SYRINGE EXCHANGE CLIENT ENROLLMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 62365 (7-2023)

This form is optional and not required. Please do not include any personally identifying information on this form.

Enrollment Information

Date:	**Agency/Site Name:**	**Interviewer:**
Enrollment Type: ☐ First Enrollment ☐ Re-Enrollment ☐ SSP Visit		**Participant Code:**

Client Demographics

Current Gender Identity: ☐ Male ☐ Female ☐ Transgender Female ☐ Transgender Male ☐ Refused ☐ Other _____

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown ☐ Refused ☐ Other _____

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Current Zip Code	**County of Residence**

Current Living Status: ☐ Permanent Residence ☐ Homeless ☐ Shelter ☐ Car/Vehicle ☐ Refused ☐ Other _____

Syringe Services Assessment

How long have you been injecting? _____months/years

How often do you inject? _____ times per day/week

Have you been incarcerated in the last *90 days?* ☐ Yes ☐ No

What are the ways you use drugs? Select all that apply.
Inject Smoke Swallow Snort Vaping Suppositories Other_____

Which of the following have you used in the last *30 days*?
Heroin Methamphetamine/Speed Crack/Cocaine Methadone* Cannabis/Marijuana Spice Suboxone/Subutex*
Benzodiazepines (Benzos, Ativan, Xanax, etc.)
Prescription Pain Medication *
(codeine, Vicodin, OxyContin, Hydrocodone, Percocet, Fentanyl, etc.)
Ecstasy/Molly Gabapentin Alcohol Acid
Tobacco Products (cigarettes, smokeless, vapes, JUUL, hookah, etc.)
Other _____ **Not As Prescribed*

Type of referrals made if participant used tobacco products: Local tobacco treatment ND Quits/other state quitline

During the last *30 days* did you *share* any of the following?

Cookers/Water	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always
Syringes/Needles	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always
Cottons/Filters	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always
Other _____	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always

During the last *30 days* did you *reuse* any of the following?

Cookers/Water	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always
Syringes/Needles	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always
Cottons/Filters	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always
Other _____	If yes, how often would you say that occurred:	Rarely	Sometimes	Very Often	Always

Have you ever overdosed? ☐ Yes ☐ No ☐ Declined to answer	**If you have overdosed, when was the last time?**
Have you ever used Narcan/Naloxone? ☐ Yes ☐ No ☐ Declined to answer	**If you have used Narcan/Naloxone, when was the last time?**
During the *last year*, have you received any substance abuse treatment? ☐ Yes ☐ No	**Would you consider discussing substance use treatment options today?** ☐ Yes ☐ No
Since participating in the SSP, have you been arrested on a drug related charge? ☐ Yes ☐ No	**If yes, how long did you serve?** _____ days/months

Reminder: Do not include any personally identifying information on this form
hhs.nd.gov/ssp

Medical Services Assessment

Have you ever been tested for HIV? ☐ Yes ☐ No ☐ Refused If yes, when: _____ What was the result? ☐ Positive ☐ Negative ☐ Refused	**Have you ever been tested for Hepatitis C?** ☐ Yes ☐ No ☐ Refused If yes, when: _____ What was the result? ☐ Positive ☐ Negative ☐ Refused
How many people have you had sex with in the past *12 months*? ☐ 0 ☐ 1 – 2 ☐ 3 - 5 ☐ >5	**My sex partner(s) are:** (check all that apply) Males Females Transgender Individuals
How often do you use condoms/other protection? ☐ Always ☐ Most of the Time ☐ Not that Often ☐ Never	**Have you ever had _____ sex:** (check all that apply) Vaginal Anal (receptive) Anal (insertive) Oral

What activities/behaviors do you do or have done in the past that might place you at risk for HIV/STI/Hepatitis?

Multiple sex partners	Shared straws while snorting drugs
Use dating apps to meet sex partners	Had sex in exchange for money/drugs/food/etc.
Had anonymous sex	Victim of sexual assault
Tattooing: non-sterile settings (i.e. home/ jail)	Had a blood transfusion before 1992
Received body piercing in non-sterile setting	Family member in household has HCV
Were or had sex partner infected with STI	Received clotting factor before 1987
Victim of human trafficking	Had sex with Hepatitis C positive individual
Had sex under the influence of drugs/alcohol	Had sex with somone who has sex in exchange for money/drugs/food/etc.