

Health Department Naloxone Program

Registration Form

The Naloxone/Narcan given at this Health Department was made available from grant provided by the *MetroWest Health Foundation*. All responses are anonymous and will remain confidential. Your participation is voluntary and you are free to skip any questions you would rather not answer. Information provided will help us better understand where increased naloxone access is needed in our communities.

Please enter your confidential Enrollment Code

First 2 letters of your mother's maiden name

**The day of your birth (01-31) **

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Today's Date

__/__/__

1. In which MetroWest City or Town was THIS naloxone obtained?

- | | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Hudson |
| <input type="checkbox"/> Framingham | <input type="checkbox"/> Natick |

2. Have you used naloxone before? If yes, where did you obtain the naloxone?

- Yes (*answer question 3)
 No (*skip question 3)

3. If yes, where did you obtain the naloxone?

- | | |
|--|--|
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Program Rise at JRI |
| <input type="checkbox"/> Learn to Cope | <input type="checkbox"/> Other _____ |

4. What is your gender?

- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer to self-describe _____ |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non-binary /third gender | |

5. Do you identify as transgender?

- Yes
 No
 Prefer not to say

6. Do you identify as any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Latino/Latina | <input type="checkbox"/> Brazilian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> None of the above |

7. What is your race? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Race _____ |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

8. Please select your age range:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65+ |