

TAKE HOME NALOXONE KIT USE REPORT FORM



THE COMPLETION OF THIS FORM IS OPTIONAL FOR CLIENTS WHO REPORT USING A TAKE HOME NALOXONE KIT IN THE COMMUNITY AND ARE WILLING TO SHARE INFORMATION ABOUT THE EVENT. NO IDENTIFYING INFORMATION IS COLLECTED. THE CLIENT CAN DECLINE ANY QUESTIONS THEY ARE NOT COMFORTABLE ANSWERING. THIS INFORMATION IS USED TO IMPROVE PROGRAMS AND SERVICES FOR PEOPLE AT RISK OF OPIOID OVERDOSE OR POISONING.

THIS INFORMATION MAY ALTERNATIVELY BE REPORTED THROUGH THE EFORM AT [TAKE HOME NALOXONE KIT USE REPORT](#)

REPORTING SITE INFORMATION

REPORTING DISTRIBUTION SITE NAME OR CLIENT ID #	NAME OF STAFF PERSON COMPLETING REPORT	DATE OF COMPLETION (yyyy/mm/dd)
---	--	------------------------------------

THE FOLLOWING QUESTIONS ARE FOR THE PERSON WHO USED THE TAKE HOME NALOXONE KIT

DID YOU KNOW THE PERSON WHO OVERDOSED / WAS POISONED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO SAY	
WHAT IS THE APPROXIMATE AGE OF THE PERSON WHO OVERDOSED / WAS POISONED? <input type="checkbox"/> UNDER 12 YEARS <input type="checkbox"/> 12-18 <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> OVER 60 <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO SAY	
IN WHAT MONTH AND YEAR WAS THE KIT USED? <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO SAY	IN WHAT CITY, TOWN, OR COMMUNITY WAS THE KIT USED? <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO SAY
WHAT KIND OF PLACE DID THE OVERDOSE / POISONING HAPPEN IN? (SELECT ONE) <input type="checkbox"/> PRIVATE HOME / APARTMENT <input type="checkbox"/> STREET / ALLEY / PARK <input type="checkbox"/> VEHICLE <input type="checkbox"/> MOTEL / HOTEL <input type="checkbox"/> SHELTER <input type="checkbox"/> SUPPORTIVE HOUSING <input type="checkbox"/> PUBLIC WASHROOM <input type="checkbox"/> COMMUNITY AGENCY / CLINIC <input type="checkbox"/> BAR / CLUB / FESTIVAL <input type="checkbox"/> DON'T KNOW OR PREFER NOT TO SAY <input type="checkbox"/> OTHER _____	
HOW MANY VIALS / DOSES OF NALOXONE WERE INJECTED? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 OR MORE <input type="checkbox"/> DON'T KNOW OR PREFER NOT TO SAY	
WHAT DRUGS OR SUBSTANCES WERE THOUGHT TO BE INVOLVED? (CHECK ALL THAT APPLY) <input type="checkbox"/> "DOWN" <input type="checkbox"/> FENTANYL <input type="checkbox"/> MORPHINE <input type="checkbox"/> HEROIN <input type="checkbox"/> DILAUDID / HYDROMORPHONE <input type="checkbox"/> CODEINE <input type="checkbox"/> METHADONE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OXYCODONE <input type="checkbox"/> COCAINE / CRACK <input type="checkbox"/> ECSTASY <input type="checkbox"/> RITALIN <input type="checkbox"/> CRYSTAL METH (JIB/ICE) <input type="checkbox"/> BENZOS (E.G. XANAX, VALIUM) <input type="checkbox"/> CARFENTANIL <input type="checkbox"/> OTHER _____	
HOW DID THE PERSON TAKE THE DRUG? (CHECK ALL THAT APPLY) <input type="checkbox"/> BY MOUTH / SWALLOW <input type="checkbox"/> SMOKE / INHALE <input type="checkbox"/> SNORT / INTRANASAL <input type="checkbox"/> INJECTION <input type="checkbox"/> DON'T KNOW OR PREFER NOT TO SAY <input type="checkbox"/> OTHER _____	
WHAT DID THE DRUGS LOOK LIKE? (CHECK ALL THAT APPLY) THIS INFORMATION HELPS INFORM DRUG ALERTS TO THE COMMUNITY FORM: <input type="checkbox"/> CRYSTALS <input type="checkbox"/> POWDER <input type="checkbox"/> PILLS <input type="checkbox"/> MULTIPLE DRUGS <input type="checkbox"/> LIQUID COLOUR: <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> YELLOW <input type="checkbox"/> BLUE <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> PURPLE <input type="checkbox"/> MULTICOLOUR <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DON'T KNOW OR PREFER NOT TO SAY	
WAS 911 CALLED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO SAY IF NO WHY NOT? _____	
IS THERE ANYTHING ELSE THE PERSON WHO USED THE KIT WOULD LIKE TO SHARE? INCLUDING SUGGESTIONS FOR THE TAKE HOME NALOXONE PROGRAM	

THANK YOU VERY MUCH FOR SHARING THIS INFORMATION

INSTRUCTIONS

COMPLETED FORMS MAY BE EMAILED TO NALOXONEKITS@GOV.MB.CA OR ENTERED INTO THE E-FORM [TAKE HOME NALOXONE KIT USE REPORT](#)

DO NOT FAX TO THE SURVEILLANCE UNIT. DO NOT ENTER PERSONAL HEALTH INFORMATION OR CLIENT IDENTIFIERS ON THE FORM.