BCCDC NASAL NALOXONE – KIT DISTRIBUTION RECORD

Once full, FAX to 604-707-2516 or email to naloxone@bccdc.ca

*Kit distribution records are intended to be completed by site when a **nasal** naloxone kit is distributed.*
*For each person receiving a **nasal** naloxone kit, ask the questions below and record their answers.*

Site ID# _____ **Full Site Name** _____ **City** _____

DATE KIT GIVEN OUT		MM/DD/YYYY			**KIT RECIPIENT DESCRIPTION**		
Was this their 1ST Kit or a replacement? (select one answer) ☐ 1st kit (never had a nasal or injection kit before) ☐ Replacement kit (last kit (nasal or injection) was used to respond to overdose) ☐ Replacement kit (last kit (nasal or injection) was **not** used to respond to overdose) ☐ Prefer not to say **Have they had a nasal naloxone kit before?** (select one answer) ☐ Yes ☐ No ☐ Prefer not to say	**Have they witnessed a suspected opioid overdose in the last 5 years?** (select one answer) ☐ Yes ☐ No ☐ Not sure ☐ Prefer not to say **Do they use unregulated substances (e.g. heroin, fentanyl, meth or cocaine)?** (select all that apply) ☐ Yes ☐ Opioids ☐ Stimulants ☐ Other: _____ ☐ Prefer not to say ☐ No ☐ Prefer not to say	**Were they offered training today (first-time or refresher)?** (select one answer) ☐ Yes ☐ No ☐ Why not? (e.g. decline training, time limitations, lack of privacy, etc.) _____ ☐ Prefer not to say	**Have they previously received naloxone training?** (select all that apply) ☐ Yes, training on how to administer injectable ☐ Yes, training on how to administer nasal ☐ Yes, training other than naloxone administration (e.g recognizing overdose signs, giving breaths, etc.) ☐ Other type of relevant training: _____ ☐ No, they have not received any training ☐ Prefer not to say **If they answered yes to receiving training, how long ago was their last training?** (select one answer) ☐ Today ☐ Another day, less than a month ago ☐ 2-6 months ago ☐ 7 months-1 year ago ☐ 1-3 years ago ☐ 4 years ago or more ☐ Prefer not to say	**Do they have any health limitations (e.g., difficulty with use of their hands issues) that make injectable naloxone difficult to use?** (select one answer) ☐ Yes ☐ No ☐ Prefer not to say	**GENDER** (select one answer) ☐ Cis-man (assigned male at birth) ☐ Cis-woman (assigned female at birth) ☐ Transman ☐ Transwoman ☐ Non-binary ☐ Not listed ☐ Prefer not to say	**AGE RANGE (YRS)** (select one answer) ☐ <=18 ☐ 19-25 ☐ 26-30 ☐ 31-60 ☐ > 60 ☐ Prefer not to say	**ETHNIC OR RACIAL IDENTITY** (select all that apply) ☐ Indigenous ☐ First Nations ☐ Métis ☐ Inuit/Inuk ☐ Other ☐ White (e.g. European descent) ☐ East Asian (e.g. Chinese, Japanese, Korean, Taiwanese) ☐ Southeast Asian (e.g. Vietnamese, Cambodian, Thai, Malaysian, Laotian, Filipino) ☐ South Asian (e.g. East Indian, Pakistani, Sri Lankan) ☐ Black (e.g. African or Caribbean) ☐ Latin American/ Hispanic ☐ Middle Eastern (e.g. Arab, Persian, Iranian, Afghan) ☐ Prefer to self-describe as: _____ ☐ Prefer not to say