## **COVID-19 Survey**



Whenever possible please complete these survey questions for each client accessing needle exchange or brief intervention. For current guidance related to Coronavirus(COVID-19) please refer to <a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a>

1. The client reported difficulties with 'social distancing' from other people? (current guidance is to stay 2 metres away)	Yes / No / Don't Know
2. The client reported problems accessing basic needs, such as food and toiletries?	Yes / No / Don't Know
3. The client reported problems accessing medicines, healthcare or harm reduction supplies (e.g. needles syringes)?	Yes / No / Don't Know
4. The client reported concerns about having symptoms of Coronavirus such as a persistent cough or high temperature?	Yes / No / Don't Know
5. The client's mental health had been affected by the current environment?	Yes / No / Don't Know
6. The client's alcohol/drug/tobacco use has increased, or changed, due the current environment?	Yes / No / Don't Know
Notes or comments (if applicable):	

## **Guidance notes:**

After a new intervention or transaction is entered into IMS a pop-up form will appear with these six questions. Responses should be recorded in this pop-up window.

The questions are designed that responses might be gained from a brief conversation with the client, but if you do not have some of the information or are unsure just complete as many questions as you're able.