

## Overdose Field Report

**\* Please do not forget to upload this information online \***

[mohoproject.org/ODreport](http://mohoproject.org/ODreport)

**Date:** \_\_\_\_\_ **Zip Code of Overdose Event:** \_\_\_\_\_

**Individual's city and state of primary residence:** \_\_\_\_\_

**Incident Location (circle one):** A home or residence  
A treatment facility  
A public place (specify: \_\_\_\_\_)  
Other (specify: \_\_\_\_\_)

**Your relation to the person who overdosed:**

Friend/ Partner or Spouse/ Clinician or Provider/ Parent/  
Other family member (non-partner, non-parent)/ Self/ Stranger/ Other (specify: \_\_\_\_\_)

\*For demographics, if you are unsure please select what you believe to be the correct answer!\*

**Individual's age:** Under 18/ 18-24/ 25-44/ 45-64/ 65+

**Individual's sex:** Male/ Female/ Intersex/ Unsure

**Individual's race (select all that apply):** White/ Black or African American/ Asian/  
American Indian or Alaskan Native/ Native Hawaiian or Pacific Islander/ Unsure  
Other (specify: \_\_\_\_\_)

**Is the individual Hispanic:** Yes/ No / Unsure

**Type of drugs involved (select all they apply):** Heroin/ Prescription Painkiller/ Fentanyl/  
Benzos (e.g., Xanax)/ Alcohol/ Unsure/ Other (specify: \_\_\_\_\_)

**Was naloxone administered?** Yes/ No

- If yes, who administered naloxone? A friend/ A partner or spouse/ A clinician or provider/ A parent/  
Another family member (non-parent, non-partner)/ A police officer/  
A paramedic, fire fighter, or other emergency responder/ A stranger/  
Other (specify: \_\_\_\_\_)
- If naloxone was administered, what form of naloxone was used?  
AdaptPharma Narcan nasal spray/ Evzio auto-injector/  
Other intranasal device (with vial and atomizer)/ Other intramuscular device/ Intravenously (IV)/ Unsure
- If naloxone was administered how many doses were given? 1 / 2 / 3 / 4+
- If naloxone was administered were there any post-naloxone withdrawal symptoms? (circle all that apply)  
None/ Physically combative/ Irritable or angry/ Vomiting/  
Dope sick (e.g., nauseated, muscle aches, runny nose, and/ or watery eyes)/  
Other (specify: \_\_\_\_\_)

**Was 911 called?** Yes/ No/ Unsure

**To the best of your knowledge, did the individual survive the overdose?** Yes/ No/ Unsure

**Was the individual transported to the hospital?**

Yes/ No, escorted to treatment center/ No, escorted to residence/ No, transported elsewhere/  
No, declined transport/ Unsure/ N/A; deceased at scene

**Has this individual previously been administered naloxone?** Yes/ No/ Unsure

**Have you received overdose education and naloxone distribution training?** Yes/ No

- If yes, which agency provided you with training? \_\_\_\_\_

**How did you hear about this field report?** A training/ A flyer/ MO-HOPE website / Other (Specify: \_\_\_\_\_)

