

## County of San Diego Naloxone Distribution Form

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Data Collector's Name \_\_\_\_\_

Non-County NDP Partner Name: \_\_\_\_\_

New Recipient

HHSA Region Where Distributed: \_\_\_\_\_

Refill (back for more!)

### Race / Ethnicity

*(check all that apply)*

- Black / African American
- Latino / Latina / Latinx
- Asian
- Indigenous / Native American
- Pacific Islander / Native
- White / Caucasian
- Decline to state
- Other \_\_\_\_\_

### Gender Identity

- Male
- Female
- Trans Male
- Trans Female
- Genderqueer / Non-binary
- Decline to state
- Other \_\_\_\_\_

### Reason for Refill

- Naloxone used on Self
- Naloxone used on Someone Other than Self
- Gave it away
- Lost it
- Confiscated
- Other: \_\_\_\_\_

### Kits Provided

Nasal # of kits: \_\_\_\_\_

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