

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.**

