

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:

ID Code: _____
 F F M M Y Y

(FF) First 2 letters of participant first name
 (MM) First 2 letters of mother's first name
 (YY) 2- Digit Year of Birth

Gender Assigned at Birth:

Male Female Declined

Current Gender Identity:

Male Female
 Transgender MTF Transgender FTM
 Transgender – Unspecified Declined

County of Residence: _____

Do you consider yourself Hispanic/Latino?

Yes No

Do you consider yourself? (check all that apply)

- African- American
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Caucasian Unknown
- Other _____ Decline

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