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| First name: |
| Surname: |
| Gender: |
| Date of Birth: |

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|-------------------|----------|
| Client Reference: | |
| Ethnicity: | |
| Nationality: | |
| Consent: | Yes / No |

ASSESSMENT:

Main Assessment:

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| 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> |

Carer:

| | |
|---------------------------|-----------------|
| Has Carer Responsibly: | <i>Yes / No</i> |
| Current Living Situation: | |

Disability:

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

Drinking:

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|--|--|
| Drink Days: <i>In the last 14 days</i> | Drink Units: <i>On average drinking day</i> |
| AUDIT Score: | SADQ Score: |
| Tobacco Use: <i>In the last 14 days</i> | |

Health:

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| Physical Health Score: <i>Self-reported score between 1 and 20</i> |
| Psychological Health Score: <i>Self-reported score between 1 and 20</i> |

Injecting:

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| 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:

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|-------------|
| Key Worker: |
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Sexuality:

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|---------------------|
| Gender Identity: |
| Sexual Orientation: |

Veteran:

| | |
|-------------------|-----------------|
| Military Veteran: | <i>Yes / No</i> |
|-------------------|-----------------|

Young Person:

| | | | |
|------|-----------------|------|-----------------|
| LAC: | <i>Yes / No</i> | CIN: | <i>Yes / No</i> |
| CAF: | <i>Yes / No</i> | CPP: | <i>Yes / No</i> |

Note: Please complete the sections for **Client Details** and **Main Assessment**, and then only complete the other assessment sections that are applicable to your service.

REFERENCE DATA OPTIONS:

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| <p>Accommodation</p> <ul style="list-style-type: none"> NFA - urgent housing problem Housing problem No housing problem Not Known |
| <p>Employment</p> <ul style="list-style-type: none"> Regular Employment Pupil / Student Other Long term sick or disabled Homemaker Unemployed and seeking work Not receiving benefits Unpaid voluntary work Retired from paid work Not Known |
| <p>Parental Status</p> <ul style="list-style-type: none"> All of the children under 18 live with client Some of the children under 18 live with client None of the children under 18 live with client Not a parent of children under 18 Client declined to answer Not Known |
| <p>Living Situation</p> <ul style="list-style-type: none"> Spouse / partner Own children Others Children Parent / grandparent Other relative Friend or other person Live alone |
| <p>Disability</p> <ul style="list-style-type: none"> Arthritis Asthma Cancer Chronic Fatigue Syndrome (ME) Chronic Pain Chronic Pancreatitis Colitis/Crohn's Disease COPD Chronic Obstructive Pulmonary disease Dementia Depression Diabetes Epilepsy Facial disfigurement General learning difficulties (eg. Downs Syndrome) Hearing impairment Heart disease Hypertension / High blood pressure Kidney disease Liver disease / Cirrhosis Manual dexterity Mental health Mental ill health Mobility issues Multiple Sclerosis (MS) Neurological & Digestive diseases (IBS, Crohn's) |

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|---|
| <ul style="list-style-type: none"> Obesity Parkinson's Specific learning difficulties (eg. Dyslexia) Speech impairment Stroke Visual impairment Other None Not Stated/Prefer not to say |
| <p>Substance</p> <ul style="list-style-type: none"> Alcohol unspecified Amphetamines Unspecified Anti-depressants Antipsychotic Unspecified Benzodiazepines Unspecified Buprenorphine Cannabis Herbal (Skunk) Cannabis unspecified Cocaine Freebase (crack) Cocaine unspecified Diamorphine Diazepam GHB/GBL Growth Hormone Hallucinogens Unspecified Heroin illicit Ketamine Khat MDMA Melanotan Mephedrone Methadone unspecified Methamphetamine Nicotine No Primary / Second / Third Drug NPS Other - effects different ("Legal Highs") Other Opiates Other prescribed drugs Steroids Unspecified Temazepam Testosterone & Esters Someone else's Alcohol use Someone else's Drug use <p><i>Shortened list of substances is shown above, the complete list is available here: https://ims.ljmu.ac.uk/reference</i></p> |
| <p>Sexual Orientation:</p> <ul style="list-style-type: none"> Heterosexual / Straight Gay Man Gay Woman / Lesbian Bisexual Other Prefer not to say |
| <p>Gender Identity:</p> <ul style="list-style-type: none"> Male Female Transgender M - F Transgender F - M Gender fluid Gender neutral Other |