SYRINGE EXCHANGE CLIENT ENROLLMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 62365 (9-2025)

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 ☐ Refused

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

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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
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.