



**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

**TD9.** What is the distance between the treatment centre and the living place ?

km

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