



## **TDI Form**

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

	IDENTIFICATION OF THE RECORD				
CI2.	Name of the program/unit/antenna where the patient is treated :				
PI1.	Type of identification of the patient PI2. Identification of the patient				
	O  National identification number   No identification				
PI3.	Dossier for which a reimbursement demand has been introduced at NIHDI ?				
	O <sub>1</sub> Yes				
	O <sub>2</sub> No				
	O <sub>99</sub> Unknown				
TD1.	At what date started this treatment episode?				
	DESCRIPTION OF THE PATIENT				
PD1.	Sex				
	O <sub>1</sub> Male				
	O <sub>2</sub> Female				
	$O_{\scriptscriptstyle{99}}$ Unknown				
PD2.	Age at the beginning of the treatment episode				
	years				
PD9.	What is your nationality ?				
	O <sub>1</sub> Belgian				
	O <sub>2</sub> Non-Belgian, European Union				
	O <sub>3</sub> Non-Belgian, non-European Union				
	O <sub>99</sub> Unknown				
PD3.	During this last month in what kind of accommodation did you live most of the time?				
<u> </u>	O <sub>1</sub> Stable accommodation				
	O <sub>2</sub> Different places				
	$O_3$ In the street				
	O <sub>4</sub> In an institution <b>→</b> Go to question PD6				
	O₅ In prison → Go to question PD6				
	O <sub>88</sub> In another type of place :				
	O <sub>99</sub> Unknown				

PD4.	During this last month, with whom did you		PD5.	During this last month, did you live with			
	live most of the time ?				children (less than 18) under your		
	O <sub>1</sub>	Alone		-	onsibility?		
	O <sub>2</sub>	In couple		O <sub>1</sub>	Yes		
	O <sub>3</sub>	With one/my parent(s)		O <sub>2</sub>	No		
	$O_4$	With other members of my family		$O_{99}$	Unknown		
	O <sub>5</sub>	With friends or other persons (with					
	$\circ$	no family relation)					
	O:: O::	Other : Unknown					
	99	GIRIOWII					
PD6.	What is your highest education level passed ?						
	O <sub>1</sub>	No					
	O <sub>2</sub>	Primary education					
	O <sub>3</sub>	Secondary education					
	O <sub>4</sub>	Higher education/University					
	O <sub>88</sub>	Other :	<del></del>				
	$O_{99}$	Unknown					
PD7.	_	this last month what was your main			this last month what was your main		
		ng activity ?			source?		
	O <sub>1</sub>	Regularly employed		O <sub>1</sub>	Salary / Income from work		
	O <sub>2</sub>	Occasionally employed		O <sub>2</sub>	Unemployment benefit		
	O₃	Unemployed		O₃	Scholarship		
	$O_4$	Schooling		$O_4$	Invalidity/sickness benefit		
	Os	Incapability to work		O <sub>5</sub>	Social help		
	$O_6$	Housekeeper		$O_6$	Child benefit		
	O <sub>7</sub>	Pensioned		O <sub>7</sub>	Pension benefit		
	$O_{88}$	Other :		O <sub>8</sub>	No income		
	$O_{99}$	Unknown		$O_{88}$	Other :		
				$O_{99}$	Unknown		
		DESCRIPTION C	F THE	TREA	TMENT		
_							
TD2.	Which	person or institution oriented you to follo Myself	w this tre	atment	t episode?		
	O <sub>2</sub>	Someone from my family					
	O <sub>3</sub>	A friend					
	O <sub>4</sub>	A general practitioner					
	O <sub>5</sub>	An addiction treatment centre (ambulan	t or recide	ntiall			
	O <sub>6</sub>		t of reside	iitiaij			
		An hospital (general or psychiatric)					
	O,	Another medical or psychosocial service					
	O <sub>s</sub>	The police / justice / court					
	O	Other:					
	O <sub>99</sub>	Unknown					
TD3.		ou already follow an addiction treatment p	rogram be	fore th	is one ?		
	O <sub>1</sub>	Yes					
	O <sub>2</sub>	No → Go to question AP1					
	Ο.,	Unknown $\rightarrow$ Go to question AP1					

Did yo	ou ever receive a substitution treatment?					
$O_1$	Yes					
$O_2$	No → Go to question AP1					
$\bigcirc_{99}$	Unknown → Go to question AP1					
What	hat type of substitution treatment did you already receive?					
	methadone					
<b>□</b> 2	buprenorphine					
⊣³	other opiate					
88	other substitution treatment : Unknown					
99	GIIKIIOWII					
At wh	at age did you receive your first substitution treatment?					
	Jyears					
What	is the distance between the treatment centre and the living place?					
	□□ <sub>km</sub>					
	⊒ ⊑ KIII					
	DESCRIPTION OF THE ADDICTION PROFILE					
	DESCRIPTION OF THE ADDICTION PROFILE					
Today	y what are the psychoactive substances causing you problems ?					
Today	what are the psychoaetive substances eausing you problems.					
10	Opiates (category) Hypnotics or sedatives (category)					
	11 Heroin Raphotics of Sculatives (category)					
	12 Methadone (misused) Benzodiazepine					
	Buprenorphine (misused)  13 Buprenorphine (misused)					
	14 Fentanyl (illicit/misused) 44 Other hypnotic :					
	Other opiate: Hallucinogens (category)					
20	Cocaine (category)					
_	21 Powder cocaine 52 Ketamine					
	□22 Crack □53 Other hallucinogen:					
	Other cocaine: Volatile Inhalants					
30	Stimulants other than cocaine Cannabis (category)					
	(category) Marijuana (Herb)					
	Amphetamine 72 Hash (Resin)					
	Methamphetamine Other cannabis:					
	MDMA or derivate Alcohol					
	Mephedrone Other:					
	Other stimulant :					
Amor	ng those substances which one is the primary substance bringing you to start this treatment					
episo						
O <sub>1</sub>	Primary substance :					
O <sub>2</sub>	No primary substance → Go to question AP6					
O <sub>99</sub>	Unknown → Go to question AP6					
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Durin	g this last month, which way did you usually use the primary substance?					
O <sub>1</sub>	Inject					
$O_2$	Smoke / inhale					
Оз	Eat / Drink					
$O_4$	Sniff					
$O_{88}$	Other :					
O <sub>99</sub>	Unknown					

AP4.	During t	his last month, at what frequency did you use this primary substance ?					
	O <sub>1</sub>	I did not use it during this last month					
	$O_2$	1 day per week or less					
	$O_3$	2 to 3 days per week					
	$O_4$	4 to 6 days per week					
	O <sub>5</sub>	Every day					
	$O_{99}$	Unknown					
AP5.	At what	age did you use this primary substance for the first time?					
		l years					
A D.C.	D:d						
AP6.		ever inject a psychoactive substance (No matter which substance) ? Yes					
	O <sub>2</sub>	No → End of form					
	O <sub>99</sub>	Unknown → End of form					
	<b>9</b> 9	Olikilowii 2 End oj jorni					
AP7.	At what	age did you inject a psychoactive substance for the first time?					
		l years					
		a years					
AP8.	When did you last inject a psychoactive substance?						
	$O_1$	Last month					
	$O_2$	Last year					
	O <sub>3</sub>	More than a year ago					
	$O_{99}$	Unknown					
AP9.	Did you ever share needles or syringes?						
	$O_1$	Yes					
	$O_2$	No → End of form					
	$O_{99}$	Unknown → End of form					
AP10.	When did you last share needle or syringe?						
	O <sub>1</sub>	Last month					
	$O_2$	Last year					
	$O_3$	More than a year ago					
	$O_{99}$	Unknown					
AP11.	Did you ever share paraphernalia (filtre, spoon, water, etc.)?						
	$O_1$	Yes					
	$O_2$	No → End of form					
	$O_{99}$	Unknown → End of form					
AP12.	When did you last share paraphernalia?						
	$O_1$	Last month					
	$O_2$	Last year					
	Оз	More than a year ago					
	$O_{99}$	Unknown					
		End of form					