

REFILL QUESTIONNAIRE

Date ____ / ____ / ____	Trainer Initials _____
Site _____	
Date Originally trained: ____ / ____ / ____	
ID# ____ / ____ / ____	
ID# = first and last initial, mother's first 2 letters of first name, numerical day of birth	

REFILL DUE TO LOSS

Describe circumstances of loss (e.g. stolen bag, taken by DPW, taken by police, etc.):

Date of Loss: ____ / ____ / ____

REFILL DUE TO USE

Since you participated in the overdose training or since your last follow-up, how many overdoses have you witnessed? _____

Describe circumstances of overdose:

Date of Overdose: ____ / ____ / ____

Who overdosed?

Friend Partner Client Family member Stranger Self Other: _____

What was the gender of the person who overdosed? _____

What was their approximate age? _____

What drugs had they taken (only check the ones that you are sure of)?

- Heroin
- Methadone
- Suboxone/Subutex/buprenorphine
- Benzos (Klonopin, Xanax, Ativan, Valium, Librium)
- Other opioid (Percocet, OxyContin, Oxycodone, Vicodin, Morphine, Fentanyl, etc)
- Clonidine
- Cocaine/Crack

- Alcohol
- Methamphetamine/Speed
- Other: _____

What setting did it occur in?

- Private house/apartment
- Public park
- Public bathroom
- SRO room
- Other:

Nearest intersection: _____

Did you do any of the following (Check all that apply)

- Sternum Rub
- Call 911
- Rescue breathing
- Gave Narcan
- Revived overdosing person by other means (specify)

If you DID give naloxone/Narcan, how many doses did you give? _____

How long did it take for Narcan to work?

- Less than 1 min
- 1-3 min
- 3-5 min
- >5 min

Did you have any trouble putting together the Narcan or using it? (specify)

What was the result of this person's overdose? (Check ONLY ONE)

- They woke up without any help
- Paramedics came and revived the person
- Paramedics came and I don't know what happened next
- Other (specify) _____
- They woke up because of my help
- Don't know
- They died

Were there any negative consequences of the overdose? (Check ALL THAT APPLY)

- Arrest of overdosing person or witnesses
- Harassment by police
- Seizure
- Felt Dopesick/went into withdrawal
- Vomiting
- Harassment by paramedics/fire dept
- Anger
- Other (specify) _____

Naloxone Lot# _____

Expiration Date _____

DMHAS OD Reversal Form

DMHAS Facility	
DMHAS Staff Person	
Reason for Refill (circle answer)	Used during an overdose
	Lost
	Stolen
	Confiscated by Police
	Expired
	Other:
Date & Time Naloxone used	
City/Zip code where Naloxone used	
Naloxone used on (circle answer)	Client (provide MPI #):
	Client's family/friend/acquaintance
	Staff member
	Other:
Gender of person who overdosed (circle answer)	Male
	Female
	Transgender
	Other:
Type of Naloxone used (circle answer)	Narcan Nasal Spray
	Intranasal Naloxone Assembly
	Evzio Auto-injector
	Intramuscular Naloxone Injection
Did the Naloxone work? (circle answer)	Yes, person revived & transported to hospital
	Yes, person revived, but not transported
	No, person died
	Other/Don't know (explain):
If the naloxone worked, how long did it take? (circle answer)	Less than one minute
	1 – 3 minutes
	3 – 5 minutes
	More than 5 minutes
How Many doses of Naloxone were administered?	
List substances the person overdosed on, if known	
Location of overdose (circle answer)	Residence
	Car/vehicle
	Other/Don't know:
Did 911 respond? (circle answer)	Yes
	No
	Did not call 911
Any Post-naloxone withdrawal symptoms? (circle answer(s))	Nausea, muscle aches, runny nose/eyes
	Vomiting
	Irritable/angry
	Physically combative/aggressive
	None

Any other information you would like to provide on the incident:

CERTIFICATE OF ATTENDANCE

THIS CERTIFICATE IS AWARDED TO

FOR COMPLETION OF A
1 HOUR NALOXONE
TRAINING

SUSAN BOUFFARD, PH.D.

DATE (VALID FOR 2 YEARS)



THE DEPARTMENT OF MENTAL
HEALTH AND ADDICTION SERVICES

III. Opioid STR Progress Reporting

**Table III.D3: Non-Direct State Targeted Response to the Opioid Crisis-Training & Education Outcomes
Instructions**

Please return form to DMHAS by the 10th of each month.

Please list each training, it's title, it's date and the numbers of individuals trained separately.

This table identifies the types of training provided to professionals, peers, clinical personnel and prevention specialists involved in addressing the opioid crisis. Two categories of training are listed: Overdose Education and Naloxone Distribution and Prescribing Guidelines.

Also, if there are other audiences for whom training of these types have been provided, please indicate this by listing the other audiences in the footnote text box below the table.

For Narcan/Naloxone distribution, also report number of overdose reversals at bottom of table, if known.

III. Opioid STR Progress Reporting

Table III.D3: Non-Direct State Target Response to the Opioid Crisis-Training Outcomes

Date:

Reporting Period:

Agency:

Activity	Number of Individuals Trained Overdose Education and Naloxone Distribution
8. Training and Education	
a. Physicians	
b. Physician's Assistants	
c. Nurse Practitions	
d. Nurse (RN, LPN)	
e. Social Workers	
f. Addiction Counselors	
g. Peer Recovery Support Positions	
h. Prevention	
i. Other (describe)	
i.1 Firefighters	
i.2 Law enforcement	
i.3 Paramedic	
i.4 EMTs	
i.5 Emergency Medical Staff	
i.6 Pharmacists	
i.7 Harm Reduction Clinics	
i.8 Family Members	
i.9 Criminal Justice	
i.10 Schools	
i.10 Coalitions	
i.11 Community Groups	
i.12 Friends of OD Victims	
i.13 Military	
i.14 Train the Trainer	
i. 15 Other	