



NALOXONE INTAKE FORM INDIVIDUAL DISTRIBUTION

FOR OFFICE USE ONLY

Form identification number: _____ Date of Kit Distribution: ___/___/___ Number of kits provided: _____ How is this naloxone funded? <input type="radio"/> ODH Project DAWN <input type="radio"/> Other (non-ODH) _____ What is the role of the person distributing naloxone? <input type="radio"/> Community Health Worker/Public Health Professional <input type="radio"/> First Responder/Law Enforcement Officer <input type="radio"/> Healthcare/Behavioral Health Provider <input type="radio"/> Lay Distributor <input type="radio"/> Peer <input type="radio"/> Pharmacist <input type="radio"/> Volunteer <input type="radio"/> Other	Distribution Setting:	
	<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 _____
	Zip Code of Distribution: _____ <input type="radio"/> N/A (online)	
	County of Distribution: _____ <input type="radio"/> N/A (online)	

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