

**CRACK, COCAINE AND OTHER STIMULANTS  
COMPREHENSIVE ASSESSMENT**

<b>CLIENT NUMBER</b>	<b>ASSESSOR</b>	<b>ASSESSMENT DATE</b>
<b>NICKNAME</b>		
		<b>SEX</b>
<b>PHONE</b>	<b>GP</b>	<b>NEXT OF KIN</b>
<b>FIRST LANGUAGE</b>		<b>IS INTERPRETER NECESSARY? YES / NO</b>
<b>NATIONALITY UK EU OTHER NOT KNOWN</b>		<b>LOCAL AUTHORITY OF RESIDENCE</b>
<b>ETHNIC ORIGIN</b> <b>A White - British</b> <b>B White - Irish</b> <b>C White - Other</b> <b>D Mixed - White &amp; Black Caribbean</b> <b>E Mixed - White &amp; Black African</b> <b>F Mixed - White &amp; Asian</b> <b>G Mixed - Other</b> <b>H Asian or Asian British - Indian</b> <b>K Asian or Asian British - Pakistani</b> <b>L Asian or Asian British - Bangladeshi</b> <b>M Asian or Asian British - Other</b> <b>N Black or Black British - Caribbean</b> <b>P Black or Black British - African</b> <b>R Chinese</b> <b>S Other Ethnic Group</b> <b>Z Refusal</b>		<b>REFERRED BY</b> <b>1 Drug service – statutory</b> <b>2 Drug service – non-statutory</b> <b>3 GP</b> <b>4 Self</b> <b>5 Arrest Referral Team</b> <b>6 DTTO</b> <b>7 Youth Offending Team</b> <b>8 Probation</b> <b>9 A&amp;E</b> <b>10 Needle Exchange</b> <b>11 Psychiatry</b> <b>12 Community Care Assessment</b> <b>13 CARAT</b> <b>14 Employment Service</b> <b>15 Other (PLEASE SPECIFY)</b>
<b>HOW SHOULD WE CONTACT CLIENT?</b>		<b>PHONE LETTER (EMAIL)</b>
<b>DISCUSSED CONFIDENTIALITY ISSUES YES / NO</b>		<b>PERMISSION TO SHARE INFO YES / NO</b>

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<b>PERMISSION TO SHARE INFORMATION</b>					
<b>Type of Information</b>	<b>By which Agency</b>	<b>To which agency or concerned other</b>	<b>Initials of service user</b>	<b>Initials of agency worker</b>	<b>Date</b>

**Before information is requested from or passed on to another agency or person, your worker will talk to you about what needs to be shared. You are being asked to sign the following agreement to exchange specific information with other professionals involved in your care.**

**I have had the benefits of sharing information discussed with me. I understand that sharing of information between agencies identified is intended to support me in making the changes I have agreed to. I give permission for my worker to receive information and share information about my care:**

**I understand that this information release form is only valid for 3 months from the date set below and will then be reviewed**

**Clients Signature:**

**Date**

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<b>PRIMARY SUBSTANCE OF DEPENDENCE</b>	
<b>EFFECTS OF DRUG ON USER (POSITIVE AND NEGATIVE)</b>	<b>PROBLEMS / CONCERNS ABOUT DRUG</b>

<b>PATTERN OF DRUG USE IN PAST 30 DAYS</b>					<b>AGE FIRST USED</b>
<b>TYPE</b>	<b>Y/ N</b>	<b>DAYS</b>	<b>AMOUNT ON TYPICAL DAY</b>	<b>ROUTE</b>	
ALCOHOL					
HEROIN					
ILLICIT METHADONE					
PRESCRIBED METHADONE					
ILLICIT BENZODIAZEPINES					
PRESCRIBED BENZODIAZEPINES					
COCAINE POWDER					
CRACK/ROCK COCAINE					
AMPHETAMINES					
ECSTASY					
CANNABIS					
TOBACCO					

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<b>WEEKLY DRUG/ALCOHOL DIARY</b>		
<b>Day / Date</b>	<b>Amount Used</b>	<b>Circumstances</b>

<b>PREVIOUS EPISODES OF TREATMENT FOR SUBSTANCE MISUSE</b>				
<b>PREVIOUSLY TREATED AT THIS AGENCY    YES / NO / NOT KNOWN</b>				
<b>Agency Type</b>	<b>Date</b>	<b>Treating Agency</b>	<b>Treatment</b>	<b>Result</b>
<b>Needle Exchange</b>				
<b>GP</b>				
<b>Drug or Alcohol Team</b>				
<b>Inpatient clinic</b>				
<b>Rehab Unit</b>				
<b>Social services</b>				
<b>Probation</b>				
<b>Psychiatry</b>				
<b>Other (please specify)</b>				

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**DRUG USE / ALCOHOL HISTORY (including periods of abstinence)**

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**HEALTH RISK BEHAVIOUR**

Ever injected Crack/Cocaine?			YES/NO
Age first injected Crack/Cocaine			
Ever shared equipment? (Needles, syringes, water, pipes, spiffs)			YES/NO
Injected Crack/Cocaine in the past 30 days?			YES/NO
Days in the past 30 injected Crack/Cocaine			
Times injected on a typical day in the past 30 days			
Times injected with equipment already used by someone else in the past 30 days			
	Ever tested	Vaccinated	Details:
HIV	YES / NO		
Hepatitis A	YES / NO	YES / NO	
Hepatitis B	YES / NO	YES / NO	
Hepatitis C	YES / NO		
Had penetrative sex in past 30 days and not used a condom?			YES/NO
Number of people had sex with in past 30 days and not used a condom			
Times had sex in past 30 days and not used a condom			

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<b>MEDICAL PROBLEMS</b>					
<b>FREQUENCY IN PAST 30 DAYS</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Poor appetite					
Tiredness/fatigue					
Nausea					
Stomach pains					
Difficulty breathing					
Chest pains					
Joint/bone pains					
Muscle pain					
Numbness/tingling					
Tremors or shakes					

<b>PAST MEDICAL HISTORY (List all admissions to hospital)</b>	<b>EVER HAD (include dates)</b>	
	<b>Abscesses</b>	
	<b>Collapsed veins</b>	
	<b>Thrombosis</b>	
	<b>Septicaemia</b>	
	<b>Accidental Overdose</b>	
	<b>Other (please specify)</b>	

<b>CURRENT MEDICATION (including doses)</b>		
<b>Medication</b>	<b>Dose &amp; Frequency</b>	<b>Prescribing Doctor</b>

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<b>PSYCHOLOGICAL PROBLEMS</b>					
<b>FREQUENCY IN PAST 30 DAYS</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
<b>Feeling tense</b>					
<b>Suddenly scared for no reason</b>					
<b>Feeling fearful</b>					
<b>Nervousness or shakiness inside</b>					
<b>Spells of tremor or panic</b>					
<b>Feeling hopeless about the future</b>					
<b>Feelings of worthlessness</b>					
<b>Feeling no interest in things</b>					
<b>Feeling lonely</b>					
<b>Thoughts of ending your life</b>					

**PAST PSYCHIATRIC HISTORY** (List all episodes of treatment ,contact with psychiatric services, admissions to hospital)

Has the person ever attempted to harm themselves YES / NO (If YES give details)

Ever treated in A&E following an overdose YES / NO

**CLIENT'S DESCRIPTION OF CURRENT PHYSICAL & PSYCHOLOGICAL HEALTH**

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<b>HOUSING</b>	
<p><b>Currently lives with</b> _____</p> <p>1 - sexual partner &amp; children            2 - sexual partner alone            3 - with children alone            4 - with parents            5 - with family            6 - with friends            7 - alone            8 - controlled environment            9 - no stable arrangement</p> <p><b>Length of time in this arrangement (months)</b> _____</p>	<p><b>Number of different addresses in past 12 months?</b></p> <p style="text-align: center;">2 or less    3 – 4    5 or more    none</p> <p><b>Ever slept rough</b>    YES / NO / NOT KNOWN</p> <p><b>Living with anyone with:</b></p> <p><b>An alcohol problem</b>    YES / NO</p> <p><b>A non-prescribed drug problem</b>    YES / NO</p>
<p><b>Type and suitability of current accommodation</b></p>           <p><b>Current Accommodation:</b>      stable    unstable    institutional    other    not known</p>	

<b>EDUCATION &amp; EMPLOYMENT</b>	
<b>Days of paid work in the past 30 days</b>	
<b>Days missed from work because of sickness or unauthorised absence</b>	
<b>Days formally unemployed in the past 30 days</b>	
<p><b>Current job</b></p> <p><b>Length of time in this job (months)</b> _____</p> <p><b>Usual employment pattern in past 3 years</b> _____</p> <p>1 - full time            2 - part time            3 - student            4 - retired/disability            5 - unemployed            6 - in controlled environment/prison            7 – other</p>	<p><b>Age of leaving school</b> _____</p> <p><b>Qualifications</b></p>
<p><b>Other relevant information</b></p>           	

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**FORENSIC**

Arrested over the past 30 days for any reason? YES / NO  
If YES, give details

Currently awaiting prosecution YES / NO

Currently on Police bail? YES / NO

Currently on probation? YES / NO

Number of previous convictions \_\_\_\_\_

Number of prison sentences \_\_\_\_\_

Longest prison sentence \_\_\_\_\_ months

Other relevant information

Crimes committed in the past 30 days	Y/ N	Number of days in past 30 committed this crime	Number of times on a typical day
Selling drugs			
Fraud/forgery			
Shoplifting			
Theft from a property			
Theft from a person			
Theft from a vehicle			
Theft of a vehicle			
Other (please specify			

**FINANCIAL SITUATION (including benefits, income and debts)**

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<b>RELATIONSHIPS</b>	
<b>IN RELATIONSHIP WITH A PARTNER IN PAST 30 DAYS?</b>	<b>YES / NO</b>
Number of days that person had contact with partner in past 30 days (i.e. saw them or talked to them on the telephone)	
On how many of these days was there conflict between the person and their partner? (i.e. major arguments etc)	
Current drug using partner YES / NO  Children under 18 YES / NO  Number of children under 18 with current partner _____  Number of children under 18 in total _____  Number of children under 18 living with client _____  Number of children under 18 living with partner _____  Number of children under 18 living with family _____	Care arrangements for children:
Currently pregnant YES / NO / UNKNOWN  Need for pregnancy test YES / NO	
<b>CONTACT WITH RELATIVES IN THE PAST MONTH?</b>	<b>YES / NO</b>
Number of days that person had contact with relatives in past 30 days (i.e. saw them or talked to them on the telephone)	
On how many of these days was there conflict between the person and their relatives? (i.e. major arguments etc)	
<b>CONTACT WITH FRIENDS IN THE PAST MONTH?</b>	<b>YES / NO</b>
Number of days that person had contact with friends in past 30 days (i.e. saw them or talked to them on the telephone)	
On how many of these days was there conflict between the person and their friends? (i.e. major arguments etc)	
Would you like contact information on support services that are available to anyone affected by your drug use?	<b>YES/NO</b>

<b>SOCIAL NETWORK (including support networks)</b>	
<b>History of substance abuse in first-degree relative</b>	<b>YES / NO</b>

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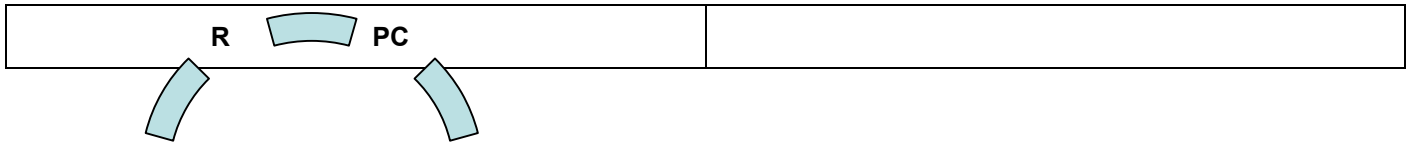
History of psychiatric illness in first-degree relative	YES / NO

<b>OTHER AGENCIES CURRENTLY INVOLVED</b>		

<b>CLIENT'S PERCEPTIONS OF PROBLEMS AND GOALS (including strengths &amp; supports / barriers to change)</b>

<b>WORKER'S ASSESSMENT OF GOALS</b>	<b>PERCEIVED STAGE OF CHANGE</b>

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### RISK ASSESSMENT

Is there any significant evidence of risk in the following areas? If yes provide full details below in 'Risk Profile'	Past	Current
a) Risk of violence, harm to others	YES/NO	YES/NO
b) Risk of suicide	YES/NO	YES/NO
c) Risk of self-harm	YES/NO	YES/NO
d) Risk of relapse	YES/NO	YES/NO
e) Risk to staff	YES/NO	YES/NO
f) Risk of medication abuse	YES/NO	YES/NO
g) Is there reason to be concerned about the risk to or neglect of children?	YES/NO	YES/NO
h) Are the abilities of the parent's or carers to care for the child significantly reduced?	YES/NO	YES/NO

Note re Children & Parents who are using substances

Remember the misuse of substance of itself is not of itself an indicator of abuse. Ask yourself is the abuse or other aspects of the parent's lifestyle putting the child/ren at risk. Are the abilities of the parent's or carers to care for the child significantly reduced – what is the effect likely effect on the child? Are there compensating factors – for example one other consistent caring adult in the home?

Your consideration of this will be aided if you refer to Sections 2 and 3 of the Inter-Agency Child Protection Procedures, the Birmingham City Council, Social Care and Health Directorate, Children and Families, Inter –Agency Referral Form (P) SS1006 March

Further Action Required – these options are not mutually exclusive	
None at this stage	
Discussion with line manager or team members as determined as agency policy	
Risk profile - descriptive account	
Risk management plan	

Risk Profile - descriptive account

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Risk management plan			
<b>Action to be taken if patient fails to attend or meet with other commitments</b>			
<b>Send further appointment</b>		<b>Contact relative</b>	
<b>Telephone</b>		<b>Contact other professional (please state)</b>	
<b>Contact GP</b>		<b>Other (please state)</b>	
<b>Details:</b>			

**Target signs, symptoms, triggers, behaviour suggestive of possible risk:**

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**Precautions to be taken by staff:**

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**Action to be taken by staff:**

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# CRACK, COCAINE AND OTHER STIMULANTS COMPREHENSIVE ASSESSMENT

## CHRISTO INVENTORY

This form is for evaluation/clinical audit purposes only and is a rough indicator of professional impression of recent drug/alcohol related problems in the past month. Specific situations/behaviours are listed only as guiding examples and may not reflect the exact situations/behaviours of the client. Please ring a number under each heading.

### Social Functioning

- 0... e.g. Client has a stable place to live and supportive friends or relatives who are drugs/alcohol free.  
1... e.g. Client's living situation may not be stable....., or they may associate with drug users / heavy drinkers..... (Tick one)  
2... e.g. Living situation is not stable, and they either claim to have no friends or their friends are drug users/heavy drinkers.

### General Health

- 0... e.g. client has reported no significant health problems.  
1... moderate health problems. e.g. teeth/sleep problems, occasional stomach pain, collapsed vein, asymptomatic hep. B/C/HIV.  
2... major problems. e.g. extreme weight loss, jaundice, abscesses/infections, coughing up blood, fever, overdoses, blackouts, seizures, significant memory loss, neurological damage, HIV symptoms.

### Sexual/injecting risk behaviour

- 0... e.g. client claims not to inject or have unsafe sex (except in monogamous relationship with longstanding partner, spouse).  
1... e.g. may admit to occasional "unsafe" sexual encounters, or suspected to be injecting but denies sharing injecting equipment.  
2... e.g. client may admit to regular "unsafe"

### Psychological

- 0... e.g. client appears well adjusted and relatively satisfied with the way their life is going.  
1... e.g. client may have low self-esteem, general anxiety, poor sleep, may be unhappy or dissatisfied with their lot.  
2... client has a neurotic disorder e.g. panic attacks, phobias, OCD, bulimia, recently attempted or seriously considered suicide, self-harm, overdose or may be clinically depressed. Or client may have psychotic disorders, paranoia (e.g. everyone is plotting against them), deluded beliefs or hallucinations (e.g. hearing voices).

### Occupation

- 0... client is in full time occupation e.g. homemaker, parent, employed or student.  
1... e.g. client has some part time parenting, occupation or voluntary work.  
2... e.g. client is largely unoccupied with any socially acceptable pastime.

### Criminal Involvement

- 0... e.g. no criminal involvement (apart from possible possession of illicit drugs for personal use).  
1... e.g. client suspected of irregular criminal involvement, perhaps petty fraud, petty theft, drunk driving, small scale dealing.  
2... e.g. suspected of regular criminal involvement, or breaking and entering, car theft, robbery violence, assault.

### Drug/alcohol Use

- 0... e.g. no recent drug/alcohol use.  
1... e.g. client suspected of periodic drug/alcohol use, or else may be socially using drugs that are not considered a problem, or may be on prescribed drugs but not supplementing from other sources.  
2... e.g. client suspected of bingeing or regular drug/alcohol use.

### Ongoing Support

- 0... e.g. regular attendance of AA/NA, drug free drop in centre, day centre, counselling, or treatment aftercare.  
1... patchy attendance i.e. less than once a week contact with at least one of the above.  
2... e.g. client not known to be using any type of structured support

### Compliance

- 0... e.g. attends all appointments and meetings on time, follows suggestions, or complies with treatment requirements.  
1... e.g. not very reliable, or may have been reported as having an "attitude" problem or other difficulty with staff.  
2... e.g. chaotic, may have left treatment against staff advice or been ejected for non-compliance e.g. drug use, attitude problem.

### Working Relationship

- 0... relatively easy going e.g. interviews easily, not time consuming or stressful to work with.  
1... moderately challenging e.g. a bit demanding or time consuming, but not excessively.

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2... quite challenging e.g. very demanding, hard work, time consuming, emotionally draining or stressful to see.

### SELF-COMPLETION SECTION (please give to the client to complete)

#### ABUSE / DEPENDENCE SEVERITY CRITERIA

**In the last SIX MONTHS have you? (Please tick all that apply)**

Continued to use Crack/Cocaine despite having problems with it in your social life or relationships?	
Been arrested or questioned by the police in connection to your use of Crack/Cocaine?	
Used Crack/Cocaine in a risky or dangerous situation (e.g. driving a car when under the effect, or operating machinery)?	
Found that using Crack/Cocaine has led you to neglect things or cause problems socially, or at home, or at work?	
Continued to use Crack/Cocaine despite having physical or psychological problems?	
Given up work, recreational or social activities as a result of your Crack/Cocaine use?	
Spent large amounts of time obtaining, or using or recovering from the effects of Crack/Cocaine?	
Had a persistent or strong desire to use Crack/Cocaine or have you had problems cutting down, or controlling how often or how much you use?	
Used Crack/Cocaine in larger amounts or for a longer period of time than you intended?	
Felt sick or unwell when the effects of Crack/Cocaine have worn off, or have you had more of it, or a similar substance to relieve or avoid feeling unwell?	
Needed to use more Crack/Cocaine to get the desired effect, or has having your usual amount had less effect than it used to?	

#### Here are some questions about your satisfaction with your social circumstances

**Tick the closest answer to how you see things over the last few weeks**

	Very dissatisfied	Dissatisfied	Fairly satisfied	Satisfied
1. How satisfied are you with your accommodation?				
2. How satisfied are you with your living arrangements - that is who you live with? (Please answer this question whether you are living with other people or living alone)				
3. How satisfied are you with your employment situation? (Please answer this question even if you are unemployed or a full-time homemaker)				
4. How satisfied are you with your financial position?				
5. How satisfied are you with the amount of time you are able to go out?				
6. How satisfied are you with the amount of time you see your friends?				

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7. How satisfied are you with your closest relationship in life (eg spouse, partner, lover, parent, best friend)?				
8. How satisfied are you with your relationship with your family (including children and other relatives)?				

**Please circle the answer that is correct for you**

**1 drink = ½ pint of beer or 1 glass of wine or 1 single shot of spirits**

**1. MEN: How often do you have EIGHT or more drinks on one occasion?  
WOMEN: How often do you have SIX or more drinks on one occasion?**

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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**2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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**3. How often during the last year have you failed to do what was normally expected of you because of drinking?**

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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**4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

No	Yes, on one occasion	Yes, on more than one occasion
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**Some questions about your need to use the health service**

1. How many times have you visited your general practitioner in the last 3 months? (write the number of days in the box)	
2. How many days have you spent in hospital (as an inpatient) in the last 3 months? (write the number of days in the box)	
3. How many days have you been to hospital as an outpatient in the last 3 months? (write the number of days in the box)	

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<b>4. How many times have you received treatment at an Accident &amp; Emergency department in the last 3 months? (write the number of times in the box)</b>	