

# OPIOIDS AT WORK

## EMPLOYER TOOLKIT



## Sample Employee Engagement Survey

Thank you for taking the time to answer this short survey on *(our or company's name here)* policies on opioids in the workplace. Your responses will remain completely anonymous. Please address any questions to *(insert point person's name and contact information here)*.

Please rate the following statements.

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
I am familiar with our opioid policies.	1	2	3	4	5
I have learned new information about opioids and their risks in our opioid information sessions.	1	2	3	4	5
I know enough to be able to take what I learned back to my family, friends, and community.	1	2	3	4	5
I know what to ask my doctor if I am being prescribed a painkiller.	1	2	3	4	5
I understand our policies on drug testing.	1	2	3	4	5
I know how to find information on what my healthcare plan covers if I have questions on pain management or treatment for a substance use disorder,	1	2	3	4	5
I know where to seek help at work if I think that I need help for an opioid addiction.	1	2	3	4	5
I would be scared or anxious that I would lose my job if I disclosed that I had a substance use disorder.	1	2	3	4	5
I am confident that <i>(company's name here)</i> will support employees with substance use disorder.	1	2	3	4	5



The following questions are open ended questions.

10. Do you feel our opioid policies need to be updated or improved? If so, in what way(s)?

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11. Do you have any other feedback pertaining to our opioid policies? If so, please share.

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Thank you for your time. Your feedback will help us improve our policies, keep our workplace safe and combat the impact opioids can have at work, in the community, and at home.

Sincerely,

*(Insert appropriate name and title)*