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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Member | | | | | Team | | | | | | Assessment Date | | | | | Survey Type | | | |
|  | | | | |  | | | | | |  | | | | |  | | | |
| SLK | | | | | | Client Type | | | | | Country of Birth | | | | | Preferred Language | | | |
|  | | | | |  | | | | | |  | | | | |  | | | |
|  | | | | | Aboriginal and/or Torres Strait Islander Identity | | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | | |  | | | |
| Primary Substance of concern | | | | |  | | | | | | | | | | | | | | |
| Substance | Age first used | | | | Age last used | | | Method of use | | | Days used in last 28 | Units of measurement | | | | Quantity used per occasion | | | Goal |
|  |  | | | |  | | |  | | |  |  | | | |  | | |  |
|  |  | | | |  | | |  | | |  |  | | | |  | | |  |
|  | | | | | | | | | | |  | | | | | | | | |
| Substance use notes: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Severity of Dependence** | | | | | | | | | | | | **Score**  /15 | | **SDS Score** | | | | **Dependence rating** | |
| Did you ever think your use was out of control? | | | | | | | | | | | |  | | 0 - 3 | | | | Nil or Negligible | |
| Did the prospect of not using make you very anxious or worried? | | | | | | | | | | | |  | | 4 - 6 | | | | Mild | |
| How often did you worry about your use? | | | | | | | | | | | |  | | 7 - 9 | | | | Moderate | |
| Did you wish you could stop? | | | | | | | | | | | |  | | 10 - 12 | | | | Substantial | |
| How difficult would you find it to stop or go without? | | | | | | | | | | | |  | | 13 - 15 | | | | Severe | |
| Injecting history: | | | | | | | Shared injecting equipment: | | | | | | Times injected in the last 4 weeks: | | | | | | |
| AOD Risks identified | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Other behaviors of dependence** | | | | | | | | | | | | | | | | | | | |
| **Behavior** | | | **Days engaging in behavior in the last 28 days** | | | | | | | | | | | | |  | | | |
| Gambling | | |  | | | | | | | | | | | | |  | | | |
| Sex | | |  | | | | | | | | | | | | |  | | | |
| Internet/social media | | |  | | | | | | | | | | | | |  | | | |
| Gaming | | |  | | | | | | | | | | | | |  | | | |
| Hoarding | | |  | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |
| AOD Risks identified | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Substance Use Issues: | | | | | | | | | | | | | | | | | | | |
| Substance Use Goals: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Everyday Living | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **In the last 4 weeks has the client engaged in any of the following?** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Frequency** | | | | | | **How many days in last 28** | | | | |
| Paid Work | | | | | | | | |  | | | | | |  | | | | |
| Voluntary Work | | | | | | | | |  | | | | | |  | | | | |
| Study - college, school or vocational education | | | | | | | | |  | | | | | |  | | | | |
| Looking after Children | | | | | | | | |  | | | | | |  | | | | |
| Other Caregiving activities | | | | | | | | |  | | | | | |  | | | | |
| **Is there anything you would like to spend more time on??** | | | | | | | | | | | | | | | | | | | |
| Drugs and/or Drinking (sourcing & using) | | | | | | | | | | | |  | | | | | | | |
| Hobbies, Sport & Recreation | | | | | | | | | | | |  | | | | | | | |
| Family & Home | | | | | | | | | | | |  | | | | | | | |
| Me Time | | | | | | | | | | | |  | | | | | | | |
| Other Behaviours of Dependence (eg. gaming, social media) | | | | | | | | | | | |  | | | | | | | |
| Work / Study | | | | | | | | | | | |  | | | | | | | |
| During the last 4 weeks, how often has substance use (or other behaviours of dependence) impacted on your work or other daily living activities? | | | | | | | | | | | | | | | | | | | |
| How well does the client feel they are able to prioritise and maintain the wellbeing of themselves and/or others they are caring for? | | | | | | | | | | | | | | | | | | | |
| Every Day Living Issues: | | | | | | | | | | | | | | | | | | | |
| Every Day Living Goals: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Housing and Safety | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| How would the client rate their current housing situation? | | | | | | | | | | | | | | | | | | | |
| In the past 4 weeks has the client had any difficulties with housing or finding somewhere stable to live? | | | | | | | | | | | | | | | | | | | |
| Does the client report feeling safe where they live? | | | | | | | | | | | | | | | | | | | |
| Usual Accommodation (What kind of accommodation does the client live in?) | | | | | | | | | | | | | | | | | | | |
| Living Arrangement (Who does the client live with?) | | | | | | | | | | | | | | | | | | | |
| Housing and Safety Issues: | | | | | | | | | | | | | | | | | | | |
| Housing and Safety Goals: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Physical Health and Wellbeing | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| How has your physical health been, in the last 4 weeks? (1-10): | | | | | | | | | | | | | | | | | | | |
| In the last 4 weeks, how often has your physical health caused problems in your daily life? | | | | | | | | | | | | | | | | | | | |
| In the past 4 weeks have you been in hospital or needed to call an ambulance? | | | | | | | | | | | | | | | | | | | |
| Details of Hospital/Ambulance if applicable: | | | | | | | | | | | | | | | | | | | |
| Are you currently taking any medications (for either physical or mental health)? | | | | | | | | | | | | | | | | | | | |
| Physical Health and Wellbeing Issues: | | | | | | | | | | | | | | | | | | | |
| Physical Health and Wellbeing Goals: | | | | | | | | | | | | | | | | | | | |
| **HEALTH CHECKLIST (for staff only):**  Does the client need support/referral for any of the following?   |  |  | | --- | --- | | **[ ]** | Vaccinations (eg. Hep-C / Flu) | | **[ ]** | BBV Screening | | **[ ]** | Sexual Health (eg. STD Screening / Family Planning) | | **[ ]** | Dental | | | | | | | | | | | | | | | | | | | | |
| Mental Health and Wellbeing | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| How has your psychological / mental health been, in the last 4 weeks? (1-10) | | | | | | | | | | | | | | | | | | | |
| In the last 4 weeks, how often has your mental health created problems in your daily life? | | | | | | | | | | | | | | | | | | | |
| Have you ever been diagnosed with a mental health issue? | | | | | | | | | | If so, when? | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | |
| Current identified mental health risks: | | | | | | | | | | | | | | | | | | | |
| Historical and contextual mental health risks: | | | | | | | | | | | | | | | | | | | |
| **Kessler 10** | | | | **Score**  /50 | | | | \* Score under 20 are likely to be well  \* Score 20-24 are likely to have a mild mental disorder  \* Score 25-29 are likely to have moderate mental disorder  \* Score 30 and over are likely to have a severe mental disorder | | | | | | | | | | | |
| 1. During the last 30 days, about how often did you feel tired out for no good reason? | | | | | | | | | | | | | | | | |  | | |
| 2. During the last 30 days, about how often did you feel nervous? | | | | | | | | | | | | | | | | |  | | |
| 3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down? | | | | | | | | | | | | | | | | |  | | |
| 4. During the last 30 days, about how often did you feel hopeless? | | | | | | | | | | | | | | | | |  | | |
| 5. During the last 30 days, about how often did you feel restless or fidgety? | | | | | | | | | | | | | | | | |  | | |
| 6. During the last 30 days, about how often did you feel so restless you could not sit still? | | | | | | | | | | | | | | | | |  | | |
| 7. During the last 30 days, about how often did you feel depressed? | | | | | | | | | | | | | | | | |  | | |
| 8. During the last 30 days, about how often did you feel that everything was an effort? | | | | | | | | | | | | | | | | |  | | |
| 9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up? | | | | | | | | | | | | | | | | |  | | |
| 10. During the last 30 days, about how often did you feel worthless? | | | | | | | | | | | | | | | | |  | | |
| Mental Health Notes: | | | | | | | | | | | | | | | | | | | |
| Mental Health Goals: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Relationships, Parenting, and Social Wellbeing | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do you have any positive family and/or social support around you?  Notes: | | | | | | | | | | | | | | | | | | | |
| In the last 4 weeks, how often has substance use led to problems or arguments with family members or friends? | | | | | | | | | | | | | | | | | | | |
| Do you have any domestic violence or family safety concerns?  Notes: | | | | | | | | | | | | | | | | | | | |
| Have you used violence or been abusive towards anyone, over the last 4 weeks**?**  Notes: | | | | | | | | | | | | | | | | | | | |
| In the last 4 weeks, have you had any parenting / caregiving responsibilities? | | | | | | | | | | | | | | | | | | | |
| Are there any child protection concerns?  Notes: | | | | | | | | | | | | | | | | | | | |
| Relationships, Parenting, and Social Wellbeing Issues: | | | | | | | | | | | | | | | | | | | |
| Relationships, Parenting, and Social Wellbeing Goals: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Legal | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Have you served a custodial sentence in the past?  Notes: | | | | | | | | | | | | | | | | | | | |
| Have you been arrested in the last 4 weeks?  Notes: | | | | | | | | | | | | | | | | | | | |
| In the last 4 weeks, how often have you been involved in any illegal activities?(eg. DUI, assault, shoplifting, supplying drugs)? | | | | | | | | | | | | | | | | | | | |
| Are you currently subject to court orders or have any charges pending?  Details: | | | | | | | | | | | | | | | | | | | |
| Do you need help with a Work Development Order to pay off any outstanding fines? | | | | | | | | | | | | | | | | | | | |
| Legal Issues: | | | | | | | | | | | | | | | | | | | |
| Legal Goals: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Client Reflection on Change | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| According to the client, how important is change right now?  Notes: | | | | | | | | | | | | | | | | | | | |
| How close does the client feel they are to where they want to be in relation to managing their substance use? (‘No Where Close’ 1 - 10 ‘Achieved my goals’) | | | | | | | | | | | | | | | | | | | |
| How satisfied is the client with their progress towards achieving their substance use goals? | | | | | | | | | | | | | | | | | | | |
| How does the client rate their quality of life over the last 4 weeks? ‘Poor quality of life’ 1 – 10 ‘Really good quality of life’?  Notes: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Supports/Risk Assessment | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Is the client currently accessing any other services?  Notes: | | | | | | | | | | | | | | | | | | | |
| Internal Supports the client is seeking: | | | | | | | | | | | |  | | | | | | | |
| External Supports the client is seeking: | | | | | | | | | | | |  | | | | | | | |
| Risk Assessments required:   |  |  | | --- | --- | | **[ ]** | Any indication of mental health risks? | | **[ ]** | Any indication of suicidal ideation? | | **[ ]** | Any indication of domestic / family violence? | | **[ ]** | Any potential risk of overdose? | | | | | | | | | | | | | | | | | | | | |
| Risk Assessment notes**:** | | | | | | | | | | | | | | | | | | | |

**Final Checklist**

|  |  |
| --- | --- |
| **[ ]** | Risk Assessments Completed (if indicated) |
| **[ ]** | Client Consent to Share Information – signed |
| **[ ]** | Client provided with Rights and Responsibilities |
| **[ ]** | Client provided with Feedback and Complaints process |
| **[ ]** | Feedback provided to referrer, if required |