# Questionnaire: Substance Use Treatment Admission

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## Client Information

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

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

4. *MDS4_Client Transaction Type*
(Please select one.)
   - ○ Initial Admission ○ Evaluation

5. *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

6. *MDS10_Race*
(Please select between 1 and 7 items.)
   - ☐ White
   - ☐ Black/African American
   - ☐ American Indian/Alaskan Native
   - ☐ Asian
   - ☐ Native Hawaiian/Pacific Islander

- ☐ Other
- ☐ Unknown

7. *MDS11_Ethnicity*
(Please select one.)
   - ○ Not Hispanic or Latino
   - ○ Puerto Rican
   - ○ Mexican
   - ○ Cuban
   - ○ Other Specific Hispanic
   - ○ Hispanic - Not Specified

8. *MDS9_Gender*
(Please select one.)
   - ○ Male
   - ○ Female
   - ○ Transgender-Male
   - ○ Transgender-Female
   - ○ Unknown

9. *MDS12_Education*
(Please select one.)
   - ○ Kindergarten or none
   - ○ 1st Grade
   - ○ 2nd Grade
   - ○ 3rd Grade
   - ○ 4th Grade
   - ○ 5th Grade
   - ○ 6th Grade
   - ○ 7th Grade
   - ○ 8th Grade
   - ○ 9th Grade
   - ○ 10th Grade
   - ○ 11th Grade
   - ○ 12th Grade or GED
   - ○ 1st Year of College/University (Freshman)
   - ○ 2nd Year of College/University (Sophomore) or Associate Degree
   - ○ 3rd Year of College/University (Junior)
   - ○ 4th Year of College (Senior) or Bachelor"s Degree
   - ○ Some Post-Graduate Study - Degree not completed
   - ○ Master"s Degree completed
   - ○ Post graduate study

- ○ Self-contained special education class
- ○ Unknown
- ○ Not Collected

10. *MDS13_Employment Status*
(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
    - ○ 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.)
- ○ DHSS - Office of Behavioral Health
- ○ DHSS - Child/Adult Protective
- ○ DHHS - Other
- ○ Self-Pay
- ○ Corrections
- ○ MaineCare (Medicaid)
- ○ Medicare
- ○ Other Government payments
- ○ Veteran's Administration
- ○ Worker's Compensation
- ○ Blue Cross/Blue Shield
- ○ Other Private Health Insurance
- ○ Other
- ○ None
- ○ Not Collected

16. *SuDS12_Detailed "Not in Labor Force"*
(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*
(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**

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

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# Referral Source

1. *MDS7_Referral Source*
   (Please select one.)
   - ○ Self
   - ○ Family Member
   - ○ Friend
   - ○ Employer or Employee Assistance Program (EAP)
   - ○ School (Education)
   - ○ Mental Health Provider
   - ○ Medical Provider
   - ○ Substance Abuse Provider (Not DEEP)
   - ○ Other Provider
   - ○ County, State or Federal Court
   - ○ Probation or Parole
   - ○ State or Federal Prison or Correctional Facility
   - ○ County Jail or Correctional Facility
   - ○ DEEP
   - ○ DHHS - Adult Protective Services
   - ○ DHHS - Child Protective Services
   - ○ DHHS - Substitute Care Services
   - ○ Other - Specify
   - ○ Unknown

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**

2.2.1. *Number of Days Waiting For Treatment*
Min/Max - 0/996; No decimal places allowed

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# 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

3. *MDS15A_Route of Administration - Primary Substance*
(Please select one.)
   - ○ Oral
   - ○ Smoking
   - ○ Inhalation
   - ○ Injection
   - ○ Other
   - ○ Not Applicable
   - ○ Not Collected

- ○ 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)
   - ○ None
   - ○ Not Collected

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

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*
(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*
(Please select one.)
   - ○ Oral
   - ○ Smoking
   - ○ Inhalation
   - ○ Injection
   - ○ Other
   - ○ Not Applicable
   - ○ Not Collected

8. *MDS16B_Frequency of Use - Secondary 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

9. *MDS17B_Age at First Use - Secondary Substance*
(Please select one.)
   - ○ Newborn with a substance dependency problem
   - ○ Age at first use, in years (age 1 and above)
   - ○ None
   - ○ Not Collected

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

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*
(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*
(Please select one.)
- ○ Oral
- ○ Smoking
- ○ Inhalation
- ○ Injection
- ○ Other
- ○ Not Applicable
- ○ Not Collected

12. *MDS16C_Frequency of Use - Tertiary 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 wee

- ○ Daily
- ○ Not Applicable
- ○ Not Collected

13. *MDS17C_Age at First Use - Tertiary Substance*
(Please select one.)
    - ○ Newborn with a substance dependency problem
    - ○ Age at first use, in years (age 1 and above)
    - ○ None
    - ○ Not Collected

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

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 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.)

- ○ 0201 Alcohol
- ○ 0301 Crack
- ○ 0302 Other cocaine
- ○ 0401 Marijuana/hashish, THC, and any other cannabis sativa preparations
- ○ 0501 Heroin
- ○ 0601 Non-prescription Methadone
- ○ 0701 Codeine
- ○ 0702 Propoxyphene (Darvon)
- ○ 0703 Oxycodone (Oxycontin)
- ○ 0704 Meperidine (Demerol)
- ○ 0705 Hydromorphone (Dilaudid)
- ○ 0706 Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics
- ○ 0707 Pentazocine (Talwin)
- ○ 0708 Hydrocodone (Vicodin)
- ○ 0709 Tramadol (Ultram)
- ○ 0710 Buprenorphine (Subutex, Suboxone)
- ○ 0801 PCP
- ○ 0901 LSD
- ○ 0902 DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
- ○ 1001 Methamphetamine/Speed
- ○ 1101 Amphetamine
- ○ 1103 Methylenedioxymethamphetamine (MDMA, Ecstasy)
- ○ 1109 "Bath salts," phenmetrazine, and other amines and related drugs
- ○ 1201 Other stimulants
- ○ 1202 Methylphenidate (Ritalin)
- ○ 1301 Alprazolam (Xanax)
- ○ 1302 Chlordiazepoxide (Librium)
- ○ 1303 Clorazepate (Tranxene)
- ○ 1304 Diazepam (Valium)
- ○ 1305 Flurazepam (Dalmane)
- ○ 1306 Lorazepam (Ativan)
- ○ 1307 Triazolam (Halcion)
- ○ 1308 Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines
- ○ 1309 Flunitrazepam (Rohypnol)
- ○ 1310 Clonazepam (Klonopin, Rivotril)
- ○ 1401 Meprobamate (Miltown)
- ○ 1403 Other non-benzodiazepine tranquilizers
- ○ 1501 Phenobarbital
- ○ 1502 Secobarbital/Amobarbital (Tuinal)

- ○ 1503 Secobarbital (Seconal)
- ○ 1509 Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives
- ○ 1601 Ethchlorvynol (Placidyl)
- ○ 1602 Glutethimide (Doriden)
- ○ 1603 Methaqualone (Quaalude)
- ○ 1604 Chloral hydrate and other non-barbiturate sedatives/hypnotics
- ○ 1701 Aerosols
- ○ 1702 Nitrites
- ○ 1703 Gasoline, glue, and other inappropriately inhaled products
- ○ 1704 Solvents (paint thinner and other solvents)
- ○ 1705 Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
- ○ 1801 Diphenhydramine
- ○ 1809 Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
- ○ 2001 Diphenylhydantoin/Phenytoin (Dilantin)
- ○ 2002 Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs
- ○ 2003 GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
- ○ 2004 Ketamine (Special K)
- ○ 9996 Not applicable
- ○ 9997 Unknown – Individual client value is unknown

18. *SuDS2_Secondary Detailed Drug Code*
(Please select one.)
- ○ 0201 Alcohol
- ○ 0301 Crack
- ○ 0302 Other cocaine
- ○ 0401 Marijuana/hashish, THC, and any other cannabis sativa preparations
- ○ 0501 Heroin
- ○ 0601 Non-prescription Methadone
- ○ 0701 Codeine
- ○ 0702 Propoxyphene (Darvon)
- ○ 0703 Oxycodone (Oxycontin)
- ○ 0704 Meperidine (Demerol)
- ○ 0705 Hydromorphone (Dilaudid)
- ○ 0706 Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics
- ○ 0707 Pentazocine (Talwin)
- ○ 0708 Hydrocodone (Vicodin)
- ○ 0709 Tramadol (Ultram)
- ○ 0710 Buprenorphine (Subutex, Suboxone)
- ○ 0801 PCP
- ○ 0901 LSD

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

- ○ 9997 Unknown – Individual client value is unknown

19. *SuDS3_Tertiary Detailed Drug Code*
(Please select one.)
    - ○ 0201 Alcohol
    - ○ 0301 Crack
    - ○ 0302 Other cocaine
    - ○ 0401 Marijuana/hashish, THC, and any other cannabis sativa preparations
    - ○ 0501 Heroin
    - ○ 0601 Non-prescription Methadone
    - ○ 0701 Codeine
    - ○ 0702 Propoxyphene (Darvon)
    - ○ 0703 Oxycodone (Oxycontin)
    - ○ 0704 Meperidine (Demerol)
    - ○ 0705 Hydromorphone (Dilaudid)
    - ○ 0706 Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics
    - ○ 0707 Pentazocine (Talwin)
    - ○ 0708 Hydrocodone (Vicodin)
    - ○ 0709 Tramadol (Ultram)
    - ○ 0710 Buprenorphine (Subutex, Suboxone)
    - ○ 0801 PCP
    - ○ 0901 LSD
    - ○ 0902 DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
    - ○ 1001 Methamphetamine/Speed
    - ○ 1101 Amphetamine
    - ○ 1103 Methylenedioxymethamphetamine (MDMA, Ecstasy)
    - ○ 1109 "Bath salts," phenmetrazine, and other amines and related drugs
    - ○ 1201 Other stimulants
    - ○ 1202 Methylphenidate (Ritalin)
    - ○ 1301 Alprazolam (Xanax)
    - ○ 1302 Chlordiazepoxide (Librium)
    - ○ 1303 Clorazepate (Tranxene)
    - ○ 1304 Diazepam (Valium)
    - ○ 1305 Flurazepam (Dalmane)
    - ○ 1306 Lorazepam (Ativan)
    - ○ 1307 Triazolam (Halcion)
    - ○ 1308 Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines
    - ○ 1309 Flunitrazepam (Rohypnol)
    - ○ 1310 Clonazepam (Klonopin, Rivotril)
    - ○ 1401 Meprobamate (Miltown)
    - ○ 1402 Other non-benzodiazepine tranquilizers

- ○ 1405 Other non-benzodiazepine tranquilizers
- ○ 1501 Phenobarbital
- ○ 1502 Secobarbital/Amobarbital (Tuinal)
- ○ 1503 Secobarbital (Seconal)
- ○ 1509 Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives
- ○ 1601 Ethchlorvynol (Placidyl)
- ○ 1602 Glutethimide (Doriden)
- ○ 1603 Methaqualone (Quaalude)
- ○ 1604 Chloral hydrate and other non-barbiturate sedatives/hypnotics
- ○ 1701 Aerosols
- ○ 1702 Nitrites
- ○ 1703 Gasoline, glue, and other inappropriately inhaled products
- ○ 1704 Solvents (paint thinner and other solvents)
- ○ 1705 Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
- ○ 1801 Diphenhydramine
- ○ 1809 Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
- ○ 2001 Diphenylhydantoin/Phenytoin (Dilantin)
- ○ 2002 Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs
- ○ 2003 GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
- ○ 2004 Ketamine (Special K)
- ○ 9996 Not applicable
- ○ 9997 Unknown – Individual client value is unknown

20. *SuDS6_Pregnant at Time of Admission*
(Please select one.)
    - ○ Yes
    - ○ No
    - ○ Not applicable - use for male clients or children in prepuberty age
    - ○ Unknown
    - ○ Not Collected

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# 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

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# Tobacco/Nicotine

1. *Have you ever used Tobacco/Nicotine products?*
   (Please select one.)
   - ○ Yes
   - ○ No

- ○ Unknown

2. *Age of First Use*
   Min/Max - 0/100; No decimal places allowed

3. *In the past 30 days, what tabacco/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 3**

   3.10.1. *Other (Please describe)*

4. *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

5. *Route of Administration*
   (Please select one.)
   - ○ Inhalation (Vaping)
   - ○ Oral
   - ○ Other
   - ○ Patch
   - ○ Smoking