STANDARD DRUG TREATMENT REGISTRATION FORM

This information is being collected for research purposes only. Your confidentiality will be respected.

Form Number ______

1. Country/City ______ | ______

2. Reporting Center Code ______

3. Date of Interview ______ **Day /** ______ **Month /** ______ **Year**

4. Patient code ______
(for internal use only) Optional

5. Gender

1. Male	2. Female

6. Age ______

7. Residence (last 30 days) and Nationality

7a. Residence
City, town or parish where you currently live ______

7b. Nationality ______

8. Where have you lived for the last 30 days?

Option		Option	
Family home		Shelter/refuge	
Own home		Squatting	
Rental house,flat,apartment		Homeless	
Rooming/boarding house		No response	
Other (specify)			

8b. Have you ever been deported?

Yes	
No	

9. Ethnic group

______

Please customize this question to your country´s reallity. See guidelines for instructions.

10. With whom do you live? (you may tick as many options as necessary).

Option		Option	
Father		Mother	
Brother/ sister		Stepmother	
Stepfather		Wife/Husband	
Girlfriend/Boyfriend		Friend	
Alone		Other relative	
Other		No response	

11. Marital status

Option		Option	
Single		Living together /Common-law	
Married		Widow/widower	
Divorced		No response	
Separated			

12. Educational level (highest level achieved)

Level achieved:

Level	
Never attended school	
Incomplete Primary	
Complete Primary	
Incomplete Secondary	
Complete Secondary	
Incomplete University/Tertiary	
Complete University/Tertiary	
Vocational (___________)	
No response	
DNK	

13. Current employment (last 30 days)

- Working/self-employed
- Working and studying
- Unemployed
- Not working/student
- Homemaker
- Not working/ retired (retiree, disabled)
- Not working (other Please specify)
- No response

14. How did you come here seeking treatment?

- Referral from another drug treatment program
- Referral from a general health center (hospital, ER, medical referral, etc.)
- Referral from Social Services or others (churches, community services)
- Referral from National Drug Councils
- Referral from prison or juvenile detention center
- Referral from the justice system or police department
- Referral from employer
- Encouragement from friend(s) or family member(s)
- Voluntarily (self referral)
- Referral from the school system
- Other, specify:
- No response

15. How many times have you ever been treated for drug or alcohol use? *Please indicate the number of episodes"*

I have been treated _____ times

15b. How many times have you registered with or been admitted to another treatment facility (whether in-patient or out-patient) during this calendar year?

I have been admitted _____ times

16. Most recent type of treatment received for drug abuse

- Outpatient
- Residential
- Day clinic
- Detoxification
- Psychiatric Counceling
- No response
- DNK

17a. What is the main substance for which you are seeking treatment?

17b. What is the secondary substance for which you are seeking treatment, if any?

18. What is the most frequent route of administration for this specific drug?

- Oral
- Smoked
- Inhaled
- Injected (intravenous or intramuscular)
- Other, specify:
- No response

19. Age when you first started to use this drug?

20. TYPES OF DRUGS YOU HAVE USED IN THE LAST 30 DAYS

Have you used any of the following drugs within the last 30 days? If **YES**= Please check in the space
If **NO**= Leave it blank

1. Alcohol (rum, beer, wine, whisky, vodka, etc)	

2. Tobacco	

3. Opioids	
3.1 Heroin	
3.2 Methadone*	
3.3 Other opioids*	

4. Cocaine	
4.1 Cocaine	
4.2 Coca paste (basuco, paco)	
4.3 Crack	

5. Stimulants	
5.1 Amphetamines*	
5.2. Methamphetamines (MDMA) and other derivates	
Others **(Please specify)**:	

6. Hypnotics and Sedatives	
6.1. Barbiturates*	
6.2. Benzodiazepines*	

7. Hallucinogens	
7.1. LSD	
7.2. Others **(Please specify)**:	

7. Inhalants	

8. Cannabis/ganja	

9. Anabolic steroids*	

10. Abuse of prescribed medication	

11. Other **(Please specify)**:	

*without prescription

21. Judicial information

21.1 Have you ever been arrested? (**if the answer is NO, go to question 22**)	**YES**		**NO**	
21.2 Have you been arrested in the last year?(**if NO, then go to question 22**)	**YES**		**NO**	
21.3 How many times were you arrested in the last year?				

22. History of treatment for psychiatric conditions

22.1 Have you ever been treated for psychiatric conditions? (**if the answer is NO or No response go to question 23)**	**YES**		**NO**		**No response**	
22.2 If 'yes', please indicate the condition(s)						

23. Contagious disease history Have you ever been tested for any of the following?

Disease	**YES**	**NO**	**DON´T KNOW**	**DOES NOT WISH TO RESPOND**	**Result**				**Are you in treatment now?**	
					Positive +	**Negative -**	**DKN**	**DKR**	**Yes**	**No**
HIV/AIDS										
SEXUALLY TRANSMITTED DISEASES										
HEPATITIS B										
HEPATITIS C										
TUBERCULOSIS										

24. Patient Placement after assessment
(Please check more than one answer, if apply)

Placement Options	
Outpatient	
Residential	
Day clinic	
Self-help group (e.g., AA, NA)	
Detox Unit	
Psychiatric Unit	
Referred to other facility *(Please specify):*	
Dropped out	
No response	