

## Overdose Awareness and First Aid Training Programme

### Evaluation Form

#### About you

1) Are you a:






Current drug user  Ex-drug user  relative/friend of a drug user

2) Are you: Male  Female






3) Have you ever witnessed an overdose? Yes  No

4) If yes, how many? \_\_\_\_\_

5) How would you rate your knowledge of accidental overdose?  
(Please circle)

 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Excellent Good OK Poor Very Poor






6) How confident would you be identifying that someone else had overdosed?

 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Extremely Very Quite Not very Not at all

7) Name three things that you would look for, to tell you if someone had overdosed:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_






8) How confident are you that you could correctly deal with someone else overdosing?

 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Extremely Very Quite Not very Not at all






9) Name three of the main reasons people overdose:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

10) How would you rate your knowledge of Basic Life Support techniques?

 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Excellent                  Good                  OK                  Poor                  Very Poor

11) How likely is it that you would call an ambulance if you were with someone who overdosed?

 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Extremely                  Very                  Quite                  Not very                  Not at all

12) Would you stay with the person who had overdosed if an ambulance was called?

Yes  No

13) Would you recommend this training to a friend?

Yes  No

14) Have you enjoyed the training session/s?

Yes  No

15) What did you think of this training?

Thank You