



OVERDOSE DECLARATION FORM

Organization identification :

Organization :

Event portrait :

*Date :

*City/Region :

*Select if : fatal overdose

* Select if : non-fatal overdose

Description of the substance(s) consumed :

*Substance(s)	Shape(s) and/or appearance(s)	Obtained under which name(s)
1.		
2.		
3.		

Origin/City :

Purchased online :

*Consumption : alone in group(s)

*Method(s) of drug(s) administration :

Select the side effect(s) felt during the OD : Chest pain Mental confusion Convulsions
 Breathing problems (slowing down / stopping) Very small pupils Foam on the lips Agitation
 Cold/pale/clammy skin Does not react to noise and pain Blue lips and/or blue nails Hallucinations
 Cardiac symptoms (slowdowns / palpitations / stops) Excessive sweating Vomiting Fever
 Loss of consciousness Others :

Overview of interventions :

* Select if the naloxone has been used : Yes No * How many dose(s) :

Did the naloxone work : Yes No After more than one dose Not used

Select if the following people helped during the overdose :

Police Paramedics Peers Relatives Street workers

* Would you like to talk about the help you received during your overdose(s)?

Write to AQPSUD : info@aqpsud.org

You can complete the form online at : <http://www.vigiesurdoses.com/>

For more information, contact Rdm@aqcid.com.