# NALOXONE INTAKE FORM

## FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date of Kit Distribution: <strong>/</strong>/___</th>
<th>How is this naloxone funded?</th>
<th>Distribution setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form identification number: _______</td>
<td>○ ODH general allocation</td>
<td>○ Health Department</td>
</tr>
<tr>
<td>Number of kits provided: _________</td>
<td>○ ODH grant (IN20/IN21)</td>
<td>○ Jail/Prison</td>
</tr>
<tr>
<td>Type of kit:</td>
<td>○ Other _____________________</td>
<td>○ Mobile Unit</td>
</tr>
<tr>
<td>○ Individual</td>
<td></td>
<td>○ Quick Response Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Online/Mail Order</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Other_____________</td>
</tr>
</tbody>
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<tr>
<th>Distribution setting:</th>
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<tbody>
<tr>
<td>○ Health Department</td>
<td>○ Community Event</td>
<td></td>
</tr>
<tr>
<td>○ Jail/Prison</td>
<td>○ Hospital/Emergency</td>
<td></td>
</tr>
<tr>
<td>○ Mobile Unit</td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>○ Quick Response Team</td>
<td>○ Syringe Access Program</td>
<td></td>
</tr>
<tr>
<td>○ Online/Mail Order</td>
<td>○ Treatment/Recovery</td>
<td></td>
</tr>
</tbody>
</table>

## 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)

### Intended use for naloxone (Narcan):
- ○ Yes
- ○ No

- ○ Have you...
  - ○ ...ever used intravenous (IV) drugs?
  - ○ ...ever been in a formal treatment program (other than AA, NA, or other peer support groups)?
  - ○ ...been released from an inpatient treatment facility within the past 30 days?
  - ○ ...been released from a jail or correctional facility within the past 30 days?
  - ○ ...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? __________

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When you administer naloxone, always call 911!