

Variables for Naloxone Usage Data Collection

Beta v1.0.5

1. Agency/Organization Name: _____
2. Patient's Current Gender Identity: _____
3. Patient's Year of Birth: _____
4. Patient's Ethnicity:
 Hispanic/Latino Not Hispanic/Latino Don't Know Declined
5. Patient's Race (Check more than one):
 American Indian or Alaska Native Asian Black or African American
 Native Hawaii or Pacific Islander White Don't Know Declined
6. Patient's Town: _____
7. Date Overdose Occurred: _____
8. Town Overdose Occurred: _____
9. Was 911 Called? Yes No
10. Did EMS Respond? Yes No
11. Was Naloxone/Narcan Used? Yes No
(**Note.** If 'No,' Go to Question 16)
12. What type of Naloxone was used?
 Intramuscular Intranasal Auto-Injector
13. How many doses were given to patient? _____
14. Who administered the Naloxone?
 Friend Family Law Enforcement
 Fire Department Emergency Medical Services (EMS)
15. How did patient respond?
 Resuscitated
 Not Resuscitated
16. Did the patient go to the hospital? Yes No