SYRINGE EXCHANGE CLIENT ENROLLMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 62365 (4/2025)

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 ☐ 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_____

Infectious Disease Status

HIV status prior to or at initial enrollment in SSP: ☐ Positive ☐ Negative ☐ Unknown

Current HIV status: ☐ Positive ☐ Negative ☐ Unknown	**Status Date:**

Hepatitis C status prior to or at initial enrollment in SSP: ☐ HCV Antibody Positive & HCV RNA Negative ☐ HCV RNA Positive ☐ HCV Antibody Negative ☐ Unknown

Current Hepatitis C Status: ☐ HCV Antibody Positive & HCV RNA Negative ☐ HCV RNA Positive ☐ HCV Antibody Negative ☐ Unknown	**Status Date:**

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 ☐ Fentanyl ☐ Xylazine ☐ Methamphetamine/Speed ☐ Crack/Cocaine ☐ Methadone – Not as Prescribed ☐ Cannabis/Marijuana ☐ Spice ☐ Suboxone/Subutex – Not as Prescribed ☐ Prescription Pain Medication – Not as Prescribed (codeine, Hydrocodone, etc.) ☐ Benzodiazepines (Benzos, Ativan, Xanax, etc.) ☐ Alcohol ☐ Acid ☐ Ecstasy/Molly ☐ Gabepentin ☐ Tobacco Products (cigarettes, smokeless, vapes, JUUL, hookah, etc.) ☐ Other _____

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

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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 use disorder 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

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