



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

Participant ID: \_\_\_\_\_

Site number: \_\_\_\_\_

## Agency Information

1. Name of your agency/organization/business:

2. Zip code of your agency/organization/business:

3. Type of agency/organization/business (**Check ALL THAT APPLY**):

- Drug/alcohol treatment (inpatient)
- Drug/alcohol treatment (outpatient)
- Social service agency
- Homeless shelter
- School (please specify type/grade levels)
- Jail/prison/juvenile detention facility
- Mental health facility (inpatient)
- Mental health facility (outpatient)
- Other (please specify)

4. Does your agency/organization/business bill health insurance for any services (**Check ALL THAT APPLY**)?

- Yes, private health insurance
- Yes, Medicaid
- Yes, Medicare
- No
- Unknown
- N/A – not a health services agency/organization/business

5. Age range of persons served and/or working at your agency/organization/business (**Check ALL THAT APPLY**):

- Children (ages 0 – 12 years)
- Adolescents (ages 13 – 17 years)
- Adults (ages 18-64 years)
- Older adults (ages 65 years and older)

6. What prompted you to obtain naloxone today?

## Overdose Information

7. Have you ever witnessed an overdose?

Yes

No

Unknown

7a. If yes, how many?

7b. If no or unknown, skip to question #11.

**If you have witnessed more than one overdose, think about the LAST overdose you witnessed when answering the following questions.**

8. Did the person who overdosed receive naloxone?

Yes

No

Unknown

8a. If yes, who gave the ***first dose*** of naloxone?

- Spouse/partner of the person who overdosed
- Parent/guardian of the person who overdosed
- Child of the person who overdosed
- Sibling of the person who overdosed
- Other family member of the person who overdosed (please specify)
- Friend of the person who overdosed
- Coworker of the person who overdosed
- Service provider
- EMS (emergency medical services)
- Law enforcement
- Other (please specify)
- Don't know

8b. If no, how was the person who overdosed revived?

|   |     |    |         |
|---|-----|----|---------|
| 9. At the <b><i>LAST</i></b> overdose that you witnessed, was 9-1-1 called? | Yes | No | Unknown |
|---|-----|----|---------|

9a. If yes and naloxone was given, was 9-1-1 called before naloxone was given or after?

|  |        |       |            |
|--|--------|-------|------------|
|  | Before | After | Don't know |
|--|--------|-------|------------|

If no, what is/are the reason(s) that 9-1-1 was not called?

|  |     |    |            |
|--|-----|----|------------|
| 10. At the <b><i>LAST</i></b> overdose that you witnessed, did the person survive? | Yes | No | Don't know |
|--|-----|----|------------|

11. How did you ***first*** hear about Project DAWN?

|   |     |    |
|---|-----|----|
| 12. In the past 30 days, have you seen any billboards about overdose and/or naloxone? | Yes | No |
|---|-----|----|

12a. If yes, where?

|  |     |    |
|--|-----|----|
| 13. In the past 30 days, have you heard any information on the radio about overdose and/or naloxone? | Yes | No |
|--|-----|----|

13a. If yes, what do you remember about what you heard?