

# Drug Checking Peer Course Survey

Thank you for taking the time to participate in this survey. Your input is invaluable in helping us understand this training. This survey aims to assess your current knowledge, attitudes, and confidence levels, as well as gather insights on the challenges and opportunities associated with drug-checking.

The information collected will guide the development of resources and programs to better support individuals with lived and living experiences who wish to contribute to substance use education and harm reduction efforts. Your responses will remain confidential and will only be used to improve the effectiveness of the Substance Use and Abuse program initiatives.

We appreciate your honest feedback and encourage you to share your thoughts openly. Thank you for contributing to this meaningful work.

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## Pre-Course Survey

Before we begin, we'd like to get to know you better and understand where you're starting from. This quick survey is designed to help us assess your current knowledge, attitudes, and confidence levels related to drug-checking.

Your honest responses will allow us to tailor the course to the needs of PWLLE and measure its overall impact. The survey should only take a few minutes, and your feedback is greatly appreciated.

### 1. Demographics

Age: \_\_\_\_\_

What city or town do you live in? \_\_\_\_\_

What is your gender?

- Female
- Male
- Non-Binary
- Transgender
- Two-Spirit
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to say

Do you identify as 2SLGBTQIA+?

Yes / No

What is your race or ethnicity? (Please select all that apply)

- Indigenous (e.g. First Nations, Inuit, Metis)
- Black or African descent
- East Asian (e.g. Chinese, Japanese, Korean)
- Southeast Asian (e.g. Filipino, Vietnamese, Thai)
- Middle Eastern or North African
- Hispanic/Latinx
- White/Caucasian
- Pacific Islander
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to say

## 2. Knowledge about Drug-Checking

How familiar are you with drug-checking technologies?

- Not at all familiar
- Slightly familiar
- Moderately familiar
- Very familiar
- Extremely familiar

Have you participated in drug-checking initiatives before? Yes / No

Do you find it easy to access resources surrounding drugs in the community and harm reduction? Yes / No

### **3. Capacity Building**

On a scale of 1 to 5 (1 = not confident, 5 = confident), how confident are you in your ability to:

- Apply harm reduction strategies in drug checking

1      2      3      4      5

- Communicate effectively about drug-checking with others

1      2      3      4      5

### **4. Perspectives on Engagement**

Are you currently involved in substance use education or harm reduction initiatives? Yes / No

How would you describe the importance of the involvement of People with Lived and Living Experiences in drug-checking initiatives?

- Not important
- Somewhat important
- Important
- Critical

### **5. Barriers and Expectations**

What barriers do you face in accessing drug-checking tools or resources?

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# Post-Course Survey

This survey is designed to help us understand the impact of the course on your knowledge, attitudes, and confidence levels surrounding our drug-checking process and harm reduction strategies. Your feedback will help us evaluate what worked well and identify areas for improvement in future programs.

Please take a few minutes to share your thoughts—your insights are incredibly valuable to us.

## 1. Knowledge Gained

How would you rate your understanding of drug-checking technologies after this program?

- Much lower
- Slightly lower
- About the same
- Slightly higher
- Much higher

## 2. Capacity Building

On a scale of 1 to 5 (1 = not confident, 5 = confident), how confident are you now in your ability to:

- Apply harm reduction strategies in drug-checking

1      2      3      4      5

- Communicate effectively about drug checking with others

1      2      3      4      5

## 3. Program Impact

Has this program influenced your involvement in substance use education or harm reduction initiatives?

- Not at all
- Somewhat
- Significantly

Do you think you would ever seek future employment in harm reduction services? Yes / No

Did the training materials and workshops meet your expectations? Yes / No

What (if any) changes would you suggest for future training sessions?

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Is there any way that the drug-checking process can be improved to better suit your individual needs?

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## 4. Engagement Metrics

After completing this course, has your opinion on the importance of PWLLE involvement in drug checking changed?

- Opinion has remained generally the same
- Opinion has slightly shifted
- Perspective has shifted entirely

Once again, now having taken the course, how would you describe the importance of the involvement of PWLLE in drug-checking initiatives?

- Not important
- Somewhat important
- Important
- Critical

## 5. Application of Skills

Do you feel equipped to lead or contribute to drug-checking initiatives in your community?

Yes / No

## 6. (Optional) Additional Feedback

Please share any additional feedback or suggestions regarding the program.

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Thank you for your ongoing commitment to preventing overdoses through drug-checking.  
Together, we can work towards ending the overdose crisis.