***To start the survey, you may use any of the choices below:***

***To add the survey to your home screen:***

Once you have opened the field report survey on your phone, you can save the link to your home screen for convenient access

|  |  |
| --- | --- |
| Use the Survey Link | Scan the QR Code |
| Open your browserand go to this web address:  mohopeproject.org/ODreport | **If you have a device that has an app capable of reading QR codes, you may scan the QR code below:** |

|  |  |
| --- | --- |
| Instructions for Apple | Instructions for Android |
| Tap the share button on the browser’s toolbar—that is the rectangle with an arrow pointing upward. It is on the bottom of the screen on an iPad, and on the bar on the bottom of the screen on an iPhone or iPod Touch. Tap the “Add to Home Screen” icon in the Share menu. A new icon should now appear on your home screen that will take you directly to the field report. | Tap the menu button and tap “Add to Home Screen.” You’ll be able to enter a name for the shortcut and then Chrome will add it to your home screen. This will take you directly to the field report. |

**For questions about the Overdose Field Report, contact MIMH:****moreproject@mimh.edu****mohopeproject@mimh.edu** **(314) 516-8498**

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**OVERDOSE FIELD REPORT**

If you experience, witness, or are informed of an overdose event, please complete the MO-HOPE field report as soon as you are able to do so.

**For more information about the MORE Project visit:**

[**http://health.mo.gov/safety/ems/more/index.php**](http://health.mo.gov/safety/ems/more/index.php)

**For more information about the MO-HOPE Project visit: MOHopeproject.org**

**For questions about evaluation, contact MIMH:
Sandra Mayen****mohopeproject@mimh.edu** **(314) 516-8414**

***All Responses Are Confidential; No Personal Information Is Collected***

*Field Reports are an important part of the MO-HOPE project’s overdose prevention efforts. The information that you provide will help us to better understand opioid overdose in our communities and inform our prevention efforts to ensure resources reach those with the highest need.*

**Overdose Field Report**

If you experience, witness or are informed of an overdose event, please complete below and return to your coach or complete online at **mohopeproject.org/ODreport**

**1. Date and Time of Overdose Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Your relation to the person who overdosed:**Emergency Responder Other family member StrangerParent Friend Self
Partner/Spouse Clinician/Provider Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**3. In what county did the overdose occur?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Zip Code of Overdose Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident location:**

A home or residence A treatment facility

A public place (specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** Other (specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**5. Is the individual a Missouri Resident?**

Yes No

Homeless Unsure

**6. Individual’s age:** Under 18 / 18-24 / 25-44 / 45-64 / 65+

**7. Individual’s sex:** Male / Female / Intersex / Unsure

**8. Individual’s race (Circle all that apply):**
*(If unsure, please select unsure and your best guess)*
White American Indian/ Alaskan Native Asian
Black or African American Native Hawaiian/ Pacific Islander Unsure
Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**9. Is the individual Hispanic?** Yes / No / Unsure
*(If unsure, please select unsure and your best guess)*

**10. Type of drugs involved (Circle all that apply):**
*(If unsure, please select unsure and your best guess)*

Heroin Prescription Painkiller Benzos (e.g., Xanax)

Fentanyl Alcohol Unsure

Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 **11. Was naloxone administered?** Yes / No **(If no, skip to question 13)** / Unsure

If yes, who administered naloxone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What form of naloxone was used (select all that apply)?**

AdaptPharma Narcan nasal spray. **Please select doses**: 1 / 2 / 3 / 4+ / Unsure

Evzio auto-injector. **Please select doses**: 1 / 2 / 3 / 4+ / Unsure

Other intranasal device (with vial and atomizer)

**Please select doses: 1 / 2/ 3 / 4+/ Unsure**

Intravenously (IV): **Please select does 1/ 2 / 3 / 4+/ Unsure**

Other intramuscular device (with vial and syringe)

Please select doses: 1 / 2 / 3 / 4+/ Unsure

Unsure

**12. If yes, who administered naloxone?**
*(Please circle multiple responses, if more than one person administered naloxone)*
EMS Parent Clinician/Provider
Fire Crew Partner/Spouse Stranger
Police Other family member Someone else
Other emergency responder Friend

**13. What form of naloxone was used and how many doses were given?
(Circle all that apply)**- AdaptPharma Narcan nasal spray (**Doses**: 1 / 2 / 3 / 4+ / Unsure)

- Evzio auto-injector (**Doses**: 1 / 2 / 3 / 4+ / Unsure)

- Other intranasal device (with vial and atomizer) (**Doses**: 1 / 2/ 3 / 4+/ Unsure)

- Intravenously (IV) (**Doses**: 1 / 2/ 3 / 4+/ Unsure)

- Other intramuscular device (with vial and syringe) (**Doses**: 1 / 2/ 3 / 4+/ Unsure)

- Unsure
 **14. Any post-naloxone withdrawal symptoms? (Circle all that apply)**None Physically combative

Irritable or angry Vomiting

Dope sick (e.g., nauseated, muscle aches, runny nose, and/or watery eyes)

Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**15. To the best of your knowledge, did the individual survive the overdose?**
Yes / No / Unsure

**16. Was the individual transported to the hospital (Circle one)?**

Yes No, escorted to treatment center No, declined transport

No, escorted to residence No, transported elsewhere Unsure
N/A; deceased at scene