

REPUBLIC OF KENYA



MINISTRY OF HEALTH

PEER EDUCATOR/ORW OVERDOSE ENCOUNTER REPORTING TOOL

Name of County: _____ Sub-County: _____

Ward: _____ Implementing Partner (CSO): _____

Date (DD/MM/YYYY): ____ / ____ / ____

KP Type (Tick appropriate): PWID PWUD

General Information	
Client Name	Contact Phone Number
Alternate Number	
Sex	1=Male 2=Female
Date of Birth	Age (Years)
KP Unique Identifier Code	
Physical address where the overdose happened	
Incident Type	1=New 2=Recurrent
Name of the Incident Site (Hotspot)	
Type of Site	1=Street, 2= Injecting den, 3=Uninhabitable building, 4=Parks, 5=Homes, 6=Beach, 7=Casino, 8=Bar with Lodging, 9=Bar without Lodging, 10=Sex den, 11=Strip club, 12=Highways, 13=Brothel, 14=Guest House/ Hotel and Lodging, 15=Massage Parlor, 16=Changáa den, 17=Barber shop/Salon, 18=Others (Specify)
Naloxone Provided	1=Yes, 2=No
Specific Drug Use	<input type="checkbox"/> Methadone <input type="checkbox"/> Cannabis <input type="checkbox"/> Flunitrazepam (Tap tap, Bugizi) <input type="checkbox"/> Heroin <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Others (Specify)
Remarks (Provide additional information on the incidence)	
Outcome	1=Referred (Specify where) _____ 2=Died
Reported by _____	Date _____
Witnessed by _____	Date _____