

# NALOXONE INTAKE FORM *(reduced)*

## FOR OFFICE USE ONLY

<b>Form identification number:</b> _____ <b>Date of Kit Distribution:</b> ___/___/___ <b>Number of kits provided:</b> _____ <b>Kit is for:</b> <input type="radio"/> Individual <input type="radio"/> Service entity <b>How is this naloxone funded?</b> <input type="radio"/> ODH (General Allocation and/or IN Grant) <input type="radio"/> Other _____	<b>Distribution Setting:</b>	
	<input type="radio"/> Community Access Point <input type="radio"/> Corrections/Court System <input type="radio"/> ED/Urgent Care <input type="radio"/> FQHC/non-LHD Clinic <input type="radio"/> Hospital System <input type="radio"/> Lay Distribution Network <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"/> Other _____
	<b>Zip Code of Distribution Setting:</b> _____ <input type="radio"/> N/A (online)	
	<b>County of Distribution Setting:</b> _____ <input type="radio"/> N/A (online)	

**Age**  14 or under  15-24  25-34  35-44  45-54  55-64  65+

**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

**Is this the first naloxone (Narcan) kit you have received?**  Yes  No

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

My kit was used on another person who was overdosing → Did the person survive?  Yes  No

My kit was used on me

The medication in my kit expired

Other

**Intended use for naloxone (Narcan):**  If I overdose  If a friend or family member overdoses

If I see someone overdose