**LDIS Form**

This form can be submitted via email LDIS@ljmu.ac.uk or online at <https://ims.ljmu.ac.uk/LDIS>

**DO NOT DISCLOSE ANY PERSONAL INFORMATON RELATED TO THE INCIDENT – E.G. THE NAMES OF PEOPLE INVOLVED.**

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| **Your contact details:** if appropriate role and service |
| **Location of the incident:** geographical area, and type of location (home, street, nightclub, hostel) |
| **Name of drug:** e.g. brand name, street name, chemical name – please give as much information as possible |
| **Route of administration: (**if known) Smoked [ ]  Swallowed [ ]  Sniffed [ ]  Injected IV [ ]  Injected IM [ ]  Injected Skin pop [ ]  Other [ ]   |
| **Effect of drug:** as described to you |
| **Different from what was expected:** e.g. lasted longer, more intense |
| **Polydrug use:** was the drug used with other drugs and/or alcohol? |
| **Polydrug use:** was the drug used with other drugs and/or alcohol? No [ ]  Yes [ ]  Unknown [ ]  (If yes, please list others) |
| **Dosage:** how much was taken, if more than one type of drug, list amount for each |
| **Cost: e.g.** price per unit weight, price per bag, price per pill |
| **Appearance:** e.g. white powder, pill. Attach photo if available |
| **Concern:** e.g. adverse effect, altered behaviour, violence, overdose |
| **Hospital admission:**  No [ ]  Yes [ ]  Unknown [ ]  If known please specify which hospital, when this occurred, whether still ongoing? |
| **Death or serious harm:** if yes give details |
| **Drug purchasing:** Internet [ ]  Shop [ ]  Dealer [ ]  Friend [ ]  Other [ ]  (describe)  |
| **Issue/concern been raised by other service users:** No [ ]  Yes [ ]  (If yes, roughly how many times) |
| **Drug experience of person concerned:** Experienced [ ]  Recreational [ ]  Naïve [ ]   |
| **Other relevant information:**  |