



PDO2021: 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.

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 (<u>last</u> 2 digits):	County of residence (number):	
				1 – Bernalillo 2 – Doña Ana 3 – Rio Arriba 4 – Santa Fe 5 – Other

1	Are you:	<input type="checkbox"/> Male <input type="checkbox"/> Self-Identified gender: _____ <input type="checkbox"/> Female <input type="checkbox"/> Declined
2	Are you Hispanic or Latino/a?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
3	Are you (check all that apply):	<input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black / African American <input type="checkbox"/> Declined
4	If you indicated above your county was "Other": What County do you live in?	_____
5	What type of first responder do you identify as? (<i>Select only 1 response. Ask your trainer if you are not clear which to select</i>):	<input type="checkbox"/> Paid or Volunteer Fire <input type="checkbox"/> EMS <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Tribal Agency <input type="checkbox"/> Corrections or probation officer <input type="checkbox"/> Lay person (e.g., self/family/friend) <input type="checkbox"/> Community organization staff (e.g., treatment or shelter staff) <input type="checkbox"/> Public health government agencies or staff <input type="checkbox"/> Non-public health government agencies or staff <input type="checkbox"/> Other professional (e.g., medical provider, education) Specify: _____
6	Do you identify as LGBTQAI (lesbian, gay, bisexual, transgender, queer, questioning, asexual, intersex)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
7	Is this your first time in this training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

FOR INTERNAL USE ONLY:

1	Was this informal outreach distribution? (Circle)	Yes No
2	Number of Narcan (2 x 4 mg) kits distributed:	_____
3	Type of Narcan Distributed: (Circle)	Nasal Injectable
4	Who provided the information recorded on this form? (Circle) (<i>If Trainer is checked, it is assumed that data are inferred based on observation.</i>)	Trainer Trainee