

NALOXONE INTAKE FORM

FOR OFFICE USE ONLY

Date of Kit Distribution: ___ / ___ / ___

Form identification number: _____

Number of kits provided: _____

Type of kit:

Individual Service entity

How is this naloxone funded?

- ODH general allocation
 ODH grant (IN20/IN21)
 Other _____

Distribution setting:

- Health Department Community Event
 Jail/Prison Hospital/Emergency Department
 Mobile Unit Syringe Access Program
 Quick Response Team Treatment/Recovery
 Online/Mail Order Other _____

Age: _____

What sex were you assigned at birth, on your original birth certificate? Male Female Prefer not to say

Do you consider yourself to be transgender or non-binary? Yes No Prefer not to say

If yes, do you consider yourself to be:

- Male-to-female
 Female-to-male
 Gender nonconforming
 Prefer not to say

What race(s) and ethnicity do you consider yourself? (check all that apply)

- White Black/African American Hispanic/Latino Asian Native Hawaiian/Pacific Islander
 American Indian or Alaska Native Other

In which Ohio county do you live? _____ Prefer not to say I do not live in Ohio

Do you have health insurance?

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

Intended use for naloxone (Narcan): (check all that apply)

- If I overdose If a friend or family member overdoses
 If I see someone overdose For location to have on hand (service entity)

| Yes | No | Have you... |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | ...ever used intravenous (IV) drugs? |
| <input type="radio"/> | <input type="radio"/> | ...ever been in a formal treatment program (other than AA, NA, or other peer support groups)? |
| <input type="radio"/> | <input type="radio"/> | ...been released from an inpatient treatment facility within the past 30 days? |
| <input type="radio"/> | <input type="radio"/> | ...been released from a jail or correctional facility within the past 30 days? |
| <input type="radio"/> | <input type="radio"/> | ...ever overdosed? If yes, how many times? _____ |

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

How many times have you witnessed someone overdosing? _____

How many times have you administered (used) naloxone on someone overdosing? _____