

Use of NARCAN (Naloxone) Form

Thank you for completing this form. This information helps us learn about how NARCAN is being used in our community.

NARCAN kit number(s): _____ Name (optional): _____

How was your NARCAN used?

- Used during an overdose (Please complete below)
 Lost
 Stolen
 Given away
 Sold
 Expired

Please complete the section below if you used your kit(s) during an overdose.

Date kit was used: _____

<p>Who overdosed?</p> <input type="checkbox"/> Me <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Family <input type="checkbox"/> Stranger <input type="checkbox"/> Client <input type="checkbox"/> Other: _____ _____	<p>What is the race/ethnicity of the person who overdosed? (Choose all that apply)</p> <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Don't Know	<p>What is the gender of the person who overdosed?</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary, genderqueer, not exclusively male or female <input type="checkbox"/> Prefer to describe: _____ <input type="checkbox"/> Don't Know <p>Does this person identify as transgender?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<p>What drugs had the person taken? (Choose all that apply)</p> <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone/Buprenorphine <input type="checkbox"/> Benzos/Barbituates (for example: Klonopin, Xanax, Valium) <input type="checkbox"/> Other opioids (for example: OxyContin, Morphine) <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Alcohol <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know	<p>What is the approximate age of the person who overdosed?</p> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Don't Know	
<p>Where did the overdose happen?</p> <input type="checkbox"/> Private residence <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoor public place		<p>How many doses of NARCAN did you give?</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> More than 2
<p>Was 911 called?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<p>Did you stay with the person until the naloxone wore off or help arrived?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did the person survive?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know