TAKE HOME NALOXONE: OVERDOSE RESPONSE INFORMATION FORM

Please complete this form after you use a naloxone kit and fax it to 604.707.2516

Today’s Date: ________________________________

1. When did the overdose happen? (month and year)
   - Don’t know
   - Prefer not to say
   
   ________________  ____________________
   MONTH          YEAR

2. In what city/town/community did the overdose happen?
   - Don’t know
   - Prefer not to say
   
   __________________________________________________________________

3. Describe the overdose event
   - Person who overdosed was found alone
   - Person overdosed in front of others
   - Don’t know
   - Prefer not to say

4. Where did the person overdose?
   - 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. Describe the person who overdosed.
   - Gender
     - Male
     - Female
     - Trans*
     - Other
     - Don’t know
     - Prefer not to say
   - Age
     - Under 19 years
     - 19-30 years
     - 31-60 years
     - Over 60 years
     - Prefer not to say

6. Did anyone call 911?
   - Yes
   - No – had the situation under control
   - 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 naloxone have any negative effects (check ALL that apply)?

- 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

For more information about the program visit: [www.towardtheheart.com/naloxone](http://www.towardtheheart.com/naloxone)