

DATE:		TIME:			
GENDER:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> TM	<input type="checkbox"/> TF	<input type="checkbox"/> Other
CLIENT REFERENCE CODE:				Anonymous	

POSTAL CODE OF RESIDENCE: <i>First three characters only</i>	SUBSTANCES USED BY CLIENT:		
	<input type="checkbox"/> Codeine <input type="checkbox"/> Fentanyl (patch) <input type="checkbox"/> Fentanyl (bootleg) <input type="checkbox"/> Heroin <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Methadone (prescribed) <input type="checkbox"/> Methadone (non-prescribed/diverted) <input type="checkbox"/> Suboxone (prescribed) <input type="checkbox"/> Suboxone (non-prescribed/diverted) <input type="checkbox"/> Morphine <input type="checkbox"/> Oxycodone	<input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamines <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Party drugs (ecstasy, MDMA, K, GHB, etc.) <input type="checkbox"/> Methamphetamine (e.g., crystal meth, ice, etc.)	<input type="checkbox"/> Inhalants (solvents such as petrol, glue; aerosols such as spray paint, gases) <input type="checkbox"/> Marijuana (recreational use) <input type="checkbox"/> Marijuana (prescription/medical use) <input type="checkbox"/> Steroids <input type="checkbox"/> Non-beverage alcohol

COLLECTING ON BEHALF OF: <input type="checkbox"/> Self <input type="checkbox"/> Self & others <input type="checkbox"/> Others	LOCATION: <input type="checkbox"/> In-service <input type="checkbox"/> Outreach* _____
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**Write in generic description of outreach location, e.g. Residence, street/parks, mobile van*

NALOXONE KITS & TRAINING		REASON FOR RESUPPLY	ACCESS POINT FOR PREVIOUS
Intra-nasal kit <i>Quantity:</i> Intra-nasal refill <i>Quantity:</i> <input type="checkbox"/> Intra-nasal training	Intra-muscular kit <i>Quantity:</i> Intra-muscular refill <i>Quantity:</i> <input type="checkbox"/> Intra-muscular training	<input type="checkbox"/> Kit broken/contents missing <input type="checkbox"/> Kit confiscated <input type="checkbox"/> Kit expired <input type="checkbox"/> Kit given away <input type="checkbox"/> Kit lost <input type="checkbox"/> Kit recalled <input type="checkbox"/> Kit used (see next page)	<input type="checkbox"/> This ONP site <input type="checkbox"/> Other ONP site <input type="checkbox"/> Pharmacy <input type="checkbox"/> Correctional facility <input type="checkbox"/> Another individual

See next page for questions regarding naloxone administration →

NEO360 DATA COLLECTION FORM

NALOXONE USED DURING AN OVERDOSE

Individual who reported administration of naloxone:

- Client
- Friend or family member
- Newly released inmate

Number of **nasal spray** doses individual reported they administered for the overdose:

- 1 dose
- 2 doses
- 3 doses
- 4 doses
- 5 or more doses
- Unknown

Number of **injectable** doses individual reported they administered for the overdose:

- 1 dose
- 2 doses
- 3 doses
- 4 doses
- 5 or more doses
- Unknown

Reported **calling 911** when naloxone administered:

- Yes
- No

Reported someone stayed with person until paramedics arrived or person recovered:

- Yes
- No

Location of overdose:

- At a home/residence
- On the street
- Outside of local area

Reported outcome of naloxone administration:

- Resuscitation successful
- Resuscitation unsuccessful
- Unknown

Drugs used when overdose occurred (if known)

<ul style="list-style-type: none"> <input type="checkbox"/> Codeine <input type="checkbox"/> Fentanyl (patch) <input type="checkbox"/> Fentanyl (bootleg) <input type="checkbox"/> Heroin <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Methadone (prescribed) <input type="checkbox"/> Methadone (non-prescribed/diverted) <input type="checkbox"/> Suboxone (prescribed) <input type="checkbox"/> Suboxone (non-prescribed/diverted) <input type="checkbox"/> Morphine <input type="checkbox"/> Oxycodone 	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamines <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Party drugs (ecstasy, MDMA, K, GHB, etc.) <input type="checkbox"/> Methamphetamine (e.g., crystal meth, ice, etc.) 	<ul style="list-style-type: none"> <input type="checkbox"/> Inhalants (solvents such as petrol, glue; aerosols such as spray paint, gases) <input type="checkbox"/> Marijuana (recreational use) <input type="checkbox"/> Marijuana (prescription/medical use) <input type="checkbox"/> Steroids <input type="checkbox"/> Non-beverage alcohol
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Note: At this time, it is not mandatory to collect a client reference code when collecting data regarding a reported overdose/naloxone administration.