



Date: _____

Site number: _____

Demographics

Participant ID number:	Participant zip code:
The person at risk of overdose is: Me My spouse/partner My parent/guardian My child My sibling My other family member (<i>please specify</i>) _____ My friend My client/patient Other non-family (<i>please specify</i>) _____ No specific person (<i>skip to page 5</i>)	Does the person at risk have health insurance? Yes, private health insurance Yes, Medicaid Yes, Medicare No Unknown

Gender of the person at risk: Male Female Transgender (M→F) Transgender (F→M)	Age of the person at risk: _____ Unknown	Race of the person at risk (Check ALL THAT APPLY): White Black Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Other _____ Unknown	Is the person at risk Hispanic or Latino? Yes No Unknown
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Marital status of the person at risk: Single Married Widowed Living as married Separated Divorced Unknown	Education of the person at risk: Less than high school High school or GED Some college Associate's degree Bachelor's degree Completed some postgraduate Master's degree Doctorate, law or medical degree Unknown	Is the person at risk currently employed? No Yes – part time Yes – full time Unknown
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Overdose Risk

Is the person at risk currently in detox/rehab?	Yes	No	Unknown
Has the person at risk had time off from using during the last year?	Yes	No	Unknown
If yes, for how long?	Less than 3 months 3 to less than 6 months 6 to less than 9 months	9 to less than 12 months 12 months or more	
If yes, what was the reason for the time off from using? Jail/prison/ juvenile detention facility Rehab/treatment Quit on own without rehab/treatment Other (<i>please specify</i>) _____ Unknown			

Is the person at risk currently taking opioids prescribed to him/her by a doctor for a medical condition?		Yes	No	Unknown		
If the person at risk uses heroin, was he/she prescribed opioids for a medical condition prior to heroin use?		Yes	No	Unknown	N/A	
If the person at risk injects drugs, does he/she have access to sterile syringes?		Always	Sometimes	Never	Unknown	N/A
If always or sometimes, from where? (Check ALL THAT APPLY)		Syringe exchange program Pharmacy Friend(s) Drug dealer Other (<i>please specify</i>) _____ Unknown				
Does the person at risk ever use drugs alone?		Always	Sometimes	Never	Unknown	
Has the person at risk used the following substances in the past 30 days?				Does the person at risk have a prescription for the following?		
Alcohol	Yes	No	Unknown			
Benzodiazepines (e.g., Ativan, Klonopin, Valium, Xanax)	Yes	No	Unknown	Yes	No	Unknown
Buprenorphine (e.g., Suboxone/Subutex)	Yes	No	Unknown	Yes	No	Unknown
Clonidine (e.g., Catapres, Kapvay)	Yes	No	Unknown	Yes	No	Unknown
Cocaine/crack	Yes	No	Unknown			
Codeine	Yes	No	Unknown	Yes	No	Unknown
Fentanyl	Yes	No	Unknown	Yes	No	Unknown
Heroin	Yes	No	Unknown			
Hydrocodone (e.g., Norco, Vicodin)	Yes	No	Unknown	Yes	No	Unknown

Hydromorphone (e.g., Dilaudid)	Yes	No	Unknown	Yes	No	Unknown
Meperidine (Demerol)	Yes	No	Unknown	Yes	No	Unknown
Methadone	Yes	No	Unknown	Yes	No	Unknown
Methamphetamines	Yes	No	Unknown	Yes	No	Unknown
Morphine	Yes	No	Unknown	Yes	No	Unknown
Oxycodone (e.g., OxyContin, Percocet)	Yes	No	Unknown	Yes	No	Unknown
Unspecified prescription opioids	Yes	No	Unknown	Yes	No	Unknown
Other (<i>if yes, please specify</i>) _____	Yes	No	Unknown	Yes	No	Unknown

Health Conditions of Person at Risk

Kidney Disease	Yes	No	Unknown
Liver Disease (e.g., hepatitis, cirrhosis)	Yes	No	Unknown
HIV/AIDS	Yes	No	Unknown
Heart Disease	Yes	No	Unknown
Emphysema/COPD/Asthma/Respiratory Infection	Yes	No	Unknown
Depression	Yes	No	Unknown
Bipolar	Yes	No	Unknown
Anxiety	Yes	No	Unknown
Attention Deficit/Hyperactivity Disorder (ADHD/ADD)	Yes	No	Unknown
Post Traumatic Stress Disorder (PTSD)	Yes	No	Unknown
Other mental health condition (<i>if yes, please specify</i>)_____	Yes	No	Unknown

Have you ever witnessed an overdose?	Yes	No	Unknown
If yes, how many? _____			
If no or unknown, skip to the shaded block of questions at the bottom of the page.			

If you have witnessed more than one overdose, think about the <i>last overdose</i> you witnessed when answering the following questions.			
Did the person who overdosed receive naloxone?	Yes	No	Unknown
If yes, who gave the <i>first dose</i> of naloxone?			
Spouse/partner of the person who overdosed			
Parent/guardian of the person who overdosed			
Child of the person who overdosed			
Other family member of the person who overdosed (<i>please specify</i>) _____			
Friend of the person who overdosed			
Coworker of the person who overdosed			
Service provider			
EMS (emergency medical services)			
Law enforcement			
Other (<i>please specify</i>) _____			
Don't know			
If no, how was the person who overdosed revived? _____			

At the <i>LAST</i> overdose that you witnessed, was 9-1-1 called?	Yes	No	Unknown
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 <i>NOT</i> called? _____			

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