



Organization of
American States



Inter-American Drug Abuse
Control Commission

CICAD STANDARD DRUG TREATMENT ADMISSION FORM Instructions for Administration

This information is being collected for research purposes only. Confidentiality must be respected.

Admission Form General Description

- This is an instrument that will be used for gathering data about patient's first visit to specialized drug treatment facilities either in the public or in the private sector.

- This form is divided into the following sections:

- **identification** (Form Number, Items 1-4),
- **socio-demographic data** (Items 5-13),
- **referral and treatment history info** (Items 14 – 16),
- **current substance use** (Items 17- 20),
- **criminal justice history** (Item 21)
- **psychiatric treatment history** (item 22)
- **contagious disease history** (item 23)
- **placement** (item 24)

- This form is being used as a “drug treatment admission form” therefore special attention will be paid to “current” treatment circumstances, where “current” refers to behavior occurring during the 30 days prior to the interview with the client.

- In the matter of substance use, emphasis is placed on the so-called “main drug”, as the **primary** substance that motivated the patient to seek treatment. Information is also collected on other substances that have been used during the 30 days prior to the interview with the client.

- The form should be filled in by the person who is responsible for patient admission at the treatment facility, and who has received training in the proper application of the form.

Identification Section

Form Number - Pre-determined number assigned to the form which serves as a unique identifier for the form (**not a unique identifier for the patient**).

1. Country/City - Indicate the name of the country where the treatment center is located.

2. Reporting Center Code. – Pre-determined number assigned to treatment center which serves as a unique identifier for the facility.

3. Date of Interview - Write the answer using the format: **Day / Month / Year**

4. Patient code. - Confidential number assigned to the patient by the data system. This is for internal use only and serves as a unique identifier for the patient. This reduces double counting in situations where a patient is registered more than once at the same facility or registered at multiple facilities. This code is optional.

Socio-demographic data Section

5. Gender. - Select the appropriate answer: Male or Female

6. Age. - Write the patient age (in years completed. No half years or months)

7a. Residence (last 30 days) and Nationality. - Ask the patient about their address; i.e. where they currently reside, and note the city, town, or parish as appropriate for the country where the facility is located.

7b. Nationality - Write the appropriate answer (name of the country) in the space provided. In case of dual nationality write the place of birth first and the acquired nationality as second.

8a. Where have you lived for the last 30 days? - This item collects info on the client's housing situation during the 30 days prior to the interview. Check the appropriate answer by placing an "x" in the box. Write out the answer if 'other' is selected. There are separate answer options for *does not know* ('DNK') and 'no response'.

8b. Have you ever been deported? -This item collects info on the client's history of deportation. The response options are *yes* or *no*.

9. Ethnic group - This question should be customized for each country. Usually the latest census report has the relevant categories of this item or you can consult with the government's national statistics department.

10. With whom do you live? - You may check as many options as necessary. Write out the answer if 'other' is selected. There are separate answer options for *does not know* ('DNK') and 'no response'.

11. Marital status. - Check the appropriate answer by placing "x" in each box.

Single: a person who has never married

Married: a person who is currently married to someone

Divorced: a person who was formerly married, now separated from former spouse by divorce.

Separated: a person who is formally separated from their spouse while remaining legally married. A legal separation is granted in the form of a court order.

Living together / Common-law: a person who has a current stable partner, living together, without a formal marriage.

Widow/widower: a person whose spouse has died.

No response

DNK (does not know)

12. Educational level (highest level achieved)

Level achieved: Check the appropriate answer by placing "x" in the box

13. Current employment status (last 30 days). - Check the appropriate answer by placing "x" in the box. There are separate answer options for *does not know* ('DNK') and 'no response'.

14. How did you come here seeking treatment? - Specify the source of the patient referral. Check the appropriate answer by placing "x" in the box. Write out the answer if 'other' is selected. There are separate answer options for *does not know* ('DNK') and 'no response'.

15a. How many times have you ever been treated for drug or alcohol use? - Please indicate the number of separate treatment episodes in the space provided. A "treatment episode" refers to each occasion in what the patient formally started a modality of care for substance abuse. If the client has never been treated before, then skip to question 17.

15b. How many times have you registered with or been admitted to another treatment facility (whether in-patient or outpatient) during this calendar year? - Please indicate the number of separate treatment admissions during the year in the space provided. A treatment admission refers to the process of a person being formally enrolled or entered into a program at a drug treatment center or treatment program.

16. Most recent type of treatment for drug abuse

Indicate the type of care received during the last treatment episode at a specialized drug treatment center or program.

Outpatient: External consultation modality, no matter how frequent the treatment sessions are provided

Residential: In-patient (residential) treatment modality, in therapeutic communities or hospital facilities.

Day clinic: Intermediate treatment modality or partial residential. i.e. the patient remains at the facility during regular day-time or evening hours but does not sleep overnight in an assigned bed.

Detoxification – An in-patient Facility that assists individuals safely through the process of detoxification from alcohol or other drugs in a non-medical setting.

Psychiatric Unit – A facility that specializes in treating mental disorders but also provides treatment services for substance abuse.

No response

DNK (does not know)

Section on Current Substance Use (Last 30 days)

17a. What is the main substance for which you are seeking treatment? - Write out the name of the drug or substance that causes the most problems for the client and is the **main reason** why the client is seeking treatment. The decision on the choice of the main substance should be a combination of a diagnosis from the interviewer **as well as** the information provided by the client.

17b. What is the secondary substance for which you are seeking treatment, if any? Write out the name of the drug or substance that, in addition to the main substance indicated above, causes problems for the client and is **part of the reason** why the client is seeking treatment.

18. What is the most frequent route of administration for this specific drug during last 30 days?-

- Oral
- Smoked
- Inhaled
- Injected (intravenous or intramuscular)
- Other, specify:
- No response
- DNK (does not know)

19. Age when you first started to use this drug? -- Write the answer according to the client's response (age of first use in years e.g. **12** means age of first use was at 12 years old.

20. TYPES OF DRUGS YOU HAVE USED IN THE LAST 30 DAYS. - Check the appropriate answer by placing "Yes" or "No" in the box

Have you used any of the following drugs within the last 30 days? If **YES**, please check in the appropriate space:

1. Alcohol (rum, beer, wine, whisky, vodka)
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
 - 5.3 MDMA (3, 4-metilendioximetamphetamine)Others:
6. Hypnotics and Sedatives
 - 6.1. Barbiturates*
 - 6.2. Benzodiazepines*
7. Hallucinogens

- 7.1. LSD
- 7.2. Others:.

8. Inhalants

9. Cannabis /ganja

10. Anabolic steroids*

11. Abuse of prescribed medication

12. Other psychoactive substances (please list):

* Without prescription

Section on Relevant Case Histories

21. Judicial information

21.1 Have you ever been arrested? (If the answer is NO, go to question 22). Refers to the number of arrests by a law enforcement agency for any cause.

21.2 Have you been arrested in the last year? (If the answer is NO, go to question 22)

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)

22.2 If yes, please indicate the condition(s)

23. History of Contagious Diseases

Have you ever been tested for any of the following?

Disease

HIV/AIDS
SEXUALLY TRANSMITTED DISEASES
HEPATITIS B

HEPATITIS C
TUBERCULOSIS

Check Yes, or No, or Don't Know, or Does Not Wish to Respond. Depending on the selected response, ask the question about the test results and treatment. Otherwise skip to the next disease (or to the next question if the response to tuberculosis is NO, DON'T KNOW, OR DOES NOT WISH TO RESPOND)

Result (Put an x in the appropriate box)

Positive +
Negative –
DNK
DNR

Are you in treatment now? (Put an x in the appropriate box)

Yes, or No.

24. Patient placement after assessment (Check the appropriate answer, placing “x” in the box of the treatment modality assigned to the patient after evaluation) (Please check more than one answer, if it applies)

Type of Treatment

Outpatient
Residential
Day Clinic
Self-Help Group (e.g. AA, NA)
Detoxification Unit
Psychiatric Unit
Referred to other facility (Please specify the facility)
Dropped out
No Response