

OVERDOSE RESPONSE FORM

I. REPORTER INFORMATION

1. FORM COMPLETED BY	
<input type="radio"/> SITE STAFF ON BEHALF OF KIT OWNER <input type="radio"/> OWNER OF THE KIT <input type="radio"/> SOMEONE ELSE WHO USED THE KIT	
2. DATE FORM COMPLETED	3. SITE NAME
(YYYY-MM-DD)	
4. WHERE DID THE USED KIT COME FROM?	MHSU USE ONLY
<input type="radio"/> COMMUNITY PHARMACY <input type="radio"/> PROVINCIAL KIT DISTRIBUTION SITE <input type="radio"/> OTHER (SPECIFY)	

II. DESCRIPTION OF THE PERSON WHO OVERDOSED (CLIENT DESCRIPTION)

5. SEX
<input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY
6. AGE (YRS)
<input type="radio"/> 11 OR UNDER <input type="radio"/> 12-19 <input type="radio"/> 19-30 <input type="radio"/> 31-40 <input type="radio"/> 41-50 <input type="radio"/> 51-60 <input type="radio"/> 61 OR OVER <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY

III. SETTING OF OVERDOSE

7. DATE OF OVERDOSE →	<input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY	8. CITY OF OVERDOSE →	<input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY
(YYYY-MM-DD)			
9. LOCATION OF OVERDOSE			
<input type="radio"/> PRIVATE RESIDENCE <input type="radio"/> ON THE STREET <input type="radio"/> VEHICLE <input type="radio"/> HOTEL <input type="radio"/> UNKNOWN <input type="radio"/> SUPPORTIVE HOUSING <input type="radio"/> PUBLIC WASHROOM <input type="radio"/> SHELTER <input type="radio"/> PREFER NOT TO SAY <input type="radio"/> OTHER (SPECIFY)			

IV. OVERDOSE DESCRIPTION

10. WHICH OF THE FOLLOWING BEST DESCRIBES HOW THE NALOXONE WAS GIVEN?
<input type="radio"/> OWNER OF THE KIT GAVE NALOXONE TO SOMEONE ELSE <input type="radio"/> OWNER OF THE KIT GAVE NALOXONE TO HIM/HERSELF <input type="radio"/> SOMEONE OTHER THAN THE OWNER OF THE KIT GAVE NALOXONE TO THE OWNER OF THIS KIT <input type="radio"/> SOMEONE OTHER THAN THE OWNER OF THE KIT GAVE NALOXONE TO ANOTHER PERSON (NOT THE KIT OWNER) <input type="radio"/> UNKNOWN <input type="radio"/> PREFER NOT TO SAY
11. DID THE PERSON WHO GAVE THE NALOXONE KNOW THE PERSON WHO OVERDOSED?
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PREFER NOT TO SAY

12. WHAT DRUGS WERE REPORTEDLY USED BY THE PERSON WHO OVERDOSED? (CHECK ALL THAT APPLY)

- | | | | |
|--|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> MORPHINE | <input type="checkbox"/> METHADONE | <input type="checkbox"/> ECSTASY | <input type="checkbox"/> OXYCODONE |
| <input type="checkbox"/> COCAINE/CRACK | <input type="checkbox"/> CRYSTAL METH | <input type="checkbox"/> HEROIN | <input type="checkbox"/> BENZOS |
| <input type="checkbox"/> CODEINE | <input type="checkbox"/> FENTANYL (POWDER/PILL) | <input type="checkbox"/> DILAUDID | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> FENTANYL (PATCH) | <input type="checkbox"/> RITALIN | |
- OTHER (SPECIFY)

13. WHAT SIGNS OF OVERDOSE WERE SHOWN BY THE PERSON WHO OVERDOSED? (CHECK ALL THAT APPLY)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> UNCONSCIOUS | <input type="checkbox"/> TURNED BLUE | <input type="checkbox"/> WOULD NOT RESPOND |
| <input type="checkbox"/> SLOW OR NO BREATHING | <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PREFER NOT TO SAY |
- OTHER (SPECIFY)

V. EMERGENCY RESPONSE

14. IF 911 WAS NOT CALLED (SPECIFY REASON AND CHECK ALL THAT APPLY)

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> NO PHONE | <input type="checkbox"/> WORRIED POLICE WOULD COME | <input type="checkbox"/> THOUGHT PERSON WOULD GET BETTER ON THEIR OWN |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PREFER NO TO SAY | |
- OTHER (SPECIFY)

15. IF 911 WAS CALLED, HOW LONG UNTIL THE FIRST RESPONDERS ARRIVED?

- | | | | |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 5 MIN OR LESS | <input type="checkbox"/> 6–15 MIN | <input type="checkbox"/> 16–30 MIN | <input type="checkbox"/> ≥ 31 MIN |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PREFER NOT TO SAY | | |

16. DID THE PERSON WHO GAVE NALOXONE FEEL SUPPORTED BY FIRST RESPONDERS?

- NO
 PREFER NOT TO SAY
 YES →
 FIREFIGHTERS
 AMBULANCE
 POLICE

17. WHAT ACTIONS WERE TAKEN DURING THE OVERDOSE? (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> STAYED WITH PERSON UNTIL THEY CAME AROUND | <input type="checkbox"/> CHECKED BREATHING |
| <input type="checkbox"/> GAVE MOUTH TO MOUTH RESUSCITATION NOT USING A BARRIER | <input type="checkbox"/> SLAPPED OR SHOOK THE PERSON |
| <input type="checkbox"/> PLACED THE PERSON IN RECOVERY POSITION | <input type="checkbox"/> CHECKED PULSE |
| <input type="checkbox"/> YELLED AT THE PERSON | <input type="checkbox"/> GAVE CHEST COMPRESSIONS |
| <input type="checkbox"/> STAYED WITH PERSON UNTIL AMBULANCE CAME | <input type="checkbox"/> CHECKED AIRWAY FOR OBSTRUCTION |
| <input type="checkbox"/> GAVE MOUTH TO MOUTH RESUSCITATION USING A BARRIER | <input type="checkbox"/> GAVE STERNAL RUB |
| <input type="checkbox"/> PREFER NOT TO SAY | <input type="checkbox"/> UNKNOWN |
- OTHER (SPECIFY)

VI. GIVING NALOXONE

18. HOW MANY INJECTION OF NALOXONE WERE GIVEN?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> PREFER NOT TO SAY	
19. HOW LONG DID THE FIRST INJECTION OF NALOXONE TAKE TO WORK (MINUTES)?	<input type="radio"/> < 1 MIN	<input type="radio"/> 1-5 MIN	<input type="radio"/> 6-10 MIN	<input type="radio"/> >10 MIN	
	<input type="radio"/> PREFER NOT TO SAY	<input type="radio"/> 1ST DOSE DIDN'T WORK (SPECIFY IN BOXES 20 TO 22)			
20. SECOND DOSE WORKED AFTER	<input type="radio"/> <1 MIN	<input type="radio"/> 1-5 MIN	<input type="radio"/> 6-10 MIN	<input type="radio"/> >10 MIN	<input type="radio"/> DID <u>NOT</u> WORK
21. THIRD DOSE WORKED AFTER	<input type="radio"/> <1 MIN	<input type="radio"/> 1-5 MIN	<input type="radio"/> 6-10 MIN	<input type="radio"/> >10 MIN	<input type="radio"/> DID <u>NOT</u> WORK
22. DID THE PERSON WHO OVERDOSED AND RECEIVED NALOXONE EXPERIENCE ANY NEGATIVE EVENTS?	<input type="checkbox"/> EXPERIENCED MILD WITHDRAWAL SYMPTOMS				
	<input type="checkbox"/> EXPERIENCED SEVERE WITHDRAWAL SYMPTOMS				
	<input type="checkbox"/> WAS HARASSED BY POLICE				
	<input type="checkbox"/> WAS HARASSED BY FIREFIGHTERS				
	<input type="checkbox"/> WAS HARASSED BY AMBULANCE				
	<input type="checkbox"/> WAS AGGRESSIVE				
	<input type="checkbox"/> UNKNOWN				
	<input type="checkbox"/> PREFER NOT TO SAY				
	<input type="radio"/> OTHER (SPECIFY)				
23. WAS THE PERSON WHO OVERDOSED INFORMED THAT... ?	<input type="radio"/> NALOXONE WEARS OFF IN 30-90 MINTUES				
	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY	
	<input type="radio"/> OVERDOSE CAN RETURN SO AVOID USING FOR A FEW HOURS				
	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN	<input type="radio"/> PREFER NOT TO SAY	

VII. YOUR EXPERIENCE

24. DID THE PERSON WHO OVERDOSED SURVIVE?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
25. WHY DO YOU THINK THE OVERDOSE HAPPENED? (CHECK ALL THAT APPLY)	<input type="checkbox"/> FIRST TIME USER		
	<input type="checkbox"/> RECENTLY RELEASED FROM PRISON/JAIL		
	<input type="checkbox"/> NEW DEALER/SOURCE		
	<input type="checkbox"/> RECENTLY RELEASED FROM DETOX		
	<input type="checkbox"/> NEW WAY OF TAKING (SPECIFY DRUG IN BOX 26)		
	<input type="checkbox"/> OTHER ABSTINENCE-BASED PROGRAM		
	<input type="checkbox"/> UNKNOWN		
	<input type="checkbox"/> PREFER NOT TO SAY		
26. <input type="checkbox"/> OTHER (SPECIFY)			
27. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO BE AWARE OF?	<input type="radio"/> NO	<input type="radio"/> YES (SPECIFY IN BOX 28)	
28. ADDITIONAL INFORMATION			

