
🗌 P	Personal funds from program managers or staff
	Corporate donation
	Other (please specify)
	Don't Know
$\square C$	Choose not to answer

Which federal funding sources provided your SSP with funding? Please select all that apply.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Centers for Disease Control and Prevention (CDC)

Health Resources and Services Administration (HRSA)

Medicare

Medicaid

Billable services to private insurance

Other (please specify): ____

🗌 Don't know

Choose not to answer

Did your SSP receive funding in [year] from NASTAD's Strengthening Syringe Services Programs (SSP) through Direct Program Funding opportunity?

Yes
 No
 Don't know
 Choose not to answer

What was your SSP's annual budget in [year]?

If your SSP is part of a larger, multi-service organization, only provide the budget for the SSP. Please provide the best estimate to your knowledge, rounded to the nearest \$1,000.

\$____

Please do not include commas

How many full-time paid employees (>34 hours per week) did your SSP employ last month?

How many part-time paid employees (< 35 hours per week) did your SSP employ last month?

How many volunteers, including unpaid volunteers or those receiving a stipend, did your SSP have last month?



Please indicate the involvement of people with lived and living drug use experience at your SSP in [year]. Please select all that apply.

No involvement
Employed as full-time paid staff
Employed as part-time paid staff
Served as volunteer(s)
Provided participant-facing services (e.g. patient navigation)
Provided non-participant facing services (e.g. advisory board)
Choose not to answer

In the last week, how many hours did your SSP provide syringe services to participants?

Range: 0-168

Did your SSP serve communities that you would consider urban, suburban, or rural? Please select all that apply.

Urban
Suburban
Rural
Choose not to answer

Did your SSP stop providing services in [year] (i.e., your SSP could not provide services when you had expected to be open)?

- ⊖ Yes
- No ○ Don't Know
- Choose not to answer

For how long in [year] did your SSP stop providing services?

 \bigcirc Less than one day

- \bigcirc One day to up to one week
- \bigcirc One week up to one month
- One month or more

Please choose the reason(s) for service disruption. Select all that apply.

Inadequate funding for materials or supplies
Inadequate funding for operations
Inadequate funding for staff salaries
Lack of personnel to staff program
Legal or political intervention
COVID-19 pandemic
Pushback from neighbors or landlords
Inclement weather
🗌 Other (please describe)
🗌 Don't Know

Choose not to answer



What contributed to lack of personnel to staff your SSP? Please select all that apply.

Staff burnout or fatigue
 Physical illness
 Lack of childcare
 Community bereavement
 Inability to hire new staff
 Other (please describe)

Did your SSP analyze data you collected from participants to inform program planning and improvement in [year]?

Yes
 No
 Don't Know
 Choose not to answer

How many participant encounters occurred at your SSP in [year]?

By participant encounters, we mean the number of encounters or participant visits occurring with your SSP.

(Please do not include commas)

Can you report the number of unique individuals who received services from your SSP in [year]?

If your SSP does not collect this data, please select "no".

Yes
 No
 Don't Know
 Choose not to answer

How many unique individuals received services from your SSP in [year]?

(Please do not include commas)

In [year], did your SSP have residency restrictions on who could access services, that is, only people from certain geographic locations could receive services from your program?

Yes
No
Don't Know
Choose not to answer

In [year], did your SSP require participants to provide identifying documents (for example, a driver's license) to enroll or receive syringe services (not including health care)?

Yes
 No
 Don't Know
 Choose not to answer

Please indicate your level of agreement with the following statements.



					Page 45
Our SSP staff are under too many pressures to do their job effectively.	1 - Strongly Dis@ree	2 ()	3 ()	4	5 - Strongly Agree
Our SSP staff often show signs of stress and strain.	\bigcirc	\bigcirc	0	0	0
The heavy workload at our SSP reduces program effectiveness	0	\bigcirc	0	\bigcirc	0
Staff frustration is common at our SSP.	0	0	0	0	0

Please indicate your level of agreement with the following statements.

When there is agreement that change needs to happen in the SSP...

	1 - Strongly Disagree	2	3	4	5 - Strongly Agree
we have the necessary financial and human resources to do so.	0	0	0	\bigcirc	0
we have the necessary technical assistance to do so.	\bigcirc	\bigcirc	0	\bigcirc	0

Does your SSP employ or partner with an organization that uses licensed clinical staff (e.g., physician, nurse, psychologist, etc.) to provide services?

Yes
 No
 Don't Know
 Choose not to answer

Does your SSP conduct activities designed to engage any of the following demographic groups? Please select all that apply.

If your SSP serves participants in any of these categories but does not conduct activities specifically designed to engage them, do not mark the box for that category.

Lesbian, gay, bisexual, or queer persons
Transgender, genderqueer, or non-binary persons
🗌 Women
American Indian or Alaska Native persons
🗌 Asian persons
Black or African-American persons
Hispanic or Latinx persons
□ Native Hawaiian or Other Pacific Islander persons
Persons aged < 18 years
Persons aged 18 to 29 years
Persons aged 30 to 39 years
Persons aged 40 to 59 years
□ Persons aged ≥60 years
Other (please describe)
None of the above
Choose not to answer



Daga 1E

How would you rate your SSP's relationship with the surrounding community in [year]?

- Very good
 Somewhat good
 Neither good nor poor
 Somewhat poor
- O Very poor
- Nonexistent
- \bigcirc Choose not to answer

Which community groups supported or advocated for your SSP in [year]? Please select all that apply.

- Local health officials/health department
 Law enforcement
 Religious organizations
 Local politicians
 Neighbors or local residents
 Landlords
 Other community-based organizations
- Business owners
- HIV or other medical providers
- Drug user unions
- No groups advocated for us
- Other (please describe)
- Choose not to answer

Which community groups opposed your SSP in [year]? Please select all that apply.

Local health officials/health department
Religious organizations
Local politicians
 Neighbors or local residents
□ Landlords
Other community-based organizations
Business owners
HIV or other medical providers
Drug user unions
No groups opposed us
Other (please describe)
Choose not to answer

Did your SSP face any of the following funding challenges in [year]? Please select all that apply.

Insufficient funding

- Future funding instability
- Funder restrictions related to purchasing supplies or services provided
- Our SSP did not face funding challenges
- Other:
- Choose not to answer

Did your SSP face any of the following staffing challenges in [year]? Please select all that apply.

□ Insufficient number of staff

- Staff burnout
- Low retention of staff
- Inadequately trained staff
- Our SSP did not face staffing challenges
- Other:
- Choose not to answer



Did your SSP face challenges procuring any of the following supplies for your participants in [year]? Please select all that apply.

Naloxone
 Syringes
 Pipes
 Other: _____
 We had no problems procuring supplies
 Choose not to answer

How would you describe your program's relationship with your local health department(s) in [year]?

- Very good
 Somewhat good
- Neither good nor poor
- Somewhat poor
- O Very poor
- Nonexistent
- \bigcirc Choose not to answer

How would you describe your program's relationship with law enforcement in [year]?

Very good
 Somewhat good
 Neither good nor poor
 Somewhat poor
 Very poor
 Nonexistent
 Choose not to answer

How many sterile syringes did your SSP provide to participants in [year]?

Please provide your best estimate if records are not readily available.

(Please do not include commas)

What was your syringe exchange policy for participants in [year]?

O Participants can receive the same number of syringes as they drop off with the SSP (i.e., one-for-one)

- Participants can receive up to a certain amount over the number of syringes than they drop off with the SSP (i.e., one-for-one plus)
- Participants can request as many syringes as they need but our SSP has a cap on the number of syringes we can provide (i.e., needs-based with upper limit)
- Participants can receive as many syringes as they need (i.e., needs-based)

○ Choose not to answer

Did your SSP provide participants with syringes to distribute to other people in the community (i.e., secondary exchange or peer delivery) in [year]?

○ Yes
 ○ No
 ○ Choose not to answer



Which syringe disposal services did your SSP provide in [year]? Please select all that apply.

Accepted used syringes for safe disposal
 Provided training on safe disposal of used syringes

- $\hfill\square$ Provided sharps containers for carrying used syringes
- □ No syringe disposal services were provided
- Other (please specify) _____
- Choose not to answer

For each of the following drug use supplies (other than syringes), please indicate which ones were provided to participants in [year]. Please check all that apply.

Pipes
Straws
Cookers
Cottons
Syringe/pill filters like Sterifilt®
Saline or sterile water
Ties/tourniquets
Alcohol pads
Wound care kits/bandages
Other safe smoking supplies
Other safe snorting supplies
Other (please describe) ______
None of the above
Choose not to answer

Did your SSP provide opioid overdose education and response training to participants in [year]?

○ Yes
 ○ No
 ○ Choose not to answer

How many participant encounters involved providing naloxone in [year]?

By participant encounters, we mean the number of encounters/participant visits made to your SSP to pick up naloxone (including Narcan). If your SSP does not collect these data, please provide your best estimate. If you did not distribute any naloxone, please enter 0.

How many doses of naloxone did your SSP distribute in [year]?

For example, if your SSP gave out 100 kits, and there are 2 doses per kit, you would enter 200 doses. Include doses of Narcan distributed in this overall count. If your SSP does not collect these data, please provide your best estimate.

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In what ways did your SSP distribute doses of naloxone in [year]? Please select all that apply.

Direct naloxone distribution from staff to participant at our program

□ In-person naloxone delivery (delivered directly to participant)

Mail delivery (naloxone mailed to participant)

Secondary naloxone distribution (participant distributed naloxone to other people)

Provider referral for prescription or referral to pharmacy

Offered at community-based overdose education events (open to the public)

Offered at overdose education events for staff or participants of other organizations

Choose not to answer

What barriers, if any, did your program experience in providing naloxone to your participants in [year]? Please select all that apply.

🗌 No barriers
High cost of naloxone
Shortage of low-cost naloxone
Funding restrictions preventing naloxone purchase
Legal/political climate
Other (please describe)
🗌 Don't Know
Choose not to answer
—

Did your SSP provide any of the following drug testing supplies to participants in [year]? Please select all that apply.

Eentanyl test strips

Benzodiazepine test strips

Xylazine test strips

Other test strips (please specify): _____

None of the above

Choose not to answer

Were drug checking services other than test strips, including mass spectrometer, fourier-transform infrared spectroscopy (FTIR), available to your participants in [year]?

○ Yes○ No○ Chao

○ Choose not to answer

Did your SSP operate a supervised consumption site for your participants in [year]?

A supervised consumption site is a place, either permanent or temporary, where people come to use their own drugs under the supervision of trained workers; have access to sterile equipment (syringes, cotton, cooker, water, etc...) and conditions; and receive referrals to appropriate health or social services.

Yes
 No
 Choose not to answer

If supervised consumption sites (SCS) were locally permitted in your area, would your SSP consider providing these services?

 \bigcirc No we would not consider implementing SCS

We would explore implementation of SCS

- We would start preparing for SCS implementation
- \bigcirc We would be ready to implement SCS

○ Choose not to answer



Which safer sex supplies were provided in-person to participants in [year]? Please select all that apply.

Texternal condoms (male condoms)
Internal condoms (female condoms)
🗌 Lubricant
🗌 Dental dams
None of the above

Choose not to answer

Which health screening services were provided in-person to participants (either by your SSP or by partners) in [year]? Please select all that apply.

HIV rapid testing
HIV laboratory-based testing
Hepatitis C virus (HCV) rapid testing
Hepatitis C virus (HCV) laboratory-based testing
Hepatitis A virus testing
Hepatitis B virus testing
STI testing other than hepatitis or HIV
TB skin testing or laboratory-based screening for latent TB
Pregnancy testing
COVID-19 testing
Other (please describe)
□ None of the above
Choose not to answer

Which vaccinations were provided in-person to participants (either by your SSP or by partners) in [year]? Please select all that apply.

Hepatitis A vaccination
Hepatitis B vaccination
Influenza vaccination
COVID-19 vaccination
Human papillomavirus (HPV) vaccination
Pneumococcal vaccination
Tetanus, Diphtheria and Pertussis (TDAP) vaccination
MPox vaccination
Meningitis vaccination
Other (please describe)
□ None of the above
Choose not to answer
—

Which of the following infectious disease medical services were provided in-person to participants (either by your SSP or by partners) in [year]? Please select all that apply.

Please do not include telehealth services.

□ HIV treatment

- □ Pre exposure prophylaxis for HIV (PrEP)
- Post exposure prophylaxis for HIV (PEP)
- Hepatitis C treatment
- STI treatment other than hepatitis or HIV
- Wound care/treatment
- Other (please describe) _____
- □ None of the above
- Choose not to answer



Which substance use disorder treatment services were provided in-person to participants (either by your SSP or by partners) in [year]?] Please select all that apply.

Please do not include telehealth services.

Buprenorphine (with or without naloxone)
Naltrexone (Vivitrol)
Medications for non-opioid substance use disorders
Contingency management (e.g., incentives for attendance)
Cognitive behavioral therapy
Other (please describe)
None of the above
Choose not to answer

Which other types of medical services were provided in-person to participants (either by your SSP or by partners) in [year]? Please select all that apply.

Please do not include telehealth services.

Mental health services
 Gender affirming care (i.e., hormone therapy)

- General primary care (e.g. blood pressure management)
- Reproductive cancer screening (e.g., pap smears)
- Family planning/contraception
- Prenatal care and peripartum care
- Other (please describe)
- None of the above
- Choose not to answer

Did your SSP or partners provide telehealth services for your participants in [year]?

For this survey, telehealth is defined as services provided to participants via phone, tablet, or computer.

⊖ Yes

O No

 \bigcirc Choose not to answer

Which of the following infectious disease medical services were provided to participants via telehealth (either by your SSP or by partners) in [year]? Please select all that apply.

HIV treatment

- Pre exposure prophylaxis for HIV (PrEP)
- Post exposure prophylaxis for HIV (PEP)
- Hepatitis C treatment
- □ STI treatment other than hepatitis or HIV
- Wound care/treatment
- Other (please describe) _____
- None of the above
- Choose not to answer



□ Buprenorphine (with or without naloxone)

- Methadone
 Naltrexone (Vivitrol)
- Medications for non-opioid substance use disorders
- Contingency management (e.g., incentives for attendance)
- Cognitive behavioral therapy
- Other (please describe) _____
- □ None of the above
- Choose not to answer

Which other types of medical services were provided to participants via telehealth (either by your SSP or by partners) in [year]? Please select all that apply.

Mental health services

- Gender affirming care (i.e., hormone therapy)
- General primary care (e.g. blood pressure management)
- Reproductive cancer screening (e.g., pap smears)
- □ Family planning/contraception
- Prenatal care and peripartum care
- Other (please describe) _
- □ None of the above
- Choose not to answer

Did your SSP provide navigation services for your participants in [year]?

For this survey, navigation is defined as a strategy that improves linkage to offsite services, like assisting with appointment scheduling, transportation, and/or appointment accompaniment.

⊖ Yes

🔿 No

 \bigcirc Choose not to answer

Which services were covered by your navigation program in [year]? Please select all that apply.

HIV care
 Pre-exposure prophylaxis for HIV prevention (PrEP)
 Hepatitis C virus (HCV) care
 Medications for opioid use disorder (MOUD)
 Medications for non-opioid substance use disorders
 Legal records (e.g., birth certificate, social security card, state ID/driver's license)
 Gender affirming care (i.e., hormone therapy)
 Medicaid or other health insurance
 Social support services (e.g., housing)
 Other (please describe): _____
 Choose not to answer



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Which social or supportive services were provided onsite to participants in [year]? Please select all that apply.

Drop-in center
 Enrollment in Medicaid or other health insurance
 Family violence, domestic violence, or intimate partner violence services
 Food/meals, including SNAP, WIC, food pantries, or meal delivery services
 Housing support
 Hygiene-related services (e.g., laundry, showers)
 Job-related services (e.g., placement assistance, skills training)
 Legal services/counseling
 Legal records/identification (e.g., birth certificate, social security card, state identification, drivers license)
 Language translation services
 Substance use counseling by harm reduction counselors/therapists
 None of the above
 Choose not to answer

Which topics does your SSP communicate about with others in the harm reduction community? Please select all that apply.

Program supplies (e.g., Naloxone, syringes, smoking supplies)
 Drug supply alerts (i.e., information about which substances are in your local drug supply)
 Overdose hotspots
 Trainings
 Funding opportunities
 Conferences/convenings
 Harm reduction research findings
 Other (please specify): _____
 Choose not to answer

Which topics would your SSP like to know more about from the harm reduction community? Please select all that apply.

Program supplies (e.g., Naloxone, syringes, smoking supplies)

- Drug supply alerts (i.e., information about which substances are in your local drug supply)
- Overdose hotspots
- □ Trainings
- □ Funding opportunities
- Conferences/convenings
- Harm reduction research findings
- Other (please specify): _____
- Choose not to answer

Which sources does your SSP rely on for information related to delivering or improving services? Please select all that apply.

Other harm reduction programs
 National Harm Reduction Coalition (NHRC)
 North American Syringe Exchange Network (NASEN)
 National Alliance of State and Territorial AIDS Directors (NASTAD)
 National Association of County and City Health Officials (NACCHO)
 National Harm Reduction Technical Assistance Center
 City or county government
 State government
 Federal government
 Other (please specify): _____

Choose not to answer



In which ways does your SSP prefer to receive information related to delivering or improving services? Please select all that apply.

State-wide or regional group meetings (online or in-person)
National conferences
🗌 Webinars
Issue Briefs or factsheets
Implementation manuals
Websites
Listservs
Facebook
🗌 Instagram
Twitter
Other (please specify):

Choose not to answer

Please indicate your level of agreement with the following statements.

	Strongly Disagree 1	2	3	4	Strongly Agree 5
I have access to the information I need to improve my SSP's operations.	0	0	0	0	0
I have access to the most updated information to improve the health and wellbeing of my SSP's participants.	0	0	0	0	0

If you have the time, please tell us about some of the biggest challenges you have faced over the past year that may or may not have been captured in this survey.

We value your input and would like to ask you a few questions about your experience taking this survey so that we can improve it and ensure that the information you provide is useful.

What topic(s) were missing from this survey and need to be added in the future?

Please use the space below for any other suggestions or comments for improving this survey to make it useful to programs.



Are you willing to provide an address for us to mail you the \$125 check as a thank you for completing this survey?

If you are unable or unwilling to provide an address to mail the check or would like to donate your incentive payment to another SSP, please answer "No" here and email [NAME] at [EMAIL] to arrange compensation.

⊖ Yes ⊖ No

Please tell us the name and mailing address of the organization that the \$125 check should be made out to.

Organizational name for payment:

To whose attention should the check be mailed:

Address Line 1:

Address Line 2 (if applicable):

City:



State:

) AL) CA) DC) ID) KS) MD) NS) NE) NM) ND	 KY MA MO NV NY OH PA 	O AZ O CT O GA O LA O MI O MI O NH O NH O OK	 AR DE HI IA ME MN NJ SC UT
<u> </u>) OR) SD	○ PA ○ TN		⊖ SC ⊖ UT
\mathcal{C}) VT) WI	Ŏ VA ⊖ WY	Ŏ WA ○ PR	Ŏ ₩V

Zip:

Thank you for your willingness to complete this survey. However, this year's survey is focused on services provided in [year]. Next year, we will reach out to gather information about services provided in 2024.

Once you submit your survey, you will not be able to go back to previous questions or change any of your answers, so please make sure you are ready before proceeding.

You have now completed the survey. Thank you so much for your participation.

Once you submit your survey, you will not be able to go back to previous questions or change any of your answers, so please make sure you are ready before proceeding.

