

CODE-PRO Case Report Form

1. Research Assistant Initials

EM

ER

NT

2. Encounter Date



Format: M/d/yyyy

3. Identification Type

Referral from clinician

Room-to-room screening

EHR review

4. Did the patient meet all eligibility criteria?

Yes

No

5. Reason(s) patient was ineligible

- Did not meet the inclusion criteria
- Less than 18 years old
- Unwilling to complete surveys
- Unable to complete surveys

6. Identify the opioid-related inclusion criteria for this patient

- Acute opioid overdose
- History of opioid use disorder
- Non-medical opioid use in the past 30 days

7. Did the patient agree to participate and sign the consent form?

- Yes
- No

8. Reason(s) patient declined to participate

- Not interested in participating in research
- Data privacy concerns
- Time constraints

Other

9. Identify the participant's emergency department disposition

- Admitted to the hospital
- Discharged from the emergency department
- Pending disposition

10. Did the participant need help creating a new email account?

- Yes
- No

11. Did the participant need help accessing their existing new email account?

- Yes
- No

12. Did the participant need help creating a MyChart account?

- Yes
- No

13. Did the participant need help accessing their MyChart account?

- Yes
- No

14. Did the participant need help creating a pharmacy account?

Yes

No

15. Did the participant need help accessing their pharmacy account?

Yes

No

16. What is participants preferred method of follow-up contact?

Phone call

Text

Email

17. SubjectID