|  |  |  |  |
| --- | --- | --- | --- |
| FR CARA Narcan Record of Use Form |  |

|  |
| --- |
| Date: / / |

 |

Thank you for your time. The information gathered below helps improve the response to opioid overdoses within New Mexico communities. You may choose not to answer questions, and all the responses you provide are confidential.

|  |
| --- |
| **Create a unique ID.** This makes sure the answers are anonymous. |
| First two lettersof first name: | First two letters of mother’s first name: | Birth month (2 digits): | Birth year (**last** 2 digits): |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Date of overdose:  | \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / 20 \_\_\_\_ \_\_\_\_ |
|  | Arrival time of Officer:  |  |
|  | Time Narcan was administered:  |  | 4 | Amount of Narcan (naloxone) used: | \_\_\_\_\_\_\_\_\_\_ # of sprays or doses used (2 per box) |
| 5 | Was EMS called? | 🞏 Yes 🞏 No | 6 | Arrival time of EMS: |  |  |
|  | Where did the overdose occur? (*Select only 1*) | 🞏 At a private residence (e.g., home, apartment)🞏 In a public outdoor location (E.g., street, part), car, ramp, or shelter🞏 At an indoor public place/business (including hotel/motel)🞏 Unknown location🞏 Declined |
|  | What happened? (*check all that apply*) | 🞏 Person was revived🞏 Rescue breathing used🞏 Person was taken to emergency room  | 🞏 Person deceased🞏 I do not know |
|  | To the best of your knowledge, was the person (*please check all that apply*): | 🞏 Using alcohol🞏 Using other drugs🞏 Recently released from jail/prison🞏 In treatment/detox |
|  | Zip code where overdose occurred: |  |