

Take Home Naloxone Client Questionnaire

1. Which of the following increase the risk of an opioid overdose? (tick all that apply)

<input type="checkbox"/> Using too much opioids such as heroin, oxycodone, morphine, methadone, fentanyl	<input type="checkbox"/> Change in tolerance (e.g. after prison, detox)
<input type="checkbox"/> Using opioids along with other substances	<input type="checkbox"/> Switching from oral use to injecting opioids.
<input type="checkbox"/> Change in drug purity (e.g. change in supply)	

2. What are the signs of an opioid overdose (tick all that apply)

<input type="checkbox"/> Slow/shallow breathing	<input type="checkbox"/> Loss of consciousness / Can't be roused
<input type="checkbox"/> Turning blue	<input type="checkbox"/> Deep snoring
<input type="checkbox"/> Pinned pupils	

3. What should you do if you think a person may have overdosed? (tick one per statement)

	Yes	Unsure	No
Check for a response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call an ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay with the person until an ambulance arrives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform rescue breathing, if you know how	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place the person in the recovery position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac compression, if you know how	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put the person in bed to sleep it off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Have you heard of naloxone before?

YES NO UNSURE

5. How long does naloxone take to start reverse an opioid overdose? (tick one)

<input type="checkbox"/> 2-5 minutes	<input type="checkbox"/> 5-10 minutes	<input type="checkbox"/> >10 minutes	<input type="checkbox"/> Don't know
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6. How confident do you feel at giving a naloxone injection?

<input type="checkbox"/> Confident	<input type="checkbox"/> Unsure	<input type="checkbox"/> Not confident
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THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE