

Please use **BLUE** or **BLACK** ink

Shade circles like this → ●

NOT like this → ~~○~~ ~~○~~

1. Today's date: (MM/DD/YYYY) / /

2. What is the ZIP code of the place you live or stay most often?

3. Is this the first time you've received or purchased a naloxone/Narcan kit?

- Yes
 No

4. Why are you getting a kit today? Please select all that apply.

- I'm worried that someone I know will overdose OR that I will overdose
 I work with people who use drugs as part of my job
 Just in case I see someone overdose

5. What is your race and/or ethnicity? Please select all that apply.

- White Middle Eastern or North African Other:
 Black or African American Native Hawaiian or other Pacific Islander
 Hispanic or Latino/a American Indian or Alaska Native
 Asian Don't know

6. What is your age?

STOP -- BELOW THIS LINE FOR PROGRAM USE ONLY

Naloxone formulation provided:

- Two doses single-step Narcan
 Two doses intramuscular (0.4mg/1ml)
 Two doses multi-step intranasal (2mg/2ml)

How many kits were dispensed?

Fill in if these were communal kits:

↳ ZIP code where communal kits will be kept:

Expiration date: (MM/YYYY) /

Agency name:

↳ Agency's program site or address of site:

Program site ZIP code:

Location where kit was dispensed:

(If mobile, put cross streets)

Location ZIP code:

Name of person dispensing kit:

Name of person receiving kit: