

Data Dictionary for View [Standarddrugtrtreatment]

X:\Tiffany\Treatment Center Information Project\DATA 2016\2017 package\CICAD_TREATMENTDATAFORM_2017\CICAD_TREATMENTDATAFORM_2017.prj:Standarddrugtrtreatment
 Friday, September 15, 2017 9:33:37 AM

Page Position	Page Name	Tab Index	Prompt	Field Type	Name	Variable Type	Format	
0	Items 1 to 7	1	STANDARD DRUG TREATMENT REGISTRATION FORM	Label/Title	STANDARDDRUGTREATMENTREGISTRATIONFORM	Text		
0	Items 1 to 7	2	This information is being collected for research purposes only. Your confidentiality will be respected.	Label/Title	ThisinformationisbeingcollectedforresearchpurposesonlyYourconfid	Text		
0	Items 1 to 7	3	FORM NUMBER	Number	FORMNUMBER	Number	###	
0	Items 1 to 7	4	1. COUNTRY	Text (Uppercase)	N1COUNTRY	Text		
0	Items 1 to 7	5	2. REPORTING CENTER CODE	Number	N2CENTERCODE	Number	###	
0	Items 1 to 7	7	3a. DAY	Number	N3aDAY	Number	##	
0	Items 1 to 7	7	3.1. DATE OF INTERVIEW	Group	N31DATEOFINTERVIEW	Text		N3cYEAR,N3bMONTH,N3aDAY
0	Items 1 to 7	8	3b. MONTH	Legal Values	N3bMONTH	Text		
0	Items 1 to 7	9	3c. YEAR	Legal Values	N3cYEAR	Text		
0	Items 1 to 7	11	3d. DAY	Number	N3dDAY	Number	##	
0	Items 1 to 7	11	3.2. DATE OF ADMISSION	Group	N32DATEOFADMISSION	Text		N3fYEAR,N3eMONTH,N3dDAY
0	Items 1 to 7	12	3e. MONTH	Legal Values	N3eMONTH	Text		
0	Items 1 to 7	13	3f. YEAR	Legal Values	N3fYEAR	Text		
0	Items 1 to 7	14	4. Patient code	Text (Uppercase)	N4PatientCode	Text		
0	Items 1 to 7	15	5. SEX	Legal Values	N5SEX	Text		
0	Items 1 to 7	16	6. AGE	Number	N6AGE	Number	##	
0	Items 1 to 7	18	(city, region or parish where you currently live)	Label/Title	cityregionorparishwhereyoucurrentlylive	Text		
0	Items 1 to 7	18	RESIDENCE AND NATIONALITY	Group	N7RESIDENCE	Text		N7bNATIONALITY,NOFIXEDPLACEOFABODE,N7aRES
0	Items 1 to 7	19	7a. RESIDENCE (past 30 days)	Text (Uppercase)	N7aRESIDENCE	Text		
0	Items 1 to 7	20	NO FIXED PLACE OF ABODE	Checkbox	NOFIXEDPLACEOFABODE	Boolean		
0	Items 1 to 7	21	7b. NATIONALITY	Text (Uppercase)	N7bNATIONALITY	Text		
0	Items 1 to 7	22	Adapted from the Inter-American Uniform Drug Use System (SIDUC), Inter-American Drug Abuse Control Commission	Label/Title	Footer6	Text		
0	Items 1 to 7	23	(CICAD), Organization of American States REV 2017	Label/Title	Footer25	Text		
1	Items 8 to 11	25	8a. WHERE HAVE YOU LIVED THE MOST/LONGEST FOR THE LAST 30 DAYS	Legal Values	N8aLIVEDFORTHELAST30DAYS	Text		
1	Items 8 to 11	25	LIVED LONGEST FOR LAST 30 DAYS	Group	LIVEDLONGESTFORLAST30DAYS	Text		N8a1PLEASESPECIFY,N8aLIVEDFORTHELAST30DAY
1	Items 8 to 11	26	8a.1. PLEASE SPECIFY WHERE YOU HAVE LIVED LONGEST	Text (Uppercase)	N8a1PLEASESPECIFY	Text		
1	Items 8 to 11	27	8b. HAVE YOU EVEN BEEN DEPORTED?	Legal Values	N8bDEPORTED	Text		
1	Items 8 to 11	29	9. ETHNIC GROUP	Legal Values	N9ETHNICITY	Text		
1	Items 8 to 11	29	ETHNICITY	Group	ETHNICITY	Text		N9aSPECIFYOTHERETHNICITY,N9ETHNICITY
1	Items 8 to 11	30	9a. SPECIFY OTHER ETHNIC GROUP	Text (Uppercase)	N9aSPECIFYOTHERETHNICITY	Text		
1	Items 8 to 11	32	10. WITH WHOM DO YOU LIVE (you may tick as many options as necessary)	Label/Title	N10WITHWHOMDOYOUHAVE	Text		
1	Items 8 to 11	32	WITH WHOM DO YOU LIVE	Group	WITHWHOMDOYOUHAVE	Text		N10OTHERSPECIFY,N10NORESPONSE,N10CHILDCH
1	Items 8 to 11	33	FATHER	Checkbox	N10FATHER	Boolean		
1	Items 8 to 11	34	BROTHER/SISTER	Checkbox	N10BROTHERSISTER	Boolean		
1	Items 8 to 11	35	STEPFATHER	Checkbox	N10STEPFATHER	Boolean		

	11							
1	Items 8 to 11	36	BOYFRIEND/GIRLFRIEND	Checkbox	N10BOYFRIENDGIRLFRIEND	Boolean		
1	Items 8 to 11	37	ALONE	Checkbox	N10ALONE	Boolean		
1	Items 8 to 11	38	CHILD/CHILDREN	Checkbox	N10CHILDCCHILDREN	Boolean		
1	Items 8 to 11	39	MOTHER	Checkbox	N10MOTHER	Boolean		
1	Items 8 to 11	40	STEPMOTHER	Checkbox	N10STEPMOTHER	Boolean		
1	Items 8 to 11	41	WIFE/HUSBAND	Checkbox	N10WIFEHUSBAND	Boolean		
1	Items 8 to 11	42	FRIEND	Checkbox	N10FRIEND	Boolean		
1	Items 8 to 11	43	IN PRISON	Checkbox	N10INPRISON	Boolean		
1	Items 8 to 11	44	NO RESPONSE	Checkbox	N10NORESPONSE	Boolean		
1	Items 8 to 11	45	OTHER, SPECIFY	Text (Uppercase)	N10OTHERSPECIFY	Text		
1	Items 8 to 11	46	11. MARITAL STATUS	Legal Values	N11MARITALSTATUS	Text		
1	Items 8 to 11	47	Adapted from the Inter-American Uniform Drug Use System (SIDUC), Inter-American Drug Abuse Control Commission	Label/Title	Footer5	Text		
1	Items 8 to 11	48	(CICAD), Organization of American States REV 2017	Label/Title	Footer24	Text		
2	Items 12 to 15	49	12. EDUCATION LEVEL	Legal Values	N12EDUCATIONLEVEL	Text		
2	Items 12 to 15	49	EDUCATION	Group	EDUCATION	Text		N12aVOCATIONALSPECIFY,N12EDUCATIONLEVEL
2	Items 12 to 15	50	12a. VOCATIONAL, SPECIFY	Text (Uppercase)	N12aVOCATIONALSPECIFY	Text		
2	Items 12 to 15	51	13. CURRENT EMPLOYMENT (last 30 days) (if in PRISON, select "not working other" and specify in prison)	Legal Values	N13EMPLOYMENT	Text		
2	Items 12 to 15	51	EMPLOYMENT STATUS	Group	EMPLOYMENTSTATUS	Text		N13aSPECIFY,N13EMPLOYMENT
2	Items 12 to 15	52	13a. SPECIFY OTHER NOT WORKING STATUS	Text (Uppercase)	N13aSPECIFY	Text		
2	Items 12 to 15	53	14. HOW DID YOU COME HERE SEEKING TREATMENT? (select only 1 response)	Legal Values	N14sourceofreferral	Text		
2	Items 12 to 15	53	SOURCE OF REFERRAL	Group	SOURCEOFREFERRAL	Text		N14aOTHERSPECIFY,N14sourceofreferral
2	Items 12 to 15	54	14a. OTHER, SPECIFY	Text (Uppercase)	N14aOTHERSPECIFY	Text		
2	Items 12 to 15	55	15. HAVE YOU EVER BEEN TREATED FOR DRUG OR ALCOHOL MISUSE? (if no, skip to Q17)	Yes/No	N15EVERTREATED	YesNo		
2	Items 12 to 15	55	TREATMENT HISTORY	Group	TREATMENTHISTORY	Text		N15CTIMESREGISTERED,N15bREGISTEREDTHISYE
2	Items 12 to 15	56	15a. IF YES, HOW MANY TIMES DID YOU RECEIVE TREATMENT? (do not include this current registration)	Number	N15aHOWMANYTIMESTREATED	Number	###	
2	Items 12 to 15	57	(THIS COULD BE AN IN-PATIENT OR OUT-PATIENT FACILITY. DO NOT INCLUDE THIS REGISTRATION)	Label/Title	OTHERREGISTRATION	Text		
2	Items 12 to 15	58	15b. HAVE YOU REGISTERED WITH THIS OR ANOTHER TREATMENT FACILITY FOR THIS CALENDAR YEAR?	Yes/No	N15bREGISTEREDTHISYEAR	YesNo		
2	Items 12 to 15	59	15c. IF YES, HOW MANY TIMES WERE YOU REGISTERED THIS CALENDAR YEAR?	Number	N15CTIMESREGISTERED	Number	###	
2	Items 12 to 15	60	Adapted from the Inter-American Uniform Drug Use System (SIDUC), Inter-American Drug Abuse Control Commission	Label/Title	Footer4	Text		
2	Items 12 to 15	61	(CICAD), Organization of American States REV 2017	Label/Title	Footer23	Text		

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3	Items 16 to 19	62	16. MOST RECENT TYPE OF TREATMENT RECIEVED FOR DRUG ABUSE (only if your response was "YES" in Q15)	Legal Values	N16MOSTRECENTTREATMENT	Text		
3	Items 16 to 19	62	PREVIOUS TREATMENT OUTCOME	Group	PREVIOUSTREATMENTOUTCOME	Text		N16aCOMPLETETREATMENT,N16MOSTRECENTTREA
3	Items 16 to 19	63	16a. DID YOU COMPLETE TREATMENT? (only if your response was "YES" in Q15)	Legal Values	N16aCOMPLETETREATMENT	Text		
3	Items 16 to 19	64	17a. WHAT IS THE MAIN SUBSTANCE FOR WHICH YOU ARE SEEKING TREATMENT? (select only 1 substance)	Legal Values	N17aMAINSUBSTANCE	Text		
3	Items 16 to 19	64	MAIN SUBSTANCE IMPACTING TREATMENT	Group	MAINSUBSTANCEIMPACTINGTREATMENT	Text		N17OTHERDRUG1,N17aMAINSUBSTANCE
3	Items 16 to 19	65	OTHER DRUG (if not listed above)	Text (Uppercase)	N17OTHERDRUG1	Text		
3	Items 16 to 19	66	17b. WHAT IS THE SECONDARY SUBSTANCE FOR WHICH YOU ARE SEEKING TREATMENT, IF ANY?(select only 1)	Legal Values	N17bSECONDARYSUBSTANCE	Text		
3	Items 16 to 19	66	SECONDARY SUBSTANCE	Group	SECONDARYSUBSTANCE	Text		N17bOTHERDRUG,N17bSECONDARYSUBSTANCE
3	Items 16 to 19	67	OTHER DRUG (If not listed above)	Text (Uppercase)	N17bOTHERDRUG	Text		
3	Items 16 to 19	68	18. WHAT IS THE MOST FREQUENT ROUTE OF ADMINISTRATION FOR THE MAIN SUBSTANCE (identified in 17a)	Legal Values	N18MOSTFREQUENTROUTEOFADMINISTRATION	Text		
3	Items 16 to 19	68	ROUTE OF ADMINISTRATION	Group	ROUTEOFADMINISTRATION	Text		N18aOTHERROUTEOFADMINISRTATION,N18MOSTF
3	Items 16 to 19	69	18a. OTHER ROUTE OF ADMINISRTATION (if not listed above)	Text (Uppercase)	N18aOTHERROUTEOFADMINISRTATION	Text		
3	Items 16 to 19	70	19. AGE WHEN YOU FIRST STARTED USING THE MAIN SUBSTANCE (IDENTIFIED IN 17A)?	Number	N19AGEOFFIRSTUSE	Number	# #	
3	Items 16 to 19	71	Adapted from the Inter-American Uniform Drug Use System (SIDUC), Inter-American Drug Abuse Control Commission	Label/Title	Footer3	Text		
3	Items 16 to 19	72	(CICAD), Organization of American States REV 2017	Label/Title	Footer22	Text		
4	Item 20	73	20. TYPES OF DRUGS YOU HAVE USED IN THE LAST 30 DAYS	Label/Title	TYPESOFDRUGSYOUHAVEUSEDINTHELAST30DAYS	Text		
4	Item 20	73	30 DAY DRUG USE	Group	DRUGUSE	Text		N20OTHERHALLUCINOGEN,N20LSD,HALLUCINOGEI
4	Item 20	74	Have you used any of the following drugs within the last 30 days? If YES = Please check in the space	Label/Title	Haveyouusedanyofthefollowingdrugswithinthelast30daysIfYESPleaseac	Text		
4	Item 20	75	If NO= Leave it blank	Label/Title	IfNOLeaveitblank	Text		
4	Item 20	76	ALCOHOL (rum, beer, wine, whisky, vodka, etc)	Checkbox	N20ALCOHOL	Boolean		
4	Item 20	77	TOBACCO	Checkbox	N20TOBACCO	Boolean		
4	Item 20	78	CANNABIS/MARIJUANA/GANJA	Checkbox	N20MARIJUANA	Boolean		
4	Item 20	79	COCAINE	Label/Title	COCAINE	Text		
4	Item 20	80	COCAINE (powder)	Checkbox	N20COCAINE	Boolean		
4	Item 20	81	COCA PASTE (BASUCO, PACO)	Checkbox	N20COCAPASTE	Boolean		
4	Item 20	82	CRACK	Checkbox	N20CRACK	Boolean		
4	Item 20	83	ABUSE OF PRESCRIPTION MEDICATION	Checkbox	N20ABUSEPRESCRIPTIONMEDICATION	Boolean		
4	Item 20	84	OTHER DRUG (specify)	Text (Uppercase)	N20OTHERDRUG	Text		
4	Item 20	85	OPIOIDS	Label/Title	OPIOIDS	Text		
4	Item 20	86	HEROIN	Checkbox	N20HEROIN	Boolean		
4	Item 20	87	METHADONE*	Checkbox	N20METHADONE	Boolean		
4	Item 20	88	OTHER OPIOIDS (specify)	Text (Uppercase)	N20OTHEROPIOIDS	Text		
4	Item 20	89	STIMULANTS	Label/Title	STIMULANTS	Text		
4	Item 20	90	AMPHETAMINES*	Checkbox	N20AMPHETAMINES	Boolean		

4	Item 20	91	METHAMPHETAMINES (MDMA) AND OTHER DERIVATES	Checkbox	N20MDMA	Boolean		
4	Item 20	92	OTHER STIMULANTS (specify)	Text (Uppercase)	N20OTHERSTIMULANTS	Text		
4	Item 20	93	HYPNOTICS AND SEDATIVES	Label/Title	HYPNOTICSANDESEDATIVES	Text		
4	Item 20	94	BARBITURATES*	Checkbox	N20BARBITURATES	Boolean		
4	Item 20	95	BENZODIAZEPINES*	Checkbox	N20BENZODIAZEPINES	Boolean		
4	Item 20	96	INHALANTS	Checkbox	N20INHALANTS	Boolean		
4	Item 20	97	ANABOLIC STEROIDS*	Checkbox	N20ANABOLICSTEROIDS	Boolean		
4	Item 20	98	HALLUCINOGENS	Label/Title	HALLUCINOGENS	Text		
4	Item 20	99	LSD	Checkbox	N20LSD	Boolean		
4	Item 20	100	OTHER HALLUCINOGENS (specify)	Text (Uppercase)	N20OTHERHALLUCINOGEN	Text		
4	Item 20	101	* without prescription	Label/Title	withourprescription	Text		
4	Item 20	102	Adapted from the Inter-American Uniform Drug Use System (SIDUC), Inter-American Drug Abuse Control Commission	Label/Title	Footer1	Text		
4	Item 20	103	(CICAD), Organization of American States REV2017	Label/Title	Footer21	Text		
5	Items 21 to 24	104	21.1 HAVE YOU EVER BEEN ARRESTED? (if NO, go to Q22)	Legal Values	N211EVERARRESTED	Text		
5	Items 21 to 24	104	JUDICIAL INFORMATION	Group	JUDICIALINFORMATION	Text		N213TIMESARRESTEDLASTYEAR,N212ARRESTEDIN
5	Items 21 to 24	105	21.2 HAVE YOU BEEN ARRESTED IN THE LAST YEAR? (if NO, go to Q22)	Legal Values	N212ARRESTEDINLASTYEAR	Text		
5	Items 21 to 24	106	21.3 HOW MANY TIMES WERE YOU ARRESTED IN THE LAST YEAR?	Number	N213TIMESARRESTEDLASTYEAR	Number	##	
5	Items 21 to 24	107	22.1 HAVE YOU EVER BEEN TREATED FOR PSYCHIATRIC CONDITION? (IF NO, GO TO Q23)	Legal Values	N221TREATPSYCHIATRICCONDITION	Text		
5	Items 21 to 24	107	TREATMENT FOR PSYCHIATRIC CONDITION	Group	TREATMENTFORPSYCHIATRICCONDITION	Text		
5	Items 21 to 24	108	22.2 IF YES, PLEASE INDICATE THE TYPE OF CONDITION. (select as many as apply)	Label/Title	N222TYPEOFFPSYCHIATRICCONDITION	Text		
5	Items 21 to 24	109	DEPRESSION	Checkbox	N222DEPRESSION	Boolean		
5	Items 21 to 24	110	BIPOLAR AFFECTIVE DISORDER	Checkbox	N222BIPOLAR	Boolean		
5	Items 21 to 24	111	SCHIZOPHRENIA AND OTHER PSYCHOSES	Checkbox	N222SCHIZOPHRENIA	Boolean		
5	Items 21 to 24	112	DEMENTIA	Checkbox	N222DEMENTIA	Boolean		
5	Items 21 to 24	113	DEVELOPMENTAL DISORDERS (including Autism)	Checkbox	n222DEVELOPMENTALDISORDER	Boolean		
5	Items 21 to 24	114	DO NOT REMEMBER	Checkbox	N222DONOTREMEMBER	Boolean		
5	Items 21 to 24	115	DO NOT KNOW THE NAME	Checkbox	N222DONOTKNOWTHENAME	Boolean		
5	Items 21 to 24	116	DO NOT WISH TO RESPOND	Checkbox	N222DONOTWISHTORESPOND	Boolean		
5	Items 21 to 24	117	23. CONTAGIOUS DISEASE HISTORY: HAVE YOU EVER BEEN TESTED FOR ANY OF THE FOLLOWING?	Label/Title	N23CONTAGIOUSDISEASEHISTORY	Text		
5	Items 21 to 24	118	DISEASE	Label/Title	DISEASE	Text		
5	Items 21 to 24	119	TESTED	Label/Title	TESTED	Text		
5	Items 21 to 24	120	RESULT	Label/Title	RESULT	Text		
5	Items 21 to 24	121	ARE YOU CURRENTLY IN TREATMENT	Label/Title	CURRENTLYINTREATMENT	Text		
5	Items 21 to 24	122	HIV/AIDS	Label/Title	HIVAIDS	Text		
5	Items 21 to 24	123	HIV/AIDS	Legal Values	N23HIVAIDS1	Text		

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5	Items 21 to 24	123	CONTAGIOUS DISEASE	Group	CONTAGIOUSDISEASE	Text		N23TB3,N23TB2,N23TB1,TB,N23HEPC3,N23HEPC2,
5	Items 21 to 24	124	HIV/AIDS	Legal Values	N23HIVAIDS2	Text		
5	Items 21 to 24	125	HIV/AIDS	Legal Values	N23HIVAIDS3	Text		
5	Items 21 to 24	126	STD	Label/Title	STD	Text		
5	Items 21 to 24	127	STD	Legal Values	N23STD1	Text		
5	Items 21 to 24	128	STD	Legal Values	N23STD2	Text		
5	Items 21 to 24	129	STD	Legal Values	N23STD3	Text		
5	Items 21 to 24	130	HEPATITIS B	Label/Title	HEPB	Text		
5	Items 21 to 24	131	HEPB	Legal Values	N23HEPB1	Text		
5	Items 21 to 24	132	HEPB	Legal Values	N23HEPB2	Text		
5	Items 21 to 24	133	HEPB	Legal Values	N23HEPB3	Text		
5	Items 21 to 24	134	HEPATITIS C	Label/Title	HEPC	Text		
5	Items 21 to 24	135	HEPC	Legal Values	N23HEPC1	Text		
5	Items 21 to 24	136	HEPC	Legal Values	N23HEPC2	Text		
5	Items 21 to 24	137	HEPC	Legal Values	N23HEPC3	Text		
5	Items 21 to 24	138	TUBERCULOSIS	Label/Title	TB	Text		
5	Items 21 to 24	139	TB	Legal Values	N23TB1	Text		
5	Items 21 to 24	140	TB	Legal Values	N23TB2	Text		
5	Items 21 to 24	141	TB	Legal Values	N23TB3	Text		
5	Items 21 to 24	142	24. RECOMMENDED PATIENT PLACEMENT AFTER ASSESSMENT (click more than one answer, if apply)	Label/Title	N24RECOMMENDEDPLACEMENT	Text		
5	Items 21 to 24	143	OUTPATIENT	Checkbox	N24OUTPATIENT	Boolean		
5	Items 21 to 24	144	DAY CLINIC	Checkbox	N24DAYCLINIC	Boolean		
5	Items 21 to 24	145	DETOX UNIT	Checkbox	N24DETOXUNIT	Boolean		
5	Items 21 to 24	146	REFERRED TO OTHER FACILITY	Checkbox	N24REFERREDOTHERFACILITY	Boolean		
5	Items 21 to 24	147	NO RESPONSE	Checkbox	N24NORESPONSE1	Boolean		
5	Items 21 to 24	148	RESIDENTIAL	Checkbox	N24RESIDENTIAL	Boolean		
5	Items 21 to 24	149	SELF-HELP (AA, NA)	Checkbox	N24SELFHELP	Boolean		
5	Items 21 to 24	149	PLACEMENT AFTER ASSESSMENT	Group	PLACEMENTAFTERASSESSMENT	Text		N24OTHERSPECIFY,N24SPECIFYOTHERFACILITY,N2
5	Items 21 to 24	150	PSYCHIATRIC UNIT	Checkbox	N24PSYCHIATRICUNIT	Boolean		
5	Items 21 to 24	151	SPECIFY OTHER FACILITY	Text (Uppercase)	N24SPECIFYOTHERFACILITY	Text		
5	Items 21 to 24	152	OTHER, SPECIFY	Text (Uppercase)	N24OTHERSPECIFY	Text		
5	Items 21 to 24	153	Adapted from the Inter-American Uniform Drug Use System (SIDUC), Inter-	Label/Title	Footer	Text		

			American Drug Abuse Control Commission					
5	Items 21 to 24	154	(CICAD), Organization of American States REV2017	Label/Title	Footer2	Text		