



Organization of
American States



Inter-American Drug Abuse
Control Commission

STANDARD DRUG TREATMENT REGISTRATION FORM

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

Form Number

1. Country <input style="width: 100%;" type="text"/>	2. Reporting Center Code <input style="width: 100%;" type="text"/>																				
3.1 Date of Interview <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Day / Month / Year </div>	4. Patient code <input style="width: 100%;" type="text"/> <small>(for internal use only) Optional</small>																				
3.2 Date of Admission <small>(If Applicable)</small> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Day / Month / Year </div>																					
5. Sex <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input style="width: 40%;" type="text"/> 1. Male <input style="width: 40%;" type="text"/> 2. Female </div>	6. Age <input style="width: 50px;" type="text"/>																				
7. Residence (last 30 days) and Nationality 7a. Residence City, town, village or parish where you currently live <input style="width: 100%;" type="text"/> No Fixed Place of Abode <input style="width: 40px;" type="text"/> Yes <input style="width: 40px;" type="text"/>	8a. Where have you lived the most/longest for the last 30 days? <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Family home <input style="width: 30px;" type="text"/> Own home <input style="width: 30px;" type="text"/> Rental house, flat, apartment <input style="width: 30px;" type="text"/> Rooming/boarding house <input style="width: 30px;" type="text"/> Other (specify) <input style="width: 100px;" type="text"/> </div> <div style="width: 35%;"> Shelter/refuge <input style="width: 30px;" type="text"/> Squatting <input style="width: 30px;" type="text"/> Homeless <input style="width: 30px;" type="text"/> No response <input style="width: 30px;" type="text"/> </div> </div>																				
7b. Nationality <input style="width: 100%;" type="text"/>	8b. Have you ever been deported? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 40px;" type="text"/> Yes <input style="width: 40px;" type="text"/> No </div>																				
9. Ethnic group <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> African Origin/Black <input style="width: 20px;" type="text"/> Indigenous People <input style="width: 20px;" type="text"/> East Indian <input style="width: 20px;" type="text"/> Chinese <input style="width: 20px;" type="text"/> Portuguese <input style="width: 20px;" type="text"/> White <input style="width: 20px;" type="text"/> Mixed <input style="width: 20px;" type="text"/> Syrian/Lebanese/Arab <input style="width: 20px;" type="text"/> Creole <input style="width: 20px;" type="text"/> </div> <div style="width: 45%;"> Garifuna <input style="width: 20px;" type="text"/> Maya(Ketchi, Mopan, Yucatec) <input style="width: 20px;" type="text"/> Mennonite <input style="width: 20px;" type="text"/> Mestizo/Spanish <input style="width: 20px;" type="text"/> Javanese <input style="width: 20px;" type="text"/> Maroon <input style="width: 20px;" type="text"/> No Response <input style="width: 20px;" type="text"/> </div> </div>	10. With whom do you live? (You may tick as many options as necessary). <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Father <input style="width: 20px;" type="text"/> Brother/ sister <input style="width: 20px;" type="text"/> Stepfather <input style="width: 20px;" type="text"/> Girlfriend/Boyfriend <input style="width: 20px;" type="text"/> Alone <input style="width: 20px;" type="text"/> Child/Children <input style="width: 20px;" type="text"/> Other <input style="width: 100px;" type="text"/> </div> <div style="width: 45%;"> Mother <input style="width: 20px;" type="text"/> Stepmother <input style="width: 20px;" type="text"/> Wife/Husband <input style="width: 20px;" type="text"/> Friend <input style="width: 20px;" type="text"/> No response/DNK <input style="width: 20px;" type="text"/> </div> </div>																				
9a. Other(Specify) <input style="width: 100%;" type="text"/>	12. Educational level (highest level achieved) Level achieved: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>Never attended school</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Incomplete Primary</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Complete Primary</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Incomplete Secondary</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Complete Secondary</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Incomplete University/Tertiary</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Complete University/Tertiary</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>Vocational (Specify in 12a below)</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>No response</td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>DNK</td><td><input style="width: 30px;" type="text"/></td></tr> </table>	Never attended school	<input style="width: 30px;" type="text"/>	Incomplete Primary	<input style="width: 30px;" type="text"/>	Complete Primary	<input style="width: 30px;" type="text"/>	Incomplete Secondary	<input style="width: 30px;" type="text"/>	Complete Secondary	<input style="width: 30px;" type="text"/>	Incomplete University/Tertiary	<input style="width: 30px;" type="text"/>	Complete University/Tertiary	<input style="width: 30px;" type="text"/>	Vocational (Specify in 12a below)	<input style="width: 30px;" type="text"/>	No response	<input style="width: 30px;" type="text"/>	DNK	<input style="width: 30px;" type="text"/>
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11. Marital status <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Single <input style="width: 20px;" type="text"/> Married <input style="width: 20px;" type="text"/> Divorced <input style="width: 20px;" type="text"/> Separated <input style="width: 20px;" type="text"/> </div> <div style="width: 45%;"> Living together /Common-law <input style="width: 20px;" type="text"/> Widow/widower <input style="width: 20px;" type="text"/> No response <input style="width: 20px;" type="text"/> </div> </div>	12a. Please specify the type of vocational education. <input style="width: 150px;" type="text"/>																				

Adapted from the Inter-American Uniform Drug Use Data System (SIDUC), Inter-American Drug Abuse Control Commission (CICAD), Organization of American States

<p>13. Current employment (last 30 days)</p> <table style="width: 100%;"> <tr><td>Working/self-employed</td><td><input type="checkbox"/></td></tr> <tr><td>Working and Studying</td><td><input type="checkbox"/></td></tr> <tr><td>Unemployed (<i>looking for work</i>)</td><td><input type="checkbox"/></td></tr> <tr><td>Not working/student</td><td><input type="checkbox"/></td></tr> <tr><td>Homemaker/Housewife</td><td><input type="checkbox"/></td></tr> <tr><td>Not working/ retired (retiree, disabled)</td><td><input type="checkbox"/></td></tr> <tr><td>Not working other(Please specify in 13a below)</td><td><input type="checkbox"/></td></tr> <tr><td>No response</td><td><input type="checkbox"/></td></tr> </table> <p>13a. Please specify the other 'not working' status.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Working/self-employed	<input type="checkbox"/>	Working and Studying	<input type="checkbox"/>	Unemployed (<i>looking for work</i>)	<input type="checkbox"/>	Not working/student	<input type="checkbox"/>	Homemaker/Housewife	<input type="checkbox"/>	Not working/ retired (retiree, disabled)	<input type="checkbox"/>	Not working other(Please specify in 13a below)	<input type="checkbox"/>	No response	<input type="checkbox"/>	<p>14. How did you come here seeking treatment?</p> <table style="width: 100%;"> <tr><td>Referral from another drug treatment program</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from a general health center (hospital, ER, medical referral, etc.)</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from Social Services or others (churches, community services)</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from National Drug Councils</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from prison or juvenile detention center</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from the justice system or police department</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from employer</td><td><input type="checkbox"/></td></tr> <tr><td>Encouragement from friend(s) or family member(s)</td><td><input type="checkbox"/></td></tr> <tr><td>Voluntarily (self-referral)</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from the school system</td><td><input type="checkbox"/></td></tr> <tr><td>Referral from Drug Treatment Court</td><td><input type="checkbox"/></td></tr> <tr><td>Other.(Please specify in 14a below):</td><td><input type="checkbox"/></td></tr> <tr><td>No response</td><td><input type="checkbox"/></td></tr> </table> <p>14a.Please specify the other source of referral</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Referral from another drug treatment program	<input type="checkbox"/>	Referral from a general health center (hospital, ER, medical referral, etc.)	<input type="checkbox"/>	Referral from Social Services or others (churches, community services)	<input type="checkbox"/>	Referral from National Drug Councils	<input type="checkbox"/>	Referral from prison or juvenile detention center	<input type="checkbox"/>	Referral from the justice system or police department	<input type="checkbox"/>	Referral from employer	<input type="checkbox"/>	Encouragement from friend(s) or family member(s)	<input type="checkbox"/>	Voluntarily (self-referral)	<input type="checkbox"/>	Referral from the school system	<input type="checkbox"/>	Referral from Drug Treatment Court	<input type="checkbox"/>	Other.(Please specify in 14a below):	<input type="checkbox"/>	No response	<input type="checkbox"/>
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<p>15a. How many times have you ever been treated for drug or alcohol use? Please indicate the number of episodes</p> <p>I have been treated _____ times (If none skip to Q.17)</p> <p>15b. How many times have you registered with this or have been admitted to another drug treatment facility (whether in-patient or out-patient) during this calendar year?</p> <p>I have been admitted _____ times</p>	<p>16. Most recent type of treatment received for drug abuse</p> <table style="width: 100%;"> <tr><td>Outpatient</td><td><input type="checkbox"/></td></tr> <tr><td>Residential</td><td><input type="checkbox"/></td></tr> <tr><td>Day clinic</td><td><input type="checkbox"/></td></tr> <tr><td>Detoxification</td><td><input type="checkbox"/></td></tr> <tr><td>Psychiatric Counseling</td><td><input type="checkbox"/></td></tr> <tr><td>No response</td><td><input type="checkbox"/></td></tr> <tr><td>DNK</td><td><input type="checkbox"/></td></tr> </table> <p>16a. Did you Complete Treatment?</p> <table style="width: 100%;"> <tr><td>Yes</td><td><input type="checkbox"/></td></tr> <tr><td>No</td><td><input type="checkbox"/></td></tr> <tr><td>DNK</td><td><input type="checkbox"/></td></tr> <tr><td>No Response</td><td><input type="checkbox"/></td></tr> </table>	Outpatient	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Day clinic	<input type="checkbox"/>	Detoxification	<input type="checkbox"/>	Psychiatric Counseling	<input type="checkbox"/>	No response	<input type="checkbox"/>	DNK	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	DNK	<input type="checkbox"/>	No Response	<input type="checkbox"/>																				
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<p>17a. What is the main substance for which you are seeking treatment?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>17b. What is the secondary substance for which you are seeking treatment, if any?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>18. What is the most frequent route of administration for the main substance (identified in 17a)?</p> <table style="width: 100%;"> <tr><td>Oral</td><td><input type="checkbox"/></td></tr> <tr><td>Smoked</td><td><input type="checkbox"/></td></tr> <tr><td>Inhaled</td><td><input type="checkbox"/></td></tr> <tr><td>Injected (intravenous or intramuscular)</td><td><input type="checkbox"/></td></tr> <tr><td>Other, (please specify in 18a below)</td><td><input type="checkbox"/></td></tr> <tr><td>No response</td><td><input type="checkbox"/></td></tr> </table> <p>18a. Please specify the other route of administration</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Oral	<input type="checkbox"/>	Smoked	<input type="checkbox"/>	Inhaled	<input type="checkbox"/>	Injected (intravenous or intramuscular)	<input type="checkbox"/>	Other, (please specify in 18a below)	<input type="checkbox"/>	No response	<input type="checkbox"/>																														
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<p>19. Age when you first started to use the main substance (identified in 17a)?</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 400px;"></div>																																											

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. Cannabis/marijuana/ganja	
4. Cocaine	
4.1 Cocaine	
4.2 Coca paste (basuco, paco)	
4.3 Crack	
5. Abuse of prescribed medication	
6. Other (Please specify):	
7. Opioids	
7.1 Heroin	
7.2 Methadone*	
7.3 Other opioids* (Please specify):	
8. Stimulants	
8.1 Amphetamines*	
8.2 Methamphetamines (MDMA) and other derivates	
8.3 Others (Please specify):	
9. Hypnotics and Sedatives	
9.1 Barbiturates*	
9.2 Benzodiazepines*	
10. Inhalants	
11. Anabolic steroids*	
12. Hallucinogens	
12.1. LSD	
12.2. Others (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 currently receiving treatment for this condition?	
					Positive +	Negative -	DON'T KNOW	DNR	Yes	No
HIV/AIDS										
SEXUALLY TRANSMITTED DISEASES										
HEPATITIS B										
HEPATITIS C										
TUBERCULOSIS										

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24. Recommended patient placement after assessment

(Please check more than one answer, if applicable)

Placement Options

- | | |
|---|--|
| 24.1 Outpatient | |
| 24.2 Residential | |
| 24.3 Day clinic | |
| 24.4 Self-help group (e.g., AA, NA) | |
| 24.5 Detox Unit | |
| 24.6 Psychiatric Unit | |
| 24.7 Referred to other facility <i>(Please specify in 24.7a below):</i> | |
| 24.8 Other <i>(Please specify in 24.8a below):</i> | |
| 24.9 No response | |

24.7a Please specify the **other facility**.

24.8a. Please specify the **other placement option**.