



# Report Back – Public

Note: First responders (e.g., law enforcement, EMS, and corrections officers) should complete the Report Back for First Responders.

Please tell us about your experience using Narcan nasal spray. Your name or other identifying information will not be collected. You can return this form to the place where you received the Narcan rescue kit or email it to [ProjectHOPE@alaska.gov](mailto:ProjectHOPE@alaska.gov). You can also share this information through an online Report Back survey accessed at [www.opioids.alaska.gov](http://www.opioids.alaska.gov)

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1. I am a(n)...

- Member of the public
- Employee of a service/advocacy organization
- Other. Please specify: \_\_\_\_\_

2. When and where did the Narcan administration occur?

Date:

Time:

City/Town/Village:

Neighborhood:

3. What is your relationship to the person who overdosed?

- Friend
- Acquaintance
- Stranger
- Person is my client
- Partner/Spouse
- Family Member/Child
- Other. Please specify: \_\_\_\_\_

4. Please tell us about **you**.

Sex: Female    Male    Transgender

Age: <18    19-24    25-39    40-59    60+

Race: Alaska Native    American Indian    Asian    Black    Native Hawaiian/Pacific Islander    White

Ethnicity: Hispanic or Latino/a    Not Hispanic or Latino/a

5. Please tell us about **the person who overdosed**. If you're not sure, use your best guess.

Page 2

Sex: Female Male Transgender

Age: <18 19-24 25-39 40-59 60+

Race: Alaska Native American Indian Asian Black Native Hawaiian/Pacific Islander White

Ethnicity: Hispanic or Latino/a Not Hispanic or Latino/a

6. What drug(s) were being used when the overdose happened? (Select all that apply.)

- Opioid pain reliever (aka prescription opioid or painkiller)
  - Specify type (if known): \_\_\_\_\_
- Heroin
- Cocaine/Crack
- Methamphetamines/Speed
- Benzodiazepines
- Barbiturates
- Alcohol
- Other. Please specify: \_\_\_\_\_
- Don't know/not sure

7. What signs of overdose did the person show? (Select all that apply.)

Loud snoring/gurgling

- Not breathing or shallow breathing
- Body very limp
- Unconscious
- Unresponsive
- Skin pale/gray, clammy
- Lips/fingertips blue
- No pulse or slow pulse
- Other. Please specify: \_\_\_\_\_

8. Where were the drugs being used when the overdose happened?

- In someone's home
- In the street or outdoors
- In a public place
- Shooting gallery
- Other. Please specify: \_\_\_\_\_

- Called 911/ambulance
- Took to hospital
- Placed in recovery position (on the side)
- Performed rescue breathing/CPR/chest compressions
- Injected with stimulants, water, or other substance
- Tried to wake person by physical acts (e.g. shaking, hitting/kicking, applying cold, etc.)
- Tried to wake person by yelling
- Nothing other than Narcan
- Other. Please specify: \_\_\_\_\_

10. How confident did you feel in your ability to respond to the overdose?

- |                      |   |   |                     |
|----------------------|---|---|---------------------|
| 1                    | 2 | 3 | 4                   |
| Not at all confident |   |   | Extremely confident |

11. How many doses of Narcan nasal spray did you administer? (Each Narcan container is one dose.)

- One
- Two
  - How many minutes passed between doses? \_\_\_\_\_
- More than two
  - How many minutes passed between doses? \_\_\_\_\_

12. What was the person's response to Narcan?

- No response; overdose signs continued
- Woke up
  - If woke up, did side effects occur?
    - Nausea/vomiting
    - Seizure
    - Felt sick/withdrawal symptoms (including chills, headache, diarrhea)
    - Became angry/upset/confused
    - Other. Please specify: \_\_\_\_\_
    - No side effects

13. Did EMS personnel (ambulance or fire fighters) provide care?

- Yes
- No
- Don't know

14. Were police officers present?

Page 4

- Yes
  - If yes, how would you describe the interaction?
    - Positive
    - Neutral
    - Negative
- No
- Don't know

15. Was the person taken to the hospital?

- Yes
- No
  - If no, how long after the person woke up did you or someone else stay with the person?
    - Left right away (stayed less than 30 minutes)
    - Stayed for less than 2 hours
    - Stayed for 2 hours or more

16. Did the person who overdosed survive?

- Yes, survived
- No, died
- Don't know

17. Please share any additional comments or suggestions for how we can improve Project HOPE and the public's use of Narcan to prevent overdose deaths.