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| FR CARA Trainee Demographic 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Create a unique ID.** This makes sure the answers are anonymous. | | | | | | | |
| First two letters of first name: | | First two letters of mother’s first name: | | Birth month (2 digits): | | Birth year (**last** 2 digits): | |
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|  | What is the name of your Agency or Department? |  |  | |
|  | In what County is your Agency located in? |  |  | |
|  | *If Applicable:* What is your Tribal/Pueblo Affiliation? |  |  | |
|  | Are you: | 🞏 Male  🞏 Female | 🞏 Self-Identified gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Declined | |
|  | Are you Hispanic or Latino/a? | 🞏 Yes 🞏 No 🞏 Declined | | |
|  | Are you (check all that apply): | 🞏 White  🞏 Native American/Alaskan Native  🞏 Black / African American | | 🞏 Asian/Pacific Islander  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Declined |
|  | What County do you live in? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | What type of first responder do you identify as? (*Select only 1 response. Ask your trainer if you are not clear which to select*): | 🞏 Paid Fire  🞏 Volunteer Fire  🞏 EMS  🞏 Law Enforcement Agency  🞏 Tribal Leadership  🞏 Corrections or Probation Officer  🞏 Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Do you identify as LGBTQAI (lesbian, gay, bisexual, transgender, queer, questioning, asexual, intersex)? | 🞏 Yes 🞏 No 🞏 Declined | | |
|  | Is this your first time in this training? | 🞏 Yes 🞏 No | | |