

Refill Form



Date: _____

Participant ID: _____

Site number: _____

Participant zip code: _____

Where did you get the naloxone that you are replacing? _____

REASON FOR REFILL:

- My naloxone expired
- My naloxone was stolen
- My naloxone was taken by police
- My naloxone was used on a person who was overdosing
- Other (*please specify*) _____

Date of expiration: _____
 Date stolen: _____
 Date taken: _____
 Date of overdose: _____

If your naloxone was used on a person who was overdosing, please complete the rest of the form. If not, please skip to the shaded block of questions on page 4.

Since you participated in the overdose training or since your last refill, how many overdoses have you witnessed?

When answering the following questions, think about the LAST overdose where your naloxone was used.

Demographics			
Who overdosed?	Me My spouse/partner My parent/guardian My child My sibling Other family member (<i>please specify</i>) _____ My friend My coworker Other (<i>please specify</i>) _____	Does the person who overdosed have health insurance?	
		Yes, private health insurance Yes, Medicaid Yes, Medicare No Unknown	
Gender of the person who overdosed:	Age of the person who overdosed:	Race of the person who overdosed (Check ALL THAT APPLY):	Is the person who overdosed Hispanic or Latino?
Male Female Transgender (M→F) Transgender (F→M) Unknown	_____ Unknown	White Black Asian American Indian/Alaska Native Hawaiian/Other Pacific Islander Other _____ Unknown Native	Yes No Unknown

Did the person administering the naloxone have any trouble putting together the naloxone and/or using it?

Yes

No

If yes, please explain _____

What was the result of the overdose? **(Check ONLY ONE)**

He/she woke up without any help

He/she woke up because of my help

EMS (emergency medical services) came and revived the person

EMS came and I don't know what happened next

He/she died

Other **(please specify)** _____

Don't know

Where did the overdose occur?

At the home of the person who overdosed

At the home of a friend/family member of the person who overdosed

At a private home (unknown ownership)

At a social service agency

In a public place **(please specify)** _____

Other **(please specify)** _____

Don't know

Zip code or area of town where the overdose occurred: _____

Were there any negative consequences of the overdose? Yes No Unknown **(If yes, Check ALL THAT APPLY)**

Arrest of the overdosing person or witness(es)

Harassment by police

Harassment by EMS (emergency medical services)/fire department

Person who overdosed had a seizure

Person who overdosed felt dopesick/went into withdrawal

Person who overdosed vomited

Person who overdosed was angry and/or aggressive

Other **(please specify)** _____

What drugs had been taken? **(Check ONLY THE ONES YOU ARE SURE OF)**

Alcohol

Benzodiazepines (e.g., Ativan, Klonopin, Valium, Xanax)

Buprenorphine (Suboxone/Subutex)

Clonidine (Catapres, Kapvay)

Cocaine/Crack

Codeine
Fentanyl
Heroin
Hydrocodone (e.g., Norco, Vicodin)
Hydromorphone (e.g., Dilaudid)
Meperidine (Demerol)
Methadone
Methamphetamines
Morphine
Oxycodone (e.g., OxyContin, Percocet)
Other (<i>please specify</i>) _____
Don't know

How did you <i>first</i> hear about Project DAWN?		
In the past 30 days, have you seen any billboards about overdose and/or naloxone?	Yes	No
If yes, where?		
In the past 30 days, have you heard any information on the radio about overdose and/or naloxone?	Yes	No
If yes, what do you remember about what you heard?		