Syringe Access Program Data Collection Form	AGENCY: _____ Outreach Worker Name: _____ Date: _____

Location (Site Name): (If different than agency)	Zip Code:	Data Collection Period Data collected over the following period: ☐ 1 Day ☐ 1 Week ☐ 1 Month ☐ 1 Quarter ☐ Other Time Frame _____

Demographic Information

Total Number of Clients: _____

Race	
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Pacific Islander	
White	
Multi-Racial	
Total	

Ethnicity	
Hispanic or Latino	
Not Hispanic	
Total	

Age Group	
Under 13 years	
13-18 years	
19-24 years	
25-34 years	
35-44 years	
45 years or older	
Total	

Gender	
Male	
Female	
Transgender – MTF	
Transgender – FTM	
Transgender – Unspecified	
Total	

Materials

Materials	Quantity
Syringes — Distributed	
Syringes — Collected	

Updated 12/22/14 by L Frank