SE Regional Substance Misuse Services

Comprehensive Assessment - Demographics: Service User Details & Referral Information Domain

<table>
<tr><td colspan="2">Client Last Name:</td><td colspan="2">Client First Name:
(Include nicknames)</td><td colspan="2">Client Number:</td></tr>
<tr><td colspan="6">Address:</td></tr>
<tr><td colspan="6">☐ Temporary Address ☐ Permanent Address</td></tr>
<tr><td colspan="2">HSE Area:</td><td colspan="2">Centre:</td><td>Type:</td><td>Staff ID No:</td></tr>
<tr><td colspan="2">Phone Number: (Landline)</td><td colspan="2">(Mobile)</td><td colspan="2">Which is best to contact you?
(tick one)
Landline Mobile
Letter</td></tr>
<tr><td colspan="2">Gender: (tick one) Male ☐ Female ☐</td><td colspan="2">Age:</td><td colspan="2">Date of Birth:</td></tr>
<tr><td colspan="6">Marital Status: ☐Single ☐Married ☐Separated Widow(er)</td></tr>
<tr><td>PPS Number:</td><td colspan="3">Do you have a Medical Card? ☐Yes ☐No ☐Need One ☐Not known</td><td colspan="2">If yes, Medical Card No.</td></tr>
<tr><td rowspan="2">Living with whom: (tick one)

☐Alone
☐Parents/Family
☐Friends
☐Partner Alone
☐Partner &
☐Child(ren)
☐Alone with
☐Child(ren)
☐Foster Care
☐Other (specify)
_____
Not Known</td><td colspan="2">Living Where: (tick one)

☐Stable Accommodation
☐Institution-Prison
☐Institution- (Residential Care; Halfway House)
☐Homeless
☐Other unstable accommodation
☐Not Known</td><td rowspan="2">Area of Residence (as per HRB)</td><td rowspan="2">Community Care Area (as per HRB)</td><td rowspan="2">City/County (as per HRB)</td></tr>
<tr><td colspan="2">Do you have proof of address?
☐Yes
☐No
☐Not known
☐Driver's License
☐Received Post
☐Passport

Does anyone else living with you use drugs/alcohol?
☐Yes drugs/alcohol/both
☐No
☐Not known

If yes, how will this affect your desire to change?</td></tr>
<tr><td colspan="3">Next of Kin Name:</td><td colspan="3">Next of Kin Phone:</td></tr>
</table>

(Last, First & Relationship)	
Next of Kin Address:	
Is this person aware of drug use/contact with this service? (tick one) Yes ☐ No ☐	

Nationality (tick one)	**Ethnic Background (tick one)**	**Employment Status (tick one)**
☐Irish ☐Irish Traveller ☐Other _____ ☐Not Known	☐White Irish ☐White Irish Traveller ☐Any other white background ☐Black African background ☐Any other black background _____ ☐Chinese background ☐Any other Asian background ☐Other _____ ☐Do not wish to answer this question	☐In paid employment ☐Unemployed ☐FAS/Training Course ☐Student ☐Housewife/husband ☐Retired/unable to work ☐Other _____ ☐Not known
Date of Referral:	**Main reason for referral: (tick one)** ☐Alcohol ☐Illicit Drugs ☐Licit Drugs ☐Other problem _____ ☐Specify main drug/problem _____	**Source of Referral: (tick one)** ☐Self ☐Family ☐Friends ☐Other Drug Treatment Centre ☐GP ☐Acute Hospital service excluding ☐A&E ☐Social services/Community services ☐Court/Probation/Police ☐Outreach Worker ☐Mobile Bus ☐School ☐Prison ☐Employer ☐Mental Health Liaison Nurse A&E ☐A&E Other ☐Mental Health Facility (+Psychiatrist) ☐Not Known

If client was transferred from another treatment centre, please give reason for transfer: ☐Client moved address ☐Client management/security	**Date of Initial Assessment:** **Assessment Outcome: (tick one)** Suitable ☐ Unsuitable ☐

☐Dual Diagnosis (psychiatric/substance use co-morbidity) ☐Treatment for blood borne diseases ☐Client unstable requires methadone stabilisation ☐Other additional treatment to satellite clinic or GP ☐Other specify _____ **Client treatment status (tick one)** ☐Offered treatment ☐Placed on methadone waiting list ☐Place on other drug treatment waiting list ☐Psychiatric assessment only ☐Transferred to another site ☐Specify site (text box)	**Assessment criterion fulfilled** Yes ☐ No ☐ Pending ☐ Not applicable ☐ **Date Assessment criterion fulfilled** **If client was on a waiting list, please give reason client was removed from waiting list: (tick one)** ☐Treatment offered ☐Client did not fulfil criteria to commence treatment ☐Client did not accept methadone/other drug treatment ☐Client transferred/commenced treatment with another centre specify _____ ☐Client admitted to hospital ☐Client sent to prison ☐Client died ☐Other specify _____

Accepted place at this treatment agency: (tick one) Yes ☐ No ☐

Number of times started treatment in this centre this year (Jan-Dec 2011):	**Date THIS treatment started:**	**If received an opiate substitute (methadone/suboxone) date THIS substitution started:**

Services/workers you are in contact with over the last year? (We will only contact them if required as part of your agreed care plan & after your signed consent):

Organisation Name	**Key Worker's Name**	**Contact Details (if known)**	**Active Care Plan (Yes/No)**

Are there any additional services working with you? ☐Yes ☐No

If yes, add services above

May we have your consent to contact these other service involved with you where appropriate?
☐Yes ☐No ☐Not at this time ☐Only these specifically named at this time: name which service may be contacted:

If yes, please discuss with client consent as per policy and have client sign consent to share information form:
☐Completed ☐Not completed

Consent Form signed? ☐Yes ☐No

SE Regional Substance Misuse Services
Comprehensive Assessment – Alcohol & Drug History Domain

<table>
<tr><td>Client Last Name:</td><td colspan="2">Client First Name:
(Include nicknames)</td><td>Client Number:</td></tr>
<tr><td>When was the last time you misused substances?</td><td>Drugs
☐ Today
☐ Within last 24 hours
☐ 1-2 days ago
☐ Within the week</td><td>Alcohol
☐ Today
☐ Within last 24 hours
☐ 1-2 days ago
☐ Within the week</td><td>Comments</td></tr>
<tr><td colspan="4">When did you start using substances for social reasons?</td></tr>
<tr><td colspan="4">When did your misuse of substances become problematic?</td></tr>
<tr><td colspan="2">How do you currently fund you substance use? Be specific, weekly income and sources</td><td colspan="2">☐Robbing
☐Pay Path
☐Benefit
☐Dealing
☐Sex Trade (* risk)
☐Other specify</td></tr>
<tr><td colspan="2">When did you substance misuse become a daily occurrence? Comments</td><td colspan="2">Year
Age</td></tr>
</table>

Do you get up in the night to take relief drug or drink of alcohol? Which? *Comments*	☐Yes ☐No
Do you need to take drugs or drink to start your day? *Comments*	☐Yes ☐No ☐Sometimes ☐Drugs only ☐Alcohol only ☐Both
Have you had periods of abstinence from substances of misuse? *Comments*	☐Yes ☐No For how long?
What caused the relapse from periods of abstinence? *Comments*	☐Family Issues ☐Using friends ☐Debt ☐Unemployment ☐Wanted to use/cravings ☐Legal Issues ☐Death of significant other ☐ Other specify
Please describe your usual day in the context of substance misuse: *Comments*	
Has you substance misuse pattern changed recently? *Comments*	☐Yes ☐No

	If yes, how?

Alcohol Standard Drinks consumed in the last 7 days

Day	Sprits	Wine	Beer/Larger	Alco-pop	Cider	Fortified Wine	Other Text box	
Today Day 7								
Day 6								
Day 5								
Day 4								
Day 3								
Day 2								
Day 1								
Sub-totals each day								Total Standard Drinks Consumed last 7 days:

Standard Drink Guidance (HRB)

Ireland's standard drink contains 10 grams of pure alcohol.
Examples are:

A pub measure of spirits (35.5ml)
A small glass of wine (100ml & 12.5% volume)
Half pint of normal beer/cider
An Alco-pop (275ml bottle)

	Millilitre	% Alcohol	No. Standards Drink (Rounded to the nearest whole number)
Bottle			
Wine	750ml	12.5	7
Vodka	700ml	37.5	21
Brandy	700ml	40	22
Whiskey	700ml	40	22
Gin	700ml	38	21
NAGGIN			
Vodka	175ml	37.5	5
Brandy	175ml	40	6
Whiskey	175ml	40	6
Gin	175ml	38	5
FLAGGON			
Cider	2 Litres	4.5	7

Extended Drug History

Problem substance(s) Including alcohol	Route of administration		Frequency of use in the last month		Age of first use any drugs (years if unknown use code 99)	How much do you take on a typical day?	How much do you spend on average per week or per month?	Have you experienced any withdrawal problems? If yes, describe.
Main substance		Drop list codes for column on the left: 1.Inject 2.Smoke 3.Eat/Drink 4.Sniff/snort 5.Sublingual 6.Rectal 7.Topical 9.Not known		Drop list codes for column on the left: 1.Once a week or less 2.2-6 days a week 3.Daily 4.No use in past month 9. Not known			€_____ weekly € _____ monthly	Yes No
Substance 2							€_____ weekly € _____ monthly	Yes No
Substance 3							€_____ weekly € _____ monthly	Yes No
Substance 4							€_____ weekly € _____ monthly	Yes No
Additional Substances							€_____ weekly € _____ monthly	Yes No
Additional Substances							€_____ weekly € _____ monthly	Yes No

Currently Prescribed Medication

Please list all your current medication and/or recent prescribed medication including both complementary and over the counter medications

Medication Type	Reason for prescription?	What dose are you taking?	When did you start taking this medication?	When did you stop taking this medication	Indicate route of administration (as per HRB drop down)	How frequently are you taking this medication	Where are you getting this medication from?	Are you on medication requiring daily supervised consumption?
		☐Unknown	__/__/____	__/__/____	As per HRB Listing	☐Once a day ☐Twice a day ☐4X day ☐As per prescribe ☐More than prescribed ☐Not known (select more than 1)	☐GP ☐Chemist ☐Family member ☐Friends ☐Internet ☐Other specify	☐Yes ☐No ☐Not known
		☐Unknown	__/__/____	__/__/____	As per HRB Listing	☐Once a day ☐Twice a day ☐4X day ☐As per prescribe ☐More than prescribed ☐Not known (select more than 1)	☐GP ☐Chemist ☐Family member ☐Friends ☐Internet ☐Other specify	☐Yes ☐No ☐Not known
		☐Unknown	__/__/____	__/__/____	As per HRB Listing	☐Once a day ☐Twice a day ☐4X day	☐GP ☐Chemist	☐Yes ☐No ☐Not known

						☐As per prescribe ☐More than prescribed ☐Not known (select more than 1)	☐Family member ☐Friends ☐Internet ☐Other specify	

Injecting History

Ever injected	Injected in the past month?	If yes, age first injected	Frequency of injecting	Have you shared injecting equipment?	When did you last share injecting equipment?	If yes to injecting in the last 30 days, when did you last inject?	How often are you injecting?
☐Yes ☐No	☐Yes ☐No		In the last 30 days ☐Yes ☐No ☐Not Known	☐Yes ☐No ☐Not known	☐Never ☐Today ☐Within the last month ☐Within last 3 months ☐Within last 6 months ☐Within last year Over a year ago	☐Today ☐Within last week ☐Within last month	☐Daily ☐1-2 a week ☐4-6 times a month ☐Not known
			In the last year but not less than 30 days ☐Yes ☐No ☐Not Known	☐Yes ☐No ☐Not known			

			Injected but not in the last 12 Months ☐Yes ☐No ☐Not Known	☐Yes ☐No ☐Not known			

What substances are you injecting?	How are you preparing?	
Where are you injecting? *Comments*	***Tick more than one if applies*** ☐Neck ☐Groin ☐Arm ☐Toes ☐Legs ☐Other specify	
Do you have any problems injecting? Describe	**What is the condition of injecting site?** ☐Visible track marks ☐Good ☐Fair ☐Poor	**Referral to Nurse Liaison required?** ☐Yes ☐No
Has someone else injected you within the last month? ☐Yes ☐No ☐Not known	**When did you last share injecting equipment?** ☐Never ☐Today ☐Within last 3 months ☐Within last 6 months ☐Within last year	**Do you use sterilising equipment?** ☐Yes ☐No ☐Not known

	☐Over year ago	***(This practice should be discouraged – use Needle Exchange Services)***
Do you have access to Needle Exchange Services? ☐Yes ☐No ☐Not known	**Have you use Needle Exchange Services?** ☐Never ☐Sometimes ☐Usually ☐Always	**Is a referral required to Needle Exchange Service?** ☐Yes ☐No

BBV Screening History

BBV Screening	**Tested**	**Immunised**	**Outcome**				**Referral Required**
Hep A	☐Yes ____/_____/_____ Date Where: ☐No ☐Not known ☐ Does not want to disclose	☐ Yes ☐No ____/_____/_____ Date Where:	**Immune** ☐Yes ☐No ☐Not known		**Susceptible** ☐Yes ☐No ☐Not known		☐Yes ☐No
Hep B	☐Yes ____/_____/_____ Date Where: ☐No ☐Not known ☐ Does not want to disclose	☐ Yes ☐No ____/_____/_____ Date Where:	**Result** ☐Positive ☐Negative		**Testing required** ☐ Yes ☐No		☐Yes ☐No
Hep C	☐Yes ____/_____/_____ Date Where ☐No		**Antibody** ☐+ve ☐-ve	**PCR** ☐+ve ☐-ve	**Genotype**	**Engaged with Services** ☐ Yes ☐No	☐Yes ☐No

	☐Not known ☐ Does not want to disclose					**Where:**	
HIV	☐Yes ____/_____/_____ Date Where: ☐No ☐Not known ☐ Does not want to disclose		**Antibody** ☐+ve ☐-ve		**Engaged with Services** ☐ Yes ☐No **Where:**		**Testing** ☐Yes ☐No **Services** ☐Yes ☐No

SE Regional Substance Misuse Services

Comprehensive Assessment –Psychological/Mental Health Domain

<table>
<tr><td colspan="2">Client Last Name:</td><td colspan="2">Client First Name:
(Include nicknames)</td><td>Client Number:</td></tr>
<tr><td>Have you had thoughts of harming yourself?
☐Yes
☐No
☐Not known

If yes,
☐Seldom
☐Often* (assess risk)
☐Always*(assess risk)</td><td>When did you last think last have thoughts of harming yourself?
☐Currently* (assess risk)
☐0-3 months* (assess risk)
☐6-9 months
☐9-12 months
☐12+ months

Risk assessment required?
☐Yes
☐No</td><td>Have you tried to harm yourself &/or attempted suicide?
☐Yes
☐No
☐Not known

If yes,
☐Seldom
☐Often* (assess risk)
☐Always*(assess risk)</td><td colspan="2">Explore:</td></tr>
<tr><td>Have you ever suffered from depression?
☐Yes
☐No
☐Not known

If yes,
☐Seldom
☐Often* (assess Beck’s Depression Inventory)
☐Always*(assess Beck’s Depression Inventory)</td><td colspan="2">When did you last suffer from depression?
☐Currently* (assess)
☐0-3 months* (assess)
☐6-9 months
☐9-12 months
☐12+ months

Beck’s Depression Inventory Required:
☐Yes
☐No</td><td colspan="2">Explore:</td></tr>
<tr><td>Have you felt paranoid for a significant period of time e.g. people against you, wanting to harm you, which turned out not to be the reality?
☐Yes
☐No
☐Not sure

If yes,
☐Seldom
☐Often
☐Always</td><td>If yes to above, select from scale where rates your paranoia with 1 being the lowest and 10 the highest:</td><td>Is this paranoia experienced while using?
☐Yes
☐No
☐Not sure
☐Both using & not using

Is a mental health referral required:
☐Yes
☐No</td><td colspan="2">Explore:</td></tr>
</table>

Have you felt anxious? ☐Yes ☐No ☐Not sure **If yes,** ☐Seldom ☐Often ☐Always ☐Only when affected ☐Both when affected & not	**When did you last suffer from anxiety?** ☐Currently* ***(assess)*** ☐0-3 months* ***(assess)*** ☐6-9 months ☐9-12 months ☐12+ months **Hospital Anxiety Scale Required:** ☐Yes ☐No	***Is a mental health referral required:*** ☐Yes ☐No **Explore:**

Have you had contact with mental health services? ☐Yes ☐No ☐Not Known **What service:** **Date: ___/____/_____**	**What are the issues being worked on through mental health services?** **Do you have an active care plan with mental health?** ☐Yes ☐No ☐Not sure	**Have you had any problems with your memory? i.e. forgetting names, appointment?** ☐Yes ☐No ☐Not Known **If yes, please describe:**	**Mental Health worker details:** **May we have your consent to contact your mental health key worker involved with you where appropriate and with your consent?** **☐Yes ☐No ☐Not at this time** ***If yes, please discuss with client consent as per policy and have client sign consent to share information form:*** ***☐Completed ☐Not completed*** ***Consent Form signed? ☐Yes ☐No***

Do you have at least one hobby or interest that uses some of your time? ☐Yes ☐No **Is there a hobby or interest that you would like to do?** ☐Yes ☐No **If yes, what?**	**Select the hobby or interest you have; tick all that apply:** ☐Playing Sport – specify ☐Gardening ☐Outdoor activities ☐Follow a sport – specify ☐Physical exercise ☐Listening to music ☐Sewing ☐Going to films/Telly ☐Cooking ☐Horses ☐Member of club	☐Darts ☐Pool/Snooker ☐Video games ☐Making music ☐Dancing ☐Painting ☐Woodworking ☐Chess/Board games ☐Collecting things ☐Writing ☐Shopping	☐Other - specify ☐Travelling ☐Fishing

<table>
<tr><td rowspan="2">Do you have someone that you enjoy a rewarding relationship with?
☐Yes
☐No

Comments:</td><td colspan="2">Tick all that apply</td></tr>
<tr><td>☐Mother
☐Father
☐Sister
☐Brother
☐Auntie</td><td>☐Uncle
☐Cousin
☐Friend partner
☐Other - specify</td></tr>
<tr><td colspan="2">How much control do you think you have over your substance misuse?</td><td>Score on a scale of 1 -10 where 1 is no control:

Comments:</td></tr>
</table>

Beck's Depression Inventory

No.	Questions + Value	Score	No.	Questions + Value	Score
1	☐I do not feel sad. **0** ☐I feel sad. **1** ☐I am sad all the time and I can't snap out of it. **2** ☐I am so sad and unhappy that I can't stand it. **3**		11	☐I am no more irritated by things than I ever was. **0** ☐I am slightly more irritated now than usual. **1** ☐I am quite annoyed or irritated a good deal of the time. **2** ☐I feel irritated all the time. **3**	
2	☐I am not particularly discouraged about the future. **0** ☐I feel discouraged about the future. **1** ☐I feel I have nothing to look forward to. **2** ☐I feel the future is hopeless and that things cannot improve. **3**		12	☐I have not lost interest in other people. **0** ☐I am less interested in other people than I used to be. **1** ☐I have lost most of my interest in other people. **2** ☐I have lost all of my interest in other people. **3**	
3	☐I do not feel like a failure. **0** ☐I feel I have failed more than the average person. **1** ☐As I look back on my life, all I can see s a lot of failures. **2** ☐I feel I am a complete failure as a person. **3**		13	☐I make decisions about as well as I ever could. **0** ☐I put off making decisions more than I used to. **1** ☐I have greater difficulty in making decisions more than I used to. **2** ☐I can't make decisions at all anymore. **3**	
4	☐I get as much satisfaction out of things as I used to. **0** ☐I don't enjoy things the way I used to. **1** ☐I don't get real satisfaction out of		14	☐I don't feel that I look any worse than I used to. **0** ☐I am worried that I am looking old or unattractive. **1** ☐I feel there are permanent changes in my appearance	

	anything anymore. **2** ☐I am dissatisfied or bored with everything. **3**			that make me look unattractive. **2** ☐I believe that I look ugly. **3**	
5	☐I don't feel particularly guilty **0** ☐I feel guilty a good part of the time. **1** ☐I feel quite guilty most of the time. **2** ☐I feel guilty all of the time. **3**		15	☐I can work about as well as before. **0** ☐It takes an extra effort to get started at doing something. **1** ☐I have to push myself very hard to do anything. **2** ☐I can't do any work at all. **3**	
6	☐I don't feel I am being punished. **0** ☐I feel I may be punished. **1** ☐I expect to be punished. **2** ☐I feel I am being punished. **3**		16	☐I can sleep as well as usual. **0** ☐I don't sleep as well as I used to. **1** ☐I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. **2** ☐I wake up several hours earlier than I used to and cannot get back to sleep. **3**	
7	☐I don't feel disappointed in myself. **0** ☐I am disappointed in myself. **1** ☐I am disgusted with myself. **2** ☐I hate myself. **3**		17	☐I don't get more tired than usual. **0** ☐I get tired more easily than I used to. **1** ☐I get tired from doing almost anything. **2** ☐I am too tired to do anything. **3**	
8	☐I don't feel I am any worse than anybody else. **0** ☐I am critical of myself for my weaknesses or mistakes. **1** ☐I blame myself all the time for my faults. **2** ☐I blame myself for everything bad that happens. **3**		18	☐My appetite is no worse than usual. **0** ☐My appetite is not as good as it used to be. **1** ☐My appetite is much worse now. **2** ☐I have no appetite at all anymore. **3**	

9	☐I don't have any thoughts of killing myself. **0** ☐I have thoughts of killing myself, but I would not carry them out. **1** ☐I would like to kill myself. **2** ☐I would kill myself if I had the chance. **3**		19	☐I haven't lost much weight, if any, lately. **0** ☐I have lost more than five pounds. **1** ☐I have lost more than ten pounds. **2** ☐I have lost more than fifteen pounds. **3**			
10	☐I don't cry any more than usual. **0** ☐I cry more now than I used to. **1** ☐I cry all the time now. **2** ☐I used to be able to cry, but now I can't cry even though I want to. **3**		20	☐I am no more worried about my health than usual. **0** ☐I am worried about physical problems like aches, pains, upset stomach, or constipation. **1** ☐I am very worried about physical problems and it's hard to think of much else. **2** ☐I am so worried about my physical problems that I cannot think of anything else. **3**			
			21	☐I have not noticed any recent change in my interest in sex. 0 ☐I am less interested in sex than I used to be. 1 ☐I have almost no interest in sex. 2 ☐I have lost interest in sex completely. **3**			
	Sub-total			**Sub-total**		**Total Score (Level of Depression)**	

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the left of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all

twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

1-10	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
40+	Extreme depression

A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED MEDICAL TREATMENT

Hospital Anxiety & Depression Scale (HAD)

Zigmond and Snaith (1983)

Guidance:

Ask service user to choose one response from the four given for each question or statement read to them. They should give an immediate response and be dissuaded from thinking too long about their answers. The questions relating to anxiety are marked "A", and to depression "D". The score for each answer is given at the end of each response. Instruct the service user to answer how it currently describes their feelings.

Group	Question + Value	Score	Group	Question + Value	Score
A	**I feel tense or 'wound up':** ☐Most of the time **3** ☐A lot of the time **2** ☐From time to time/occasionally **1** ☐Not at all **0**		**D**	**I feel as if I am slowed down:** ☐Nearly all the time **3** ☐Very often **2** ☐Sometimes **1** ☐Not at all **0**	
D	**I still enjoy the things I used to enjoy:** ☐Definitely as much **0** ☐Not quite so much **1** ☐Only a little **2** ☐Hardly at all **3**		**A**	**I get a sort of frightened feeling like butterflies in the stomach:** ☐Not at all **0** ☐Occasionally **1** ☐Quite often **2** ☐Very often **3**	
A	**I get frightened feeling as if something awful is about to happen:** ☐Very definitely and quite badly **3** ☐Yes, but not too badly **2** ☐A little, but doesn't worry me **1** ☐Not at all **0**		**D**	**I have lost interest in my appearance:** ☐Definitely **3** ☐I don't take as much care as I should **2** ☐I may not take quite as much care **1** ☐I take just as much care as ever **0**	
D	**I can laugh and see the funny side of things:** ☐As much as I always could **0** ☐Not quite so much now **1** ☐Definitely not so much now **2** ☐Not at all **3**		**A**	**I feel restless as I have to be on the move:** ☐Very much indeed **3** ☐Quite a lot **2** ☐Not very much **1** ☐Not at all **0**	
A	**Worrying thoughts go through my head:** ☐A great deal of the time **3**		**D**	**I look forward with enjoyment to things:** ☐As much as I ever did **0**	

	☐A lot of the time **2** ☐From time to time, but not too often **1** ☐Only occasionally **0**			☐Rather less than I used to **1** ☐Definitely less than I used to **2** ☐Hardly at all **3**	
D	**I feel cheerful:** ☐Not at all **3** ☐Not often **2** ☐Sometimes **1** ☐Most of the time **0**		**A**	**I get sudden feelings of panic:** ☐Very often indeed **3** ☐ Quite often **2** ☐Not very often **1** ☐Not at all **0**	
A	**I can sit at ease and relaxed:** ☐Definitely **0** ☐Usually **1** ☐Not often **2** ☐Not at all **3**		**D**	**I can enjoy a good book or radio programme:** ☐Often **0** ☐Sometimes **1** ☐Not often **2** ☐Very seldom **3**	

HAD Scoring	**Totals**		Intervention required	Intervention required
Total A's (Anxiety)		☐ 0 -7 Normal	☐ 8 - 9 Borderline Abnormal	☐ 11-21 Abnormal
Total D's (Depression)		☐ 0 -7 Normal	☐ 8 - 9 Borderline Abnormal	☐ 11-21 Abnormal

SE Regional Substance Misuse Services

Comprehensive Assessment – Forensic History Domain

Client Last Name:	**Client First Name:** **(Include nicknames)**	**Client Number:**

Do you have a forensic history? If, yes, complete chart below:

☐Yes
☐No
☐Not Known
☐Not disclosed

Charge	Date charged	Sentence	Related to drug/alcohol use
	____/_____/____		☐Yes ☐No
	____/_____/____		☐Yes ☐No
	____/_____/____		☐Yes ☐No
	____/_____/____		☐Yes ☐No

Do you have any charges pending? ☐Yes ☐No ☐Not known ☐Not disclosed	**If yes, what are they?**
Do you have any outstanding fines? ☐Yes ☐No ☐Not known ☐Not disclosed	**If yes, what are they and how much?** **Do you have an agreed payment plan? Do you need to organise an agreed payment plan?** ☐Yes ☐No ☐Not known ☐Not disclosed
Do you have outstanding warrants needing addressing? ☐Yes	**If yes, where and what?**

☐No ☐Not known ☐Not disclosed	**May we contact the community Garda where appropriate for your care plan with your consent?** ☐Yes ☐No ☐Not at this time ***Please discuss with client consent as per policy and have client sign consent to share information form:*** *☐Completed ☐Not completed* ***Consent Form signed?*** *☐Yes ☐No*
Is there a Community Garda with whom you have good relationship? ☐Yes ☐No ☐Not known ☐Not disclosed	**If yes, may we contact him/her if appropriate for care planning purposes with your consent?** ☐Yes ☐No ☐Not at this time ***Please discuss with client consent as per policy and have client sign consent to share information form:*** *☐Completed ☐Not completed* ***Consent Form signed?*** *☐Yes ☐No*
Are you currently engaging with your Probation Officer? ☐Yes ☐No ☐Do not have one ☐Not disclosed **Do you have a current active care plan or probation care?** ☐Yes ☐No ☐Do not have one ☐Not disclosed	**If yes, may we contact him/her if appropriate for care planning purposes with your consent?** ☐Yes ☐No ☐Not at this time ***Please discuss with client consent as per policy and have client sign consent to share information form:*** *☐Completed ☐Not completed* ***Consent Form signed?*** *☐Yes ☐No*
Do you have a history of causing violence or domestic violence? (tick more than one as appropriate) ☐Yes ☐No ☐Do not have one ☐Not disclosed ☐Violence	**Has this been the result of drug/alcohol misuse?** ☐Yes ☐No ☐Not known ☐Not disclosed ***Comments:***

☐Domestic Violence ***(If yes – risk assessment – ensure P&P of the service related to violence and aggressive to discussed with client – signing off on agreement of appropriate behaviour)***	
Have you experienced violence/domestic violence? (tick more than one as appropriate) ☐Yes ☐No ☐Not disclosed ☐Violence ☐Domestic Violence	**Has this been the result of drug/alcohol misuse?** ☐Yes ☐No ☐Not known ☐Not disclosed ***Comments:***
Do you feel frighten of your partner or anyone at home? ☐Yes ☐No ☐Not at this time ☐Not disclosed	**Have you been hit, kicked, punched Or otherwise hurt by someone in the past year?** ☐Yes ☐No ☐Not disclosed ***Comments:***
Do you feel safe in your current relationship? ☐Yes ☐No ☐Not known ☐Not disclosed	**Is there a partner from a previous relationship who is making you feel unsafe?** ☐Yes ☐No ☐Not known ☐Not disclosed ***Comments:***
Are there children at risk in your care? ☐Yes ☐No ☐Not known ☐Not disclosed **If yes, follow Children's First & Service Policies procedures**	**Is social worker involved in your case?** ☐Yes ☐No ☐Not disclosed **Do you have an active plan in place with your Social Worker?** ☐Yes ☐No ☐Not known

	☐Not disclosed **If yes, may we contact him/her if appropriate for care planning purposes with your consent?** ☐Yes ☐No ☐Not at this time ***Please discuss with client consent as per policy and have client sign consent to share information form:*** *☐Completed ☐Not completed* ***Consent Form signed?*** *☐Yes ☐No* **Comments:**
What are your concerns regarding your legal issues at this time?	**What would you like to work on and address in relation to your legal issues?**

SE Regional Substance Misuse Services

Comprehensive Assessment – Family History Domain

<table>
<tr><td colspan="2">Client Last Name:</td><td colspan="2">Client First Name:
(Include nicknames)</td><td>Client Number:</td></tr>
<tr><td colspan="3">What is your marital Status?

☐Single
☐Married
☐In a relationship
☐Divorce
☐Separated
☐Widowed/er</td><td colspan="2">If yes, what is your current partner's drug or alcohol use?
☐No substance misuse
☐Drugs
☐Alcohol
☐Drugs & Alcohol
☐Maintenance
☐In Detox programme
☐In recovery</td></tr>
<tr><td>What is your current relationship with your Partner?
☐Very Strong
☐Strong
☐Good
☐Okay
☐Poor
☐Very Poor
☐Broken</td><td colspan="2">How would you rate your relationship differently with your partner before your substance misuse? ☐Yes
☐No
If yes, please rate below:
☐Very Strong
☐Strong
☐Good
☐Okay
☐Poor
☐Very Poor
☐Broken</td><td colspan="2">Are there any issues within your current relationship with your partner that you would support with, if yes, what are they?</td></tr>
<tr><td colspan="3" rowspan="2">What is your current relationship with your parents?</td><td colspan="2" rowspan="2">How would you rate your relationship differently with your parents before your substance misuse? ☐Yes ☐No
If yes, please rate below:</td></tr>
<tr><td>Mother
☐Very Strong
☐Strong
☐Good
☐Okay
☐Poor
☐Very Poor
☐Broken</td><td>Father
☐Very Strong
☐Strong
☐Good
☐Okay
☐Poor
☐Very Poor
☐Broken</td><td>Mother
☐Very Strong
☐Strong
☐Good
☐Okay
☐Poor
☐Very Poor
☐Broken</td><td>Father
☐Very Strong
☐Strong
☐Good
☐Okay
☐Poor
☐Very Poor
☐Broken</td></tr>
</table>

What issues would you like to improve with your mother? Explore & list: ☐ None at this time	**What issues would you like to improve with your father? Explore & list:** ☐ None at this time

Explore with client, if and how they would like to include their parents and partner within their care plan.

Do you have brothers &/or sisters? ☐No	**Brothers** **How many? _____** **Age in order of birth:**	**Sisters** **How many? _____** **Age in order of birth:**

Sibling First name, age	**How would you rate your current relationship?**	**Would you rate your relationship differently before your substance misuse?**	**Does your sibling have a substance misuse problem?**	**What would you like to improve in your relationship with your sibling?**
♂	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	
♂	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	
♀	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	
♀	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	

	☐Broken	☐Broken		

Have you any other relevant/important relatives/close friends who support you?	**If yes, please list: (tick more than one)**	**What would you identify as your current supports – both family & family? Explore**
☐Yes ☐No ☐Not known	☐Mother ☐Father ☐Brother ☐Sister ☐Brother in Law ☐Sister in Law ☐Grandfather ☐Grandmother ☐Auntie ☐Uncle ☐Current partner ☐Former partner ☐Friend specify	

Children First name, age	**How would you rate your current relationship?**	**Would you rate your relationship differently before your substance misuse?**	**Does your child have a substance misuse problem?**	**Is your child in care?**	**What would you like to improve in your relationship with your child?**
♂	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	☐Yes ☐No If yes, where ☐Foster care ☐Family member ☐Other specify	
♂	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	☐Yes ☐No If yes, where ☐Foster care ☐Family member ☐Other specify	
♀	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor ☐Broken	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	☐Yes ☐No If yes, where ☐Foster care ☐Family member ☐Other specify	
♀	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor	☐Very Strong ☐Strong ☐Good ☐Okay ☐Poor ☐Very Poor	☐Yes ☐No ☐Not known ☐Alcohol ☐Drugs ☐Both	☐Yes ☐No If yes, where ☐Foster care ☐Family member	

	☐Broken	☐Broken		☐Other specify	

If yes to child(ren) in care, is there a Social Worker working with you? ☐Yes ☐No ☐Not known	**If yes, name & contact details:** **May we have your consent to contact your Social Worker involved with you where appropriate as part of your care plan?** **☐Yes ☐No ☐Not at this time** **If yes, please discuss with client consent as per policy and have client sign consent to share information form:** **☐Completed ☐Not completed** **Consent Form signed? ☐Yes ☐No**

Who supports you with the care of your child/dependents? (Tick all that apply) Explore:

☐Mother
☐Father
☐Brother
☐Sister
☐Brother in Law
☐Sister in Law
☐Grandfather
☐Grandmother
☐Auntie
☐Uncle
☐Current partner
☐Former partner
☐Friend specify
☐Social Worker

Is there a history of substance misuse within your family system? ☐Yes ☐No ☐Not known	**Who?** ☐Mother ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐Father ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Brother** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Sister** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Brother in Law** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Sister in Law** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Grandfather (Mother's side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Grandfather (Father's Side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery

	☐**Grandmother (Mother's side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Grandmother (Father's Side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Auntie (mother's side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Auntie (father's side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Uncle (mother's side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Uncle (father's side)** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Current partner** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery ☐**Former partner** ☐Alcohol ☐Drugs ☐Both ☐Prior TX ☐Active Use ☐ In recovery
Are there any specific family issues that you would like to address or need support with? ☐Yes ☐No ☐Not at this time	**Identify and explore:**

SE Regional Substance Misuse Services
Comprehensive Assessment - Family History Domain

Important People Interview (IPI)

(Centre for Alcoholism, Substance Abuse and Addictions; University of New Mexico, USA)

Assessor's prompt: 'I am going to ask you some questions about the people that have been important to you, and with whom you have had contact during the past four months. These people may be family members, friends, people from work, or anyone that you see as is having had a significant impact on your life, regardless of whether or not you liked them. If you have any questions during the interview, please do not hesitate to ask. Now, before we begin, do you have any questions?"

Client Last Name:	**Client First Name: (Include nicknames)**	**Client Number:**

A) Name	**B) Relationship**	**C) During the past 4 months on average, how frequently have you been in contact with…?**	**D) How important has this person been to you?**	**E) …Generally supportive of you…?* (see below for explanation)**
(First name and last initial)	**Specify relationship and enter code #** 1=parent 2=spouse 3=significant other 4=child 5=sibling 6=other relative 7=friend 8=co-worker 9=AA member 10=other	**7=daily** **6=three to six times a week** **5=once or twice a week** **4=every other week** **3=about once a month** **2=less then monthly** **1=once in the past four months**	**6=Extremely important** **5=Very important** **4=Important** **3=Somewhat important** **2=Not very important** **1=Not at all important**	**6=Extremely supportive** **5=Very supportive** **4=Supportive** **3=Somewhat supportive** **2=Not very supportive** **1=Not at all supportive**
1a)	**1b)#:**	**1c)**	**1d)**	**1e)**
2a)	**2b)#:**	**2c)**	**2d)**	**2e)**
3a)	**3b)#:**	**3c)**	**3d)**	**3e)**
4a)	**4b)#:**	**4c)**	**4d)**	**4e)**
5a)	**5b)#:**	**5c)**	**5d)**	**5e)**
6a)	**6b)#:**	**6c)**	**6d)**	**6e)**
7a)	**7b)#:**	**7c)**	**7d)**	**7e)**
8a)	**8b)#:**	**8c)**	**8d)**	**8e)**
9a)	**9b)#:**	**9c)**	**9d)**	**9e)**
10a)	**10b)#:**	**10c)**	**10d)**	**10e)**
#		**#:**		
#		**#:**		

***"To what extent is this person generally supportive of you, by being sensitive to your personal needs, helping you to think about things, solve problems, and by giving you the moral support you need?"**

First name from page 1	F) Drinking/drug use status	G) How often does this person drink alcohol or use drugs?	H) How has this person reacted to your drinking or drug use? Or How would this person react to your drinking or drug use?	I) How has this person felt about your coming for treatment?
5=heavy drinker or user 4=moderate drinker or user 3=light drinker or user 2=abstainer 1=recovering alcoholic or drug user 8=don't know	7=daily 6=three to six times a week 5=one or two times a week 4=about every other week 3=about once a month 2=less often than monthly 1=once in the past four months 0=not in the past four months 8=don't know		5=Encouraged 4=Accepted 3=Neutral 2=Did not accept 1=Left, or made you leave when you're drinking or using drugs 8=Don't know	6=Strongly supports it 5=Supports it 4=Neutral 3=Mixed 2=Opposes it 1=Strongly opposes it 8=Don't know how they would feel about it
1)	1f)	1g)	1h)	1i)
2)	2f)	2g)	2h)	2i)
3)	3f)	3g)	3h)	3i)
4)	4f)	4g)	4h)	4i)
5)	5f)	5g)	5h)	5i)
6)	6f)	6g)	6h)	7i)
7)	7f)	7g)	7h)	7i)
8)	8f)	8g)	8h)	8i)
9)	9f)	9g)	9h)	9i)
10)	10f)	10g)	10h)	10i)

SE Regional Substance Misuse Services

Comprehensive Assessment – Medical – GP & Nurse Liaison Domain

Client Last Name:	**Client First Name:** **(Include nicknames)**	**Client Number:**

General Appearance: ☐Good ☐Fair ☐Poor ***As evidenced by:***	**Signs of Intoxication or drug induced:** ☐Alcohol ☐Drugs ☐Both ☐Pinned pupils ☐Smell of breath ☐Self disclosure ☐Other – specify ***Comments***	**Signs of withdrawal:** ☐Sweats ☐Shaking ☐Ache & pains complaints ☐Nausea complaints ☐Other specify ***Comments***

Blood Pressure	**Pulse**	**Temperature**	**BSL**	**BMI**

Height	**Weight**	**Allergies** ☐Yes ☐No **List:**	**Oral Hygiene** ☐Good ☐Poor	**Skin Condition** ☐Good ☐Poor

Hearing ☐Good ☐Poor **Hearing Impaired** **Hearing Aid** ☐Yes ☐Yes ☐No ☐No **Referral required for hearing test?** ☐Yes ☐No	**Pupils** ☐ Dilated ☐Constricted ☐Normal **Reaction R:** **Reaction L:**	**Vision** ☐Good ☐Poor **Visual Impairment** **Glasses** ☐Yes ☐Yes ☐No ☐No **Referral required for Eye test?** ☐Yes ☐No

Appetite ☐Good ☐Poor ☐Balanced diet	**Elimination – Urine** ☐Normal ☐Frequently ☐Rarely	**Elimination - Bowl Movement** ☐Normal ☐Frequently ☐Rarely

☐Poor diet ***Comments:***	☐Burning ☐Bleeding ***Comments:***	☐Bleeding ***Comments:***

Heath Symptoms ***(over last 30 days)***

Health Factors	Frequency	Risk	Care plan intervention required, referral etc. or comments
Unhealthy diet	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Poor Appetite	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Tiredness/Fatigue	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Sweating	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Nausea (feeling sick)	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Stomach pains	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Difficulty breathing	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Chest pains	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Joint/bone/pains	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Muscle pain	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Numbness/tingling	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Tremors (Shakes)	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Drug Use Complications –	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	

abscesses, thrombosis			
Trauma/injury	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	

Drug use, how often in the past month?	☐Daily ☐Every 2nd day ☐2-3 days ☐Weekends only	Difficulty in controlling heroin intake?	☐Yes ☐No
If not daily, are you getting withdrawals?	☐Yes ☐No	Have you experienced withdrawal symptoms?	☐Yes ☐No
Are you currently injecting?	☐Yes ☐No	Evidence of tolerance	☐Yes ☐No
Ever shared injecting equipment?	☐Yes ☐No	Neglect of commitments	☐Yes ☐No
Currently sharing?	☐Yes ☐No	Persistent heroin misuse in spite of evidence of harmful effects	☐Yes ☐No

Psychological Health Symptoms *(Past 30 days)*

Psychological Factor	Frequency	Risk	Care plan intervention required, referral etc. or comments
Feeling tense	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Suddenly scared for no reason	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Feeling fearful	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Nervousness or shakiness inside	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Spells of terror or panic	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Feeling hopeless about future	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Feelings of worthlessness	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Feeling no interest in things	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Feeling lonely	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Thoughts of suicide	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	

Suicide attempts	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Deliberate self harm	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	
Trouble sleeping	☐Rarely ☐Sometimes ☐Often	☐Low ☐Medium ☐High	

Alcohol Standard Drinks consumed in the last 7 days

Day	Sprits	Wine	Beer/Larger	Alco-pop	Cider	Fortified Wine	Other Text box	
Today Day 7								
Day 6								
Day 5								
Day 4								
Day 3								
Day 2								
Day 1								
Sub-totals each day								Total Standard Drinks Consumed last 7 days:

Problem substance(s) Including alcohol	Route of administration		Frequency of use in the last month		Age of first use any drugs (years if unknown use code 99)	How much do you take on a typical day?	How much do you spend on average per week or per month?	Have you experienced any withdrawal problems? If yes, describe.
Main substance		Drop list codes for column on the left: 1.Inject 2.Smoke 3.Eat/Drink 4.Sniff/snort 5.Sublingual 6.Rectal 7.Topical 9.Not known		Drop list codes for column on the left: 1.Once a week or less 2.2-6 days a week 3.Daily 4.No use in past month 9. Not known			€_____ weekly € _____ monthly	Yes No
Substance 2							€_____ weekly € _____ monthly	Yes No
Substance 3							€_____ weekly € _____ monthly	Yes No
Substance 4							€_____ weekly € _____ monthly	Yes No
Additional Substances							€_____ weekly € _____ monthly	Yes No
Additional Substances							€_____ weekly € _____ monthly	Yes No

Currently Prescribed Medication

Please list all your current medication and/or recent prescribed medication including both complementary and over the counter medications

Medication Type	Reason for prescription?	What dose are you taking?	When did you start taking this medication?	When did you stop taking this medication	Indicate route of administration (as per HRB drop down)	How frequently are you taking this medication	Where are you getting this medication from?	Are you on medication requiring daily supervised consumption?
		☐Unknown	__/__/____	__/__/____	As per HRB Listing	☐Once a day ☐Twice a day ☐4X day ☐As per prescribe ☐More than prescribed ☐Not known (select more than 1)	☐GP ☐Chemist ☐Family member ☐Friends ☐Internet ☐Other specify	☐Yes ☐No ☐Not known
		☐Unknown	__/__/____	__/__/____	As per HRB Listing	☐Once a day ☐Twice a day ☐4X day ☐As per prescribe ☐More than prescribed ☐Not known (select more than 1)	☐GP ☐Chemist ☐Family member ☐Friends ☐Internet ☐Other specify	☐Yes ☐No ☐Not known
		☐Unknown	__/__/____	__/__/____	As per HRB Listing	☐Once a day ☐Twice a day ☐4X day	☐GP ☐Chemist	☐Yes ☐No ☐Not known

						☐As per prescribe ☐More than prescribed ☐Not known (select more than 1)	☐Family member ☐Friends ☐Internet ☐Other specify	

Injecting History								
Ever injected	**Injected in the past month?**	**If yes, age first injected**	**Frequency of injecting**	**Have you shared injecting equipment?**	**When did you last share injecting equipment?**	**If yes to injecting in the last 30 days, when did you last inject?**	**How often are you injecting?**	
☐Yes ☐No	☐Yes ☐No		In the last 30 days ☐Yes ☐No ☐Not Known	☐Yes ☐No ☐Not known	☐Never ☐Today ☐Within the last month ☐Within last 3 months ☐Within last 6 months ☐Within last year Over a year ago	☐Today ☐Within last week ☐Within last month	☐Daily ☐1-2 a week ☐4-6 times a month ☐Not known	
			In the last year but not less than 30 days ☐Yes ☐No ☐Not Known	☐Yes ☐No ☐Not known				
			Injected but not in the last 12	☐Yes ☐No ☐Not known				

			Months ☐Yes ☐No ☐Not Known				

What substances are you injecting?	How are you preparing?	
Where are you injecting? *Comments*	***Tick more than one if applies*** ☐Neck ☐Groin ☐Arm ☐Toes ☐Legs ☐Other specify	
Do you have any problems injecting? Describe	**What is the condition of injecting site?** ☐Visible track marks ☐Good ☐Fair ☐Poor	**Referral to Nurse Liaison required?** ☐Yes ☐No
Has someone else injected you within the last month? ☐Yes ☐No ☐Not known	**When did you last share injecting equipment?** ☐Never ☐Today ☐Within last 3 months ☐Within last 6 months ☐Within last year ☐Over year ago	**Do you use sterilising equipment?** ☐Yes ☐No ☐Not known ***(This practice should be discouraged – use Needle Exchange Services)***
Do you have access to Needle Exchange Services? ☐Yes ☐No ☐Not known	**Have you use Needle Exchange Services?** ☐Never ☐Sometimes ☐Usually ☐Always	**Is a referral required to Needle Exchange Service?** ☐Yes ☐No

BBV Screening History

BBV Screening	**Tested**	**Immunised**	**Outcome**		**Referral Required**
Hep A	☐Yes ____/_____/____ Date Where: ☐No ☐Not known ☐ Does not want to disclose	☐ Yes ☐No ____/_____/____ Date Where:	**Immune** ☐Yes ☐No ☐Not known	**Susceptible** ☐Yes ☐No ☐Not known	☐Yes ☐No
Hep B	☐Yes ____/_____/____ Date Where: ☐No ☐Not known	☐ Yes ☐No ____/_____/____ Date Where:	**Result** ☐Positive ☐Negative	**Testing required** ☐ Yes ☐No	☐Yes ☐No

	☐ Does not want to disclose						
Hep C	☐Yes ____/_____/____ Date Where ☐No ☐Not known ☐ Does not want to disclose		**Antibody** ☐+ve ☐-ve	**PCR** ☐+ve ☐-ve	**Genotype**	**Engaged with Services** ☐ Yes ☐No **Where:**	☐Yes ☐No
HIV	☐Yes ____/_____/____ Date Where: ☐No ☐Not known ☐ Does not want to disclose		**Antibody** ☐+ve ☐-ve		**Engaged with Services** ☐ Yes ☐No **Where:**		**Testing** ☐Yes ☐No **Services** ☐Yes ☐No

Menstrual Cycle Regular ☐ Yes ☐No **Date of last cycle?** **____/_____/_____** ***Comments:***	**Pregnancy** ☐ Yes **If yes, gestation 0 – 40 weeks** **_____** ☐No **Validated with test?** ☐ Yes ☐No	**Care plan intervention required, referral etc. or comments:**

Do you currently have any physical health concerns needing to be addressed? If so, what are they? List

SE Regional Substance Misuse Services

Comprehensive Assessment – Social Inclusion Domain

<table>
<tr><td colspan="2">Client Last Name:</td><td colspan="2">Client First Name:
(Include nicknames)</td><td colspan="3">Client Number:</td></tr>
<tr><td>Living with whom:
(tick one)

☐Alone
☐Parents/Family
☐Friends
☐Partner Alone
☐Partner &
☐Child(ren)
☐Alone with
☐Child(ren)
☐Foster Care
☐Other
_____
☐Not Known</td><td colspan="2">Living Where: (tick one)

☐Stable Accommodation
☐Institution-Prison
☐Institution- (Residential Care; Halfway House)
☐Homeless
☐Other unstable accommodation
☐Not Known</td><td>Area of Residence (as per HRB)</td><td>Community Care Area (as per HRB)</td><td>City/County (as per HRB)</td></tr>
<tr><td colspan="2">What is your marital status
☐Single
☐Married
☐Separated Widow(er)</td><td>Do you have children?
☐ Yes
☐No

If Yes, number of children

_____</td><td colspan="3">Is there a Social Worker working with you?
☐ Yes
☐No

If Yes, Name & contact details:

May we contact the Social Worker as part of your care plan & with your consent?

☐ Yes
☐No
☐Not at this time
Please discuss with client consent as per policy and have client sign consent to share information form:
☐Completed ☐Not completed

Consent Form signed? ☐Yes ☐No</td></tr>
<tr><td colspan="2">Do you have any housing needs at this time?
☐ Yes</td><td colspan="4">If yes, what do you see as your current needs?</td></tr>
</table>

☐No ☐Not at this time	

Social Inclusion – Housing			
Are you currently in arrears? ☐Yes ☐No ☐Not applicable	**Are you currently under threat of eviction?** ☐Yes ☐No ☐Not applicable **Comments:**	**Are you receiving housing benefits?** ☐Yes ☐No ☐Not applicable **Comments:**	**Are you linked with the County Council or Housing Association?** ☐Yes ☐No ☐Not applicable
If yes, to link with County Council or Housing Associate, may we contact them as appropriate for your care plan vwith your consent? ☐Yes ☐No ☐Not at this time ☐Not applicable	**Discuss consent and sharing of information policy with client:** ☐Yes ☐No **Consent form signed:** ☐Yes ☐No	**Are there issues with your currently situation that requires support?** ☐Yes ☐No **What are these?**	**Is a referral required for housing assessment?** ☐Yes ☐No **Where:** **What other referrals may be required in this area? i.e. MABS Tenancy Support?** ☐Yes ☐No **Where:**

Social Inclusion – Employment	
Employment Status (tick one) ☐In paid employment ☐Unemployed ☐FAS/Training Course ☐Student ☐Housewife/husband ☐Retired/unable to work ☐Other _____ ☐Not known	**If you are employed, Where do you work?**
	How long have you been in this employment?
	If not employed, do you wish to work in the future? ☐Yes ☐No ☐Not at this time **What goals/support or would you identify around employment?**

	Is a referral required in this area? ☐Yes ☐No ☐Not at this time **Where?**

Social Inclusion – Education	
Age left school or *secondary school X* (Not third level) (tick one) Years _____ ☐Never went to school ☐Still at school ☐Not known	**Education: highest level completed** ☐Primary level incomplete ☐Primary Level ☐Junior Cert ☐Leaving Cert ☐Third Level ☐Never went to school ☐Special Needs Education ☐Still in Education ☐Not Known

Do you want to explore the possibility of further education/ qualifications? ☐Yes ☐No ☐Not at this time	**Comments**	
How would you describe your reading skills? ☐Excellent ☐Good ☐Fair ☐Poor ☐Not at all	**Do you need support in this area?** ☐Yes ☐No ☐Not at this time	**Is a referral required for literacy?** ☐Yes ☐No ☐Not at this time

Are you currently on a VEC or FAS Scheme? ☐Yes ☐No ☐Not at this time	**Is there anything related to education, training you would support with at this time?**	**Is a referral required for VEC/FAS Scheme/ Adult Education etc?** ☐Yes ☐No ☐Not at this time **Where?**

Social Inclusion – Benefits			
Are you in receipt of any benefit? ☐Yes ☐No ☐Not at this time	**Do you need assistance with benefits?** ☐Yes ☐No ☐Not at this time	**Are you in debt?** ☐Yes ☐No ☐Not at this time	**What do you want to improve in this area?** **Is a referral required for CWO, MABS etc?** **Where?**

Social Inclusion – Mobility	
Are you capable of independent transport? ☐Yes ☐No ☐Not at this time	**What types of transport do you is available to you?** ☐Car ☐Public Transport ☐Bike ☐Motorbike ☐Walking
Do you have any physical disabilities? ☐Yes ☐No ☐Not at this time	Explore details and consider referral to appropriate service/ agency e.g. physiotherapy, occupational therapy, social services.

	Is there any assistance you need in relation to physical disability? ☐Yes ☐No ☐Not at this time Is a referral required in this area?

SE Regional Substance Misuse Services

Comprehensive Assessment - Motivation & Self Concept Domain

<table>
<tr><td>Client Last Name:</td><td colspan="2">Client First Name:
(Include nicknames)</td><td>Client Number:</td></tr>
<tr><td>What were your reasons for starting drug and/or alcohol misuse (why/how)?</td><td colspan="2">Why:</td><td>How:</td></tr>
<tr><td colspan="4">What are your reasons for continuing drug and/or alcohol misuse?</td></tr>
<tr><td>Have you made any previous attempts to change?</td><td colspan="3">☐ GP; ☐ AA/NA; ☐ Residential Detox; ☐ Self detox; ☐Reducing use; ☐ Residential Treatment;☐Not hanging with using friends; ☐Moved area ☐Other - specify

Explore:</td></tr>
<tr><td colspan="4">What are your specific/recurrent causes of relapse?</td></tr>
<tr><td colspan="2">What has or hasn’t helped you in the past?</td><td colspan="2" rowspan="2">What issues do you think may hinder your progress to change?

Explore:</td></tr>
<tr><td>Helped</td><td>Not Helped</td></tr>
<tr><td colspan="4">What help are you seeking?</td></tr>
</table>

How do you feel about yourself? ***Is a Rosenburg Self Esteem Scale required?*** ***☐Yes ☐No***
How confident do you feel as a person?

Rosenburg Self Esteem Scale

'Rosenburg, Morris 1989 Society & The Adolescent Self Image Revised Edition. Middletown, CT Wesleyan, University Press'

	Question	Rate	Score
1	I feel that I'm a person of worth, at least on an equal plane with others.	☐ Strongly Agree = 3 ☐ Agree = 2 ☐ Disagree = 1 ☐ Strongly Disagree =0	
2	I feel that I have a number of good qualities.	☐ Strongly Agree = 3 ☐ Agree = 2 ☐ Disagree = 1 ☐ Strongly Disagree =0	
3	All in all, I am inclined to feel that I am a failure.	☐ Strongly Agree = 0 ☐ Agree = 1 ☐ Disagree = 2 ☐ Strongly Disagree =3	
4	I am able to do things as well as most other people.	☐ Strongly Agree = 3 ☐ Agree = 2 ☐ Disagree = 1 ☐ Strongly Disagree =0	
5	I feel I do not have much to be proud of.	☐ Strongly Agree = 0 ☐ Agree = 1 ☐ Disagree = 2 ☐ Strongly Disagree =3	
6	I take a positive attitude towards myself.	☐ Strongly Agree = 3 ☐ Agree = 2 ☐ Disagree = 1 ☐ Strongly Disagree =0	
7	On the whole, I am satisfied with myself.	☐ Strongly Agree = 3 ☐ Agree = 2 ☐ Disagree = 1 ☐ Strongly Disagree =0	
8	I wish I could have more respect for myself.	☐ Strongly Agree = 0 ☐ Agree = 1 ☐ Disagree = 2 ☐ Strongly Disagree =3	
9	I certainly feel useless at times.	☐ Strongly Agree = 0 ☐ Agree = 1 ☐ Disagree = 2 ☐ Strongly Disagree =3	
10	At times, I think I am no good at all.	☐ Strongly Agree = 0 ☐ Agree = 1 ☐ Disagree = 2 ☐ Strongly Disagree =3	
		Total Score	

University of Rhode Island Change Assessment (URICA)

No.	Question	Rate	Score	No.	Question	Rate	Score
1	**As far as I'm concerned, I don't have any problems that need changing**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**17**	**Even though I'm not always successful in changing, I am at least working on my problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
2	**I think I might be ready for some self-improvement.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**18**	**I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
3	**I am doing something about the problems that had been bothering me.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**19**	**I wish I had more ideas on how to solve my problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
4	**It might be worthwhile to work on my problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**20**	**I have started working on my problem but I would like help.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
5	**I'm not the problem one. It doesn't make much sense for me to consider changing.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**21**	**Maybe someone or something will be able to help me.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
6	**It worries me that I might slip back on the problem I have already changed,**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4		**22**	**I may need a boost right now to help me maintain the changes I've already made.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4	

	so I am looking for help.	☐ Strongly Agree 5				☐ Strongly Agree 5	
7	**I am finally doing some working on my problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**23**	**I may be part of the problem, but I don't really think I am.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
8	**I've been thinking that I might want to change something about myself.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**24**	**I hope that someone will have some good advice for me.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
9	**I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**25**	**Anyone can talk about changing; 'I'm actually doing something about it.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
10	**At times my problem is difficult, but I'm working on it.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**26**	**All this talk about psychology is boring. Why can't people just forget about their problems?**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
11	**Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**27**	**I'm struggling to prevent myself from having a relapse of my problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
12	**I'm hoping that I will be able to understand myself better.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**28**	**It's frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	

13	**I guess I have faults, but there's nothing that I really need to change.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**29**	**I have worries but so does the next guy. Why spend time thinking about them?**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
14	**I am really working hard to change.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**30**	**I am actively working on my problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
15	**I have a problem and I really think I should work on it.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**31**	**I would rather cope with my faults than try to change them.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	
16	**I'm not following through with what I had already changed as well as I had hoped, and I want to prevent a relapse of the problem.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5		**32**	**After all I had done to try and change my problem, every now and then it comes back to haunt me.**	☐ Strongly Disagree 1 ☐ Disagree 2 ☐ Undecided 3 ☐ Agree 4 ☐ Strongly Agree 5	

Calculating the Readiness Score

Calculating the Readiness Score is done by calculating the means for pre-contemplation responses, contemplation responses, action responses and the struggling to maintain responses. Once means are found for each of the stage subscales, the mean from the pre-contemplation is subtracted from the summation of the other three stages. Below you will find grids showing which questions are used to calculate each of the subscale totals, the number to divide by to obtain the mean and the formula below each grid to calculate the readiness score. Remember, if you alter the order of the questions from the order already used in our versions of the URICA, you must adjust the grid to account for changes in numbering to be certain the questions are correctly linked to the stages.

*For the questions that say "Omit" do not include them in your summation of scores for each stage subscale.

To obtain a Readiness to Change score, first sum items from each subscale and divide by 7 to get the mean for each subscale. Then sum the means from the Contemplation, Action, and Maintenance subscales and subtract the Pre-contemplation mean (C + A + M – PC = Readiness).

Cut-off scores are essentially arbitrary and you should be thinking about the stages as least ready, middle and most ready.

Score of 8 or lower classified as Pre-contemplators

Score of 8-12 classified as Contemplators

Score of 12-14 classified as Preparators into Action Takers

Scoring URICA Sheet

	Pre-contemplation	Contemplation	Action	Maintenance
Question Numbers	Q1	Q2	Q3	Q6
	Q5	Q4 (omit)*	Q7	Q9 (omit)*
	Q11	Q8	Q10	Q16
	Q13	Q12	Q14	Q18
	Q23	Q15	Q17	Q22
	Q26	Q19	Q20 (omit)*	Q27
	Q29	Q21	Q25	Q28
	Q31 (omit)*	Q24	Q30	Q32
Total:				
Divide by:	7	7	7	7
Mean:				

SE Regional Substance Misuse Services

Comprehensive Assessment – Risk Assessment Domain

MUST BE READ BEFORE CONTINUING:

Guidance on risk assessment forms. Please score on each category and item if the answer to that item is **YES**. If the answer is no, it does not get a score. If the resulting score in any category is **0-23,** this is seen as **low risk,** If the score is **24-50** this is seen as **Moderate Risk** and the key worker should discuss the result with the service user, team & manager and other key professionals involved in the care of the client. If the score is **51-75** this is seen as **High Risk** and the Key worker should discuss the result with the service user, team & manager and other key professionals involved in the care of the client. The impact of adult problems and behaviour on children and vulnerable adults should always be considered. Everybody should keep the interest of children and vulnerable adults uppermost and be alert to possible indicators of abuse or neglect. Where there is actual or risk of significant harm to a child or vulnerable adult a referral to social services should be made without delay and in accordance with local multi-agency policies and Children's First Guidelines

NB. *Questions in bold with an asterisk* indicate high potential risk to a child or vulnerable adult and must be discussed in a multi-agency context refer to policies and seek advice and support*

Please refer to local risk assessment, risk management, policy and protocols as appropriate to complete a risk management plan as part of the care planning process. However, as a minimum they must all cover all the issues identified here.

NB. Shaded sections indicate an area where professional judgement is required and should not be asked of the client/service user directly.

Risk Assessment – Suicide Indicators					
Q	**Question**	**In the last 12 months**	**Score**	**Currently**	**Score**
1	Have you made a previous suicide attempt on your life? How recent?	☐Yes = 12 ☐No		☐Yes = 12 ☐No	
2	Did you use a violent method i.e. hanging, jumping or shooting?	☐Yes = 12 ☐No		☐Yes= 12 ☐No	
3	Do you use recreational drugs? Are you a poly drug user?	☐Yes= 9 ☐No		☐Yes= 9 ☐No	
4	Do you use alcohol/drugs to excess?	☐Yes= 9 ☐No		☐Yes= 9 ☐No	
5	Are you having any thoughts of self harm or suicide? Have you previously either intentionally or accidentally taken an overdose?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
6	Have you considered and planned how you would kill yourself?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
7	Do you believe you have little or no control over your life?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
8	Are you experiencing a high level of distress/delusion/personal guilt/personal shame/ low self esteem?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
9	Do you feel nothing has changed since your last suicide attempt?	☐Yes= 4 ☐No		☐Yes= 4 ☐No	
10	Do you live alone?	☐Yes= 2 ☐No		☐Yes= 2 ☐No	
11	Are you separated, divorced, or widowed?	☐Yes= 2 ☐No		☐Yes=2 ☐No	
12	Are you unemployed or retired? Do you have meaningful daytime activity?	☐Yes= 2 ☐No		☐Yes= 2 ☐No	
13	Are you male?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
14	Are you over 45 years of age?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
15	Are you in poor physical health?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
Totals					

Risk of Suicide CURRENTLY	**☐ Low (0-23) Support**	**☐ Moderate (24-50) Intervention required**	**☐ High (51 -75) IMMEDIATE INTERVENTION REQUIRED**
Risk of Suicide (*12 month ago)*	**☐ Low (0-23) Explore**	**☐ Moderate Explore (24-50)**	**☐ High (51 -75) EXPLORE SUCCUSSFUL INTERVENTIONS**

Risk Assessment –Indicators of Violence/Aggression					
Q	**Question**	**In the last 12 months**	**Score**	**Currently**	**Score**
1	Do you have thoughts of harming another person?	☐Yes = 12 ☐No		☐Yes = 12 ☐No	
1a	**Do you have thoughts of harming a child (or children) or vulnerable adult (e.g. an elderly person)?**	☐Yes ☐No	✹	☐Yes ☐No	✹
2	Have you ever used a weapon to assault another person?	☐Yes = 12 ☐No		☐Yes= 12 ☐No	
3	Have you had a previous admission to a high security unit (Prison/Special hospital)?	☐Yes= 9 ☐No		☐Yes= 9 ☐No	
4	Have you had a previous admission to a low/medium security unit?	☐Yes= 9 ☐No		☐Yes= 9 ☐No	
5	Is there evidence of being dangerously impulsive to others?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
6	Is there a history of assault on others, requiring medical attention:	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
6a	**Is there a history of assault or abuse to children or vulnerable adults?**	☐Yes ☐No	✹	☐Yes ☐No	✹
7	Has the person threatened physical/psychological harm to other people?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
7a	**Were the other people, child/children or vulnerable adult(s)?**	☐Yes ☐No	✹	☐Yes ☐No	✹
8	Has the person expressed but not demonstrated aggressive behaviour?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
9	Has the person expressed paranoid delusions featuring specific individuals?	☐Yes= 4 ☐No		☐Yes= 4 ☐No	
10	Is there evidence (or are there reports) of sexually inappropriate behaviour?	☐Yes= 2 ☐No		☐Yes= 2 ☐No	
10a	**If yes, was that behaviour toward a child/ children or vulnerable adult(s)?**	☐Yes ☐No	✹	☐Yes ☐No	✹
11	Do you have convictions for violent/sexually inappropriate behaviour?	☐Yes= 2 ☐No		☐Yes=2 ☐No	
11a	**If yes, was any conviction related to a child/children or vulnerable adult(s)**	☐Yes= 2 ☐No	✹		✹
12	Are you aware of any triggers you have which leads to your violent behaviour?	☐Yes= 2 ☐No		☐Yes= 2 ☐No	

13	Do you use recreational drugs? Are you a poly drug user?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
14	Do you use alcohol to excess?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
15	Have you refused to take part in treatment to reduce the potential of danger from you to others?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
Totals					

Risk of Violence/aggression CURRENTLY	**☐ Low (0-23) Support**	**☐ Moderate (24-50) Intervention required**	**☐ High (51 -75) IMMEDIATE INTERVENTION REQUIRED**
Risk of Violence/aggression (*12 month ago)*	**☐ Low (0-23) Explore**	**☐ Moderate Explore (24-50)**	**☐ High (51 -75) EXPLORE SUCCUSSFUL INTERVENTIONS**

Risk Assessment – Indicators for Risk of Neglect					
Q	**Question**	**In the last 12 months**	**Score**	**Currently**	**Score**
1	Is your diet and non-alcoholic fluid intake inadequate?	☐Yes = 12 ☐No		☐Yes = 12 ☐No	
2	Are you sharing injecting equipment?	☐Yes = 12 ☐No		☐Yes= 12 ☐No	
3	Do you live in accommodation without electricity, gas for heat, or lighting?	☐Yes= 9 ☐No		☐Yes= 9 ☐No	
4	Are you unable to manage your physical health problems? Do you have any concerns about your sexual health?	☐Yes= 9 ☐No		☐Yes= 9 ☐No	
5	Do you have debts that significantly impact on your life?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
6	Do you regularly experience financial difficulty? (e.g. to buy basic needs, food etc.)	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
7	Do most of your friends take drugs or alcohol to excess?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
8	Is the client living in inadequate accommodation?	☐Yes= 5 ☐No		☐Yes= 5 ☐No	
9	Does someone else do your basic food shopping?	☐Yes= 4 ☐No		☐Yes= 4 ☐No	
10	Is the client unable to adequately communicate their needs?	☐Yes= 2 ☐No		☐Yes= 2 ☐No	
11	Are you worried about being evicted or having your home repossessed?	☐Yes= 2 ☐No		☐Yes=2 ☐No	
12	Do you live with other alcohol or drug users?	☐Yes= 2 ☐No		☐Yes= 2 ☐No	
13	Is the client unable to adequately manage their own personal hygiene?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
14	Do you have little or no contact with people from your own culture?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
15	Is the client's accommodation detrimental to their health?	☐Yes= 1 ☐No		☐Yes= 1 ☐No	
Totals					

Risk of Neglect CURRENTLY	**☐ Low (0-23) Support**	**☐ Moderate (24-50) Intervention required**	**☐ High (51 -75) IMMEDIATE INTERVENTION REQUIRED**
Risk of Neglect (*12 month ago)*	**☐ Low (0-23) Explore**	**☐ Moderate Explore (24-50)**	**☐ High (51 -75) EXPLORE SUCCUSSFUL INTERVENTIONS**