

OVERDOSE BASELINE QUESTIONNAIRE

FOR INTERVIEWER: PLEASE ASK EACH QUESTION IN ORDER. CIRCLE THE RESPONSE THAT BEST MATCHES THE ANSWER GIVEN BY THE PARTICIPANT.

Date of interview: ___/___/___ Organization: _____ Staff initials: _____

A. INTRODUCTORY QUESTIONS

1. What is your birth date? Day _____ Month _____ Year _____					
2. What is your gender?					
01	Male	02	Female	03	Transgender/Transsexual
3. What is the highest level of education or schooling you have completed?					
01	No schooling completed	03	High school graduate	05	College graduate
02	Incomplete high school	04	Some college or technical training	06	Graduate school
4. Do you use drugs? (If no, skip to question 13.)					
				(0) no	(1) yes
5. What drugs did you use in the past 6 months, including the drugs prescribed by a doctor?					
a. alcohol	(0) no	(1) yes	f. methadone/buprenorphine as part of an OST program?	(0) no	(1) yes
b. stimulants through sniffing (e.g., amphetamine or methamphetamine)	(0) no	(1) yes	g. methadone/buprenorphine bought on the street?	(0) no	(1) yes
c. stimulants through smoking (e.g., amphetamine or methamphetamine)	(0) no	(1) yes	h. prescription opiates (e.g., tramadol)	(0) no	(1) yes
d. stimulants through injection? (e.g., amphetamine or methamphetamine)	(0) no	(1) yes	i. benzodiazepines? (e.g., midazolam, xen, valium, etc.)	(0) no	(1) yes
e. opiates through injection? (e.g., heroin or extract of opium)	(0) no	(1) yes	j. other drugs (please indicate)	(0) no	(1) yes
6. Right now, in which settings do you use drugs?					
a. In someone's house	(0) no	(1) yes			
b. In the street or public place	(0) no	(1) yes			
c. Shooting gallery	(0) no	(1) yes			
d. Other place (please indicate) _____	(0) no	(1) yes			
7. Who else is usually around you when you're using drugs?					
<i>To interviewer: Please circle around all that apply.</i>	01	Other drug users	04	Non-drug-using friends	
	02	Family members	05	Strangers	
	03	Spouse or boy/girlfriend	06	No one	

B. Recent Experience of Overdose

Now for these questions, by overdose we mean someone who collapses, has blue skin color, convulsions, difficulty breathing, loses consciousness, cannot be woken up, or has a heart attack or dies while using drugs.

8. Have you ever overdosed in your life?		(0) no	(1) yes
<i>If no, skip to question 13.</i>			
8a. If YES how many times? Number of times: _____			

9. Have you overdosed for the past 6 months?				(0) no	(1) yes
9a. If YES how many times? Number of times: _____					
10a- f. These are questions are about what happened at YOUR LAST OVERDOSE.					
a. What were the drugs you were using at the time of your last overdose? [Circle all that apply]	01 02 03 04 05	benzodiazepines opiates stimulants methadone alcohol	06 other drugs [SPECIFY] _____ _____		
c. Did someone call for an ambulance or take you to the hospital?	(0) no	(1) yes	(2) don't know		
d. Did you receive professional medical help (from a doctor or nurse)?	(0) no	(1) yes	(2) don't know		
f. Were you given naloxone?	(0) no	(1) yes	(2) don't know		

13. In your lifetime, have you seen someone else overdose? <i>If no, skip to question 16.</i>	(0) no	(1) yes
a. If YES, how many times? Number of times: _____		

14. During the last 6 months have you seen someone else overdose?	(0) no	(1) yes
a. If YES how many times? Number of times: _____		

15. The last time you saw someone overdose, what are the things you or other people did?					
a. Called ambulance	(0) no	(1) yes	f. Injected with stimulants, water or salt	(0) no	(1) yes
b. Took to hospital	(0) no	(1) yes	g. Called their name to try to wake them up	(0) no	(1) yes
c. Placed in the rescue position (on the side)	(0) no	(1) yes	h. Did nothing	(0) no	(1) yes
d. Performed rescue breathing/heart massage/CPR	(0) no	(1) yes	i. Administered naloxone	(0) no	(1) yes
e. Tried to wake person by causing pain, shower/bath, applying ice to wake person, slapping or kicking person's chest	(0) no	(1) yes	j. Did something else (SPECIFY) _____		

16. How did you hear about naloxone?	01 02 03	Other drug users Family Spouse or boy/girlfriend	04 05 06	Non-drug-using friends Outreach workers Informational materials
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17. Today, how confident are you that you can correctly use naloxone to reverse future overdoses?							
01	Not at all confident	02	Hardly confident	03	Moderately confident	04	Completely confident

18. Today, how confident are you that you can do things to improve your own health?							
01	Not at all confident	02	Hardly confident	03	Moderately confident	04	Completely confident

19. Today, how confident are you that you can improve the health of others?							
01	Not at all confident	02	Hardly confident	03	Moderately confident	04	Completely confident

Thank the respondent for their answers. Counsel them on anything that came up during the questionnaire, and then provide them with naloxone following a brief OD training.