

SEP INTERVIEW FORM

check one: **First Interview** **Re-Interview**

Today's Date ____/____/____
Mo Day Year

ID CODE ____/____/____/____/____/____/____/____/____/____
1 2 2 3 3 4 5 5

Agency _____ Site _____ Interviewer _____
(Full agency name) (Address, cross streets, or area) (First and last initials only)

(1) First letter of legal first name ____ (2) First 2 letters of mother's last name when she was born ____

(3) Year of Birth (two digits) ____ (4) Gender: Male Female Transgender

(5) County (two digits) ____

- 1) Do you consider yourself? Hispanic/Latino Yes No
Do you consider yourself (read list and check all that apply)?
 Black Native American Unknown Did not want to answer
 White Asian/Pacific Islander Other _____

2) What do you inject most of the time AND what other drugs do you sometimes use?

Circle 1 for primary	Type of Drug	Circle 2 for all other drugs
1	Heroin	2
1	Cocaine	2
1	Heroin/Cocaine mixed (Speedball)	2
1	Crack	2
1	Amphetamines	2
1	Prescription Painkillers	2
1	Insulin	2
1	Other (specify) _____	2
	Alcohol	2
	Marijuana	2

If the Participant is injecting insulin, ask the following questions:

A) How often do you inject your insulin? _____

B) Do you have (check all that apply)? Insurance Medicaid Medicare No medical coverage

C) If you have coverage, does it currently pay for syringes? Yes No

D) How many times do you use a syringe? _____

E) Are you aware of anyone else using **your** insulin syringes? Yes No

If the participant injects other drugs, continue the survey from question #3. If they do not inject other drugs, continue from question #8.

3) In the last 30 days, have you shared (Check all that apply):
 Nothing Rigs (syringes) Water Cooker Cotton Other _____

4) Have you or someone with you experienced a heroin/opiate overdose in the past year? Yes No
If appropriate, talk to participant about overdose prevention issues related to using alone or mixing drugs.

5) How old were you when you first injected drugs? _____

6) The first time you injected, did you inject yourself or did someone else inject you? (Check all that apply)
 Self Partner Spouse Parent Sibling Other relative
 Friend Casual Date Stranger Other: _____

7) If you've tried to get into a drug treatment program this past year, were there any issues or barriers?
 Yes. No. Did not try to get into a program

If yes, what were the issues? (Check all that apply.)

- Didn't know where to go Family related issues couldn't afford it Incarceration
 Legal issues pending Couldn't get time off work Waiting list too long Decided not to go
 Did not meet admission criteria Stigma/Discrimination Other (specify) _____

8) Information questions: Ask about the following topics conversationally and check what type of information discussed or requested, or if participant isn't interested, check "none."

Are you interested in information about?

	None	Transmission	Prevention	Treatment	Vaccination	Other (notes):
HIV					N/A	
Hep A						
Hep B						
Hep C					N/A	

9) (Ask only if it's a re-enrollment interview) If you've been previously enrolled in the New Mexico Syringe Exchange Program, did the syringe exchange program assist you in receiving or accessing any of the following?

- Syringe exchange Identification Job/employment services Overdose prevention Social Security Benefits
 Hepatitis testing Medications Medical care HIV testing Drug treatment
 Food STD Testing Acu-detox Legal Services Housing
 Clothing Other _____ Other _____

Comments: _____