



## Project DAWN Data Request

To request Project DAWN data, please complete the following form in full. When finished, email the form to [ProjectDAWN@odh.ohio.gov](mailto:ProjectDAWN@odh.ohio.gov). You can also use this email for questions or to follow-up on your request.

### Requestor Information

Name:	Date of request:
Organization:	
Email address:	
Phone number:	
Request type:	Date needed by:

*\*Standard data request should be fulfilled within two weeks of receipt. Rush requires Administrator approval.*

### Details of Data Request

#### Data source(s) of interest

<input type="checkbox"/>	Monthly Distribution Logs (MDL) <i>(Only select this for MDL data <b>2018 and prior</b>. Data from 2019-present can be accessed <a href="#">here</a>.)</i>
<input type="checkbox"/>	Naloxone Intake Forms (NIF) <i>(Only for Group A Project DAWNs, November 2022-forward)</i>
<input type="checkbox"/>	ZIP Code & Setting Aggregate Data <i>(Only for Group B Project DAWNs, November 2022-forward)</i>

#### Data filters

Time period (Please provide context for the date range. For example, “kits distributed between 1/1/20-12/31/20”):

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Limited to specific program(s) or geographic area(s)? Please check at least one of the boxes below.

<input type="checkbox"/>	Statewide
<input type="checkbox"/>	County(ies) of Project DAWN program(s) <i>Please specify:</i>
<input type="checkbox"/>	County(ies) of Distribution (NIF + ZIP Code & Setting data only) <i>Please specify:</i>
<input type="checkbox"/>	County(ies) of Participant Residence (NIF + ZIP Code & Setting data only) <i>Please specify:</i>
<input type="checkbox"/>	Project DAWN program(s) <i>Please specify:</i>



Other filters? Please describe.

**Variables/fields of interest** (what fields should be included in the data; please refer to Data Dictionaries on p. 3):

**Purpose**

*The following questions can help ensure what you receive meets your needs.*

What question(s) should the data answer or address?

How will the data be used? (e.g., resulting product, intended audiences)



## Data Dictionaries

Monthly Distribution Log Data Dictionary	
Variable/Field Name	Description
Agency Name	Name of the Project DAWN program.
Base County	County where the program is based out of; not necessarily where naloxone distribution, training, and known reversals occurred.
Month-Year	Month and year of naloxone distribution, training, and when programs learned of reversals.
# Project DAWN Kits Distributed to the Community	Number of naloxone kits distributed to the community from Project DAWN funding sources for the month.
# of Project DAWN Kits Provided to First Responders	Number of naloxone kits provided to law enforcement or first responders to carry for in-field use, funded by Project DAWN. This field does NOT include kits that first responders distributed to the community (e.g., quick response team, EMS leave-behind).
# of Project DAWN Kits Placed for Emergency Access (NaloxBoxes & Cabinets)	Number of naloxone kits placed for public emergency access (e.g., NaloxBoxes or cabinets).
# Kits Distributed/Placed from Other Funding Sources (non-Project DAWN)	Number of naloxone kits distributed to the community, to first responders for in-field use, and placed for emergency access from non-Project DAWN funding sources for the month.
Total Number of Kits Distributed/Placed	Total number of naloxone kits distributed to the community, provided to first responders for in-field use, placed for public emergency use from all funding sources.
Number of People Trained	Number of people trained in naloxone administration for the month.
# of Overdose Reversals by First Responders	Number of known instances that naloxone has been administered by a first responder to a person to reverse an opioid overdose or a suspected overdose and they survived.
# Other Known Reversals (other than first responders)"	Other than first responders, this is the number of known instances that naloxone has been administered to a person to reverse an opioid overdose or a suspected overdose and they survived.
Total # Reversals	Number of known overdose reversals reported for the month; this is the sum of known reversals by first responders and reversals other than from first responders.

Naloxone Intake Form v3.4, 3.5*		
Variable / Field Name	Field Type	Field Label
version	radio	SELECT INTAKE FORM VERSION
program	dropdown	Please select your program.
form_id	text	Form ID number
date	text	Date of Kit Distribution/Transfer
transfer_type	radio	Transfer Type:
number_kits	text	Number of kits provided



funding_source	radio	How is this naloxone funded?
funding_source_other	text	Other funding source
role	dropdown	What is the role of the person distributing naloxone?
setting	dropdown	Distribution/Transfer Setting
setting_other	text	Other distribution/transfer setting
setting_zip	text	Zip Code of Distribution/Transfer Setting
setting_county	dropdown	County of Distribution/Transfer Setting
age	radio	Age
gender	radio	Which gender do you most identify with?
gender_other	text	Gender not listed:
race_ethnicity	dropdown	What race(s) and ethnicity do you consider yourself?
multi_race_ethnicity	checkbox	Select all that apply.
zip	text	In which Ohio zip code do you live?
zip_blank	radio	Reason zip code of residence is blank:
county	dropdown	In which Ohio county do you live?
drugs_last_year	radio	Have you used drugs in the last year (other than marijuana)?
hx_od_or_witness	radio	Have you ever overdosed or witnessed an overdose?
first_kit	radio	Is this the first naloxone (Narcan) kit you have received?
last_kit	radio	If no, what happened to your last kit?
last_kit_survive	radio	Did the person survive?
last_kit_other	text	Other (what happened to the last kit)
intended_use	checkbox	Intended use for naloxone (Narcan)?
insurance	radio	Do you have health insurance?
ods_witnessed	radio	How many times have you witnessed someone overdosing?
release_jail	dropdown	...been released from a jail or correctional facility within the past 30 days?
release_tx	dropdown	...been released from an inpatient treatment facility within the past 30 days?
history_tx	dropdown	...ever been in a formal treatment program (other than AA, NA, or other peer support groups)?
history_ivdrugs	dropdown	...ever used intravenous (IV) drugs?
history_nonopioids	dropdown	...ever used drugs other than opioids, such as cocaine and methamphetamine?
history_od	dropdown	...ever overdosed?

\*The NIF v3.4, 3.5 REDCap survey launched on August 1, 2022. At that time, the v3.4 Individual form was used, along with the v3.5 Overdose Awareness Day & Recovery Month Events and Transfer to Agency forms. On March 1, 2023, the v3.5 Individual form was launched, and data were collected using the same REDCap project. This update consisted of removal (hiding) of the fields in dark gray and addition of the fields in light gray. Data collected for the removed fields are still available upon request. Data prior to August 1, 2022 may not have the same variables as described above.



ZIP Code & Setting Aggregate Data		
Variable / Field Name	Field Type	Field Label
program	dropdown	Please select your program:
monthyear	dropdown	Month and year kits were distributed or transferred
<b><i>Number of kits distributed, placed, or transferred in the following settings:</i></b>		
commaccesspoint	text	Community Access Point
courtssystem	text	Court System
ed_urgentcare	text	ED/Urgent Care
fqhc_nonlhdcclinic	text	FQHC/non-LHD Clinic
hospsystem	text	Hospital System
jailcorrections	text	Jail/Corrections
leavebehind	text	Leave-Behind (EMS/LEO)
lhd	text	Local Health Department (LHD)
mobileunit	text	Mobile Unit
mailorder	text	Online Mail-order
pharmacy	text	Pharmacy
qrt	text	Quick Response Team (QRT)
school_uni	text	School/University
streetoutreach	text	Street Outreach
ssp	text	Syringe Service Program
treatmentrecovery	text	Treatment/Recovery
vending_dispensing	text	Vending/Dispensing Machine
other	text	Other
settingtotal	calc	Setting Total
<b><i>ZIP codes and number of kits distributed, placed, or transferred for each:</i></b>		
zip1	text	ZIP Code 1
zip1_numberkits	text	# Kits ZIP Code 1
zip2	text	ZIP Code 2
zip2_numberkits	text	# Kits ZIP Code 2
zip3	text	ZIP Code 3
zip3_numberkits	text	# Kits ZIP Code 3
zip4	text	ZIP Code 4
zip4_numberkits	text	# Kits ZIP Code 4
zip5	text	ZIP Code 5
zip5_numberkits	text	# Kits ZIP Code 5
zip6	text	ZIP Code 6
zip6_numberkits	text	# Kits ZIP Code 6
zip7	text	ZIP Code 7
zip7_numberkits	text	# Kits ZIP Code 7
zip8	text	ZIP Code 8
zip8_numberkits	text	# Kits ZIP Code 8



zip9	text	ZIP Code 9
zip9_numberkits	text	# Kits ZIP Code 9
zip10	text	ZIP Code 10
zip10_numberkits	text	# Kits ZIP Code 10
zip11	text	ZIP Code 11
zip11_numberkits	text	# Kits ZIP Code 11
zip12	text	ZIP Code 12
zip12_numberkits	text	# Kits ZIP Code 12
zip13	text	ZIP Code 13
zip13_numberkits	text	# Kits ZIP Code 13
zip14	text	ZIP Code 14
zip14_numberkits	text	# Kits ZIP Code 14
zip15	text	ZIP Code 15
zip15_numberkits	text	# Kits ZIP Code 15
zip16	text	ZIP Code 16
zip16_numberkits	text	# Kits ZIP Code 16
zip17	text	ZIP Code 17
zip17_numberkits	text	# Kits ZIP Code 17
zip18	text	ZIP Code 18
zip18_numberkits	text	# Kits ZIP Code 18
ziptotal	calc	ZIP Code Total