**Participant details sheet**

Notes for researchers:

* During initial meetings with the parent, try to address the following questions in order to build up a good profile of each parent and an overall picture of each family.
* The form does not need not be completed in one single session with participants – information can be recorded over a number of sessions.
* Try not to administer as a questionnaire – ask the questions and let the parent expand if they wish so it is more of a conversation.

**An intro might be…**

Would it be alright if I asked you some questions about your health and social circumstances just now so I can get a good sense of what your current situation is like for you and your family? Over time I can hopefully build up a good picture of your family and the services you are involved with, so I have a good understanding of some of the issues you face. I also need to get some basic details from you for our study records if that is okay?

**The Relations Study: Participant details sheet**

**Referred by:**

**Date referred:**

**Date(s) information recorded:**

We would like to ask you some questions about your health and social circumstances in order to help us build up a good picture of all the families involved in the study. If you do not wish to answer any question, please feel free to say ‘pass’.

|  |  |
| --- | --- |
| **Participant ID** |  |
| **Address** |  |
| **Telephone contact number** | Partner’s number? |
| **Date of birth** | Age? |
| **Gender** | q Male q Female q Transgender q Gender non-conforming |
| **How would you describe your ethnicity?** |  |

|  |  |
| --- | --- |
| **GP Details** |  |
| **Name** |  |
| **Telephone no.** |  |
| **Address** |  |
| **Prescribed drugs for treatment of drug dependence – name and daily dose** | e.g. Methadone 120mgs daily, Diazepam 30mgs daily |
| **Name of prescriber and service (e.g. GP or other prescriber)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Marital status** | **Name of current partner (if applicable):** | **Length of time co-habiting?** | **Length of relationship?** |
| * Single * Divorced * Married * Co-habiting * In relationship, not co-habiting * Other |  |  |  |

**List of all children living at home**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender** | **DOB** | **On child protection order or register?** |
|  | q Male q Female  q Transgender  q Gender non-conforming |  | q Yes q No  If yes, provide details if known |
|  | q Male q Female  q Transgender  q Gender non-conforming |  | q Yes q No |
|  | q Male q Female  q Transgender  q Gender non-conforming |  | q Yes q No |
| Repeat as required… |  |  |  |

**List of all children not living at home**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **DOB** | **On child protection register?** | **Details of out of home care (name of carer, type of care) or living independently?** |
|  | q Male  q Female  q Transgender q Gender non-conforming |  | q Yes  q No |  |
|  | q Male  q Female  q Transgender q Gender non-conforming |  | q Yes  q No |  |
|  | q Male  q Female  q Transgender q Gender non-conforming |  | q Yes  q No |  |
| Repeat as required |  |  |  |  |

***Note: For all children named by participant, please record who holds parental responsibilities and rights for the child (i.e. who can provide informed consent for the child to take part in the study).***

**Accommodation status (official)**

* Home owner
* Own tenancy (single parent)
* Joint tenancy
* Officially ‘homeless’ or living in temporary accommodation
* Other (Please state)

Unofficial residence?

**Employment status (current)**

* Employed full-time or part-time (official/unofficial?)
* Unemployed/Job seekers allowance/Universal credit
* Sickness/Incapacity
* Employment Training Scheme
* In full-time/part-time education
* Other? Please state

Previous employment/training/education/qualifications?

|  |
| --- |
| **Education** |
| Highest qualifications? |  | Left school aged? |  |

|  |  |
| --- | --- |
| **Health status** |  |
| Any significant physical health issues – past and present?  Mention common conditions such as pain, COPD, diabetes, and ask if tested for HIV and HCV, vaccinated for HBV. |  |
| Any significant mental health issues – past and present?  Mention common conditions such as anxiety, depression, PTSD/Trauma, loss/bereavement, social isolation, self-harm, overdoses/suicide attempts |  |
| **Drug history**  Age of first drug use? (what was the first drug you ever took?)  Age of first opioid use? What was it?  Number of years taking opioid drugs every day, or almost every day? (when do they think they got hooked on drugs?)  Age when you first attended a drug treatment service?  Types of drug treatment services you have attended? Any time in rehab?  How long have you been taking [OST]?  Are there any other drugs that you take regularly?  What about alcohol?  And cigarettes? Vaping?  Do you have a favourite drug out of all the drugs you have ever taken? |  |

**Legal issues**

* Current charges/impending court cases/sentencing
* Prison history (sentences not remand)
* Any unpaid fines/interdicts
* On license/bail
* Probation or community service orders
* DTTO

Any other legal issues (past or present) that might have an impact on you or your family:

**Financial issues**

* Current debts/housing rent arrears/outstanding fines etc

Any help with budgeting and benefits? Food bank use? Household essentials?

**Own family history and current contacts…**

Mother and/or father alive? Contact with them? Quality of relationships?

Brothers and sisters alive? Contact? Relationships?

Upbringing (where? care experienced?)

Other key family members/step-parents/contacts:

**Service/agency contacts (current)**

**Drug Services?**

|  |  |
| --- | --- |
| Name of drug worker: |  |
| Name of drug treatment centre: |  |
| Address |  |
| Telephone number |  |

**Children & Families Social Services?**

|  |  |
| --- | --- |
| Name of social worker: |  |
| Name of social work office: |  |
| Address |  |
| Telephone number |  |

**Child health?**

|  |  |
| --- | --- |
| Name of health visitor: |  |
| Location: |  |
| Address |  |
| Telephone number |  |

**Child education?**

|  |  |  |
| --- | --- | --- |
| Name of school(s) or nursery: |  |  |
| Name of head teacher: |  |  |
| Address |  |  |
| Telephone number |  |  |

**Other key professionals or agencies?**

e.g. Housing support, Midwife, Family Support Service, Youth Service, Criminal Justice service?

**Anything else that you would like us to know about you, your partner, your children or your family?**