

Syringe Services Interview Form



Today's Date ___/___/___ Check one: First Interview Re-Interview

Agency/Public Health Office (full name/no initials) _____ Interviewer: _____

Complete this section for all Interviews:

<p>ID Code: </p> <p style="text-align: center;">F F M M Y Y</p> <p>(FF) First 2 letters of participant first name (MM) First 2 letters of mother's first name (YY) 2- Digit Year of Birth</p> <p>Gender Assigned at Birth:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined</p> <p>Current Gender Identity:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender – Unspecified <input type="checkbox"/> Declined</p>	<p>County of Residence: _____</p> <p>Do you consider yourself Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you consider yourself? (check all that apply)</p> <p><input type="checkbox"/> African- American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline</p>
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Ask question 1 for all Interviews

1) What do you inject/fix most of the time?
 What are other substances you sometimes use?

Check for primary/most	Type of Substance	Check for others used
<input type="checkbox"/>	Heroin	<input type="checkbox"/>
<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>
<input type="checkbox"/>	Cocaine/crack	<input type="checkbox"/>
<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>
<input type="checkbox"/>	Prescription Painkillers	<input type="checkbox"/>
<input type="checkbox"/>	Insulin	<input type="checkbox"/>
<input type="checkbox"/>	Hormones	<input type="checkbox"/>
<input type="checkbox"/>	Methadone	<input type="checkbox"/>
<input type="checkbox"/>	Buprenorphine/Suboxone	<input type="checkbox"/>
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>
<input type="checkbox"/>	Cannabis	<input type="checkbox"/>
<input type="checkbox"/>	Alcohol	<input type="checkbox"/>

During all interviews – please remember to offer information/referrals (record this on the SSP Daily Log Sheet):

Hepatitis (ABC), HIV, and STD - prevention, transmission, testing, and services; overdose prevention and naloxone; PrEP/PEP; substance use treatment; and other services such as other types of medical treatment and housing.

Ask questions 2 & 3 only for a Re-interview:

- 2) Do you think there are enough options or programs in the area for substance treatment?
 Yes No No opinion Decline
- If no, what do you think is needed?
 (Check all that apply.)
- Acu-detox Buprenorphine (Suboxone)
 Counseling In-patient
 Methadone Out-patient
 Other (please specify): _____
 Decline
- 3) Did the syringe service program (SSP) assist you in accessing any of the following? (This will be recorded as "decline" if no items are marked)
- Acu-detox Another SSP
 Clothing HIV Counseling/Testing
 HCV Counseling/Testing Education
 Food Housing Medical care
 Overdose prevention/naloxone
 STD Counseling/Testing
 Substance use treatment
 Declined Other _____

Forms must be submitted by the 10th of the following month to the NMDOH Hepatitis and Harm Reduction Program