

NALOXONE KIT USAGE SURVEY

This survey is being used to collect information about overdoses and using naloxone kits. The survey is not linked to your name or personal health information, and completing will not affect your ability to request a naloxone kit or health services.

Instructions: Please complete the survey to the best of your knowledge and e-mail it to naloxone.kit@ahs.ca or fax to (780) 638-3844, Attn: Community Based Naloxone Program.

Site: _____ **Date:** _____

I am: **The person who overdosed** **The person who responded to the overdose**

If you are completing this survey on behalf of the person who overdosed or the person who responded to the overdose, please complete the survey as if they were completing it.

Profile

Gender of the person who overdosed: <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify):	Age of the person who overdosed: <input type="checkbox"/> Under 18 <input type="checkbox"/> 35-44 <input type="checkbox"/> 18-24 <input type="checkbox"/> 45-54 <input type="checkbox"/> 25-34 <input type="checkbox"/> 55+	Location (City/Town) where the overdose occurred: <input type="checkbox"/> Don't know <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer not to say
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Site of Overdose: <input type="checkbox"/> Private residence <input type="checkbox"/> Supportive housing <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Shelter <input type="checkbox"/> Public washroom <input type="checkbox"/> Don't know <input type="checkbox"/> Hotel <input type="checkbox"/> Street <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Vehicle	Who injected the naloxone? <input type="checkbox"/> Person <input type="checkbox"/> Health worker (e.g. nurse) over dosing <input type="checkbox"/> Friend <input type="checkbox"/> Emergency response (Fire, Police, EMS) <input type="checkbox"/> Family member <input type="checkbox"/> Shelter worker/volunteer <input type="checkbox"/> Stranger <input type="checkbox"/> Other (please specify):
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What drugs were involved? (Check all that apply)

Top Opioids: <input type="checkbox"/> Heroin <input type="checkbox"/> Fentanyl <input type="checkbox"/> Carfentanil
Other Drugs: <input type="checkbox"/> Crystal meth <input type="checkbox"/> Alcohol <input type="checkbox"/> Don't know
<input type="checkbox"/> Other (please specify): <input type="checkbox"/> Other opioids (please specify):

Why do you think the overdose happened? (Check all that apply)

<input type="checkbox"/> Reduced tolerance (break from using, or using less)	<input type="checkbox"/> Increased tolerance (needed more to get the same effect)
<input type="checkbox"/> Change in purity/laced	<input type="checkbox"/> New user
<input type="checkbox"/> Multiple drugs used	<input type="checkbox"/> New way of taking drug (specify method):
<input type="checkbox"/> New dealer/source	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Intentional overdose
	<input type="checkbox"/> Don't know

How many doses of naloxone were injected? _____

Overdose Response

Did anyone call 911? Yes No

<p>If 911 was called: Did EMS attend? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the police attend? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was the result? (Check all that apply)</p> <input type="checkbox"/> Taken to hospital <input type="checkbox"/> Detained <input type="checkbox"/> Warning <input type="checkbox"/> Drugs confiscated <input type="checkbox"/> Arrested <input type="checkbox"/> Refused to go with EMS <input type="checkbox"/> Other (please specify):	<p>If 911 was not called, why? (Check all that apply)</p> <input type="checkbox"/> Worried about the police being involved <input type="checkbox"/> Thought person would recover on their own <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify):
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Please comment on your experience with the first responders (e.g., Did you feel you were treated with compassion? Did you feel harassed?):

If you were the person responding to the overdose, how did you know that an overdose was occurring?

- | | |
|---|---|
| <input type="checkbox"/> Person turned blue | <input type="checkbox"/> No response to sternal rub and shout |
| <input type="checkbox"/> Person wouldn't wake up | <input type="checkbox"/> Person was having a seizure |
| <input type="checkbox"/> Person stopped breathing | <input type="checkbox"/> Muscle stiffness |
| | <input type="checkbox"/> Other (please specify): |

If you were the person that responded to the overdose, what did you do? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Rescue breathing | <input type="checkbox"/> Sternal rub | <input type="checkbox"/> Slapped or shook person |
| <input type="checkbox"/> Checked breathing/airways | <input type="checkbox"/> Stayed with person until ambulance arrived | <input type="checkbox"/> Shouted at them |
| <input type="checkbox"/> Recovery position | <input type="checkbox"/> Walked person around room | <input type="checkbox"/> Threw cold water at person |
| <input type="checkbox"/> Checked pulse | <input type="checkbox"/> Gave stimulants | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gave chest compressions | <input type="checkbox"/> Injected saline | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please specify): | | |

Did the person receiving naloxone:

- | | |
|--|--|
| <input type="checkbox"/> Experience withdrawal symptoms | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other actions/behaviour (please specify): | |

Did the person survive the overdose?

- Yes No Don't know

Was the person who overdosed made aware that:

- | | |
|--|--|
| <input type="checkbox"/> The effects of naloxone wear off in 30-60 minutes | <input type="checkbox"/> The overdose can return once the naloxone wears off |
| <input type="checkbox"/> Other (please specify): | |

Follow-up

Where did you receive training on how to use a naloxone kit?

- | | | |
|---|--|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Needle exchange/harm reduction program | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Community or social agency | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other health care provider | <input type="checkbox"/> Friends, family or acquaintance | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Opioid dependency program | <input type="checkbox"/> I did not receive naloxone kit training | |

Did anything make carrying a kit difficult?

What would help you feel more prepared to respond to an overdose?

Any other comments that you would like to share?