

## TDI Form

### Belgian registration of the Treatment Demand Indicator for drugs or alcohol (Hospital Version 3.0)

#### IDENTIFICATION OF THE RECORD

**CI2.** Name of the program/unit/antenna where the patient is treated : \_\_\_\_\_

**CI4.** Type hospitalisation

- <sub>1</sub> Complete hospitalisation in a psychiatric bed
- <sub>2</sub> Day hospitalisation in a psychiatric bed
- <sub>3</sub> Night hospitalisation in a psychiatric bed
- <sub>88</sub> Other type of bed : \_\_\_\_\_
- <sub>99</sub> Unknown

**PI1.** Type of identification of the patient      **PI2.** Identification of the patient

- <sub>1</sub> National identification number ➤
- <sub>99</sub> No identification

**TD1.** At what date started this treatment episode?

#### DESCRIPTION OF THE PATIENT

**PD1.** Sex

- <sub>1</sub> Male
- <sub>2</sub> Female
- <sub>99</sub> Unknown

**PD2.** Age at the beginning of the treatment episode

years

**PD3. During this last month in what kind of accommodation did you live most of the time ?**

- <sub>1</sub> Stable accommodation
- <sub>2</sub> Different places
- <sub>3</sub> In the street
- <sub>4</sub> In an institution → Go to question PD6
- <sub>5</sub> In prison → Go to question PD6
- <sub>88</sub> In another type of place : \_\_\_\_\_
- <sub>99</sub> Unknown

**PD4. During this last month, with whom did you live most of the time ?**

- <sub>1</sub> Alone
- <sub>2</sub> In couple
- <sub>3</sub> With one/my parent(s)
- <sub>4</sub> With other members of my family
- <sub>5</sub> With friends or other persons (with no family relation)
- <sub>88</sub> Other : \_\_\_\_\_
- <sub>99</sub> Unknown

**PD5. During this last month, did you live with children (less than 18) under your responsibility?**

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>99</sub> Unknown

**PD6. What is your highest education level passed ?**

- <sub>1</sub> No
- <sub>2</sub> Primary education
- <sub>3</sub> Secondary education
- <sub>4</sub> Higher education/University
- <sub>88</sub> Other : \_\_\_\_\_
- <sub>99</sub> Unknown

**PD7. During this last month what was your main working activity ?**

- <sub>1</sub> Regularly employed
- <sub>2</sub> Occasionally employed
- <sub>3</sub> Unemployed
- <sub>4</sub> Schooling
- <sub>5</sub> Incapability to work
- <sub>6</sub> Housekeeper
- <sub>7</sub> Pensioned
- <sub>88</sub> Other : \_\_\_\_\_
- <sub>99</sub> Unknown

**PD8. During this last month what was your main income source?**

- <sub>1</sub> Salary / Income from work
- <sub>2</sub> Unemployment benefit
- <sub>3</sub> Scholarship
- <sub>4</sub> Invalidity/sickness benefit
- <sub>5</sub> Social help
- <sub>6</sub> Child benefit
- <sub>7</sub> Pension benefit
- <sub>8</sub> No income
- <sub>88</sub> Other : \_\_\_\_\_
- <sub>99</sub> Unknown

## DESCRIPTION OF THE TREATMENT

**TD2.** Which person or institution oriented you to follow this treatment episode?

- <sub>1</sub> Myself
- <sub>2</sub> Someone from my family
- <sub>3</sub> A friend
- <sub>4</sub> A general practitioner
- <sub>5</sub> An addiction treatment centre (ambulant or residential)
- <sub>6</sub> An hospital (general or psychiatric)
- <sub>7</sub> Another medical or psychosocial service
- <sub>8</sub> The police / justice / court
- <sub>88</sub> Other : \_\_\_\_\_
- <sub>99</sub> Unknown

**TD3.** Did you already follow an addiction treatment program before this one ?

- <sub>1</sub> Yes
- <sub>2</sub> No → Go to question AP1
- <sub>99</sub> Unknown → Go to question AP1

**TD4.** Did you ever receive a substitution treatment?

- <sub>1</sub> Yes
- <sub>2</sub> No → Go to question AP1
- <sub>99</sub> Unknown → Go to question AP1

**TD5.** What type of substitution treatment did you already receive?

- <sub>1</sub> methadone
- <sub>2</sub> buprenorphine
- <sub>3</sub> other opiate
- <sub>88</sub> other substitution treatment : \_\_\_\_\_
- <sub>99</sub> Unknown

**TD6.** At what age did you receive your first substitution treatment?

years

**TD7.** What is the type of problematic behaviour linked with the use of substance?

- <sub>1</sub> Intoxification
- <sub>2</sub> Abuse
- <sub>3</sub> Dependence
- <sub>88</sub> Other
- <sub>99</sub> Unknown

**TD8.** What is the treatment objective?

- <sub>1</sub> No objective
- <sub>2</sub> Stabilisation of the consumption
- <sub>3</sub> Substitution treatment
- <sub>4</sub> Reduction of the consumption
- <sub>5</sub> Withdrawal
- <sub>88</sub> Other
- <sub>99</sub> Unknown

## DESCRIPTION OF THE ADDICTION PROFILE

**AP1.** Today what are the psychoactive substances causing you problems ?

<input type="checkbox"/> <sub>10</sub>	<b>Opiates (category)</b>	<input type="checkbox"/> <sub>40</sub>	<b>Hypnotics or sedatives (category)</b>
<input type="checkbox"/> <sub>11</sub>	Heroin	<input type="checkbox"/> <sub>41</sub>	Barbiturate
<input type="checkbox"/> <sub>12</sub>	Methadone (misused)	<input type="checkbox"/> <sub>42</sub>	Benzodiazepine
<input type="checkbox"/> <sub>13</sub>	Buprenorphine (misused)	<input type="checkbox"/> <sub>43</sub>	GHB/GBL
<input type="checkbox"/> <sub>14</sub>	Fentanyl (illicit/misused)	<input type="checkbox"/> <sub>44</sub>	Other hypnotic : _____
<input type="checkbox"/> <sub>15</sub>	Other opiate : _____	<input type="checkbox"/> <sub>50</sub>	<b>Hallucinogens (category)</b>
<input type="checkbox"/> <sub>20</sub>	<b>Cocaine (category)</b>	<input type="checkbox"/> <sub>51</sub>	LSD
<input type="checkbox"/> <sub>21</sub>	Powder cocaine	<input type="checkbox"/> <sub>52</sub>	Ketamine
<input type="checkbox"/> <sub>22</sub>	Crack	<input type="checkbox"/> <sub>53</sub>	Other hallucinogen : _____
<input type="checkbox"/> <sub>23</sub>	Other cocaine : _____	<input type="checkbox"/> <sub>60</sub>	<b>Volatile Inhalants</b>
<input type="checkbox"/> <sub>30</sub>	<b>Stimulants other than cocaine (category)</b>	<input type="checkbox"/> <sub>70</sub>	<b>Cannabis (category)</b>
<input type="checkbox"/> <sub>31</sub>	Amphetamine	<input type="checkbox"/> <sub>71</sub>	Marijuana (Herb)
<input type="checkbox"/> <sub>32</sub>	Methamphetamine	<input type="checkbox"/> <sub>72</sub>	Hash (Resin)
<input type="checkbox"/> <sub>33</sub>	MDMA or derivate	<input type="checkbox"/> <sub>73</sub>	Other cannabis : _____
<input type="checkbox"/> <sub>34</sub>	Mephedrone	<input type="checkbox"/> <sub>80</sub>	<b>Alcohol</b>
<input type="checkbox"/> <sub>35</sub>	Other stimulant : _____	<input type="checkbox"/> <sub>88</sub>	<b>Other :</b> _____

**AP2.** Among those substances which one is the primary substance bringing you to start this treatment episode?

- <sub>1</sub> Primary substance : \_\_\_\_\_
- <sub>2</sub> No primary substance **→ Go to question AP6**
- <sub>99</sub> Unknown **→ Go to question AP6**

**AP3.** During this last month, which way did you usually use the primary substance ?

- <sub>1</sub> Inject
- <sub>2</sub> Smoke / inhale
- <sub>3</sub> Eat / Drink
- <sub>4</sub> Sniff
- <sub>88</sub> Other : \_\_\_\_\_
- <sub>99</sub> Unknown

**AP4.** During this last month, at what frequency did you use this primary substance ?

- <sub>1</sub> I did not use it during this last month
- <sub>2</sub> 1 day per week or less
- <sub>3</sub> 2 to 3 days per week
- <sub>4</sub> 4 to 6 days per week
- <sub>5</sub> Every day
- <sub>99</sub> Unknown

**AP5.** At what age did you use this primary substance for the first time?

years

**AP6.** Did you ever inject a psychoactive substance (No matter which substance) ?

- <sub>1</sub> Yes
- <sub>2</sub> No **→ End of form**
- <sub>99</sub> Unknown **→ End of form**

**AP7.** At what age did you inject a psychoactive substance for the first time?

years

**AP8.** When did you last inject a psychoactive substance?

- <sub>1</sub> Last month
- <sub>2</sub> Last year
- <sub>3</sub> More than a year ago
- <sub>99</sub> Unknown

**AP9.** Did you ever share needles or syringes?

- <sub>1</sub> Yes
- <sub>2</sub> No **→ End of form**
- <sub>99</sub> Unknown **→ End of form**

**AP10.** When did you last share needle or syringe?

- <sub>1</sub> Last month
- <sub>2</sub> Last year
- <sub>3</sub> More than a year ago
- <sub>99</sub> Unknown

**End of form**