

**Drug Services Research Survey,
1990: [United States]**

*United States Department of Health and
Human Services. National Institute on
Drug Abuse*

Phase II -- Client Record Abstracts
Questionnaire

Terms of Use

The terms of use for this study can be found at:

<http://datafiles.samhsa.gov/terms-use-nid3422>

STUDY SUBJECT ID

**DRUG SERVICES RESEARCH SURVEY
CLIENT RECORD ABSTRACT
MAIN STUDY
SEPTEMBER 1990**

WESTAT, INC.
NIDA/BRANDEIS

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

NOTE: This form is completed by contractor staff and imposes no direct public burden.

Client Treatment Type: __		
1 = Hospital in-patient	5 = Alcohol only	
2 = Residential	7 = Combination (Specify) _____	
3 = Out-patient detox/maintenance	9 = Unknown/unable to determine	
4 = Out-patient drug-free		
Abstractor: __ _	Date completed: __ _ - __ _ - __ _ MO DA YR	Time to complete: __ _ _ MINUTES
Abstract Status: __	Transmittal No.: __ _ _	
0 = Ineligible	2 = Partial complete	
1 = Complete	3 = No record available	

USE BOX BELOW ONLY FOR RECORDS THAT ARE RE-ABSTRACTED FOR QUALITY CONTROL

Re-abstracted: __	Quality control abstract (check here) <input type="checkbox"/>
1 = Yes	
(leave blank if not re-abstracted)	

7. Secondary source of payment for this treatment:..... |__|__|

- 01 = No payment - public subsidy
- 02 = No payment - philanthropy
- 03 = No payment - not otherwise specified
- 04 = Self-pay
- 05 = HMO or other prepaid plan
- 06 = Private health insurance
- 07 = Medicaid
- 08 = Medicare

- 09 = DOD
- 10 = CHAMPUS
- 11 = VA
- 12 = Social Services
- 13 = Public housing/Home Relief
- 66 = Not permitted to abstract
- 88 = Other (Specify) _____
- 99 = Unknown/not mentioned

8. Date treatment began: (9-9 = Unknown/not mentioned) |__|__| - |__|__| - |__|__|
MO DA YR

9. Date of birth: (9-9 = Unknown/not mentioned) |__|__| - |__|__| - |__|__|
MO DA YR

10. Age at admission (in yrs): (99 = Unknown/not mentioned) |__|__|
YRS

11. Gender: |__|

- 1 = Male
- 2 = Female
- 9 = Unknown/not mentioned

12. Race:..... |__|

- 1 = White
- 2 = Black
- 3 = American Indian
- 4 = Alaskan Native
- 5 = Asian or Pacific Islander
- 8 = Other (Specify) _____
- 9 = Unknown/not mentioned

13. Ethnicity: |__|

- 1 = Hispanic
- 2 = Not of Hispanic origin
- 8 = Other (Specify) _____
- 9 = Unknown/not mentioned

14. Marital status at admission: |__|

- 0 = Never married
- 1 = Married/common law
- 2 = Widowed
- 3 = Separated/Divorced
- 4 = Single
- 8 = Other (Specify) _____
- 9 = Unknown/not mentioned

15. Have child/children at admission: |__|

- 0 = No
- 1 = Yes
- 9 = Unknown/not mentioned

16. Living with their child/children at admission: |__|
 0 = No
 1 = Yes
 9 = Unknown/not mentioned
17. Living arrangement at admission: |__|
 0 = No stable arrangement
 (Include homeless, shelters)
 1 = With partner/spouse
 2 = With parent(s)
 3 = With other family
 4 = With unrelated other(s)
 5 = Alone
 6 = With no other adult(s)
 7 = Controlled environment
 8 = Other (Specify) _____
 9 = Unknown/not mentioned
18. Education at admission: |__|
 1 = Less than 8 years
 2 = 8-11 years
 3 = Less than H.S. graduate, not otherwise specified
 4 = H.S. graduate/GED
 5 = Some college
 6 = College graduate
 7 = Postgraduate
 8 = Other (Specify) _____
 9 = Unknown/not mentioned
19. Student at admission: |__|
 0 = No
 1 = Yes
 9 = Unknown/not mentioned
20. Employment at admission: |__|
 1 = Full-time (35 hrs/wk or more)
 2 = Part-time (Less than 35 hrs/wk)
 3 = Employed, not otherwise specified
 4 = Keeping house, not otherwise employed
 5 = Unemployed - retired
 6 = Unemployed - disabled
 7 = Unemployed, not otherwise specified
 8 = Other (Specify) _____
 9 = Unknown/not mentioned
21. Usual (or last) occupation:
 (Specify) _____

CRIMINAL JUSTICE SYSTEM INFORMATION

22. DWI/DUI arrests prior to admission: |__|
 0 = None
 1 = Yes
 6 = Not permitted to abstract
 9 = Unknown/not mentioned
23. Other arrests prior to admission: |__|
 0 = None
 1 = Yes
 6 = Not permitted to abstract
 9 = Unknown/not mentioned

24. Prison or jail record prior to admission: |__|

0 = No
1 = Yes

6 = Not permitted to abstract
9 = Unknown/not mentioned

25. Receiving drug treatment as a condition of probation or parole: |__|

0 = No
1 = Yes

6 = Not permitted to abstract
9 = Unknown/not mentioned

MEDICAL INFORMATION

26. Number of acute medical hospitalizations (1 yr prior to admission): |__| |__|

NUMBER

00 = None
99 = Unknown/not mentioned

27. Chronic medical conditions at admission: |__|

0 = No
1 = Yes

9 = Unknown/not mentioned

28. History of psychological disorder(s) at admission (other than drug/alcohol related problems): ... |__|

0 = No
1 = Yes

9 = Unknown/not mentioned

29. Substance abuse/mental illness (dual diagnosis) client at admission
(e.g., depression, schizophrenia): |__|

0 = No
1 = Yes, specify below

9 = Unknown/not mentioned

29a. _____

30. Pregnancy status at admission as stated in record: |__|

+ = Not applicable, client is male
0 = Not pregnant

1 = Pregnant
9 = Unknown/not mentioned

31. Presenting problem at admission: |__|

1 = Single drug abuse only (Excluding alcohol)
2 = Polydrug abuse only (Excluding alcohol)
3 = Alcohol abuse only
4 = Alcohol abuse and abuse of one other drug combined

5 = Alcohol abuse and abuse of two or more other drugs combined
8 = Other (Specify) _____
9 = Unknown/not mentioned

32. Principle treatment focus: |__|

1 = Single drug abuse only (Excluding alcohol)
2 = Polydrug abuse only (Excluding alcohol)
3 = Alcohol abuse only

4 = Alcohol and other drug abuse combined
8 = Other (Specify) _____
9 = Unknown/not mentioned

33. Primary diagnosis (DSM-III code) at admission:..... | _ | _ | _ | . | _ | _ |
9-9 = Unknown/not mentioned

33a. Specify primary diagnosis (copy verbatim): _____ 

33b. List other diagnoses and codes if available: _____ 
_____| _ | _ | _ | . | _ | _ |
_____| _ | _ | _ | . | _ | _ |

34. HIV or AIDS status as stated in record: | _ |

0 = Negative
1 = Positive
2 = Suspected

6 = Not permitted to abstract
8 = Other (Specify) _____
9 = Unknown/not mentioned

DRUG HISTORY INFORMATION

Drug Habit At Admission

(For each substance below, code EVER USED. If ever used, complete the rest of the line in the table.)

		EVER USED	USED IN LAST 30 DAYS	AGE (IN YRS.) AT FIRST USE
35.	Cocaine (Exclude crack)	_	_	_ _
36.	Crack	_	_	_ _
37.	Heroin	_	_	_ _
38.	Non-treatment methadone	_	_	_ _
39.	Other opiates/synthetics	_	_	_ _
40.	Barbiturates	_	_	_ _
41.	Benzodiazepines	_	_	_ _
42.	Other sedatives/hypnotics	_	_	_ _
43.	Methamphetamines	_	_	_ _
44.	Other amphetamines	_	_	_ _
45.	Marijuana/hashish/THC	_	_	_ _
46.	PCP/LSD	_	_	_ _
47.	Other hallucinogens	_	_	_ _
48.	Inhalants	_	_	_ _
49.	Over-the-counter (Specify) _____	_	_	_ _
50.	Alcohol	_	_	_ _
51.	Other (Specify) _____	_	_	_ _

EVER USED

USED IN LAST 30 DAYS

AGE AT FIRST USE

(Round to nearest year)

0 = No/Never Used (Enter +--+ rest of line)
 1 = Yes (Complete rest of line)
 9 = Unknown/not mentioned
 (Enter 9-9 rest of line)

+ = Never used
 0 = No
 1 = Yes
 9 = Unknown/not mentioned

++ = Never used
 99 = Unknown/not mentioned

52. Drug of choice specified at admission: |_|_|

++ = Not applicable - Drug(s) used at admission not specified in record
 00 = No drug of choice

35-51 = Drug of choice (enter line number of drug of choice from Drug Habit at Admission Table)
 99 = Unknown/not mentioned

53. Intravenous drug user:

53a. Ever..... | _ |

0 = No
1 = Yes

9 = Unknown/not mentioned

53b. At admission..... | _ |

0 = No
1 = Yes (Complete Item 53c)

9 = Unknown/not mentioned

53c. Frequency of intravenous drug use at admission | _ |

+ = Not applicable (Item 53b. coded "0" or "9")
1 = Daily
2 = Regularly but not daily
3 = Sporadically

9 = Unknown/not mentioned

DRUG TESTING INFORMATION

54. Any substance abuse testing while in treatment: |__|

0 = No (Leave table blank)

9 = Unknown/not mentioned (Leave table blank)

1 = Yes (Complete table below)

Substance Abuse Testing Table

	First test	Last test
	__	__
Type of test		
Date of results	__ _ _ - __ _ _ - __ _ _ MO DA YR	__ _ _ - __ _ _ - __ _ _ MO DA YR
	TEST RESULTS (ONLY INDICATE DRUGS THAT TESTED POSITIVE)	
54a. Cocaine (Including crack)	__	__
54b. Heroin	__	__
54c. Non-treatment methadone	__	__
54d. Other opiates/synthetics	__	__
54e. Barbiturates	__	__
54f. Benzodiazepines	__	__
54g. Other sedatives/hypnotics	__	__
54h. Methamphetamines	__	__
54i. Other amphetamines	__	__
54j. Marijuana/hashish/THC	__	__
54k. PCP/LSD	__	__
54l. Other hallucinogens	__	__
54m. Inhalants	__	__
54n. Alcohol	__	__
54o. Other (Specify) _____	__	__

TYPE OF TEST

TEST RESULTS

1 = Urine

8 = Other (Specify) _____

1 = Positive (leave blank if negative or not applicable)

2 = Serum/Blood

9 = Unknown/not mentioned

55. Total number of tests while in treatment: |__|__|__|
 NUMBER
 + + + = Not applicable, Item 54 coded "0" or "9" 999 = Unknown/not mentioned

56. Of the tests in item 55, number of positive tests: |__|__|__|
 NUMBER
 + + + = Not applicable, Item 54 coded "0" or "9" 999 = Unknown/not mentioned
 000 = None

DRUG TREATMENT HISTORY INFORMATION

57. Total number of treatment episodes (For any substance abuse) prior to admission:..... |__|__|__|
 NUMBER
 00 = No prior treatment episodes 99 = Unknown/not mentioned

57a. Number of years over which treatment episodes were reported:..... |__|__|__|
 YRS
 + + = Not applicable, Item 57 coded "00" 88 = Other (Specify) _____
 00 = Less than 6 months 99 = Unknown/not mentioned
 55 = Lifetime

58. Past treatment episodes (For any substance abuse) in the twelve months prior to admission: |__|__|
 + = Not applicable, Item 57 coded "00" 2 = Yes, table overflow (Enter overflow in Comments)
 0 = None (Leave table blank) 9 = Unknown/not mentioned (Leave table blank)
 1 = Yes (Complete table below)

Past Treatment Episodes: Twelve Months Prior to Admission

	REASON FOR TREATMENT (DRUG TYPE)		FACILITY	REASON FOR DISCHARGE
	Primary	Secondary		
58a.	__ __	__ __	__	__
58b.	__ __	__ __	__	__
58c.	__ __	__ __	__	__
58d.	__ __	__ __	__	__

- REASON FOR TREATMENT CODES**
- 01 = Cocaine
 - 02 = Crack
 - 03 = Heroin
 - 04 = Non-treatment methadone
 - 05 = Other opiates/synthetics
 - 06 = Barbiturates
 - 07 = Benzodiazepines
 - 08 = Other sedatives/hypnotics
 - 09 = Methamphetamines
 - 10 = Other amphetamines
 - 11 = Marijuana/hashish/THC
 - 12 = PCP/LSD
 - 13 = Other hallucinogens
 - 14 = Inhalants
 - 15 = Alcohol
 - 16 = Polydrug (Excluding alcohol)
 - 17 = Combination alcohol and other drug
 - 18 = Substance abuse/mental illness (Dual diagnosis)
 - 77 = Record states no secondary drug use
 - 88 = Other (Specify in Comments)
 - 99 = Unknown/not mentioned

- FACILITY CODES**
- 1 = Here
 - 2 = Elsewhere
 - 9 = Unknown/not mentioned

- REASON FOR DISCHARGE CODES**
- 1 = Completed planned treatment
 - 2 = Did not complete treatment, referred to another program
 - 3 = Did not complete treatment by administration choice
 - 4 = Did not complete treatment by client choice
 - 5 = Did not complete treatment, not mentioned by whose choice
 - 6 = Incarcerated
 - 8 = Other (Specify in Comments)
 - 9 = Unknown/not mentioned

TREATMENT SERVICES INFORMATION

Services During This Current Treatment

(For each service below, code SERVICE GIVEN. If service given, complete the rest of the line in the table.)

	SERVICE GIVEN	FACILITY	NO. OF ENCOUNTERS (999 = Unknown)
59.	Individual counseling	_	_ _
60.	Group counseling	_	_ _
61.	Family counseling	_	_ _
62.	Drug education counseling	_	_ _
63.	Employment counseling	_	_ _
64.	Job training	_	_ _
65.	Educational classes	_	_ _
66.	Detoxification	_	_ _
67.	Activity groups	_	_ _
68.	Self-help groups (include AA and NA)	_	_ _
69.	Day care for children	_	_ _

SERVICE GIVEN CODES

- 0 = Not given
- 1 = Actually given, completed
- 2 = Actually given, not completed by administration choice
- 3 = Actually given, not completed by client choice
- 4 = Actually given, not completed, but not mentioned by whose choice
- 5 = Planned or recommended, can't confirm if actually given
- 9 = Unknown/not mentioned

FACILITY CODES

- 1 = Here
- 2 = Elsewhere
- 9 = Unknown/not mentioned

70. Any medications prescribed during treatment (excluding methadone):..... |_ |

- 0 = No
- 1 = Yes, specify below
- 9 = Unknown/not mentioned

70a. _____

71. Any physician notes at admission: |_ |

- 0 = No
- 1 = Yes
- 9 = Unknown/not mentioned

72. Any physician notes at discharge: |_ |

- 0 = No
- 1 = Yes
- 9 = Unknown/not mentioned

73. Any physician notes at any other time: |_ |

- 0 = No
- 1 = Yes
- 9 = Unknown/not mentioned

74. Methadone given during this treatment: |__|

0 = No (Leave table blank)

9 = Unknown/not mentioned (Leave table blank)

1 = Yes (Complete table below and Item 75)

Methadone Treatment

	DATE OF TREATMENT MO DA YR	TOTAL DAILY DOSE IN MGS. 999 = Unknown	GIVEN DOSE		PLACE 1 = Here 2 = At home 3 = Here/ At Home 9 = Unknown
			IN MGS. 999 = Unknown	NO. OF TIMES/DAY 99 = Unknown	
74a. First Methadone Treatment	_ _ - _ _ - _ _	_ _	_ _	_	_
74b. Discharge or Last Methadone Treatment	_ _ - _ _ - _ _	_ _	_ _	_	_

75. Methadone supply taken home during this treatment: |__|

+ = Not applicable, Item 74 coded "0" or "9"

1 = Yes

0 = No

9 = Unknown/not mentioned

DISCHARGE INFORMATION

76. Reason for discharge: |__|

0 = Client deceased (Enter date in Item 76a)

4 = Did not complete treatment by

1 = Completed planned treatment

client choice (Specify reason in Item 76b)

2 = Did not complete treatment,
referred to another program

5 = Did not complete treatment, not mentioned
by whose choice (Specify reason in Item 76b)

3 = Did not complete treatment by
administration choice (Specify reason in Item 76b)

6 = Incarcerated

8 = Other (Specify reason in Item 76b)

9 = Unknown/not mentioned

76a. Date of Death: (9-9 = Unknown/not mentioned) |_|_|-|_|_|-|_|_|
MO DA YR

76b. Specify reason: _____ 

77. Date of discharge: (9-9 = Unknown/not mentioned) |_|_|-|_|_|-|_|_|
MO DA YR

78. Date of last treatment: (9=Unknown/not mentioned) |__|__| - |__|__| - |__|__|
MO DA YR

79. Substance abuse/mental illness (dual diagnosis) client at discharge
(e.g., depression, schizophrenia): |__|

0 = No
1 = Yes, specify below
9 = Unknown/not mentioned

79a. _____

80. After-care plan as stated in record: |__|

+ = Not applicable (Item 76 coded "0," "2," "3," "4" or "5")
0 = No
1 = Yes
9 = Unknown/not mentioned

81. Services in after-care plan: |__|

+ = Not applicable, Item 80 coded "+" or "0" (Leave table blank)
1 = Services specified (Complete table below)
9 = Unknown/not mentioned
(Leave table blank)

After-Care Plan Services
(For each service listed below, code: 0=No, 1=Yes, 9=Unknown/not mentioned)

81a.	Individual counseling	__
81b.	Group counseling.....	__
81c.	Family counseling	__
81d.	Educational classes	__
81e.	Employment counseling	__
81f.	Job training	__
81g.	Activity groups.....	__
81h.	Self-help groups (include AA and NA)	__
81i.	Alumni group/Reunion.....	__
81j.	Other (Specify).....	__

82. Further treatment to which client was referred after discharge: |__|

0 = No treatment
1 = Hospital inpatient
2 = Residential
3 = Outpatient/Methadone maintenance
4 = Other outpatient
8 = Other (Specify) _____
9 = Unknown/not mentioned

83. Billed charges for this treatment (in dollars):..... | _ | _ | _ | _ | _ |
DOLLARS

0-0 = No charges (complete Item 83a)

8-8 = Other (Specify) _____

6-6 = Not permitted to abstract

9-9 = Unknown/not mentioned

83a. If no billed charges for this treatment, was it a funded slot? | _ |

+ = Item 83 not coded "0-0"

1 = Yes

0 = No

9 = Unknown/not mentioned

84. The charges recorded in Item 83 refer to:..... | _ |

0 = No charges

1 = Full amount billed

2 = Sliding fee amount

3 = Reduced amount (Specify percentage of full billed amount that was charged) _____

6 = Not permitted to abstract

8 = Other (Specify) _____

9 = Unknown/not mentioned

