

I. REPORTER INFORMATION

SITE NAME AND ADDRESS	DATE (MM/DD/YY)	*THIS SURVEY IS USED TO GATHER INFORMATION ABOUT OVERDOSES AND NALOXONE KIT USE. IT IS NOT CONNECTED TO YOUR HEALTH INFORMATION AND WILL NOT AFFECT YOUR ABILITY TO RECEIVE NALOXONE KITS IN THE FUTURE.
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II. DESCRIPTION OF THE PERSON WHO OVERDOSED

SEX:					
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> GENDER DIVERSE	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NOT TO SAY	
AGE(YRS):					
<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			

III. SETTING OF OVERDOSE

DATE OF OVERDOSE → (MM/DD/YY)		CITY/TOWN OF OVERDOSE →	
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NOT TO SAY	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NOT TO SAY
LOCATION OF OVERDOSE:			
<input type="checkbox"/> PRIVATE RESIDENCE	<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:			

IV. RESPONDING TO THE OVERDOSE

HOW MANY INJECTIONS OF NALOXONE WERE GIVEN?	<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"/> UNKNOWN		
	<input type="checkbox"/> RESCUE BREATHING		<input type="checkbox"/> PREFER NOT TO SAY		
DID THE PERSON WHO OVERDOSED SURVIVE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN		

V. OVERDOSE DESCRIPTION

WHAT DRUGS WERE REPORTEDLY USED BY THE PERSON WHO OVERDOSED?				
<input type="checkbox"/> CARFENTANIL	<input type="checkbox"/> FENTANYL	<input type="checkbox"/> MORPHINE	<input type="checkbox"/> HEROIN	<input type="checkbox"/> OXYCODONE
<input type="checkbox"/> CODEINE	<input type="checkbox"/> METHADONE	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DILAUDID	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> COCAINE/CRACK	<input type="checkbox"/> CRYSTAL METH	<input type="checkbox"/> ECSTASY	<input type="checkbox"/> RITALIN	<input type="checkbox"/> PREFER NOT TO SAY
<input type="checkbox"/> BENZOS	<input type="checkbox"/> OTHER (SPECIFY IN BOX) →	OTHER DRUGS:		
DESCRIBE THE OVERDOSE EVENT:				
<input type="checkbox"/> PERSON WHO OVERDOSED WAS FOUND ALONE	<input type="checkbox"/> PERSON OVERDOSED IN FRONT OF OTHERS	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PREFER NOT TO SAY	

VI. EMERGENCY RESPONSE

WAS 911 CALLED? →	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> UNKNOWN
	(COMPLETE BELOW)		<input type="checkbox"/> PREFER NOT TO SAY
IF NO, REASON 911 NOT CALLED			
<input type="checkbox"/> N/A (911 WAS CALLED)	<input type="checkbox"/> NO PHONE	<input type="checkbox"/> WORRIED POLICE WOULD COME	<input type="checkbox"/> PREFER NO TO SAY
<input type="checkbox"/> THOUGHT PERSON WOULD GET BETTER ON THEIR OWN	<input type="checkbox"/> OTHER (SPECIFY IN BOX) →	ADDITIONAL INFORMATION	