

Supplemental Questions for SOR Grant

To be completed along with the GPRA at all five data collection time points (baseline, 6-months post intake, discharge, 3-months post discharge, 6-months post discharge)

RECORDS MANAGEMENT

Client ID | | | | | | | | | | | | | | | | | |

Contract/Grant ID | | | | | | | | | | | |

Site ID | | | | | | | | | | | |

Interview Type (SELECT ONLY ONE TYPE)

- | | |
|--|---|
| <input type="radio"/> Baseline | <input type="radio"/> 3-months post discharge |
| <input type="radio"/> 6-months post intake | <input type="radio"/> 6-months post discharge |
| <input type="radio"/> Discharge | |

1. **(TO BE COMPLETED BY INTERVIEWER)** Was this individual receiving MAT services funded by another funding source (Ex: another grant: STR, Block, etc.) previous to enrollment in State Opioid Response (SOR) funding?

Yes No

a. **(If yes)** Was the individual previously enrolled in STR funding?

Yes No

b. **(If yes)** Date of Enrollment in STR funded services?

| | | | / | | | | / | | | | | | | |
MONTH DAY YEAR

Questions 2-6 must be administered by program/clinic staff to the funded individual

2. **What Medication-Assisted Treatment (MAT) are you receiving at the time of this interview?**

- I. Buprenorphine-Mono (Subutex)
- II. Buprenorphine-Combo (Suboxone)
- III. Buprenorphine-Injectable (Sublocade)
- IV. Naltrexone-Injectable (Vivitrol)
- V. Naltrexone-Oral (Revia)
- VI. Methadone
- VII. None
- VIII. Refused

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3. **(IF ZERO OVERDOSES, ENTER 0)** In your lifetime, how many non-fatal opioid overdoses* have you experienced? _____ Refused
4. **(IF Q3 IS GREATER THAN ZERO)** In the past 30 days, how many non-fatal opioid overdoses* have you experienced? _____ Refused
- a. **(IF Q4 IS GREATER THAN ZERO)** For your last overdose, were you administered Naloxone (Narcan)?
- Yes No Unknown Refused
- b. **(IF Q4 IS GREATER THAN ZERO)** For your last overdose, was 911/ambulance/emergency services/fire & rescue called?
- Yes No Unknown Refused
- c. **(IF Q4 IS GREATER THAN ZERO)** For your last overdose, did you receive medical treatment in a hospital (emergency room or general admission)?
- Yes No Unknown Refused
5. **Do you always carry naloxone to administer in case of an opioid overdose?**
- Yes No Refused
6. **Have you been offered Naloxone by your MAT provider?**
- Yes No Refused

*Non-Fatal Opioid Overdose: A non-fatal incident where an individual has consumed (ingested/inhaled/injected) opioids resulting in loss of consciousness with respiratory and circulatory compromise requires medical intervention via naloxone administration and/or CPR and/or assisted ventilation.