



# PDO2021: 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 letters of first name:	First two letters of mother's first name:	Birth year ( <b>last</b> 2 digits):	County of residence (number):	
				1 – Bernalillo 2 – Doña Ana 3 – Rio Arriba 4 – Santa Fe 5 – Other

1	Was naloxone administered to a person?	
	<b>If YES:</b> To who was the Narcan (naloxone) administered? (Please select the closest response; select only 1 response)	<input type="checkbox"/> Patient <input type="checkbox"/> Family Member under 18 <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Self <input type="checkbox"/> Don't know <input type="checkbox"/> Adult Family member <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Stranger <input type="checkbox"/> Other: _____
	<b>If NO:</b> What happened to the naloxone/Narcan? (Please END FORM once a selection is made)	<input type="checkbox"/> Lost <input type="checkbox"/> Expired <input type="checkbox"/> Destroyed <input type="checkbox"/> Unknown <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated by law enforcement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined
2	Amount of Narcan (naloxone) used:	_____ # of sprays or doses used (2 per box)
3	Where did the overdose occur? (Select only 1)	<input type="checkbox"/> At a private residence (e.g., home, apartment) <input type="checkbox"/> In a public outdoor location (E.g., street, park), car, ramp, or shelter <input type="checkbox"/> At an indoor public place/business (including hotel/motel) <input type="checkbox"/> At other types of locations <input type="checkbox"/> Unknown location <input type="checkbox"/> Declined
4	What happened? (check all that apply)	<input type="checkbox"/> Person was revived/reversed <input type="checkbox"/> 911/EMS was called <input type="checkbox"/> Rescue breathing used <input type="checkbox"/> Person was taken to emergency room <input type="checkbox"/> Person was hospitalized <input type="checkbox"/> Person deceased <input type="checkbox"/> I do not know
5	To the best of your knowledge, was the person (please check all that apply):	<input type="checkbox"/> Using alcohol <input type="checkbox"/> Using other drugs <input type="checkbox"/> Recently released from jail/prison <input type="checkbox"/> In treatment/detox