

## Digital Ad Survey

OMB Control No. 0920-1154

Exp. Date 03/31/2026

The public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1154).

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The Centers for Disease Control and Prevention (CDC) developed and launched the Stop Overdose campaigns, four education campaigns, to prevent and reduce drug overdoses. This is research in which you will respond to multiple choice and open-ended questions to give your opinions about Stop Overdose campaign messages and materials. Participation is voluntary and you may complete all or some of the survey. If you have questions about this research, you may contact the principal investigator, Everett L. Long, PhD., by email at [elong@brunetgarcia.com](mailto:elong@brunetgarcia.com) or phone, (704)-657-5338.

By continuing to the survey, you are indicating your consent for us to collect the information you provide in your responses.

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In which state do you reside?



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Several times a day

About once a day

Several times a week

A few times a week

About once a week

Less than once a week

12:29

Typically, how often do you listen to AM or FM radio, including both music and talk stations?  
Please consider all the ways you might listen to radio, including on a regular radio, in the car, online through your computer, streamed through a phone/tablet/other mobile device, or through a game console, smart speaker or other connected device.

Several times a day

About once a day

Several times a week

A few times a week

Jan 31 3:58

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Typically, how often do you listen to AM or FM radio, including both music and talk stations?  
Please consider all the ways you might listen to radio, including on a regular radio, in the car, online through your computer, streamed through a phone/tablet/other mobile device, or through a game console, smart speaker or other connected device.

Several times a day

About once a day

Several times a week

A few times a week

About once a week

Less than once a week

12:29

Typically, how often do you listen to AM or FM radio, including both music and talk stations?  
Please consider all the ways you might listen to radio, including on a regular radio, in the car, online through your computer, streamed through a phone/tablet/other mobile device, or through a game console, smart speaker or other connected device.

Several times a day

About once a day

Several times a week

A few times a week

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How often do you do the following on your computer, smartphone, tablet, connected TV, or other streaming devices?

	Daily	A few times a week	About once a week	Less than once a week	Never
Listen to/stream a podcast	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen to/stream music	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch a short video clip	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch a movie or TV show	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12:29

How often do you do the following on your computer, smartphone, tablet, connected TV, or other streaming devices?

Listen to/stream a podcast

A few times a week

☐ Daily

☒ A few times a week

☐ About once a week

☐ Less than once a week

☐ Never

Listen to/stream music

A few times a week

Jan 31

3:57

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How often do you do the following on your computer, smartphone, tablet, connected TV, or other streaming devices?

	Daily	A few times a week	About once a week	Less than once a week	Never
Listen to/stream a podcast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen to/stream music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch a short video clip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch a movie or TV show	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12:29

How often do you do the following on your computer, smartphone, tablet, connected TV, or other streaming devices?

Listen to/stream a podcast

☐ Daily

☐ A few times a week

☐ About once a week

☐ Less than once a week

☐ Never

Listen to/stream music

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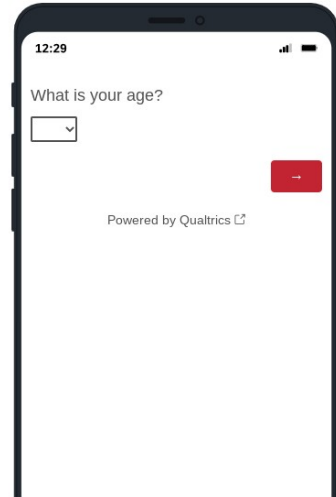


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What is your age?



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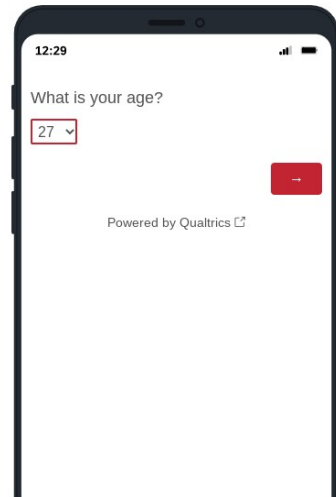


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What is your age?



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Do you plan to seek out further information about the dangers of fentanyl?

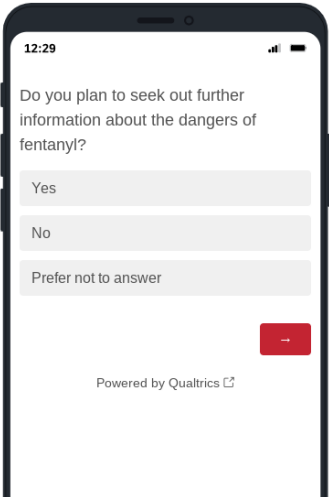
Yes

No

Prefer not to answer



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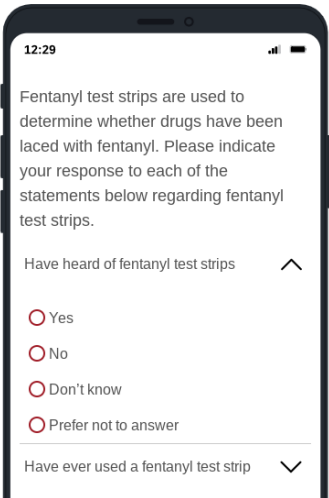


Fentanyl test strips are used to determine whether drugs have been laced with fentanyl. Please indicate your response to each of the statements below regarding fentanyl test strips.

	Yes	No	Don't know	Prefer not to answer
Have heard of fentanyl test strips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have ever used a fentanyl test strip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently carry or use fentanyl test strips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Have you ever searched for information about fentanyl?

Yes

No

Prefer not to answer

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Have you ever searched for information about fentanyl?

Yes

No

Prefer not to answer

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Please indicate to what extent you agree or disagree with each of the statements below regarding fentanyl.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Fentanyl can cause an overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident I can protect myself from a fentanyl overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl can be found mixed with many drugs such as heroin, cocaine, methamphetamine, and ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please indicate to what extent you agree or disagree with each of the statements below regarding fentanyl.

Fentanyl can cause an overdose

☐ Strongly agree

☐ Agree

☐ Disagree

☐ Strongly disagree

☐ Don't know

I feel confident I can protect myself from a fentanyl overdose

☐

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The survey is about CDC's Stop Overdose campaigns. Read each statement and indicate your level of agreement or answer each question by selecting a response.

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The survey is about CDC's Stop Overdose campaigns. Read each statement and indicate your level of agreement or answer each question by selecting a response.

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How interested are you in learning more information about opioid misuse and reducing drug overdose?

Extremely interested

Very interested

Somewhat interested

Slightly interested

Not at all interested

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How interested are you in learning more information about opioid misuse and reducing drug overdose?

Extremely interested

Very interested

Somewhat interested

Slightly interested

Not at all interested

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How interested are you in learning more information about opioid misuse and reducing drug overdose?

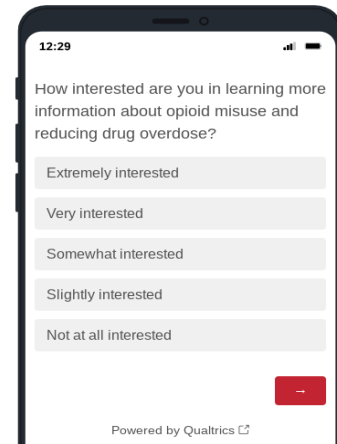
Extremely interested

Very interested

Somewhat interested

Slightly interested

Not at all interested



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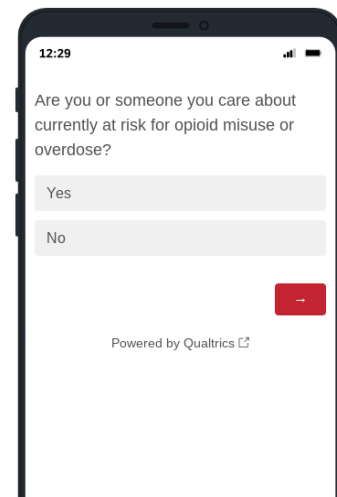
Are you or someone you care about currently at risk for opioid misuse or overdose?

Yes

No



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Do you have a close friend or family member who, in the last 3 months, has used illicit drugs at least once? When referring to illicit drugs, this includes drugs such as cocaine, methamphetamine, ecstasy, molly, opioids, heroin, fentanyl, or misuse of prescription opioids. This does not include alcohol or marijuana alone.

Yes

No

Prefer not to answer

→

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Do you have a close friend or family member who, in the last 3 months, has used illicit drugs at least once? When referring to illicit drugs, this includes drugs such as cocaine, methamphetamine, ecstasy, molly, opioids, heroin, fentanyl, or misuse of prescription opioids. This does not include alcohol or marijuana alone.

Yes

No

Prefer not to answer

→

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In the last year, have you been diagnosed with, or in recovery or treatment for a substance use disorder?

Yes

No

Prefer not to answer

→

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In the last year, have you been diagnosed with, or in recovery or treatment for a substance use disorder?

Yes

No

Prefer not to answer

→

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Does your use of drugs cause health problems, disability, or challenges with major responsibilities at work, school, or home?

Yes

No

Prefer not to answer

→

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Does your use of drugs cause health problems, disability, or challenges with major responsibilities at work, school, or home?

Yes

No

Prefer not to answer

→

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Have you ever intentionally taken more than one illicit drug, either together or within a short period of time?

Yes

No

Prefer not to answer

→

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Have you ever intentionally taken more than one illicit drug, either together or within a short period of time?

Yes

No

Prefer not to answer

→

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In the past 3 months, have you intentionally taken more than one illicit drug, either together or within a short period of time?

Yes

No

Prefer not to answer



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In the past 3 months, have you intentionally taken more than one illicit drug, either together or within a short period of time?

Yes

No

Prefer not to answer



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In the last 3 months, have you used illicit drugs at least once? When referring to illicit drugs, this includes drugs such as cocaine, methamphetamine, ecstasy, molly, opioids, heroin, fentanyl, or misuse of prescription opioids. This does not include alcohol or marijuana alone.

Yes

No

Prefer not to answer



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In the last 3 months, have you used illicit drugs at least once? When referring to illicit drugs, this includes drugs such as cocaine, methamphetamine, ecstasy, molly, opioids, heroin, fentanyl, or misuse of prescription opioids. This does not include alcohol or marijuana alone.

Yes

No

Prefer not to answer



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What is the highest level of education you have completed?

Some high school
High school diploma
Some college or associate's degree
Bachelor's degree
Advanced degree



What is the highest level of education you have completed?

Some high school
High school diploma
Some college or associate's degree
Bachelor's degree
Advanced degree



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Last year, that is in 2022, what was your total household income from all sources, before taxes?

Less than \$15,000
\$15,000 to \$24,999
\$25,000 to \$34,999
\$35,000 to \$49,999
\$50,000 to \$74,999
\$75,000 to \$99,999

Last year, that is in 2022, what was your total household income from all sources, before taxes?

Less than \$15,000
\$15,000 to \$24,999
\$25,000 to \$34,999
\$35,000 to \$49,999
\$50,000 to \$74,999
\$75,000 to \$99,999
\$100,000+
Prefer not to answer



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Do you recall seeing or hearing any of the Stop Overdose campaigns to prevent and reduce drug overdoses?

Yes

No

Not Sure

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Do you recall seeing or hearing any of the Stop Overdose campaigns to prevent and reduce drug overdoses?

Yes

No

Not Sure

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Do you plan to obtain naloxone to carry with you in case of emergency?

Yes

No

Prefer not to answer

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Do you plan to obtain naloxone to carry with you in case of emergency?

Yes

No

Prefer not to answer

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Do you plan to seek out further information about naloxone?

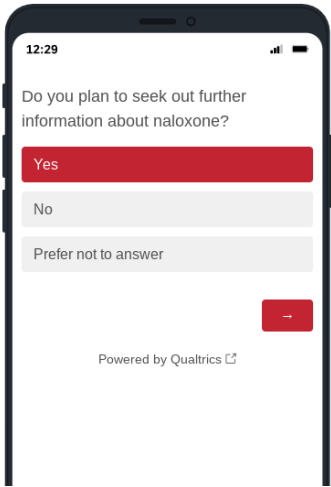
☒ Yes

☐ No

☐ Prefer not to answer

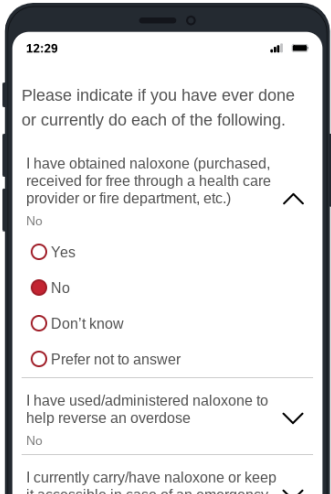


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Please indicate if you have ever done or currently do each of the following.

	Yes	No	Don't know	Prefer not to answer
I have obtained naloxone (purchased, received for free through a health care provider or fire department, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used/administered naloxone to help reverse an overdose	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I currently carry/have naloxone or keep it accessible in case of an emergency	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



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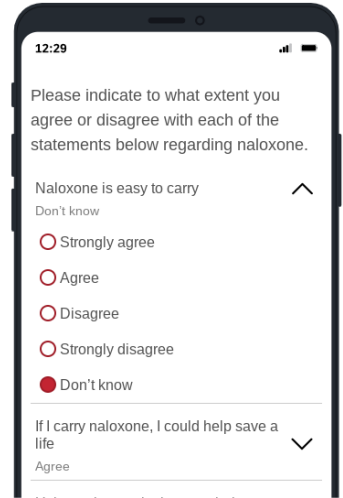
Share Preview

Please indicate to what extent you agree or disagree with each of the statements below regarding naloxone.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Naloxone is easy to carry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If I carry naloxone, I could help save a life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using naloxone in time can help prevent overdose deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



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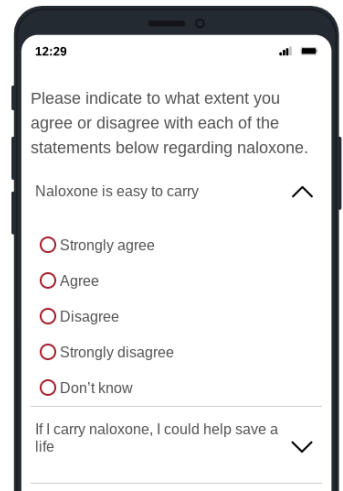
Share Preview

Please indicate to what extent you agree or disagree with each of the statements below regarding naloxone.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Naloxone is easy to carry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I carry naloxone, I could help save a life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using naloxone in time can help prevent overdose deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Have you ever searched for information about naloxone?

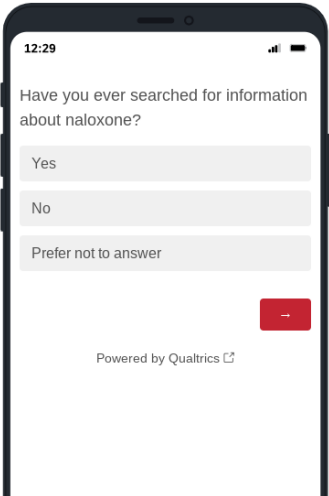
Yes

No

Prefer not to answer



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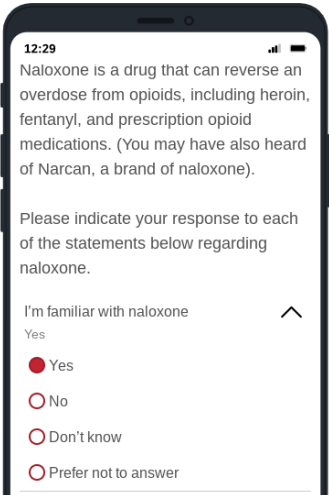
and prescription opioid medications. (You may have also heard of Narcan, a brand of naloxone).

Please indicate your response to each of the statements below regarding naloxone.

	Yes	No	Don't know	Prefer not to answer
I'm familiar with naloxone	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naloxone is available where I live	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need a prescription to get naloxone	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Unfortunately, you haven't qualified for any surveys at this time. We hope you'll try again later.

Lo sentimos pero no has calificado para ésta encuesta. Esperamos que puedas participar pronto.

Nous sommes désolés, vous ne vous êtes pas qualifié pour cette étude. Dans l'attente de votre future participation.

Es tut uns leid, aber leider passen Sie nicht zu der gesuchten Zielgruppe. Wir hoffen, dass Sie in Zukunft weiter an unseren Umfragen teilnehmen.

Siamo spiacenti ma non sei stato scelto per questo sondaggio. Speriamo parteciperai in futuro.

Vi ber om ursäkt men du passar tyvärr inte in i målgruppen för denna undersökning. Vi ser fram emot ditt deltagande i kommande undersökningar.