

TDI Form

Belgian registration of the Treatment Demand Indicator for drugs or alcohol (Basic 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

₁ National identification number ➔

₉₉ No identification

TD1. At what date started this treatment episode?

. .

DESCRIPTION OF THE PATIENT

PD1. Sex

₁ Male
₂ Female
₉₉ 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 ?

₁ Stable accommodation
₂ Different places
₃ In the street
₄ In an institution ➔ Go to question PD6
₅ In prison ➔ Go to question PD6
₈₈ In another type of place : _____
₉₉ Unknown

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

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

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

- ₁ Yes
- ₂ No
- ₉₉ Unknown

PD6. What is your highest education level passed ?

- ₁ No
- ₂ Primary education
- ₃ Secondary education
- ₄ Higher education/University
- ₈₈ Other : _____
- ₉₉ Unknown

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

- ₁ Regularly employed
- ₂ Occasionally employed
- ₃ Unemployed
- ₄ Schooling
- ₅ Incapability to work
- ₆ Housekeeper
- ₇ Pensioned
- ₈₈ Other : _____
- ₉₉ Unknown

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

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

DESCRIPTION OF THE TREATMENT

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

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

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

- ₁ Yes
- ₂ No **→ Go to question AP1**
- ₉₉ Unknown **→ Go to question AP1**

TD4. Did you ever receive a substitution treatment?

- ₁ Yes
- ₂ No **→ Go to question AP1**
- ₉₉ Unknown **→ Go to question AP1**

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

- ₁ methadone
- ₂ buprenorphine
- ₃ other opiate
- ₈₈ other substitution treatment : _____
- ₉₉ Unknown

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

years

DESCRIPTION OF THE ADDICTION PROFILE

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

- | | |
|--|--|
| <p><input type="checkbox"/>₁₀ Opiates (category)</p> <ul style="list-style-type: none"><input type="checkbox"/>₁₁ Heroin<input type="checkbox"/>₁₂ Methadone (misused)<input type="checkbox"/>₁₃ Buprenorphine (misused)<input type="checkbox"/>₁₄ Fentanyl (illicit/misused)<input type="checkbox"/>₁₅ Other opiate : _____ <p><input type="checkbox"/>₂₀ Cocaine (category)</p> <ul style="list-style-type: none"><input type="checkbox"/>₂₁ Powder cocaine<input type="checkbox"/>₂₂ Crack<input type="checkbox"/>₂₃ Other cocaine : _____ <p><input type="checkbox"/>₃₀ Stimulants other than cocaine (category)</p> <ul style="list-style-type: none"><input type="checkbox"/>₃₁ Amphetamine<input type="checkbox"/>₃₂ Methamphetamine<input type="checkbox"/>₃₃ MDMA or derivate<input type="checkbox"/>₃₄ Mephedrone<input type="checkbox"/>₃₅ Other stimulant : _____ | <p><input type="checkbox"/>₄₀ Hypnotics or sedatives (category)</p> <ul style="list-style-type: none"><input type="checkbox"/>₄₁ Barbiturate<input type="checkbox"/>₄₂ Benzodiazepine<input type="checkbox"/>₄₃ GHB/GBL<input type="checkbox"/>₄₄ Other hypnotic : _____ <p><input type="checkbox"/>₅₀ Hallucinogens (category)</p> <ul style="list-style-type: none"><input type="checkbox"/>₅₁ LSD<input type="checkbox"/>₅₂ Ketamine<input type="checkbox"/>₅₃ Other hallucinogen : _____ <p><input type="checkbox"/>₆₀ Volatile Inhalants</p> <p><input type="checkbox"/>₇₀ Cannabis (category)</p> <ul style="list-style-type: none"><input type="checkbox"/>₇₁ Marijuana (Herb)<input type="checkbox"/>₇₂ Hash (Resin)<input type="checkbox"/>₇₃ Other cannabis : _____ <p><input type="checkbox"/>₈₀ Alcohol</p> <p><input type="checkbox"/>₈₈ Other : _____</p> |
|--|--|

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

- ₁ Primary substance : _____
- ₂ No primary substance
- ₉₉ Unknown

→ Go to question AP6
→ Go to question AP6

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

- ₁ Inject
- ₂ Smoke / inhale
- ₃ Eat / Drink
- ₄ Sniff
- ₈₈ Other : _____
- ₉₉ Unknown

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

- ₁ I did not use it during this last month
- ₂ 1 day per week or less
- ₃ 2 to 3 days per week
- ₄ 4 to 6 days per week
- ₅ Every day
- ₉₉ 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) ?

- ₁ Yes
- ₂ No → End of form
- ₉₉ 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?

- ₁ Last month
- ₂ Last year
- ₃ More than a year ago
- ₉₉ Unknown

AP9. Did you ever share needles or syringes?

- ₁ Yes
- ₂ No → End of form
- ₉₉ Unknown → End of form

AP10. When did you last share needle or syringe?

- ₁ Last month
- ₂ Last year
- ₃ More than a year ago
- ₉₉ Unknown

End of form