

# Project DAWN (Deaths Avoided With Naloxone)

## Individual Intake Form

### FOR OFFICE USE ONLY

Was this naloxone funded by the Ohio Department of Health (ODH)?

Form Identifier \_\_\_\_\_

- Yes  
 No

### SECTION 1: About You

Date: \_\_\_\_\_

In which Ohio county do you live? \_\_\_\_\_

Do you have health insurance?

- No  
 Yes, I have Medicaid  
 Yes, I have other insurance coverage (private insurance; Medicare; TRICARE; etc.)  
 Unknown

Have you ever witnessed an overdose?

- No  
 Unknown  
 Yes  
     ↳ How many? \_\_\_\_\_

Are you getting this naloxone (Narcan) because you know one or more specific people at risk of overdose?

- No, I am not getting this naloxone because of anyone in particular. → **SKIP TO SECTION 3**  
 Yes, I know one or more people at risk of overdose. → **CONTINUE TO SECTION 2**

### SECTION 2: About the Person at Risk of Overdose

If you know multiple people at risk of overdose, please answer the questions in this section about the person who is **MOST LIKELY** to be administered the naloxone you are receiving today.

Who is at risk of overdose? **Select only one.**

- Me  
 My husband, wife, or partner  
 My parent or guardian  
 My brother or sister  
 My child  
 Other family member  
 My friend, boyfriend, or girlfriend  
 My client, customer, co-worker, or someone else at work  
 Other \_\_\_\_\_

Is the person at risk of overdose Hispanic or Latino?

- Yes  
 No  
 Unknown

Age of the person at risk: \_\_\_\_\_

Race of the person at risk of overdose:


- White  
 Black or African-American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander  
 More than one race (bi-racial/multi-racial)  
 Unknown

Gender of the person at risk of overdose:

- Male  
 Female  
 Transgender woman (M→F)  
 Transgender man (F→M)  
 Other/non-binary  
 Unknown

<p>Marital status of the person at risk:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married</li> <li><input type="radio"/> Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Living as married</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Highest level of education of the person at risk:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Less than high school</li> <li><input type="radio"/> High school degree or GED</li> <li><input type="radio"/> Some college</li> <li><input type="radio"/> Associate's degree</li> <li><input type="radio"/> Bachelor's degree</li> <li><input type="radio"/> Master's degree</li> <li><input type="radio"/> Professional or doctorate degree</li> <li><input type="radio"/> Unknown</li> </ul>
<p>Is the person at risk currently employed?</p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes – part-time</li> <li><input type="radio"/> Yes – full-time</li> <li><input type="radio"/> Yes – not sure if part-time or full-time</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Has the person at risk overdosed in the past?</p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Unknown</li> <li><input type="radio"/> Yes, but I don't know how many times</li> <li><input type="radio"/> Yes → How many times? _____</li> </ul>
<p>Is the person at risk taking prescription opiates that a health care provider prescribed to treat pain? (Vicodin, Percocet, OxyContin, oxycodone, hydrocodone, fentanyl patches, etc.)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Is the person at risk using illicit (illegal) opiate drugs? (heroin, fentanyl, prescription opiates not prescribed by a health care provider, etc.)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Unknown</li> </ul>

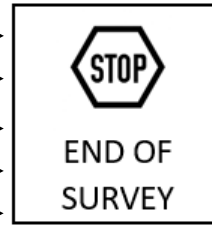
**SECTION 3: Naloxone Kit Refill**

<p>Is this the first time you have received a naloxone kit?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes →  END OF SURVEY</li> <li><input type="radio"/> No → <span style="border: 1px solid black; padding: 2px;">CONTINUE TO NEXT QUESTION</span> →</li> </ul>	<p><u>Not</u> counting the kit that you are receiving today, how many kits have you gotten in the past?</p>
---	---

<p>Where did you get your last kit?</p> <ul style="list-style-type: none"> <li><input type="radio"/> From this Project DAWN site</li> <li><input type="radio"/> From another Project DAWN site</li> <li><input type="radio"/> From a pharmacy</li> <li><input type="radio"/> From a friend or family member</li> <li><input type="radio"/> From police or EMS</li> <li><input type="radio"/> Other _____</li> </ul>
---

What happened to your last naloxone kit?

- My kit expired
- My kit was stolen/taken
- My kit was given to someone else
- My kit was lost
- I still have my kit
- My kit was used on a person who was overdosing



CONTINUE TO SECTION 4

## SECTION 4: Naloxone Used to Reverse an Overdose

When answering the questions in this section, please think about the **LAST TIME** that your naloxone kit was used to reverse an overdose.

Who overdosed?

- Me
- My husband, wife, or partner
- My parent or guardian
- My brother or sister
- My child
- Other family member
- My friend, boyfriend, or girlfriend
- My client, customer, co-worker, or someone else at work
- A stranger
- Other \_\_\_\_\_

Was the naloxone administered to the person you thought it would be used on when you got the kit?

- Yes, I got the kit because I thought this person was at risk of overdose
- No, I first got the kit with another person in mind
- No, I didn't have anyone specific in mind when I first got the kit
- Unknown

Age of the person who overdosed:

Highest level of education of the person who overdosed:

- Less than high school
- High school degree or GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional or doctorate degree
- Unknown

Race of the person who overdosed:

- White
- Black or African-American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- More than one race (bi-racial/multi-racial)
- Unknown

Gender of the person who overdosed:

Is the person who overdosed Hispanic or Latino?

- Yes
- No
- Unknown

- Male
- Female
- Transgender woman (M→F)
- Transgender man (F→M)
- Other/non-binary
- Unknown

<p>Marital status of the person who overdosed:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Single</li> <li><input type="radio"/> Married</li> <li><input type="radio"/> Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Living as married</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Is the person who overdosed currently employed?</p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes – part-time</li> <li><input type="radio"/> Yes – full-time</li> <li><input type="radio"/> Yes – not sure if part-time or full-time</li> <li><input type="radio"/> Unknown</li> </ul>
<p>How many times, total, has this person overdosed?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Unknown</li> <li><input type="radio"/> This was the first time</li> <li><input type="radio"/> This person has overdosed before, but I don't know how many times</li> <li><input type="radio"/> Number of times _____</li> </ul>	
<p>Where did the overdose occur?</p> <ul style="list-style-type: none"> <li><input type="radio"/> At the home of the person who overdosed</li> <li><input type="radio"/> At another person's home</li> <li><input type="radio"/> At a drug house or trap house</li> <li><input type="radio"/> In a car</li> <li><input type="radio"/> In a public building (restaurant, library, mall, grocery store, gas station, etc.)</li> <li><input type="radio"/> Outside (woods, park, playground, etc.)</li> <li><input type="radio"/> Unknown</li> <li><input type="radio"/> Other _____</li> </ul>	
<p>Did any of the following things happen during or after the overdose? <b>Check all that apply.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rescue breathing or CPR was given by EMS or police</li> <li><input type="checkbox"/> Rescue breathing or CPR was given by a bystander</li> <li><input type="checkbox"/> Naloxone was administered by EMS or police</li> <li><input type="checkbox"/> Naloxone was administered by a bystander</li> <li><input type="checkbox"/> Person was transported to the emergency room</li> <li><input type="checkbox"/> Person who overdosed was angry and/or aggressive after waking up</li> <li><input type="checkbox"/> Person who overdosed vomited after waking up</li> <li><input type="checkbox"/> Person who overdosed felt dopesick or went into withdrawal after waking up</li> <li><input type="checkbox"/> Person who overdosed was arrested</li> <li><input type="checkbox"/> Another person was arrested</li> <li><input type="checkbox"/> Other _____</li> </ul>	
<p>Was 911 called?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> No → Why not? _____</li> </ul>	<p>Did the person survive the overdose?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> No</li> </ul>
<p>In what county did the overdose occur? _____</p>	