

Supplemental Appendix for:

Behar E, Rowe C, Santos G, Murphy S, Coffin PO. Primary care patient experience with naloxone prescription. *Ann Fam Med*. 2016;14(5):431-436.

## Naloxone Prescribing Patient Interview

ID:

Date:

Referral clinic:

*[Interviewer will have opioid diagram sheet for this interview in case patient is unsure of what opioids they have taken]*

*As we discussed, you were referred to us because your doctor offered you a prescription for naloxone, sometimes also known as “Narcan,” the opioid antidote. We’re conducting these interviews to learn how to improve medication safety among our patients.*

*Please remember that all of your answers are confidential and you may refuse to answer any question. As we discussed in the consent, this interview will be recorded to ensure we accurately record your responses. Your care providers (doctors, nurses, treatment providers, case managers, or anyone else) will not have access to any information you share with me today. You may refuse to answer any question.*

*We’ll start with some questions about you.*

1. What is your gender?
  1. Male
  2. Female
  3. Transgender (female-to-male)
  4. Transgender (male-to-female)
  5. Refuse to answer

2. What is your age?

\_\_\_\_\_   
 Refuse to answer

3. a. What best described your ethnic identity:
  1. Hispanic or Latino/a
  2. Not Hispanic or Latino/a
  3. Don’t know
  4. Refuse to answer

- b. What best describes your racial identity (*check all that apply*)?

1. African-American or Black
2. White
3. Asian or Pacific Islander
4. South Asian, Indian or Pakistani
5. Middle Eastern
6. Native American
7. Other (please specify \_\_\_\_\_)
8. Don’t Know
9. Refuse to answer

Now we'll talk a little bit about medication safety, opioids, and naloxone, the opioid antidote.

4. Do you think, generally speaking, there are safety issues around opioids? If so, what do you think some of these issues are?
5. What do you think could be done to improve medication safety? *[Prompts: Is there anything that doctors can do to improve medication safety? What about patients? Are there safer alternatives to treat pain than opioid?]*
6. One of the safety issues often brought up is what we refer to as overdose. When you hear the word overdose, what does that mean to you? *[Prompts: What it is? Who does it happen to? What does it look like?]*
7. Around when did your doctor offer you a prescription for naloxone?

\_\_\_\_\_  
Refuse to answer

8. Have you ever had naloxone to carry with you before?
  1. No *[Prompt: If no, had you heard of naloxone before you received this prescription?]*
  - \_\_\_\_\_  - 2. Yes, from a naloxone distribution program
  - 3. Yes, from a primary care provider
  - 4. Don't know
  - 5. Refuse to answer
9. How did you feel when your doctor offered you naloxone? *[Prompts: What did the provider say when presenting the naloxone prescription? How did you feel about the offer? Did it change your relationship with your doctor in any way?]*
10. Did you take/accept the naloxone prescription?
  1. No [SKIP to #20]
  2. Yes
  3. Refuse to answer
11. Did you try and were you able to fill the naloxone prescription?
  1. No, didn't try [SKIP to #20]
  2. Yes, but was not able [SKIP to #21]
  3. Yes
  4. Refuse to answer
12. Why did you fill the prescription?
  1. Didn't cost anything
  2. Good to be safe
  3. Want to stay alive
  4. Know someone else who has naloxone
  5. Appreciated that naloxone was offered
  6. So I didn't have to go to a community naloxone program to get it
  7. Other \_\_\_\_\_
  8. Refuse to answer
13. a. What, if any, difficulties did you have filling the naloxone prescription?
  1. Pharmacy didn't stock it

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2. Problem with insurance coverage
3. Pharmacist didn't know what it was
4. Lost the prescription
5. Never received a prescription
6. No difficulties [SKIP to #14]
7. Other: \_\_\_\_\_
8. Refuse to answer

b. Was there anything done that helped make the process of getting naloxone easier? *[Prompts: Was it like getting other medications? Did clinic staff help you with the process? Did someone show you how to use it?]*

\_\_\_\_\_  
Refuse to answer

14. What did you do with the naloxone once you got it?

1. Lost it [SKIP to #16]
2. Threw it away [SKIP to #16]
3. Put it in medicine cabinet
4. Put it somewhere else at home
5. Put it in bag that stays with you
6. Gave it away [SKIP to #16]
7. Used it *[Prompt: How did it get used? Did you get a refill from your provider?]* [SKIP to #16]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Don't know  
Refuse to answer

15. Where is it now?

1. At the place I am staying
2. Carried with me
3. With somebody else
4. Was used on me
5. Was used on someone else
6. Don't know
7. Refuse to answer

16. Who, if anyone, did you tell about the naloxone in case something happened to you? *[Check all that apply]*

1. Roommate
2. Partner
3. Other family member
4. Friend
5. Neighbor
6. Nobody *[SKIP to #18]*
7. Don't know *[SKIP to #18]*
8. Refuse to answer *[SKIP to #18]*

17. Did you make sure (that person / any of those people) knew how to use naloxone on you if needed?

1. No
2. Yes *[If yes, prompt: What instructions did you give?]*

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3. Refuse to answer

18. How confident are you that you could administer naloxone on someone else if something happened?

1. Very confident
2. Somewhat confident
3. A little confident
4. Not at all confident
5. Refuse to answer

19. How confident are you that someone else could administer naloxone to you if something happened?

1. Very confident [SKIP to #22]
2. Somewhat confident [SKIP to #22]
3. A little confident [SKIP to #22]
4. Not at all confident [SKIP to #22]
5. Refuse to answer [SKIP to #22]

20. [if didn't try to accept/fill prescription] Why didn't you (accept / fill) the prescription? [Prompts: Was there a reason you didn't want the medication? Did you have trouble locating a pharmacy that carried it? Did you feel like you didn't need the medication? Life you didn't feel you or anyone you knew was at risk of overdose. Or was someone at risk but you didn't want the medication anyway?]

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[SKIP to #22]

21. [If tried but unable to fill prescription] Why were you not able to fill the prescription?

1. Naloxone was not stocked
2. Cost was too high
3. Insurance didn't cover
4. Pharmacist wouldn't dispense
5. Don't know
6. Other \_\_\_\_\_
7. Refuse to answer

Now I'll ask you some questions about medications. Opioids include many medications such as morphine, oxycodone, hydrocodone, hydromorphone, codeine, and methadone. They have brand names such as Percocet, Vicodin, OxyContin, MSContin, and many others.

<i>[Show opioid chart and prompt as needed; enter "999" for refuse to answer]</i>	22. What opioid medications have you ever been prescribed?	23. [For currently used opioids] Which of these are you currently taking?	24. [For currently used opioids] How long have you been taking these medications?
Morphine (MS Contin, Kadian, Embeda)			
Codeine (Tylenol with			

codeine, "TyCo", "Tylenol #3")			
Oxycodone (Percocet, Tylox, OxyContin, Roxicodone)			
Hydrocodone (Vicodin, Norco, Lortab, Lorcet, Zydone)			
Hydromorphone (Dilaudid)			
Fentanyl (Duragesic, Fentora, Actiq)			
Meperidine (Demerol)			
Oxymorphone (Opana)			
Propoxyphene (Darvocet)			
Petazocine (Talwin)			
Methadone for pain			
Buprenorphine for pain (Subutex, Suboxone)			
Methadone for opioid maintenance			
Buprenorphine for opioid maintenance (Subtex, Suboxone)			

Now I'm going to ask you some questions about different medications/drugs that are not opioids.

<i>[Read substance names; enter "999" for refuse to answer]</i>	25. Which of the following medications or drugs have you ever taken or used?	26. <i>[For substances ever taken]</i> Which of those have you taken or used in the past 3 months?
Benzodiazepines, including alprazolam (Xanax), clonazepam (Klonopin), lorazepam (Ativan), triazolam (Halcion), zolpidem (Ambien), temazepam (Restoril), diazepam (Valium), and others		
Cocaine		

Methamphetamine		
Other amphetamines		
Tobacco		
Alcohol		
Heroin		

27. What are the reasons you receive opioid medication prescriptions? *[Check all that apply]*

1. Pain
2. Anxiety / relaxation
3. Other \_\_\_\_\_
4. Don't know
5. Refuse to answer

28. Have you ever taken opioid medications that weren't prescribed by your doctor?

1. No *[SKIP to #30]*
2. Yes (If yes, when was the last time you took opioid medications that weren't prescribed by your doctor? \_\_\_\_\_)
3. Refuse to answer *[SKIP to #30]*

29. Which of the following ways have you gotten opioid medications NOT prescribed by your doctor?

*[Check all that apply]*

1. Given to me
2. Bought them
3. Found them
4. Other \_\_\_\_\_
5. Refuse to answer

30. Have you used any kind of opioid for at least 7 days in a row in the past 30 days?

1. Yes
2. No *[SKIP to #32]*
3. Refuse to answer *[SKIP to #32]*

31. Have you stopped using opioids for 2 or more days in a row in the past 30 days?

1. Yes
2. No
3. Refuse to answer

32. Have you ever had an overdose from opioids? *[In general, an overdose means that you've taken enough opioid medication that you might stop breathing, lose consciousness, or can't be woken up]*

1. No *[SKIP to #40]*
2. Yes *[Prompt: please describe what happened when you had an overdose]*

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3. Don't know
4. Refuse to answer

33. Have you ever had any kind of bad reaction to an opioid? *[A bad reaction could include being overmedicated, or suffering a physical injury like a fall after using opioids]*
1. No *[SKIP to #40]*
  2. Yes *[Prompt: please describe what happened or the types of things that have happened.] [If no overdose]*
  3. Refuse to answer
34. How did the bad reaction affect your use of opioids?
1. Use decreased / more cautious
  2. No change
  3. Use increased / less cautious
  4. Refuse to answer
35. When was the last time you had an overdose from opioids?
1. Last 30 days
  2. Last 3 months
  3. The last year *[SKIP to #40]*
  4. More than one year ago *[SKIP to #40]*
  5. Refuse to answer *[SKIP to #40]*
36. How many overdoses have you had in the last 3 months?
- \_\_\_\_\_
37. Have you ever been administered naloxone for a reaction like this?
1. No *[SKIP to #40]*
  2. Yes
  3. DK *[SKIP to #40]*
  4. Refuse to answer *[SKIP to #40]*
38. Who has administered naloxone to you (check all that apply)?
1. Medical provider, such as paramedic, EMT, nurse, physician *[SKIP to #40]*
  2. Non-medical witness
  3. Police
  4. Don't know
  5. Refuse to answer *[SKIP to #40]*
39. Has the naloxone that was prescribed to you by your medical provider ever been used on you?
1. No
  2. Yes
  3. DK
  4. Refuse to answer
40. Have you ever witnessed an opioid overdose?
1. Yes
  2. No *[SKIP to #44]*
  3. Refuse to answer *[SKIP to #44]*
41. How many times have you witnessed an opioid overdose?
- \_\_\_\_\_



42. When was the last time you witnessed an overdose from opioids?

- 1. Last 30 days
- 2. Last 3 months
- 3. The last year
- 4. More than one year ago
- 5. Refuse to answer

43. Was the person given naloxone when they overdosed?

- 1. No
- 2. Yes, I gave it to them
- 3. Yes, another non-medical person gave it to them
- 4. Yes, from ER staff
- 5. Yes, from police
- 6. Yes, from EMT/Paramedics
- 7. Yes, don't know who administered
- 8. Refuse to answer

44. How do you feel about your current use of prescribed opioid medications? *[Prompts: Are you happy with your current dose? Do you want a higher dose? Lower dose? Do you wish you could stop?]*

45. On a scale 1-10 what do you think is your risk of a bad reaction/overdose from opioids? *[Please circle your response]*

No risk High risk  
 1-----2-----3-----4-----5-----6-----7-----8-----9-----10

46. Since being offered naloxone, have your feelings about medication safety changed at all? *[Prompts: Do you think giving naloxone could change the way other people think about medication safety? Did you change any of your behaviors/beliefs since receiving naloxone?]*

47. In the future, if you are prescribed opioid medications, would you want your provider to offer you a naloxone prescription?

- 1. Yes
- 2. No (if no, why not?)
- 3. Unsure
- 4. Refuse to answer

48. Do you think your provider should make naloxone available to patients on long-term prescription opioids?

Yes, to all *[Prompt: Why?]*

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Yes, to some *[Prompt: Why?]*

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No *[Prompt: Why?]*

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Unsure *[Prompt: Why?]*

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Refuse to answer

49. Are there anything other comments or thoughts you'd like to share about overdose risk or medication safety?

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY.  
*[Offer incentive for participation]*