

# OVERDOSE / POISONING RESPONSE FORM



THIS FORM COLLECTS INFORMATION ABOUT NALOXONE KIT USE IN THE COMMUNITY. NO NAMES OR IDENTIFYING INFORMATION IS TAKEN. ONLY ANSWER QUESTIONS YOU ARE COMFORTABLE ANSWERING. THIS IS NOT PART OF YOUR HEALTH RECORD AND IT WON'T AFFECT YOUR SERVICES OR ABILITY TO GET A NALOXONE KIT. THE INFORMATION IS USED TO IMPROVE PROGRAMS AND SERVICES FOR PEOPLE AT RISK OF OPIOID OVERDOSE OR POISONING.

<b>REPORTING SITE NAME AND ADDRESS</b>		<b>DATE FORM COMPLETED (MM/DD/YY)</b>	
<b>I. ABOUT THE PERSON THE KIT WAS USED ON</b>			
DID YOU KNOW THE PERSON(S) WHO OVERDOSED/ WAS POISONED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY			
AGE IN YEARS	<input type="checkbox"/> UNDER 12	<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"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY
<input type="checkbox"/> MULTIPLE PEOPLE OVERDOSED / WERE POISONED IN THIS EVENT			
<b>II. ABOUT WHEN AND WHERE THIS HAPPENED</b>			
MONTH AND YEAR KIT WAS USED →		CITY OR TOWN WHERE THE KIT WAS USED →	
<input type="checkbox"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY		<input type="checkbox"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY	
WHAT KIND OF PLACE DID THE OVERDOSE / POISONING HAPPEN IN?			
<input type="checkbox"/> PRIVATE HOME / APARTMENT <input type="checkbox"/> STREET / ALLEY / PARK <input type="checkbox"/> VEHICLE <input type="checkbox"/> HOTEL / MOTEL <input type="checkbox"/> SHELTER <input type="checkbox"/> SUPPORTIVE HOUSING / SRO <input type="checkbox"/> PUBLIC WASHROOM <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/> BAR / CLUB / CONCERT / FESTIVAL <input type="checkbox"/> COMMUNITY AGENCY / CLINIC / DROP IN <input type="checkbox"/> OTHER: _____			
<b>III. ABOUT RESPONDING TO THE OVERDOSE / POISONING</b>			
HOW MANY VIALS 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"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY
WHAT OTHER ACTIONS WERE TAKEN? (IF ANY)		<input type="checkbox"/> CHEST COMPRESSIONS <input type="checkbox"/> RESCUE BREATHING	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY
<b>IV. ABOUT THE DRUGS OR SUBSTANCES INVOLVED</b>			
WHAT DRUGS WERE THOUGHT TO BE INVOLVED?			
<input type="checkbox"/> "DOWN" <input type="checkbox"/> FENTANYL <input type="checkbox"/> MORPHINE <input type="checkbox"/> HEROIN <input type="checkbox"/> DILAUDID / HYDROMORPH <input type="checkbox"/> CODEINE <input type="checkbox"/> METHADONE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OXYCODONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> COCAINE/CRACK <input type="checkbox"/> CRYSTAL METH (JIB, ICE) <input type="checkbox"/> ECSTASY <input type="checkbox"/> RITALIN <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/> BENZOS (E.G. XANAX, VALIUM) <input type="checkbox"/> OTHER (SPECIFY IN BOX) → <input type="checkbox"/> OTHER DRUGS: _____ <input type="checkbox"/> CARFENTANIL			
WHAT DID THE DRUG LOOK LIKE? <i>THIS INFORMATION HELPS INFORM DRUG ALERTS TO THE COMMUNITY</i>			
<input type="checkbox"/> CRYSTALS <input type="checkbox"/> POWDER <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> YELLOW <input type="checkbox"/> BLUE <input type="checkbox"/> RED <input type="checkbox"/> PILLS <input type="checkbox"/> GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> PURPLE <input type="checkbox"/> MULTICOLOUR <input type="checkbox"/> MULTIPLE DRUGS <input type="checkbox"/> OTHER DESCRIPTORS _____		<input type="checkbox"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY	
<b>V. ABOUT EMERGENCY SERVICES</b>			
WAS 911 CALLED? →		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PREFER NOT TO SAY	
IF 911 WAS NOT CALLED, WHY NOT?		<input type="checkbox"/> UNKNOWN / PREFER NOT TO SAY	
ANYTHING ELSE YOU WOULD LIKE TO SHARE? →		ADDITIONAL INFORMATION:	