

Initials:
Gender:
Date of Birth:

Ethnicity:
Nationality:
Consent : Yes / No

ASSESSMENT:

Main Assessment:

Date:
Accommodation: <i>NFA / Housing Problem / No Problem</i>
Employment:
Parental Status: <i>All / Some / None / Not a parent</i>
Postcode:
Local Authority:
Substance 1: <i>In the last 14 days</i>
Substance 2: <i>In the last 14 days</i>
Substance 3: <i>In the last 14 days</i>

Mandatory items where highlighted .

Disability:

Chronic Condition/Disability 1:
Chronic Condition/Disability 2:
Chronic Condition/Disability 3:

Injecting:

Injecting Status: <i>Current / Never / Previous / No Answer</i>
Shared Needles: <i>Current / Never / Previous / No Answer</i>
Age first injected:
In drug treatment:

Keyworker:

Key Worker:

Veteran:

Military Veteran: Yes / No

INTERVENTION:

Intervention date:
Intervention detail:

TRANSACTION:

Barrels:

Barrel 1ml	
Barrel 2ml	
Barrel 5ml	
Barrel 10ml	
Barrel 20ml	

Bins:

Sharps Bins size	Amount

Needles:

Insulin 1ml	
Yellow 1/2"	
Orange 5/8"	
Orange 1"	
Blue 1"	
Blue 1 ¼"	
Green 1 ½"	
Red Blunt 1 ½"	

Paraphernalia:

Citric	
Stericup	
Water	
Vitamin C	
Filters	
Alcohol Wipes	
Foil	
Condoms	
Lube	

RETURNS:

Sharps Bins type		<i>FULL / HALF</i>	Amount	
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WELLBEING QUESTIONS:

Date of review:	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>