BUCKS COUNTY
NALOXONE UTILIZATION QUESTIONNAIRE
Community Form

GENERAL INFORMATION:				
Person completing form		**Date of use**		
Township		**Time of use**		___ AM ___ PM
Location of incident	___ Residence ___ Company ___ Public place (car, parking, lot, etc. – please list)			
Individual's first name and last initial		**Individual's zip code**		
Gender	___ Male ___ Female ___ Other	**Age**		**Race**
Who administered Narcan at the scene?	___ Me ___ Police ___ EMS ___ Fire ___ Other (please list)			
How many 4 mg doses were given? (Please indicate the number of doses you administered in addition to anyone else on the scene)	_____ Me _____ Police _____ EMS _____ Fire _____ Other _____ Unsure			
Did you call 911?	___ Yes ___ No			
How long did it take for the Naloxone to work?	___ < 1 Min ___ 1-2 Min ___ 3-5 Min ___ > 5 Min ___ Did Not Work			
What was the result of this person's overdose? **(Check ONLY ONE)**	___ Revived without any help ___ Revived because of my help ___ Paramedics came/person revived ___ Paramedics came/don't know what happened next ___ Don't know ___ Deceased ___ Other			
If other, please specify				
Were there any negative consequences of the overdose/treatment? **(Check ALL that apply)**	___ Harassment ___ Anger ___ Violence ___ Vomited ___ Seizure ___ Felt sick/withdrawal ___ Arrest of overdosing person or witness ___ Other			
If other, please specify				
Please identify any stamp/wording on packaging				
Did the person seek medical care? If yes, please specify which hospital.	___ Yes ___ No Hospital:			

Contact Information for Bucks County Drug & Alcohol Commission, Inc.

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