

Unless otherwise specified, mark only ONE answer per question.

1. What is your age in years? _____

2. What racial group would you say you belong to? [Select all that apply.]

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Multiracial
- Prefer not to respond

3. Are you Hispanic or Latino?

- Yes
- No
- Prefer not to respond

4. What is your current relationship status?

- Single
- Married
- Separated
- Divorced
- Domestic Partnership
- Widowed
- Prefer not to answer

5. What is the highest level of education you have completed?

- Less than High School
- General Equivalency Diploma (GED)
- High School Graduate
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree or Higher
- Prefer not to answer

6. What is your gender?

- Male
- Female
- Other
- Prefer not to respond

7. Do you currently carry Naloxone or Narcan®?

- Yes
- No
- Unsure
- Prefer not to respond

8. Have you ever administered naloxone or Narcan® before?

- Yes
- No
- Unsure
- Prefer not to respond

9. Does your primary workplace have Naloxone or Narcan® on site?

- Yes
- No
- Unsure
- Prefer not to respond

10. Do you have family members or close friends who are at risk of overdose?

- Yes
- No
- prefer not to answer

11. On a scale of 1-10, with 10 being the most confident and 1 being least confident, what would you rate your ability to respond to an opioid overdose? (Circle below)

Least Confident Most Confident

1 2 3 4 5 6 7 8 9 10

12. Which of the following are indicators of an opioid overdose? Check all that apply:

<input type="checkbox"/> Having blood shot eyes	<input type="checkbox"/> Slow or shallow breathing
<input type="checkbox"/> Lips, hands or feet turning blue	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Seizures/Fitting

<input type="checkbox"/> Deep Snoring	<input type="checkbox"/> Very small pupils
<input type="checkbox"/> Agitated behavior	<input type="checkbox"/> Rapid heartbeat

13. Please tell us how much you agree or disagree with each statement:

	Completely Disagree	Disagree	Unsure	Agree	Completely Agree
I have enough information about how to manage an overdose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to give naloxone to someone who has overdosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to check that someone who has overdosed was breathing properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to perform rescue breaths on someone who has overdosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to place someone who has overdosed in the recovery position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I witnessed an overdose, I would call an ambulance straight away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would stay with the overdose victim until help arrives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Please, answer the following questions by selecting “Yes”, “No” or “Unsure” for each:

If the first dose of naloxone has no effect, a second dose can be given.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
There is no need to call for an ambulance if I know how to manage an overdose.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Someone can overdose again even after having received naloxone.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
The effect of naloxone is shorter than the effect of opioids.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
After recovering from an opioid overdose, the person must not take any heroin, but it is OK for them to drink alcohol or take sleeping tablets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Naloxone can provoke withdrawal symptoms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

STOP!

**PLEASE WAIT UNTIL THE TRAINING IS OVER TO CONTINUE THE REST OF THE SURVEY
THANK YOU**

15. Please tell us how much you agree or disagree with each statement:

	Completely Disagree	Disagree	Unsure	Agree	Completely Agree

I have enough information about how to manage an overdose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to give naloxone to someone who has overdosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to check that someone who has overdosed was breathing properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to perform rescue breaths on someone who has overdosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to place someone who has overdosed in the recovery position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I witnessed an overdose, I would call an ambulance straight away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would stay with the overdose victim until help arrives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please, answer the following questions by selecting “Yes”, “No” or “Unsure” for each:

If the first dose of naloxone has no effect, a second dose can be given.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
There is no need to call for an ambulance if I know how to manage an overdose.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Someone can overdose again even after having received naloxone.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
The effect of naloxone is shorter than the effect of opioids.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
After recovering from an opioid overdose, the person must not take any heroin, but it is OK for them to drink alcohol or take sleeping tablets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Naloxone can provoke withdrawal symptoms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

17. Which of the following are indicators of an opioid overdose? Check all that apply:

<input type="checkbox"/> Having blood shot eyes	<input type="checkbox"/> Slow or shallow breathing
<input type="checkbox"/> Lips, hands or feet turning blue	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Seizures/Fitting
<input type="checkbox"/> Deep Snoring	<input type="checkbox"/> Very small pupils
<input type="checkbox"/> Agitated behavior	<input type="checkbox"/> Rapid heartbeat

18. After completing the training, On a scale of 1-10, with 10 being the most confident and 1 being least confident, what would you rate your ability to respond to an opioid overdose? (Circle below)

Least Confident
1 2 3 4 5 6 7 8 9 10
Most Confident

19. Follow-up Surveys

We would like to follow up with you in 6, 12 and 18 weeks to see if you have used Narcan or if your attitudes about drug use have changed. If you are willing to participate, please provide your email and phone number

and we will send you a link to complete a 5-minute online survey. We will not share your information or identify you in any document.

Email: _____

Phone Number: _____