

TAKE HOME NALOXONE: OVERDOSE RESPONSE INFORMATION FORM

Please complete this form after you use a naloxone kit And E-MAIL to naloxone@bccdc.ca

If you don't have e-mail please fax to 604.707.2516						Today's Date:							
1.	Whe	n did	the overdose happ	en?	(month and year)		Don't know	_	Prefer not to say				
2	2. In what city/town/community did the overdose happen?												
2.	iii wi		ty/town/communi	ty dic	the overdose happe	:III F	Don't know		Prefer not to say				
_	Dana	د ما:،											
3.	Desc		the overdose event Person who overdosed was found alone		Person overdosed in front of others		Don't know		Prefer not to say				
4.	Whe	re di	d the person overdo	ose?									
			Private Residence		Supportive Housing		SRO		Shelter				
			Tent		Street/Alley/Park		Hotel/Motel		Community Agency/Drop-In				
			Bar/Night-Club/ Concert/Festival		Other		Don't know		Prefer not to say				
_	_												
5.	5. Describe the person who overdosed.												
Gen	der		Male		Female		Trans		Gender diverse				
			Don't know		Prefer not to say		Other						
Age			Under 19 years		19-30 years		31-60 years		Over 60 years				
			Prefer not to say										
6.	Did a	nvor	ne call 911?										
U.	_				N 1 11 11 11 11	_							
			Yes		No – had the situation under control	П	No – worried police would come		No – worried family services would be notified				
			No – other reason		Don't know		Prefer not to say						

7.	Which first responder(s) arrived FIRST (check ALL that apply if they arrived at the same time)									
		Fire		Ambulance		Police		Prefer not to say		
8.	Did police come to the overdose?									
		Yes		No		Don't know		Prefer not to say		
9.	Did anyone do rescue breathing (mouth to mouth)?									
		Yes		No – person was breathing		No – other reason		Prefer not to say		
10. How many injections of naloxone were given?										
		1		2		3		4		
		5		6		7		8+		
		Don't know		Prefer not to say						
11.	Did the	person who received	l nalo	oxone have any negative	e effe	ects (check ALL that	t app	ly)?		
		No		Yes – withdrawal (mild)		Yes – withdrawal (moderate)		Yes – withdrawal (severe)		
		Yes – was aggressive		Yes - Other		Don't know		Prefer not to say		
12. Did the person who overdosed:										
		Travel by ambulance to hospital		Travel by other transport to hospital		Decline transport to hospital		Prefer not to say		
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For more information about the program visit:

www.towardtheheart.com/naloxone