

# Project ASSERT Overdose Education Quality Improvement Questionnaire

Ver: 10/13/11

Interviewer: _____	Date of Interview: ____/____/____ MM DD YY
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## **OVERDOSE EDUCATION AND NARCAN HISTORY**

1. How long ago did you visit with Project ASSERT? [Prompt with visit date in IBEX]  
\_\_\_\_ months [convert days and years to months]

2. Have you received overdose education here at Boston Medical Center from Project Assert?

1  Yes

2  No

3. Have you received overdose education elsewhere?

1  Yes

2  No

b. If yes, from where? \_\_\_\_\_ (Write-in)

4. Have you received a narcan rescue kit from Project Assert?

1  Yes a. When? \_\_\_\_/\_\_\_\_/\_\_\_\_ [Confirm the date in the database]

2  No

5. Have you ever received a narcan rescue kit elsewhere?

1  Yes a. When? \_\_\_\_/\_\_\_\_/\_\_\_\_

2  No

11. If yes, from where?

1  Needle exchange

4  From a friend/acquaintance

2  Drop-in Center

5  Methadone program

3  Detox Program

6  Other \_\_\_\_\_

IF NEVER RECEIVED A NARCAN RESCUE KIT, SKIP TO QUESTION #9

6. Where is your narcan rescue kit now?

1  Used by me to reverse an overdose

5  With my friend

2  Used by someone else to reverse and overdose

6  Lost

3  With me now

7  Other \_\_\_\_\_

4  Where I live

IF THE KIT HAS NOT BEEN USED TO REVERSE AND OVERDOSE, SKIP TO QUESTION #9

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7. If since obtaining your narcan rescue kit, you or someone else used it to reverse an overdose, who was it used on?

- 1  Significant other/Spouse      5  Friend  
2  Parent      6  Stranger  
3  Sibling      7  Self  
4  Child      8  Other \_\_\_\_\_

8. Did it successfully reverse the overdose?

- 1  Yes  
2  No

### **PERSONAL OVERDOSE HISTORY**

9. How many times have you overdosed since you were at Project ASSERT on \_\_\_\_/\_\_\_\_/\_\_\_\_?

\_\_\_\_\_  
IF ZERO OVERDOSES, SKIP TO QUESTION #12

*Last Overdose*

10. When was your last overdose? \_\_\_\_/\_\_\_\_/\_\_\_\_?

11. Did you receive narcan?

- 1  Yes, from emergency medical provider  
2  Yes, from non-medical person      a. Was the narcan from your narcan rescue kit? 1  Yes 2  No  
3  No  
4  Don't know/Don't remember

### **OVERDOSE BYSTANDER HISTORY**

12. How many overdoses have you *witnessed* since you were at Project ASSERT on \_\_\_\_/\_\_\_\_/\_\_\_\_? \_\_\_\_\_

IF ZERO OVERDOSES, SKIP TO QUESTION #18

*Last Overdose*

13. Did the victim receive narcan?

- 1  Yes, from emergency medical provider  
2  Yes, from me  
3  Yes, from other non-medical person  
4  No  
5  Don't know/Don't remember  
a. If yes, how many doses did the victim receive? \_\_\_\_

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14. Did you perform rescue breathing?

1  Yes

2  No

a. Did anyone else perform rescue breathing?

1  Yes

2  No

15. Did you call 911 or ask for emergency medical help?

1  Yes

2  No

a. Did anyone else call 911 or ask for emergency medical help?

1  Yes

2  No

16. Did you stay with the victim until he or she got better or emergency medical personnel came to help the victim?

1  Yes

2  No

a. Did anyone else stay with the victim until he or she got better or emergency medical personnel came to help the victim?

1  Yes

2  No

3  Don't know/Don't remember

17. What was your relationship with the person who overdosed the *last time you witnessed an overdose*?

1  Significant other/Spouse

4  Child

2  Parent

5  Friend

3  Sibling

6  Stranger

**30 day substance use**

18. How many days in the last 30 days have you used (No use in the past 30 days = 00):

Alcohol	_____				
Cocaine	_____				
Methamphetamine	_____				
Marijuana	_____				
Heroin	_____				
Methadone	_____	<input type="checkbox"/> Program	<input type="checkbox"/> Detox	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Suboxone	_____	<input type="checkbox"/> Program	<input type="checkbox"/> Detox	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Percocet, oxycodone, OxyContin, "Perc 30s", "Roxys"	_____			<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Vicodin/ hydrocodone	_____			<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Fentanyl/ Duragesic	_____			<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Other opioid, name the opioid: _____	_____	<input type="checkbox"/> Detox	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed	

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Benzodiazepines (Klonopin, Xanax, Ativan, Valium, etc.)	_____	<input type="checkbox"/> Detox	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Clonidine	_____	<input type="checkbox"/> Detox	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Phenergan	_____		<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Neurontin	_____		<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Seroquel	_____		<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Baclofen	_____		<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
Other:	_____	<input type="checkbox"/> Detox	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Not Prescribed
_____				

### 30day overdose risk

19. How many days out of the last 30 days have you used opioids (heroin, methadone, suboxone, morphine, oxycodone, Percocet, etc.):
- a. With cocaine, alcohol, benzodiazepines, or other pills, like clonidine, phenergan, seroquel, or neurontin? \_\_\_\_\_
  - b. While you were alone, meaning no one would find you if you overdosed? \_\_\_\_\_
  - c. After 2 days or more of abstinence, like after being incarcerated, after leaving detox, or being hospitalized? \_\_\_\_\_

### Overdose Risk Knowledge Assessment

20. What increases a person's risk for opioid overdose? Please try to think of at least 4 things.

- 1  Mixing opioids with other psychoactive substances
- 2  Periods of abstinence
- 3  Using alone
- 4  Chronic medical conditions, such as liver, kidney or lung disease
- 5  Other \_\_\_\_\_

[Total the number of correct answers without prompting or clueing the respondent]: \_\_\_\_\_

### General Quality Improvement questions

21. How important do you think it is to learn how to prevent, recognize and respond to an overdose?

- 1  Very important
- 2  Somewhat important
- 3  Not important

22. Is the emergency department or urgent care a good place to receive overdose education?

- 1  Yes
- 2  No

a. Why or Why not? \_\_\_\_\_ (Write-in)

23. What are the good and bad things about overdose counseling in the Emergency Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Write-in)

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24. How do you think Project ASSERT can improve its efforts at overdose education and naloxone distribution? \_\_\_\_\_ (Write-in)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Demographics from SDK**

25. ED Discharge Diagnosis on day of Project ASSERT visit: \_\_\_\_\_

26. Gender?

- 1  Female
- 2  Male
- 3  FtM Transgender
- 4  MtF Transgender

27. Years old? \_\_\_\_ \_\_\_\_

28. Race?

- 1  African American/Black
- 2  Asian
- 3  White
- 4  Other: \_\_\_\_\_

29. Ethnicity?

- 1  Hispanic/Latino/Latina
- 2  Other: \_\_\_\_\_