

Naloxone Administration Evaluation

Received Naloxone

Name _____ Birthdate _____

Date _____

1. When did the overdose occur (date)? _____
2. Who administered (gave you) the naloxone? partner family member
 friend acquaintance stranger Were they trained to administer Naloxone?
3. Where did the overdose occur? private residence on the street
 shelter/hotel Other: _____
4. What drugs were involved in the overdose? _____ don't know
5. What happened after you were given the naloxone?
 you woke up no difference other _____
6. How long did it take for the naloxone to work? _____ minutes
7. How many doses of naloxone did you receive? _____
8. Did someone call 911? Yes No
 If Yes - did EMS take you to the hospital? Yes No
 - did the police attend? Yes No
 If No, what prevented the ambulance from being called?
 Worried police would become involved Thought person would recover on own
 Other _____

9. If you were in the same situation again, would you want to receive naloxone?

Yes No Unsure

If No or Unsure, why not? _____

Comments:

Evaluation completed by _____ In person by phone

SAMPLE