

NS Take Home Naloxone Program Participant and Replacement Forms

Instructions: Complete this form with the Participant when a kit is requested
DO NOT COLLECT ANY IDENTIFIABLE INFORMATION.
 Hard copies must be faxed to 1-902-567-0651 and destroyed once confirmation is received.
 Filled pdf can be emailed to: NSNaloxone@nshealth.ca
 This form is also available online at:

<http://surveys.novascotia.ca/TakeSurvey.aspx?SurveyID=76KHml22L>



Please read the following information to the participant and confirm below.
 We ask participants complete a short survey to help guide future training and program work. **Completion of this form is voluntary** and declining will **NOT** stop you from receiving a naloxone kit or other health services.

Responses are sent **anonymously** to the NS Take Home Naloxone Program and combined with others from around the province. There will **NOT** be record of your response kept on this computer **OR** your personal file.

The information will be used to, guide training and inform program improvements.

By completing this survey, you agree that information, once combined with other responses, may be shared for: Program Monitoring, Report Sharing & To guide future program work.

**Information has been shared with the participant:*

- Yes
- No

Authorized Take Home Naloxone Program Site:	Date:
What Community was the Kit distributed in:	Number of Kits given:
	Expiration is more than 1 yr from today? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
<input type="checkbox"/> First Kit – Agreed to Survey (pg 2) <input type="checkbox"/> First Kit – Declined Survey	<input type="checkbox"/> Replacement Kit – Agreed to Survey (pg 3) <input type="checkbox"/> Replacement Kit – Declined Survey Please indicate if reason for replacement was shared <input type="checkbox"/> USED <input type="checkbox"/> Other

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<p>I am requesting this kit to support:</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Myself</p> <p><input type="checkbox"/> Family/Friends/Peers at risk</p> <p><input type="checkbox"/> Clients I serve</p>	
<p>How did you hear about the NS Take Home Naloxone Program?</p> <p><input type="checkbox"/> Friend/Family</p> <p><input type="checkbox"/> Co-worker</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> NSNaloxone.com Website</p> <p><input type="checkbox"/> Sign at local Pharmacy</p> <p><input type="checkbox"/> Sign at local Organization</p> <p><input type="checkbox"/> Other:</p>	<p>How did you learn where to get your free kit?</p> <p><input type="checkbox"/> Friend/Family</p> <p><input type="checkbox"/> Co-worker</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> NSNaloxone.com Website</p> <p><input type="checkbox"/> Sign at local Pharmacy</p> <p><input type="checkbox"/> Sign at local Organization</p> <p><input type="checkbox"/> Other:</p>
<p>In the last month how often have you heard people talking about the risks of experiencing a poisoning?</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> At least once a week</p> <p><input type="checkbox"/> Several times a week</p> <p><input type="checkbox"/> Less than once a week</p>	<p>Who do you most often discuss the risk of opioid poisoning with?</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Friends/Family</p> <p><input type="checkbox"/> Co-workers</p> <p><input type="checkbox"/> Social media contacts</p> <p><input type="checkbox"/> Support organizations (shelter, needle exchange etc)</p> <p><input type="checkbox"/> Other:</p>
<p>Do you have any other comments that you would like to share about the program before closing the survey?</p>	
<p>CONFIDENTIALITY NOTICE - The information contained in this fax may be confidential, privileged, or otherwise protected from disclosure. It is intended only for the use of the authorized individual(s) as indicated in the fax message. Any unauthorized viewing, disclosure, copying, distribution or taking of any action based on the contents of this material is strictly prohibited. If you have received this fax in error, please notify the sender as a courtesy and destroy the fax immediately. Thank you for your cooperation.</p> <p>AVIS DE CONFIDENTIALITÉ : Les renseignements inclus dans ce fax peuvent être confidentiels, privilégiés ou autrement protégés contre toute communication. Ils sont transmis à l'intention de la personne autorisée, tel qu'indiqué dans le message. Toute consultation, divulgation, copie, distribution ou autre action non autorisée liée au contenu de ce message est strictement interdite. Si vous avez reçu ce fax par erreur, veuillez en aviser l'expéditeur et supprimer immédiatement le message ainsi que toute pièce jointe. Merci de votre coopération.</p>	

Please share the reason for your replacement kit. *

USED

Skip to final comments if:

- Lost
- Stolen
- Broken
- Confiscated
- Temperature Compromised
- Expired
- Gave away
- Other

POISONING DETAILS

WHERE did the poisoning occur?

- Prefer not to say
- In a public area
- In a private residence
- In a support organization building (e.g., shelter, prevention site etc.)

WHO gave the Naloxone?

- Prefer not to say
- Friend/Family
- Stranger
- Co-worker
- Healthcare Worker (e.g., nurse)
- First Responder (e.g. EHS, Fire, Police)

How many **doses** of Naloxone were given? * (this helps us know if kits have enough)

- 1
- 2
- 3
- More than 3, please specify:

Where on the body did you inject the Naloxone?

- Upper Arm
- Upper Thigh
- Other, please share more:

Was the person who experienced the poisoning told that (check all that apply):

- Naloxone will wear off in **30 to 90 minutes** (sometimes less)
- The **poisoning can return** when the Naloxone wears off
- Signs and symptoms** of the opioid poisoning returning
- The **risk** of experiencing another poisoning **increases** if they use more opioids
- All the above**

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<p>Did the person who experienced the poisoning survive? *</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>How easy would you say Naloxone is to give? (very easy to very difficult)</p> <p><input type="checkbox"/> Very Easy</p> <p><input type="checkbox"/> Easy</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Difficult</p> <p><input type="checkbox"/> Very Difficult</p>	<p>Do you feel ready to give Naloxone in the future?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> NO</p>
<p>Do you have any other comments you would like to share about the program before we close the survey?</p> 	
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