**This survey is intended to capture information across your community.**  If you wish to include supplementary information from specific partner organizations or sub-projects, feel free to include this a separate attachment.

**Community:**

**Organization:**

**Contact Information:**

1. Does your organization have a sufficient supply of naloxone kits for staff to respond to potential overdoses in your facility or program?

YES[ ]  NO[ ]

1. Does your organization have a sufficient supply of naloxone kits to provide to your clients to meet their needs?

YES[ ]  NO[ ]

1. Does your organization currently have partnerships with local health organizations that can quickly provide you with naloxone kits, if you were low or out of supplies?

YES[ ]  NO[ ]

1. If you answered “No” to the questions above, please specify the approximate number of naloxone kits your organization would need to continue to service your clients.
2. Does your staff have sufficient training in how to respond to an opioid overdose, including the administration of naloxone?

YES[ ]  NO[ ]

1. If you answered “No” to the question above, please specify the approximate percentage of staff you believe should receive this type of training.
2. Please indicate below the preferred form of naloxone.

Injectable [ ]  Nasal [ ]

1. Other comments or feedback