# Alcohol and Drug Services Study (ADSS), 1996-1999: [United States]

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies

Questionnaire for Phase II In-Treatment Methadone Abstract

# **Terms of Use**

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OMB #: 0930-180
Exp. Date: 04/30/2000
FACILITY ID LABEL:
STUDY ID #:   _

# **ALCOHOL AND DRUG SERVICES STUDY (ADSS)**

#### **CLIENT RECORD ABSTRACT**

WESTAT, INC. BRANDEIS UNIVERSITY SAMHSA

#### NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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

For	methadone dischar hadone discharge ( demographics, com treatment services,	ge (complete all items) For length of stay, complete plete 16 items: 9-12, 14, 1 complete items 69-72.) e (complete all items, follow	5, 16, 23		
Date of di	scharge (from sami	oling frame) <b>OR</b> sample da	e (In-trea	atment metha	done clients):      -     -
	3-(	3 1 1) <u></u> 11 p 1 1 1			MO DA YR
Abstracto	r:	Date completed:   _ -	_ - _ DA	_ _  YR	Time to complete:   _  MINUTES
	Abstract St	atus:		Transmittal N	No.:
(	0 = Ineligible	2 = Partial complete			
•	1 = Complete	3 = No record available			
	USE BOX BELOW	ONLY FOR RECORDS T	HAT ARE	RE-ABSTR	ACTED FOR QUALITY CONTROL
	Re-abstrac				ract (check here):

Notice: The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. The confidentiality of this information is protected by Section 301(d) of the Public Health Service Act, (42 U.S.C. 241 (d)). This research is authorized under Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4).

1 = Yes

(leave blank if not re-abstracted)

## **DEMOGRAPHIC AND BACKGROUND INFORMATION**

1.	Client	record number:	<u>       </u>	_ _ _	_  _	
	(Right	justify client record number)				
	6-6 =	Not permitted to abstract	9-9 = Unknown/not mentio	ned		
*2.	Date o	of admission: (9-9 = Unknown/not mentioned)		<u> </u>  -  MO	- <u> </u> DA	_ _  YR
3.	Date t	reatment began: (9-9 = Unknown/not mentior	ned)	<u> </u>  -  MO	-  <u>.</u> DA	_ _  YR
4.	Date o	of last treatment (9-9 = Unknown/not mentione	ed):	<u> </u>  -  MO	-  <u>.</u> DA	_ _  YR
*5.	Should (clarify record	of discharge:d match date of discharge from sampling fram y discrepancies before proceeding); record dis for in-treatment methadone clients discharge '00" for in-treatment methadone clients still in the	e for discharged clients charge date from client d since sample date;	-  MO	- _ DA	_ _  YR
*6.	Туре	of care for this discharge:				
	2 = Ot	on-hospital residential utpatient ther (If combinations, specify type and order) _ nknown/not mentioned				
	6a.	Treatment client received: (0 = No, 1 = Yes,	, 9 = Unknown/not mentioned)			
		Detoxification				
*7.	Client	stayed overnight at this facility for this treatme	ent:			
	0 = No 1 = Ye 9 = Ur					
8.	Date o	of first treatment plan:		<u> </u>  -  MO	_ - . DA	 YR
	0-0 =	No treatment plan	9-9 = Unknown/not mentio	_	5, (	

9.	Primary source of referral for this treatment:	<u>                                </u>
	01 = Other treatment facility 02 = Criminal justice system 03 = Self-referred/voluntary 04 = Family 05 = Friend	06 = Employer 07 = Health care or mental health providers 08 = Welfare office or other social service agencies 88 = Other (Specify) 99 = Unknown/not mentioned
10.	Primary source of payment for this treatment:	
	01 = No payment 02 = Client self payment 03 = Private health insurance, fee-for-service 04 = Private health insurance, HMO/PPO/Managed Care 05 = Criminal justice system	06 = Medicaid 07 = Medicare 66 = Not permitted to abstract 88 = Other (Specify) 99 = Unknown
11.	Is client receiving SSI benefits?	L
	0 = No 1 = Yes	9 = Unknown/not mentioned
12.	Date of birth: (9-9 = Unknown/not mentioned)	
13.	Age at admission (in yrs): (99 = Unknown/not menti	oned) _ _  YRS
14.	Sex:	<u>_</u>
	1 = Male 2 = Female	9 = Unknown/not mentioned
15.	Race:	
	1 = White 2 = Black 3 = American Indian or Alaskan Native	4 = Asian or Pacific Islander 8 = Other (Specify) 9 = Unknown/not mentioned
16.	Ethnicity:	
	1 = Hispanic 2 = Not of Hispanic origin	9 = Unknown/not mentioned

17.	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
18.	Have child/children at admission:	
	0 = No 1 = Yes	9 = Unknown/not mentioned
19.	Living with their child/children at admission:	
	0 = No 1 = Yes	9 = Unknown/not mentioned
20.	Living arrangement at admission:	
	00 = No stable arrangement (Include homeless, shelters) 01 = With spouse/partner 02 = With parent(s) 03 = With other family 04 = With friends	05 = Alone 06 = With no other adult(s)/children only 07 = Correctional facility 08 = Other institution/closed facility 88 = Other (Specify) 99 = Unknown/not mentioned
21.	Education at admission:	L
	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
22.	Student at admission:	
	0 = No 1 = Yes	9 = Unknown/not mentioned
23.	Employment at admission:	
	01 = Full-time (35 hrs/wk or more) 02 = Part-time (Less than 35 hrs/wk) 03 = Employed, not otherwise specified 04 = Keeping house, not otherwise employed 05 = Retired	06 = Disabled 07 = Inmate 08 = Unemployed 88 = Other (Specify) 99 = Unknown/not mentioned
24.	Usual (or last) occupation:	
	(Specify)	

## **BOX A**

IF CLIENT TYPE ON FRONT COVER IS METHADONE DISCHARGE, SKIP TO ITEM 27 AND COMPLETE ITEMS 31, 36, 41, 42, 49, 53, AND 69-72. THEN STOP ABSTRACTING. OTHERWISE CONTINUE.

#### **CRIMINAL JUSTICE SYSTEM INFORMATION**

25.	DWI/DUI arrests prior to admission:	
	0 = None 1 = Yes	6 = Not permitted to abstract 9 = Unknown/not mentioned
26.	Other arrests prior to admission:	
	0 = None 1 = Yes	6 = Not permitted to abstract 9 = Unknown/not mentioned
27.	Prison or jail record prior to admission:	
	0 = No 1 = Yes	6 = Not permitted to abstract 9 = Unknown/not mentioned
28.	Substance abuse treatment as a condition of probation	or parole or court order:
	0 = No 1 = Yes	6 = Not permitted to abstract 9 = Unknown/not mentioned
MEDI	CAL INFORMATION	
29.	Number of medical hospitalizations (during the 12 mor	nths prior to admission):  _  NUMBER
	00 = None	99 = Unknown/not mentioned

30.	Medical conditions prior to admission or during treatment:  (For each condition listed below, code: 0 = No, 1 = Yes, 6 = Not permitted to abstract, 9 = Unknown/not mentioned)					
	30a.	AIDS or HIV seropositive	30f.	TB, not otherwise specified		
	30b.	STD (other than AIDS)	30g.	Heart disease		
	30c.	Hepatitis or jaundice	30h.	High blood pressure		
	30d.	Positive TB test	30i.	Liver disease		
	30e.	Active TB	30j.	Convulsions		
31.	History of the second of the s	of psychological disorder(s) prior to admissio		than drug/alcohol related problems):    nknown/not mentioned		
32.	Client ta	sking any antidepressant or antipsychotic pres	scription	medications at admission:		
		, antidepressant , antipsychotic		es, both nknown/not mentioned		
33.	-	ogical disorder(s) at admission or during treat ch condition listed below, code: 0 = No, 1 = Y		Jnknown/not mentioned)		
	33a.	Depression	33d.	Panic disorder		
	33b.	Schizophrenia	33e.	Manic depressive illness (bipolar)		
	33c.	Anxiety disorder	33f.	Mental disorder, not otherwise specified		
34.	Total nu	ımber of residential and/or inpatient mental he	ealth adn	nissions prior to admission  _  NUMBER		
	00 = No	ne	99 = 1	Unknown/not mentioned		
35.		mber of residential and/or hospital inpatient r				
	00 = No	ne	99 = 1	NUMBER Unknown/not mentioned		

36.	Pregna	ancy status at admission:	
		ot applicable, client is male ot pregnant	1 = Pregnant 9 = Unknown/not mentioned
37.	Pregna	ancy status during treatment:	
		ot applicable, client is male ot pregnant	1 = Pregnant 9 = Unknown/not mentioned
38.	Presei	nting substance abuse problem at admis	sion: _
	2 = Ald	ug abuse only (excluding alcohol) cohol abuse only cohol <u>and</u> drug abuse	8 = Other (Specify) 9 = Unknown/not mentioned
39.	All dia	· · · · · · · · · · · · · · · · · · ·	diagnosis verbatim, and enter diagnosis code and codino
	39a.	Primary diagnosis	DIAGNOSTIC CODING CODE SCHEME
	39b.	Other diagnosis	
	39c.	Other diagnosis	
	39d.	Other diagnosis	
	39e.	Other diagnosis	
			CODING SCHEMES  1 = DSM-III/IV  2 = ICD 9/10-CM  8 = Other (Specify)  9 = Unknown/not mentioned

#### SUBSTANCE ABUSE HISTORY INFORMATION

Substance Abuse History at Admission For each substance below, code EVER USED. If ever used, complete the "used in last 30 days" column.

		EVER USED	USED IN LAST 30 DAYS	AGE AT FIRST USE (in years)
40.	Crack (if unable to separate, combine with cocaine)			
41.	Cocaine			
42.	Heroin			
43.	Non-treatment methadone			
44.	Other opiates (morphine, codeine, dilaudid, demerol, percodan, or opium)			
45.	Barbiturates (Nembutal, Seconal, Tuinal, downers, or reds)			
46.	Benzodiazepines (Librium, Valium)			
47.	Other sedatives or hypnotics (Miltown, Equinal, Doriden, Noludar, Quaalude, or sopers)	<u>  </u>	<u> _ </u>	<u>  </u>
48.	Amphetamines (speed, methamphetamine, meth, stimulants, crank)			
49.	Marijuana, hashish, THC			
50.	Hallucinogens (LSD, PCP, psychedelics, mushrooms, mescaline, or MMDA)	<u>  </u>	<u>  </u>	<u>  </u>
51.	Inhalants (glue, spray cans, gasoline, or paint thinner)			
52.	Over-the-counter (Specify)		Ш	
53.	Alcohol			Ш
54.	Tobacco			
55.	Any other drug (Specify)	Ш	LI	Ш
56.	Any other drug (Specify)	Ш		

**EVER USED** 

USED IN LAST 30 DAYS

AGE AT FIRST USE

0 = No/Never Used

(Enter + for used in last 30 days and age at first use)

1 = Yes (Complete rest of line)

9 = Unknown/not mentioned

(Enter 9 for used in last 30 days and age at first use))

+ = Never used

0 = No

1 = Yes

9 = Unknown/not mentioned

++ = Never used 99 = Unknown/

not mentioned

57.	Substan	Substance of choice specified at admission:				
	no	ot applicable - Substance(s) used of specified in record substance of choice	40-56 = Substance of choice (enter line number of substance of choice from Substance Abuse History at Admission Table) 99 = Unknown/not mentioned			
58.	Injection	n drug user (intravenous use):				
	58a.	Ever				
	0 = No 1 = Yes		9 = Unknown/not mentioned			
	58b.	At admission	······			
	0 = No	applicable (Item 58a coded "0" or "9") (Complete Item 58c)	9 = Unknown/not mentioned			
	58c.	Frequency of injection drug use at admission	L			
	1 = Dail 2 = Reg	applicable (Item 58b coded "0" or "9") y ularly but not daily radically	9 = Unknown/not mentioned			
SUBS	STANCE A	ABUSE TESTING INFORMATION				
59.	Any sub	stance abuse testing while in treatment:				
		(Leave Items 60, 61, and 62 blank) (Complete Items 60, 61, and 62)	9 = Unknown/not mentioned (Leave Items 60, 61, and 62 blank)			
60.		of substance abuse tests conducted while in tr ch type of test listed below, code: 0 = No, 1 = No				
	60a.	Urine				
	60b.	Serum/Blood				
	60c.	Other (Specify)				

61.	Frequency of substance abuse	testing while in treatment:				
62.	1 = One time ONLY 2 = More than once, at regular 3 = More than once, randomly 4 = More than once, both at reg 8 = Other (Specify) 9 = Unknown/not mentioned  Test Results	(time unknown to client)	y			
				POSITIVE I	RESULTS FO	ıR:
	TIME OF TEST	DATE OF TEST	Opiates	Cocaine	THC/ Marijuana	Any other drugs, including alcohol
	First test after admission	_ _ - _ - _    MO DA YR	_		<u> </u>	<u> _ </u>
	Last test before discharge	_ _ - _ - -  MO DA YR	_	<u> _ </u>	<u> _ </u>	
SUBS	STANCE ABUSE TREATMENT I		Positive (lea		CODES negative or no	ot applicable)
63.	Total number of treatment epis	odes for any substance abo	use prior to a	ıdmission:		
	00 = No prior treatment episod	es 99	) = Unknown	/not mentio	ned	NUMBER
64.	Number of years over which treatment episodes were reported:					
	++ = Not applicable, Item 63 co 00 = Less than 6 months 55 = Lifetime		88 = Other (Specify) 99 = Unknown/not mentioned			YRS —

	treatment episodes for aur to admission			🗀 - 🛚	
) 1 = 0	Not applicable, Item 63 co Leave table blank) None (Leave table blank) Yes (Complete table belov		2 = Yes, table overflow (Enter overflow in Commer 9 = Unknown/not mentioned (Leave table blank)		
	Past Substance A	buse Treatment E <sub>l</sub>	oisodes: Twelve Mo	nths Prior to Admission	
	REASON FOR TREATMENT		TYPE OF	DISCHARGE STATUS	
		FACILITY	CARE		
65	a.		<u> </u>		
65	b.				
65	c.	Ш	<u> </u>	L	
65	d.	<u> </u>	<u> </u>	L	
65	e.	<u> </u>	<u> </u>	L	
65	5f.	<u> _ </u>	<u> </u>	LI	
	REASON FOR TREATMENT CODES  1 = Alcohol abuse only 2 = Drug abuse only 3 = Combined alcohol and drug abuse 9 = Unknown/not mentioned		TYPE OF CARE CO  1 = Inpatient or reside  2 = Outpatient  9 = Unknown/not me	ential	
	FACILITY CODES  1 = Here 2 = Elsewhere 9 = Unknown/not mer		DISCHARGE STATUS CODES  0 = Did not complete treatment  1 = Completed treatment  9 = Unknown/not mentioned		

#### TREATMENT SERVICES INFORMATION

*66.	Number of actual outpatient client visits:		 NUMBER
	0000 = Client treatment type is not outpatient	9999 = Unkno to dete	
67.	Services During This Current Treatment. For each service below, code SERVICE GIVEN. If service given, comple the table.	te the rest of th	ne line for 67a-67d in
		SERVICE GIVEN	NO. OF ENCOUNTERS (9999 = Unknown)
67a.	Methadone dosing	<u> _ </u>	
67b.	Individual therapy	Ш	
67c.	Group therapy, including relapse prevention	Ш	_ _
67d.	Family counseling		
67e.	Self-help or mutual help groups (AA, NA, etc.)	Ш	
67f.	HIV or AIDS counseling/support/education	Ш	
67g.	Employment counseling/training	Ш	
67h.	Academic education/GED classes	Ш	
67i.	Medical care	Ш	
67j.	Comprehensive assessment/diagnosis	Ш	
67k.	Detoxification from substance of abuse	Ш	
67I.	Combined substance abuse and mental health treatment	Ш	
67m.	TB screening	Ш	
67n.	TB treatment	Ш	
67o.	Prenatal care	Ш	
67p.	Psychological testing	Ш	
67q.	Smoking cessation	Ш	
67r.	Acupuncture	Ш	
67s.	Outcome followup	Ш	
67t.	Aftercare		

## SERVICE GIVEN CODES

- 0 = No
- 1 = Yes, in this facility
- 2 = Yes, sometimes here, sometimes elsewhere
- 3 = Yes, not in this facility
- 9 = Unknown/not mentioned

68. Any medications prescribed during treatment (excluding methadone):		uding methadone):	L	
	0 = No 1 = Yes,	list below	9 = Unknown/not mentioned	
	68a.			
69.	Methado	one given during this treatment episode:		
		Leave table blank) (Skip to item 73) (Complete table below)	9 = Unknown/not mentioned (Le	eave table blank)
		Metha	adone Treatment	
			DATE OF TREATMENT	TOTAL DAILY DOSE IN MGS.
			MO DA YR	(999 = Unknown)
	69a.	First methadone treatment	-    -	
	69b.	Two weeks after first methadone treatment		_ _
	69c.	One month before last methadone treatment		_ _
	69d.	Last methadone treatment	_ _ -  -  -	
70.	Methado	one supply taken home during this treatme	nt:	1 1
. 0.				······  <u> </u>
	+ = Not : 0 = No	applicable, Item 69 coded "0" or "9"	1 = Yes 9 = Unknown/not mentioned	
71.	Date wit	hdrawal from methadone began:		-  -    O DA YR
	+-+ = No	ot applicable, Item 69 coded "0" or "9"	IV	IO DA TR
		o withdrawal from methadone nknown/not mentioned		
72.	Date wit	hdrawal from methadone ended:		
		ot applicable, Item 69 coded "0" or "9"	IV	IO DA YR
		o withdrawal from methadone nknown/not mentioned		

#### **BOX B**

IF CLIENT TYPE ON FRONT COVER IS:

- NONMETHADONE DISCHARGE, COMPLETE ITEMS 73-81.
- <u>IN-TREATMENT METHADONE, AND CLIENT STILL IN TREATMENT</u> (ITEM 5 CODED "0"), SKIP TO ITEM 80.
- <u>IN-TREATMENT METHADONE, AND CLIENT DISCHARGED SINCE SAMPLE DATE,</u> COMPLETE ITEMS 73-81.

#### **DISCHARGE INFORMATION**

70	Doggo	on for displayers				
73.	Reaso	on for discharge:			_	
	01 = C 02 = D re	Client deceased (Enter date in Item 73a) Completed planned treatment Did not complete treatment, eferred/transferred to another program Did not complete treatment, insurance	choice 06 = Did not co 07 = Did not co	omplete treatment by ad omplete treatment by cli omplete treatment, incar omplete treatment, not c	ent choice cerated	
	benefits expired specifie			pecify)		
		Did not complete treatment, no payment purce	88 = Other (Sp	ecily)		
			99 = Unknown	not mentioned		
	73a.	Date of death: (9-9 = Unknown/not mention	oned)	_ - _ MO	_ _ -   DA YR	
74.	Diagno	oses at discharge (specify each diagnosis ve	rbatim, and enter di	agnosis code and codin	g scheme):	
				DIAGNOSTIC CODE	CODING SCHEME	
	74a.	Primary diagnosis		_  _ _ .	<u>  </u>	
	74b.	Other diagnosis		_  _ _ -	<u>  </u>	
	74c.	Other diagnosis		_  _ _ -		
	74d.	Other diagnosis		_  _ _ -	<u>  </u>	
	74e.	Other diagnosis		_  _ _ .	<u>  </u>	
				CODING SCHEMES  1 = DSM-III/IV  2 = ICD9/10-CM  3 = Other (Specify) _  9 = Unknown/not mer		

75.	Substance abuse/mental illness (dual diagnosis) client at discharge  (e.g., depression, schizophrenia):				
	0 = No 9 = Unknown/not mentioned				
	1 = Yes, specify mental illness below				
	75a				
76.	Aftercare plan stated in record:				
	0 = No 9 = Unable to determine 1 = Yes				
77.	Services in aftercare plan:				
	+ = Not applicable (Item 76 coded "0" or "9") (Leave table blank) 9 = Unknown/not ment 1 = Services specified (Complete table below) (Leave table blank)				
	Aftercare Plan Services (For each service listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not me	ntioned)			
77a.	Individual therapy				
77b.	Group therapy, not including relapse prevention	Ш			
77c.	Relapse prevention groups				
77d.	Family counseling				
77e.	Self-help or mutual-help groups (AA, NA, etc.)				
77f.	Employment counseling/training				
77g.	Legal/criminal justice system counseling/support				
78.	Further substance abuse treatment to which client was referred after discharge:				
	0 = No treatment 1 = Hospital inpatient 2 = Residential 3 = Outpatient methadone 4 = Outpatient non-methadone 5 = Substance abuse treatment, not otherwise specified 8 = Other (Specify) 9 = Unknown/not mentioned				

#### **FINANCIAL INFORMATION**

79.	Number of treatment days/visits authorized:	_ _ _  NUMBER	<u>     </u> UNIT	
	9-9 = Unknown/not mentioned		UNIT CODES  1 = Days  2 = Weeks  3 = Months  4 = Years  5 = Visits	
	79a. Authorized by:			
	+ = Item 79 coded "9-9"  1 = Managed care plan  2 = Other third party payer  3 = Other (Specify)  9 = Unknown/not mentioned			
*80.	Total billed charges for this treatment (thus far) (in dollars):			
	0-0 = No charges (complete Item 80a) 6-6 = Not permitted to abstract	8-8 = Other (Specify) 9-9 = Unknown/not mentioned		
	80a. Date of (last issued) bill:	_ _ - _ MO [	_ _  -    DA YR	
	80b. If no billed charges for this treatment,	was it a contract slot?		
	+ = Item 80 not coded "0-0" 0 = No	1 = Yes 9 = Unknown/not mentioned		
81.	The charges recorded in Item 80 refer to:			
	0 = No charges 1 = Full amount billed 2 = Sliding fee amount 3 = Reduced amount (Specify percentage of fuel for the state of the state	ull billed amount that was charged):		

		FACILITY ID LABEL:
		STUDY SUBJECT ID #:
82. Commen	ts	
Item No.	Comments	