

Questionnaire: Substance Use Treatment Admission

Instructions: THIS QUESTIONNAIRE IS REQUIRED TO BE MARKED AS COMPLETED PRIOR TO SUBMISSION.

Client Information

1. *MDS3_Primary Presenting Problem*
(Please select one.)
 - Substance Abuse Only
 - Affected/Co-Dependent

2. *SuDS5_Co-Occurring SA and MH Problem*
(Please select one.)
 - Yes
 - No
 - Unknown
 - Not Collected

3. *MDS4_Client Transaction Type*
(Please select one.)
 - Admission for Treatment
 - Evaluation only (No Treatment)

4. *MDS6_Prior Treatment Episodes*
(Please select one.)
 - 0 Previous episodes
 - 1 Previous episodes
 - 2 Previous episodes
 - 3 Previous episodes
 - 4 Previous episodes
 - 5 or more Previous episodes
 - Unknown
 - Not Collected

5. *MDS10_Race*
(Please select between 1 and 7 items.)
 - White
 - Black/African American
 - American Indian/Alaskan Native

- Asian
- Native Hawaiian/Pacific Islander
- Other
- Unknown

6. *MDS11_Ethnicity*

(Please select one.)

- Not Hispanic or Latino
- Puerto Rican
- Mexican
- Cuban
- Other Specific Hispanic
- Hispanic - Not Specified

7. *Current Gender Identity*

(Please select one.)

- Male (Biologically Male, Identifies as Male)
- Female (Biologically Female, Identifies as Female)
- Transgender (Gender identity differs from sex assigned at birth)
- Non-Binary
- Unknown

8. *MDS9_Sex Assigned at Birth*

(Please select one.)

- Male
- Female
- Intersex
- Unknown

If you answered "Male" on question 8

8.2.1. *SuDS6_Pregnant At Time Of Admission*

(Please select one.)

- Not applicable – use for biological male clients for which pregnancy is not possible

If you answered "Female" on question 8

8.3.1. *SuDS6_Pregnant At Time of Admission*

(Please select one.)

- Yes
- No

- Not applicable – children in prepuberty age for which pregnancy is not possible
- Unknown
- Not Collected

If you answered "Intersex" on question 8

8.4.1. *SuDS6_Pregnant at Time of Admission*

(Please select one.)

- Yes
- No
- Not applicable – use for intersex clients or children in prepuberty age for which pregnancy is not possible
- Unknown
- Not Collected

If you answered "Unknown" on question 8

8.5.1. *SuDS6_Pregnant At Time of Admission*

(Please select one.)

- Yes
- No
- Not applicable – children in prepuberty age for which pregnancy is not possible
- Unknown
- Not Collected

9. *MDS12_Education*

(Please select one.)

- | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="radio"/> Kindergarten or none | <input type="radio"/> 1st Grade |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 3rd Grade |
| <input type="radio"/> 4th Grade | <input type="radio"/> 5th Grade |
| <input type="radio"/> 6th Grade | <input type="radio"/> 7th Grade |
| <input type="radio"/> 8th Grade | <input type="radio"/> 9th Grade |
| <input type="radio"/> 10th Grade | <input type="radio"/> 11th Grade |
| <input type="radio"/> 12th Grade or GED | <input type="radio"/> 1st Year of College/University (Freshman) |
| <input type="radio"/> 2nd Year of College/University (Sophomore) or Associate Degree | <input type="radio"/> 3rd Year of College/University (Junior) |
| <input type="radio"/> 4th Year of College (Senior) or Bachelor's Degree | <input type="radio"/> Some Post-Graduate Study - Degree not completed |
| <input type="radio"/> Master's Degree completed | <input type="radio"/> Post graduate study |
| <input type="radio"/> Self-contained special education class | <input type="radio"/> Unknown |

Not Collected

10. *MDS13_Employment Status (If you check "Not in Labor Force" details are required at question MDS12)*

(Please select one.)

- Full Time (35 Hours or more)
- Irregular / Part Time
- Unemployed has sought work
- Unemployed has not sought work
- Not In Labor Force (Please enter details at MDS12 below)
- Full Time Volunteer
- Part Time Volunteer
- Irregular Volunteer
- Unknown
- Not Collected

11. *SuDS7_Veteran Status*

(Please select one.)

- Veteran
- Not a veteran
- Unknown

12. *SuDS8_Living Arrangements*

(Please select one.)

- Independent Living – Alone
- Independent Living – With Others
- Dependent Living – With Others
- Homeless
- Not Collected

13. *SuDS9_Primary Source of household Income/Support*

(Please select one.)

- Wages/Salary
- Public Assistance / Welfare
- Retirement Pension
- Disability
- Other
- None
- Not Collected

14. *SuDS10_Health Insurance*

(Please select one.)

- Private Insurance

- Blue Cross/Blue Shield
- Medicare
- MaineCare (Medicaid)
- Health Maintenance Organization (HMO)
- Other (e.g. TRICARE)
- None
- Unknown
- Not Collected

15. *SuDS11_Payment Source, Primary (Expected or Actual)*

(Please select one.)

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> DHSS - Office of Behavioral Health | <input type="radio"/> DHSS - Child/Adult Protective |
| <input type="radio"/> DHHS - Other | <input type="radio"/> Self-Pay |
| <input type="radio"/> Corrections | <input type="radio"/> MaineCare (Medicaid) |
| <input type="radio"/> Medicare | <input type="radio"/> Other Government payments |
| <input type="radio"/> Veteran's Administration | <input type="radio"/> Worker's Compensation |
| <input type="radio"/> Blue Cross/Blue Shield | <input type="radio"/> Other Private Health Insurance |
| <input type="radio"/> Other | <input type="radio"/> None |
| <input type="radio"/> Not Collected | |

16. *SuDS12_Detailed "Not in Labor Force" (Only answer this question if you checked "Not in Labor Force at question MDS13 above. Otherwise please check "Not applicable")*

(Please select one.)

- Homemaker
- Student
- Retired
- Unable to Work for Physical or Psychological Reasons
- Inmate of Institution
- Seasonal Worker
- Temporary Layoff
- Unable Due to Skills/Resources
- Unable Due to Program Requirements
- Not applicable
- Unknown
- Not Collected

17. *SuDS13_Detailed Criminal Justice Referral (If the client was not referred through the criminal justice system, please check "Not applicable")*

(Please select one.)

- State/Federal Court
- Maine Pre-Trial/Formal Adjudication
- Probation/Parole, State of Maine
- Community Probation, DSAT

- Juvenile Treatment Network
- Drug Court, DSAT
- Correctional Facility, State of Maine
- County Jails
- DEEP (Driver Education & Evaluation Program)
- Other
- Not applicable
- Unknown
- Not Collected

18. *SuDS14_Marital Status*

(Please select one.)

- Never Married
- Now Married/Cohabiting
- Separated
- Divorced
- Widowed
- Unknown
- Not Collected

19. *SuDS16_Arrests in 30 Days Prior to Admission*

(Please select one.)

- Click to enter number of Arrests in 30 Days Prior to Admission
- Unknown
- Not Collected

If you answered "Click to enter number of Arrests in 30 Days Prior to Admission" on question 19

Instructions: Please enter Numeric value only – a number between 0 and 30

19.2.1. *Number of Arrests in 30 Days Prior to Admission*

Min/Max - 0/30; No decimal places allowed

20. *SuDS17_Attendance at Self-Help Groups in Past 30 Days*

(Please select one.)

- No attendance in the past month
- 1-3 times in past month (less than 1 per week)
- 4-7 times in past month (about 1 per week)
- 8-15 times in past month (2-3 times per week)
- 16-30 times in past month (4+ times per week)
- Some attendance but frequency unknown
- Unknown

- Not Collected
-

Referral Source

1. *MDS7_Referral Source (If you selected criminal justice referral at SuDS13 above, please select the relevant agency when indicating the Referral Source below)*

(Please select one.)

- Self
- Family Member
- Friend
- Employer or Employee Assistance Program (EAP)
- School (Education)
- Mental Health Provider
- Substance Abuse Provider (not DEEP, not Recovery Center, not FQHC Low-barrier MOUD Program)
- Recovery Center
- FQHC Low-barrier MOUD Program
- DEEP
- OPTIONS Liaison
- ICM – Located in Corrections Facility
- ICM – Located in Community
- EMS, Paramedic
- Emergency Department
- Medical or Other Health Care Provider (not EMS or ED)
- Law Enforcement, Police
- County, State, or Federal Court
- County Jail or Correctional Facility
- State or Federal Prison or Correctional Facility
- Probation or Parole
- DHHS – Adult Protective Services
- DHHS – Child Protective Services
- DHHS – Substitute Care Services
- Other - Specify
- Unknown

If you answered "Other - Specify" on question 1

1.26.1. *Specify*

2. *SuDS15_Days Waiting to Enter Treatment*

(Please select one.)

- Click to enter Number of Days Waiting For Treatment
- Unknown
- Not Collected

If you answered "Click to enter Number of Days Waiting For Treatment" on question 2

Instructions: Please enter NUMERIC value only

2.2.1. *Number of Days Waiting For Treatment*

Min/Max - 0/996; No decimal places allowed

Treatment Data

1. *MDS5_Admission Date*

2. *MDS14A_Primary Substance Use Problem*

(Please select one.)

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish/THC
- Heroin/Morphine
- Non Rx-Methadone
- Other Opiates and Synthetics
- PCP
- Other Hallucinogens LSD,DMS,STP, etc
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives or Hypnotics
- Inhalants
- Over the Counter
- Other
- Unknown
- Not Collected

Not Collected

3. *MDS15A_Route of Administration - Primary Substance*
(Please select one.)

- Oral
- Smoking
- Inhalation
- Injection
- Other
- Not Applicable
- Not Collected

4. *MDS16A_Frequency of Use - Primary Substance*
(Please select one.)

- No Use Past Month
- Once in Last 30 days
- 2-3 days per month
- Once per Week
- 2-3 days per week
- 4-6 days per week
- Daily
- Not Applicable
- Not Collected

5. *MDS17A_Age at First Use - Primary Substance*
(Please select one.)

- Newborn with a substance dependency problem
- Age at first use, in years (age 1 and above)
- Unknown
- Not Collected

If you answered "Age at first use, in years (age 1 and above)" on question 5

Instructions: Please enter NUMERIC value only

5.3.1. *Age at first use, in years (age 1 and above)*

Min/Max - 1/95; No decimal places allowed

6. *MDS14B_Secondary Substance Use Problem (If "None" selected please select "Not applicable at questions MDS15B and MDS16B, and "Not collected" at question MDS17B)*

(Please select one.)

- None
- Alcohol
- Cocaine/Crack

- Marijuana/Hashish/THC
- Heroin/Morphine
- Non Rx-Methadone
- Other Opiates and Synthetics
- PCP
- Other Hallucinogens LSD,DMS,STP, etc
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives or Hypnotics
- Inhalants
- Over the Counter
- Other
- Unknown
- Not Collected

7. *MDS15B_Route of Administration - Secondary Substance (If no Secondary Substance, please select "Not applicable")*

(Please select one.)

- Oral
- Smoking
- Inhalation
- Injection
- Other
- Not Applicable
- Not Collected

8. *MDS16B_Frequency of Use - Secondary Substance (If no Secondary Substance, please select "Not applicable")*

(Please select one.)

- No Use Past Month
- Once in Last 30 days
- 2-3 days per month
- Once per Week
- 2-3 days per week
- 4-6 days per week
- Daily
- Not Applicable
- Not Collected

9. *MDS17B_Age at First Use - Secondary Substance (If no Secondary Substance, please select "Not collected")*

(Please select one.)

- Newborn with a substance dependency problem
- Age at first use, in years (age 1 and above)
- Unknown
- Not Collected

If you answered "Age at first use, in years (age 1 and above)" on question 9

Instructions: Please enter NUMERIC value only

9.3.1. *Age at first use, in years (age 1 and above)*

Min/Max - 1/95; No decimal places allowed

10. *MDS14C_Tertiary Substance Use Problem (If "None" please select "Not applicable" at questions MDS15C and MDS16C, and "Not collected" at question MDS17C)*

(Please select one.)

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish/THC
- Heroin/Morphine
- Non Rx-Methadone
- Other Opiates and Synthetics
- PCP
- Other Hallucinogens LSD,DMS,STP, etc
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives or Hypnotics
- Inhalants
- Over the Counter
- Other
- Unknown
- Not Collected

11. *MDS15C_Route of Administration - Tertiary Substance (If no Tertiary Substance, please select "Not applicable")*

(Please select one.)

- Oral
- Smoking
- Inhalation
- Injection
- Other
- Not Applicable
- Not Collected

12. *MDS16C_Frequency of Use - Tertiary Substance (If no Tertiary Substance, please select "Not applicable")*

(Please select one.)

- No Use Past Month
- Once in Last 30 days
- 2-3 days per month
- Once per Week
- 2-3 days per week
- 4-6 days per wee
- Daily
- Not Applicable
- Not Collected

13. *MDS17C_Age at First Use - Tertiary Substance (If no Tertiary Substance, please select "Not collected")*

(Please select one.)

- Newborn with a substance dependency problem
- Age at first use, in years (age 1 and above)
- Unknown
- Not Collected

If you answered "Age at first use, in years (age 1 and above)" on question 13

Instructions: Please enter NUMERIC value only

13.3.1. *Age at first use, in years (age 1 and above)*
Min/Max - 1/95; No decimal places allowed

14. *MDS18_Treatment – Age Group*

(Please select one.)

- Adult
- Adolescent

15. *MDS18_Type of Treatment Service/Treatment Setting (Please leave blank for Evaluations)*

(Please select one.)

- Non-Intensive Outpatient
- Intensive Outpatient

- Detoxification (Outpatient)
- 24-Hour Detoxification (Inpatient)
- Inpatient
- Methadone (Inpatient)
- 24-hour Detoxification, free standing residential
- Halfway House (Short-term 30 days or fewer)
- Shelter (Short-term 30 days or fewer)
- Consumer Run Residence (Short-term 30 days or fewer)
- Halfway House (Long-term more than 30 days)
- Shelter (Long-term more than 30 days)
- Consumer Run Residence (Long-term more than 30 days)

16. *MDS19_Use of Methadone Planned as part of Treatment*

(Please select one.)

- No
- Methadone
- Buprenorphine, Suboxone, Subutex
- Campral
- Naltraxone
- Vivtrol
- Antabuse
- Not Collected

17. *SuDS1_Primary Detailed Drug Code*

(Please select one.)

- | | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> 0201 Alcohol | <input type="radio"/> 0301 Crack | <input type="radio"/> 0302 Other cocaine |
| <input type="radio"/> 0401 Marijuana/hashish, THC, and any other cannabis sativa preparations | <input type="radio"/> 0501 Heroin | <input type="radio"/> 0601 Non-prescription Methadone |
| <input type="radio"/> 0701 Codeine | <input type="radio"/> 0702 Propoxyphene (Darvon) | <input type="radio"/> 0703 Oxycodone (Oxycontin) |
| <input type="radio"/> 0704 Meperidine (Demerol) | <input type="radio"/> 0705 Hydromorphone (Dilaudid) | <input type="radio"/> 0706 Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics |
| <input type="radio"/> 0707 Pentazocine (Talwin) | <input type="radio"/> 0708 Hydrocodone (Vicodin) | <input type="radio"/> 0709 Tramadol (Ultram) |
| <input type="radio"/> 0710 Buprenorphine (Subutex, Suboxone) | <input type="radio"/> 0801 PCP | <input type="radio"/> 0901 LSD |
| <input type="radio"/> 0902 DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens | <input type="radio"/> 1001 Methamphetamine/Speed | <input type="radio"/> 1101 Amphetamine |
| <input type="radio"/> 1103 Methylendioxyamphetamine (MDMA, Ecstasy) | <input type="radio"/> 1109 "Bath salts," phenmetrazine, and other amines and related drugs | <input type="radio"/> 1201 Other stimulants |
| <input type="radio"/> 1202 Methylphenidate (Ritalin) | <input type="radio"/> 1301 Alprazolam (Xanax) | <input type="radio"/> 1302 Chlordiazepoxide (Librium) |
| <input type="radio"/> 1303 Clorazepate (Tranxene) | <input type="radio"/> 1304 Diazepam (Valium) | <input type="radio"/> 1305 Flurazepam (Dalmane) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1308 Halazepam, oxazepam (Serax) |

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="radio"/> 1306 Lorazepam (Ativan) | <input type="radio"/> 1307 Triazolam (Halcion) | <input type="radio"/> clonazepam (Klonopin), prazepam, temazepam (Restoril), and other benzodiazepines |
| <input type="radio"/> 1309 Flunitrazepam (Rohypnol) | <input type="radio"/> 1310 Clonazepam (Klonopin, Rivotril) | <input type="radio"/> 1401 Meprobamate (Miltown) |
| <input type="radio"/> 1403 Other non-benzodiazepine tranquilizers | <input type="radio"/> 1501 Phenobarbital | <input type="radio"/> 1502 Secobarbital/Amobarbital (Tuinal) |
| <input type="radio"/> 1503 Secobarbital (Seconal) | <input type="radio"/> 1509 Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives | <input type="radio"/> 1601 Ethchlorvynol (Placidyl) |
| <input type="radio"/> 1602 Glutethimide (Doriden) | <input type="radio"/> 1603 Methaqualone (Quaalude) | <input type="radio"/> 1604 Chloral hydrate and other non-barbiturate sedatives/hypnotics |
| <input type="radio"/> 1701 Aerosols | <input type="radio"/> 1702 Nitrites | <input type="radio"/> 1703 Gasoline, glue, and other inappropriately inhaled products |
| <input type="radio"/> 1704 Solvents (paint thinner and other solvents) | <input type="radio"/> 1705 Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics) | <input type="radio"/> 1801 Diphenhydramine |
| <input type="radio"/> 1809 Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication | <input type="radio"/> 2001 Diphenylhydantoin/Phenytoin (Dilantin) | <input type="radio"/> 2002 Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs |
| <input type="radio"/> 2003 GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) | <input type="radio"/> 2004 Ketamine (Special K) | <input type="radio"/> 9996 Not applicable |
| <input type="radio"/> 9997 Unknown – Individual client value is unknown | | |

18. *SuDS2_Secundary Detailed Drug Code*

(Please select one.)

- | | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> 0201 Alcohol | <input type="radio"/> 0301 Crack | <input type="radio"/> 0302 Other cocaine |
| <input type="radio"/> 0401 Marijuana/hashish, THC, and any other cannabis sativa preparations | <input type="radio"/> 0501 Heroin | <input type="radio"/> 0601 Non-prescription Methadone |
| <input type="radio"/> 0701 Codeine | <input type="radio"/> 0702 Propoxyphene (Darvon) | <input type="radio"/> 0703 Oxycodone (Oxycontin) |
| <input type="radio"/> 0704 Meperidine (Demerol) | <input type="radio"/> 0705 Hydromorphone (Dilaudid) | <input type="radio"/> 0706 Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics |
| <input type="radio"/> 0707 Pentazocine (Talwin) | <input type="radio"/> 0708 Hydrocodone (Vicodin) | <input type="radio"/> 0709 Tramadol (Ultram) |

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> 0710 Buprenorphine (Subutex, Suboxone) | <input type="radio"/> 0801 PCP | <input type="radio"/> 0901 LSD |
| <input type="radio"/> 0902 DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens | <input type="radio"/> 1001 Methamphetamine/Speed | <input type="radio"/> 1101 Amphetamine |
| <input type="radio"/> 1103 Methylendioxyamphetamine (MDMA, Ecstasy) | <input type="radio"/> 1109 "Bath salts," phenmetrazine, and other amines and related drugs | <input type="radio"/> 1201 Other stimulants |
| <input type="radio"/> 1202 Methylphenidate (Ritalin) | <input type="radio"/> 1301 Alprazolam (Xanax) | <input type="radio"/> 1302 Chlordiazepoxide (Librium) |
| <input type="radio"/> 1303 Clorazepate (Tranxene) | <input type="radio"/> 1304 Diazepam (Valium) | <input type="radio"/> 1305 Flurazepam (Dalmene) |
| <input type="radio"/> 1306 Lorazepam (Ativan) | <input type="radio"/> 1307 Triazolam (Halcion) | <input type="radio"/> 1308 Halazepam, oxazepam (Serax), prazepam, temazepam (Restonil), and other benzodiazepines |
| <input type="radio"/> 1309 Flunitrazepam (Rohypnol) | <input type="radio"/> 1310 Clonazepam (Klonopin, Rivotril) | <input type="radio"/> 1401 Meprobamate (Miltown) |
| <input type="radio"/> 1403 Other non-benzodiazepine tranquilizers | <input type="radio"/> 1501 Phenobarbital | <input type="radio"/> 1502 Secobarbital/Amobarbital (Tuinal) |
| <input type="radio"/> 1503 Secobarbital (Seconal) | <input type="radio"/> 1509 Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives | <input type="radio"/> 1601 Ethchlorvynol (Placidyl) |
| <input type="radio"/> 1602 Glutethimide (Doriden) | <input type="radio"/> 1603 Methaqualone (Quaalude) | <input type="radio"/> 1604 Chloral hydrate and other non-barbiturate sedatives/hypnotics |
| <input type="radio"/> 1701 Aerosols | <input type="radio"/> 1702 Nitrites | <input type="radio"/> 1703 Gasoline, glue, and other inappropriately inhaled products |
| <input type="radio"/> 1704 Solvents (paint thinner and other solvents) | <input type="radio"/> 1705 Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics) | <input type="radio"/> 1801 Diphenhydramine |
| <input type="radio"/> 1809 Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication | <input type="radio"/> 2001 Diphenylhydantoin/Phenytoin (Dilantin) | <input type="radio"/> 2002 Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs |
| <input type="radio"/> 2003 GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) | <input type="radio"/> 2004 Ketamine (Special K) | <input type="radio"/> 9996 Not applicable |
| <input type="radio"/> 9997 Unknown – Individual client value is unknown | | |

19. *SuDS3_Tertiary Detailed Drug Code*
(Please select one.)

- 0201 Alcohol
- 0401 Marijuana/hashish, THC, and any other cannabis sativa preparations
- 0701 Codeine
-
- 0704 Meperidine (Demerol)
-
- 0707 Pentazocine (Talwin)
- 0710 Buprenorphine (Subutex, Suboxone)
- 0902 DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
- 1103 Methylenedioxymethamphetamine (MDMA, Ecstasy)
- 1202 Methylphenidate (Ritalin)
- 1303 Clorazepate (Tranxene)
-
- 1306 Lorazepam (Ativan)
-
- 1309 Flunitrazepam (Rohypnol)
- 1403 Other non-benzodiazepine tranquilizers
-
- 1503 Secobarbital (Seconal)
-
- 1602 Glutethimide (Doriden)
-
- 1701 Aerosols
-
- 1704 Solvents (paint thinner and other solvents)
- 1809 Other antihistamines
- 0301 Crack
-
- 0501 Heroin
-
- 0702 Propoxyphene (Darvon)
-
- 0705 Hydromorphone (Dilaudid)
-
- 0708 Hydrocodone (Vicodin)
- 0801 PCP
-
- 1001 Methamphetamine/Speed
-
- 1109 "Bath salts," phenmetrazine, and other amines and related drugs
-
- 1301 Alprazolam (Xanax)
-
- 1304 Diazepam (Valium)
-
- 1307 Triazolam (Halcion)
-
- 1310 Clonazepam (Klonopin, Rivotril)
-
- 1501 Phenobarbital
-
- 1509 Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives
-
- 1603 Methaqualone (Quaalude)
-
- 1702 Nitrites
-
- 1705 Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
-
- 0302 Other cocaine
- 0601 Non-prescription Methadone
- 0703 Oxycodone (Oxycontin)
- 0706 Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics
- 0709 Tramadol (Ultram)
-
- 0901 LSD
-
- 1101 Amphetamine
-
- 1201 Other stimulants
-
- 1302 Chlordiazepoxide (Librium)
- 1305 Flurazepam (Dalmane)
- 1308 Halazepam, oxazepam (Serax), prazepam, temazepam (Restonil), and other benzodiazepines
- 1401 Meprobamate (Miltown)
- 1502 Secobarbital/Amobarbital (Tuinal)
-
- 1601 Ethchlorvynol (Placidyl)
-
- 1604 Chloral hydrate and other non-barbiturate sedatives/hypnotics
- 1703 Gasoline, glue, and other inappropriately inhaled products
-
- 1801 Diphenhydramine

- 2000 Codeine, Aspirin, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
- 2003 GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
- 9997 Unknown – Individual client value is unknown

- 2001 Diphenylhydantoin/Phenytoin (Dilantin)
- 2004 Ketamine (Special K)

- 2002 Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs
- 9996 Not applicable

Intake Case Information

1. *Initial Contact Date*
2. *Intake Date*
3. *Prenatal Treatment*
(Please select one.)
 - Yes
 - No
4. *HIV Positive*
(Please select one.)
 - Yes
 - No
 - Unknown
5. *Hep C Positive*
(Please select one.)
 - Yes
 - No
 - Unknown
6. *Injection Drug User*
(Please select one.)
 - Never
 - In Last 6 Months
 - In Last 5 Years
 - Prior to Last 5 Years

If you answered "In Last 6 Months" on question 6

6.3.1. *Shared Needles*
(Please select one.)

- Yes
- No

If you answered "In Last 5 Years" on question 6

6.4.1. *Shared Needles*
(Please select one.)

- Yes
- No

If you answered "Prior to Last 5 Years" on question 6

6.5.1. *Shared Needles*
(Please select one.)

- Yes
- No

7. *Shelter and Detoxification*
(Please select one.)

- Yes
- No

8. *# of Prior Tx Admissions in past 12 Months*
Min/Max - 0/365; No decimal places allowed

9. *Does the Client have any Dependents 17 years of age or under?*
(Please select one.)

- Yes
- No

10. *# Arrests in Past 12 Months*
Min/Max - 0/365; No decimal places allowed

11. *Domestic Violence Offender*
(Please select one.)

- Yes
- No

12. *Legal History (Check any that apply)*

(Please select between 1 and 9 items.)

- No Legal Involvement
 - Probation/Parole
 - Furloughed
 - Awaiting Court
 - Serving Sentence (Jail/Prison)
 - Driver's license revocation (Not DEEP involved)
 - Deferred Disposition
 - Speciality Court
 - Other
-

Tobacco/Nicotine

1. *Have you ever used Tobacco/Nicotine products?*

(Please select one.)

- Yes
- No
- Unknown

If you answered "Yes" on question 1

1.2.1. *Age of First Use*

Min/Max - 0/100; No decimal places allowed

2. *In the past 30 days, what tobacco/nicotine product did you use most frequently?*

(Please select one.)

- None
- Cigarettes
- Cigars
- Chewing Tobacco
- Nicotine Patch
- Pipe Tobacco
- Snuff
- Vaporizer (Vaping)
- Other (specify)
- Unknown

If you answered "Other (specify)" on question 2

2.10.1. *Other (Please describe)*

3. *In the past 30 days, how often did you use tobacco/nicotine products?*

(Please select one.)

- 1-3 times
- Once a week
- 3-6 times a week
- Daily
- 3-6 times a day
- NA
- Unknown

4. *Route of Administration*

(Please select one.)

- Inhalation (Vaping)
 - Oral
 - Other
 - Patch
 - Smoking
-