

County of San Diego Naloxone Distribution Form



FOR STAFF USE ONLY

Date of Distribution: _____ / _____ / _____ (Specify name of Event or Other)

Distribution Setting: Training Outreach NAP Site Cluster Event/Other: _____

Zip Code of Distribution: _____ # of Naloxone Kits provided: _____

Agency/Organization: _____ # of Fentanyl Test Strips provided: _____

Data Collector's Name: _____ # of Xylazine Test Strips provided: _____

Bulk Distribution Intended for Population(s): (check all that apply) Homeless/At Risk Active Drug Use

Age Group (in years):

- 12-17
- 18-24
- 25-35
- 36-45
- 46-59
- 60+
- Prefer not to say

Are you Hispanic, Latino, or Spanish?

- (Check all that apply)
- No, not Hispanic, Latino, or Spanish
 - Mexican, Mexican American, or Chicano
 - Puerto Rican
 - Cuban
 - Other Hispanic, Latino, or Spanish
 - Prefer not to say

What gender do you most identify with?

- Male
- Female
- Trans Male
- Trans Female
- Genderqueer/Non-Binary
- Prefer not to say
- Other _____

Race (Choose One):

- White Only
- Black or African American Only
- American Indian or Alaska Native Only
- Asian Only
- Other Race Only
- Two or more Races
- Prefer not to say

Is this the first naloxone (Narcan) kit you have received?

- Yes No Prefer not to say Naloxone not given out

If No, what happened to your previous kit(s)?

- Still have it
- Lost it
- Gave it away
- Confiscated
- My kit(s) were used to reverse one or more overdoses.
 - ↳ How many lives were saved(reversals) using the kit(s) we last gave you? Write a number: _____
- Prefer not to say

Are you currently homeless or at risk of becoming homeless?

- Yes
- No
- Prefer not to say

Do you currently use non-prescribed or street drugs?

- Yes
- No
- Prefer not to say