

## A New PATH Overdose Prevention Program

Date of Service \_\_\_\_\_ Training Location \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Naloxone Lot # \_\_\_\_\_ Exp \_\_\_\_\_

### Participant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Gender (M, F, MTF, FTM, Other) \_\_\_\_\_ Primary Language \_\_\_\_\_

Race/Ethnicity:

- Black/African American
- White
- Latino/Latina/Hispanic
- Asian
- Native American/American Indian
- Alaskan Native

ZIP Code: \_\_\_\_\_

How did you hear about the New PATH Program? \_\_\_\_\_

### Participant's Overdose Risk:

**During the last thirty (30) days:** Did you use any of the following substances, either with or without a prescription (check all mentioned)?

- None
- Heroin
- Methadone
- Suboxone/Subutex/buprenorphine
- Prescription opioids (Percocet, OxyContin, Oxycodone, Vicodin, Morphine, Fentanyl, etc)
- Benzos (Klonopin, Xanax, Ativan, Valium, Librium, etc)
- Cocaine/Crack
- Methamphetamine
- Alcohol
- Other: \_\_\_\_\_

**How often do you use drugs alone?**  Always  Sometimes  Never  Not applicable (participant doesn't use drugs)

**Have you ever overdosed?**  Yes  No (Skip to "Participant's Overdose Response History")

**How many times in your life?** \_\_\_\_\_

**What drugs were taken the last time you overdosed?** \_\_\_\_\_

**Have you ever witnessed an overdose?**  Yes  No

**How many times have you witnessed an overdose in your life?** \_\_\_\_\_

**Have you ever reversed an opioid overdose with Naloxone/Narcan?**

Yes  No

**How many people have you saved with Naloxone/Narcan provided at A New PATH?** \_\_\_\_\_