

# NALOXONE INTAKE FORM

## INDIVIDUAL DISTRIBUTION

### FOR OFFICE USE ONLY

<p><b>Form identification number:</b> _____</p> <p><b>Date of Kit Distribution:</b> ____/____/____</p> <p><b>Number of kits provided:</b> _____</p> <p><b>How is this naloxone funded?</b></p> <p><input type="radio"/> ODH Project DAWN   <input type="radio"/> Other (non-ODH) _____</p> <p><b>What is the role of the person distributing naloxone?</b></p> <p><input type="radio"/> Community Health Worker/Public Health Professional</p> <p><input type="radio"/> First Responder/Law Enforcement Officer</p> <p><input type="radio"/> Healthcare/Behavioral Health Provider</p> <p><input type="radio"/> Lay Distributor</p> <p><input type="radio"/> Peer</p> <p><input type="radio"/> Pharmacist</p> <p><input type="radio"/> Volunteer</p> <p><input type="radio"/> Other _____</p>	<p><b>Distribution Setting:</b></p> <table border="1"> <tr> <td> <input type="radio"/> Community Access Point  <input type="radio"/> Court System  <input type="radio"/> ED/Urgent Care  <input type="radio"/> FQHC/non-LHD Clinic  <input type="radio"/> Hospital System  <input type="radio"/> Jail/Corrections  <input type="radio"/> Leave-Behind (EMS/LEO)  <input type="radio"/> Local Health Department (LHD)  <input type="radio"/> Mobile Unit </td> <td> <input type="radio"/> Online Mail-order  <input type="radio"/> Pharmacy  <input type="radio"/> QRT  <input type="radio"/> School/University  <input type="radio"/> Street Outreach  <input type="radio"/> Syringe Service Program  <input type="radio"/> Treatment/Recovery  <input type="radio"/> Vending/Dispensing Machine  <input type="radio"/> Other _____ </td> </tr> </table> <p><b>Zip Code of Distribution:</b> _____</p> <p><input type="radio"/> N/A (online)</p> <p><b>County of Distribution:</b> _____</p> <p><input type="radio"/> N/A (online)</p>	<input type="radio"/> Community Access Point <input type="radio"/> Court System <input type="radio"/> ED/Urgent Care <input type="radio"/> FQHC/non-LHD Clinic <input type="radio"/> Hospital System <input type="radio"/> Jail/Corrections <input type="radio"/> Leave-Behind (EMS/LEO) <input type="radio"/> Local Health Department (LHD) <input type="radio"/> Mobile Unit	<input type="radio"/> Online Mail-order <input type="radio"/> Pharmacy <input type="radio"/> QRT <input type="radio"/> School/University <input type="radio"/> Street Outreach <input type="radio"/> Syringe Service Program <input type="radio"/> Treatment/Recovery <input type="radio"/> Vending/Dispensing Machine <input type="radio"/> Other _____
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**Age** ☐ 14 or under ☐ 15-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ Prefer not to say

**Which gender do you most identify with?**

☐ Female ☐ Male ☐ Non-Binary/Gender Fluid ☐ Prefer not to say ☐ Not listed \_\_\_\_\_

**What race(s) and ethnicity do you consider yourself? Please choose one.**

☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ Native Hawaiian/Pacific Islander

☐ American Indian or Alaska Native ☐ Other ☐ Prefer not to say

☐ Multi-racial/multi-ethnic (check all that apply below)

☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ American Indian or Alaska Native ☐ Other

**In which Ohio zip code do you live?** \_\_\_\_\_ ☐ Prefer not to say ☐ I do not live in Ohio

**In which Ohio county do you live?** \_\_\_\_\_ ☐ Prefer not to say ☐ I do not live in Ohio

**Have you used drugs in the last year (other than marijuana)?** ☐ Yes ☐ No ☐ Prefer not to say

**Have you ever overdosed or witnessed an overdose?** ☐ Yes ☐ No ☐ Prefer not to say

**Is this the first naloxone (Narcan) kit you have received?** ☐ Yes ☐ No ☐ Prefer not to say

*If no, what happened to your previous kit?*

☐ My kit was used on me or someone who was overdosing → Did the person survive? ☐ Yes ☐ No ☐ Prefer not to say

☐ The medication in my kit expired

☐ Other \_\_\_\_\_

☐ Prefer not to say