

# Take Home Naloxone: Overdose Response Information Form

## 1. When did the overdose happen? (month and year)

Month \_\_\_\_\_ Year \_\_\_\_\_  Prefer not to say

## 2. In what city/community did the overdose happen?

\_\_\_\_\_  Prefer not to say

## 3. Where did the person overdose?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Shelter/tent             | <input type="checkbox"/> Street/alley/park |
| <input type="checkbox"/> Hotel/motel       | <input type="checkbox"/> Community agency/drop-in | <input type="checkbox"/> Bar/club/festival |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Don't know               | <input type="checkbox"/> Prefer not to say |

## 4. Describe the person who overdosed.

- a) Gender:**  M  F  X  Don't know  Prefer not to say
- b) Age:**  ≤15  16-30  31-60  >60  Prefer not to say

## 5. Did anyone call emergency services?

- Yes  No  Don't know  Prefer not to say

### a) If yes, which one(s)?

- |   |                                 |  |
|---|---------------------------------|--|
| <input type="checkbox"/> Hospital/health centre | <input type="checkbox"/> Fire   |  |
| <input type="checkbox"/> Ambulance              | <input type="checkbox"/> Police | <input type="checkbox"/> Prefer not to say |

## 6. Did police come to the overdose?

- Yes  No  Don't know  Prefer not to say

## 7. Did anyone do rescue breathing (mouth to mouth)?

- Yes  No  Don't know  Prefer not to say

## 8. How many doses of Naloxone were given?

- 1  2  3  >3  Prefer not to say

## 9. Did the person survive the overdose?

- Yes  No  Don't know  Prefer not to say

## 10. What type of kit did you use? Injectable Nasal Spray

## 11. What part of the response to this overdose did you find difficult?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No difficulties       | <input type="checkbox"/> Recognizing overdose       |  |
| <input type="checkbox"/> Calling for help      | <input type="checkbox"/> Providing rescue breathing |  |
| <input type="checkbox"/> Obtaining a kit       | <input type="checkbox"/> Breaking ampoule           |  |
| <input type="checkbox"/> Drawing up medication | <input type="checkbox"/> Injecting                  |  |
| <input type="checkbox"/> Disposing of needle   | <input type="checkbox"/> Other                      | <input type="checkbox"/> Prefer not to say |

Please mail this form after using the Naloxone kit.

**If you need help, call the NWT Help Line at  
1-800-661-0844.**

