

# NALOXONE DISTRIBUTION-BASELINE

County JCPH Date \_\_\_/\_\_\_/\_\_\_

ID CODE (REQUIRED)	
First 2 letters of last name	___
First letter of first name	___
First letter of mother's first name	___
2-digit day of birth	___

**Distributing agency type**

- Syringe exchange  
  Social service  
  Other: \_\_\_\_\_  
 Drug treatment  
  Criminal justice

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age _____	Hispanic/Latino <input type="checkbox"/> No <input type="checkbox"/> Yes	Housing status
Gender	Race <i>check all that apply</i>	<input type="checkbox"/> Permanent
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Temporary/unstable
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian	<input type="checkbox"/> Homeless
<input type="checkbox"/> Transgender	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	Zip code slept in last night _____

Do you currently use opioids?    YES ↓                       NO ↓

<p><b>Drugs used in last 3 months:</b> <i>check all that apply</i></p> <p> <input type="checkbox"/> 1 Powder cocaine by itself   <input type="checkbox"/> 6 Heroin by itself  <input type="checkbox"/> 2 Crack cocaine by itself   <input type="checkbox"/> 7 Methadone/buprenorphine  <input type="checkbox"/> 3 Cocaine &amp; heroin together   <input type="checkbox"/> 8 Rx pain medication (<i>Oxy, Vicodin</i>)  <input type="checkbox"/> 4 Meth by itself   <input type="checkbox"/> 9 Benzos/downers (<i>Valium, Xanax</i>)  <input type="checkbox"/> 5 Meth &amp; heroin together   <input type="checkbox"/> 10 Alcohol                 </p> <p>MAIN DRUG _____ (<i>enter # from list above, one answer ONLY</i>)</p> <p>In the last 12 months, how many times have <u>you</u> overdosed on opioids?   0   1   2   3+</p>	<p><b>Main reason for getting naloxone</b> <i>check ONE only</i></p> <p> <input type="checkbox"/> Personal (<i>friend, family member at risk</i>)  <input type="checkbox"/> Work                 </p> <p><b>Type of workplace:</b></p> <p> <input type="checkbox"/> Social service   <input type="checkbox"/> Criminal justice  <input type="checkbox"/> Drug treatment   <input type="checkbox"/> School, campus  <input type="checkbox"/> Health care   <input type="checkbox"/> Other public space (<i>business, library</i>)                 </p>
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In the last 12 months, how many times have you seen someone else overdose on opioids?..... 0   1   2   3+

<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 Before today  </div>	Have you received any training on overdose response?..... Yes   No   Not sure
	How many times have you gotten a naloxone kit? ( <i>from any source</i> ) ..... 0   1   2   3+

Of the people you live with, how many also have naloxone right now?..... I live alone   0   1   2   3+   Don't know

<b>What did you learn today that was new?</b> ( <i>check all that apply</i> )		
<input type="checkbox"/> Good Samaritan Overdose law	<input type="checkbox"/> How to do rescue breathing	<input type="checkbox"/> Nothing new
<input type="checkbox"/> Risks for an opioid overdose	<input type="checkbox"/> How to administer naloxone	<input type="checkbox"/> Other _____
<input type="checkbox"/> Signs of an opioid overdose	<input type="checkbox"/> What to do after waking up from naloxone	
<input type="checkbox"/> What is naloxone	<input type="checkbox"/> Community resources	
<input type="checkbox"/> Steps to help in an overdose	<input type="checkbox"/> Website <a href="http://www.stopoverdose.org">www.stopoverdose.org</a>	
<input type="checkbox"/> How to do a sternum rub		

**COMPLETE ON BACK →**

How confident are you that you can recognize an opioid overdose?

- not confident at all    somewhat confident    confident    very confident

How confident are you that you can correctly administer naloxone?

- not confident at all    somewhat confident    confident    very confident

<b>Naloxone type given</b>	<input type="checkbox"/> Injectable vial+syringe	<input type="checkbox"/> Injectable Evzio™	<input type="checkbox"/> Nasal w/ atomizer	<input type="checkbox"/> Nasal Narcan™
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Naloxone Kit # \_\_\_\_\_

Entered into database: \_\_\_\_\_ (staff initials)

Notes:

### For the required 30 day follow up:

How does the participant want to complete the follow-up survey?

- In person.** No reminder-will just come in.
- In person.** Get a reminder by:  
 Text    Phone call    Email
- Online.** Send link by:  Text    Email
- Over the phone.**

Phone number (   ) _____
Ok to leave voicemail?   YES   NO
Email: _____

Gift card eligible?   YES   NO

Reminder sent: Date _____ Staff initials _____
Circle one:   Sent email   Left voice message   Sent text

# NALOXONE REFILL & OVERDOSE REPORT

*\*Complete 2 forms if the same kit was used to reverse two overdoses.*

County JCPH Syringe Exchange Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

ID CODE (REQUIRED)	
First 2 letters of last name	___
First letter of first name	___
First letter of mother's first name	___
2-digit day of birth	___

## Was this naloxone used in an overdose?

Yes  No If NO, what is the reason for the refill? →→→

## Main reason for naloxone: check ONE

- I use opioids
- A friend or family member uses opioids
- Work

Refill reason:	Dose 1	Dose 2
Lost	<input type="checkbox"/>	<input type="checkbox"/>
Stolen	<input type="checkbox"/>	<input type="checkbox"/>
Given away	<input type="checkbox"/>	<input type="checkbox"/>
Taken by police	<input type="checkbox"/>	<input type="checkbox"/>
Expired	<input type="checkbox"/>	<input type="checkbox"/>
Broke	<input type="checkbox"/>	<input type="checkbox"/>
Still have	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)		

## COMPLETE BELOW TO REPORT AN OVERDOSE INCIDENT

Zip code where OD happened \_\_\_\_\_

### Type of place

- Outside (park, street, car, camp)  Business
- Private home/apt  Social service agency
- Hotel/motel  Don't know

### Who overdosed?





- Myself  Friend/acquaintance  Spouse/partner  Family member  Stranger  Client  Don't know

### Was 911 called?

- Yes Did the person wake up before police, fire or ambulance got there?  Yes  No  Don't know
- No Why not? check all that apply  No phone/service  Wanted to avoid the ER  Person woke up
- Fear of police involvement  Could handle without help  Don't know
- Other \_\_\_\_\_

### Who gave naloxone at the scene?

- check all that apply
- Me →→→
  - Police
  - Fire
  - Ambulance
  - Someone else
  - Don't know

If YOU gave the naloxone:		
<b>Where did you get that naloxone?</b> <input type="checkbox"/> This syringe exchange <input type="checkbox"/> Another exchange <input type="checkbox"/> Friend <input type="checkbox"/> Jail <input type="checkbox"/> Drug treatment <input type="checkbox"/> Other agency <input type="checkbox"/> Police/EMT <input type="checkbox"/> Emergency room <input type="checkbox"/> Doctor/clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other: (specify) _____	<b>Type of naloxone used</b> <input type="checkbox"/> Injectable vial+syringe  <input type="checkbox"/> Injectable Evzio™  <input type="checkbox"/> Nasal w/ atomizer  <input type="checkbox"/> Nasal Narcan™ 	<b>How many doses did you administer?</b> <input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+  <b>Before this event, how many times have you ever administered naloxone to someone in an opioid overdose?</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+

Complete on Back →→→

What else was done to the person? *check all that apply*

- Rescue breathing
- Slap/shake
- Walked around
- Other: \_\_\_\_\_
- Sternal rub
- Ice
- Cocaine/meth shot
- Chest compressions
- Cold shower
- Nothing

What happened? *check all that apply*

- Fire/ambulance at scene
- Person taken to ER/clinic
- Someone arrested
- Don't know
- Police at scene
- Admitted to hospital
- Person died
- Other \_\_\_\_\_

<b>How were interactions with the fire/ambulance crew?</b> <input type="checkbox"/> Positive <input type="checkbox"/> Mixed <input type="checkbox"/> Negative	<b>Why was it mixed or negative? <i>check all that apply</i></b> <input type="checkbox"/> Disrespected <input type="checkbox"/> Forced to go to ER <input type="checkbox"/> Gave too much naloxone <input type="checkbox"/> Other ( <i>specify</i> ) _____
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<b>How were interactions with police?</b> <input type="checkbox"/> Positive <input type="checkbox"/> Mixed <input type="checkbox"/> Negative	<b>Why was it mixed or negative? <i>check all that apply</i></b> <input type="checkbox"/> Disrespected <input type="checkbox"/> Harassed/wrongly accused <input type="checkbox"/> Something confiscated <input type="checkbox"/> Gave too much naloxone <input type="checkbox"/> Other ( <i>specify</i> ) _____
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Type of refill kit given:  Intramuscular  Nasal Naloxone Refill Kit # \_\_\_\_\_

Notes:

Entered into database: \_\_\_\_\_ (*staff initials*)