

**Public Bathroom Drug Use Survey**

Date: \_\_\_\_\_

The purpose of this survey is to gain a better understanding of drug use that occurs in public and semi-public bathrooms. This information will be used to help guide the development of programs aimed at reducing drug use in public bathrooms and support healthier and safer ways for our communities to respond to the reality of public drug use.

1a) Agency Cross Streets: \_\_\_\_\_ 1b) Zipcode: \_\_\_\_\_

1c) Agency Name (will not be disclosed; used only for survey tracking purposes) \_\_\_\_\_

2) Most common shift worked? (Circle one)      a) Morning    b) Afternoon    c) Evening    d) Late Night

3) What type of establishment?

- a) Short-term Shelter    b) Long-term Shelter    c) Housing Provider    d) Day Center    c) Hygiene Center    d) Meal Program
- e) Mental Health Agency/Clinic    f) Health Clinic    g) Syringe Exchange    h) Other \_\_\_\_\_

4a) Do you have a bathroom for clients? Yes / No      [If 'Yes', continue. If 'No', you can end the survey]

4b) Single-stall bathroom or Multiple-stall bathroom? (Circle one)

4c) Does the bathroom require a code? Yes / No      4d) Does an employee have to unlock it? Yes / No

5) Have you encountered drug paraphernalia in your business's bathroom in the past 6 months? Yes / No

6) On average, how many times do you encounter drug paraphernalia in your bathroom per month? \_\_\_\_\_

7) What is the most common drug paraphernalia you find in the bathroom? (Circle up to three)

- a) Syringes/Needles    b) Baggies    c) Cotton Balls    d) Aluminum Foil    e) Crack Pipe/Stem
- f) Bottle Caps/Cookers    g) Tourniquet    h) Other: \_\_\_\_\_

8) Does the paraphernalia ever have blood on it? Yes / No

9) Have you encountered people using drugs in your business's bathroom in the past 6 months? Yes / No

10) On average, how many times do you encounter people using drugs in your bathroom per month? \_\_\_\_\_

11) Have customers complained about people using drugs in the bathroom? Yes / No

12a) Have you called 911 due to drug use in the bathroom in the past 6 months? Yes / No

12b) If Yes, how many times in the past 6 months? \_\_\_\_\_ 12c) Did you typically request: a) Police    b) EMS    c) Both

13a) Have you ever called 911 because someone was unresponsive in the bathroom? Yes / No

13b) Do you believe it was drug related? Yes / No

13c) Number of times 911 called due to unresponsive drug-related incidences in the last 6 months? \_\_\_\_\_

13d) Has anyone died in your bathroom in the past 6 months as a result of drug use? Yes / No

14) Are you and your staff trained in how to recognize a drug overdose and how to reverse opioid overdoses with naloxone (Narcan)? Yes / No      Would this training be useful? Yes / No

Human Service Providers – Bathroom Drug Use Survey

Please take a photo with your phone of the survey and email it to  
[seattlebathroomsurvey@gmail.com](mailto:seattlebathroomsurvey@gmail.com)

or text the photo to:

**(206) 963-5529**