

4. In the past year, how many times have you gone 3 or more days without opioids? _____ and why? prison, hospital stay, lack of money, detox
other_____

5. Have you **ever** overdosed on opioids? Yes No
a) On what drug(s)? _____
b) How many times have you overdosed on opioids in the past year? ____
c) Have you ever **received** an injection of Naloxone Yes No Unsure
If yes, how many times? _____

What was your experience with **receiving** Naloxone?: _____

Have you ever had an allergic reaction to Naloxone? Yes No

6. Have you ever **seen** someone else overdose on opioids? Yes No

7. Have you ever **given** a Naloxone injection to someone? Yes No

What was your experience with **giving** Naloxone?: _____

RN Name & Signature _____