

NYSDOH Opioid Overdose Prevention Initiative



Community Naloxone Usage Form

Purpose: This form is to serve as a collection tool for program staff. Program staff are required to enter the information into the NYSDOH Opioid Overdose Prevention Program System's electronic DOH sanctioned form.

On what day was the naloxone used?

If naloxone was used on more than one day, please submit a separate report for each use. If you don't know the precise date, choose one that you think is close.

Date naloxone used:

Do you know the ZIP code where the overdose happened?

Yes: Zip Code:

No: County/Borough & Town

Outside NYS

Did the person who overdosed survive? (choose one)

Yes

No

Don't Know

(Check all that apply.) Select the type of naloxone used and the number of doses given.

Narcan™ Nasal spray Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Intramuscular injection generic Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Nasal spray generic Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Evzio Autoinjector Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Other Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall

Did anyone else also give naloxone for this same overdose? (choose one)

Yes

No

Don't Know

(check all that apply) Were they:

- Police
- EMS
- Fire Fighter

- Another civilian witness or bystander
- Other (specify):

Do you know what type(s) of naloxone they used?

Yes

No

(Check all that apply) What did they use (formulation & doses)?

Narcan™ Nasal spray Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Intramuscular injection generic Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Nasal spray generic Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Evzio Autoinjector Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall



Other Doses:

- 1
- 2
- 3
- 4
- More than 4
- Don't Recall

Was 911 called? (choose one)

Yes

No

Don't Know

Was rescue breathing performed before EMS, police or fire fighters arrived? (choose one)

Yes

No

Don't Know

Were chest compressions performed before EMS, police or fire fighters arrived? (choose one)

Yes

No

Don't Know

How old was the person who overdosed? (best guess)	Age:		
Were they:	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender or gender non-conforming	
	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown Sex	
		<input type="checkbox"/> Other (specify):	
Were they: (Select all that apply)	<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White	
	<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Unknown race/ethnicity	
		<input type="checkbox"/> Other (specify):	
Select which drugs the person who overdosed is likely to have used. (Select all that apply)	<input type="checkbox"/> Heroin	<input type="checkbox"/> Alcohol	
	<input type="checkbox"/> Pain pills	<input type="checkbox"/> Amphetamine/methamphetamine	
	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methadone	
	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Don't know	
	<input type="checkbox"/> Benzos	<input type="checkbox"/> Other (specify):	
In what kind of place did the overdose happen?			
<input type="checkbox"/> Someone's home or apartment	<input type="checkbox"/> Library		
<input type="checkbox"/> Shelter or in a supportive housing setting	<input type="checkbox"/> Secondary school (e.g. high school, middle school)		
<input type="checkbox"/> Agency or facility that provides services, such as a syringe exchange, drug treatment program or social services agency or government office	<input type="checkbox"/> On a college/university/trade school campus		
<input type="checkbox"/> Public place <u>outside</u> (e.g. park; sidewalk, yard)	<input type="checkbox"/> Car or vehicle		
<input type="checkbox"/> Public place <u>inside</u> , other than a library, secondary school, or college/university/trade school campus (e.g. restroom, business, train)	<input type="checkbox"/> Other (specify):		
What is the relationship between the person who overdosed and the responder?			
<input type="checkbox"/> Friend or acquaintance	<input type="checkbox"/> Patient or client		
<input type="checkbox"/> Family	<input type="checkbox"/> Prefer not to answer		
<input type="checkbox"/> Stranger	<input type="checkbox"/> Don't know		
	<input type="checkbox"/> Other (specify):		
Has this person experienced an opioid overdose in the past? (choose one)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
Was a replacement kit given? (choose one)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
By whom?			
Was information provided about getting naloxone from a pharmacy? (choose one)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
By whom?			
<input type="checkbox"/> First Responder	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Other (specify):
Please add any additional comments about this naloxone administration.			
Comment:			