

NATIONAL COUNCIL ON DRUG ABUSE MONITORING FORM

The information gathered through this instrument is strictly confidential and will be used as a surveillance tool to help plan drug abuse prevention programs.

Facility _____ (10=Brownstown; 11=Sunshine; 12=Overton; 13=Phoenix; 14=Southsea; 15=Royale; 16=Love&Faith; 17=Rolcodac; 18=NCDA Counselling Centre; 19=Flanodac; 20=Mico counselling; 21=WASP; 22=Ferdies House; 23=Boulevard Baptist Church; 24=Church of God Ebenezer Fellowship; 25=Stella Maris Foundation; 26=Marverley Gospel Hall; 27=Folly Educational Centre; 28=Midlands Bible Institute; 29=Sigma College of Nursing & Applied Science; 30=Theodora Project; 31=Other)

Date ____/____/____ Parish / City of residence _____ (01=Kgn; 02=St. And; 03=St. T; 04=Port; 05=St. Mary; 06=St. Ann; 07=St. Cat; 08=Clar; 09=Man; 10=St. Eliz; 11=West; 12=Han; 13=St. Jam; 14=Tre.)

Reason for using the Center _____ (1=information; 2=counselling; 3=other)

If the answer is 'other', please state in the space provided.

Age _____

Sex

- 1. Male []
- 2. Female []

School Level

- 1. No formal School []
- 2. Elementary School []
- 3. Secondary []
- 4. Technical school []
- 5. High School []
- 6. College []
- 7. Postgraduate []

Marital Status

- 1. Single []
- 2. Living Together []
- 3. Married []
- 4. Divorced []

What is your present job

- 1. Student []
- 2. Temp. out of job []
- 3. Unemployed []
- 4. Permanent job []
- 5. Occasional job []
- 6. Homemaker []
- 7. Retired person []

Have you ever been in treatment for drug use

- 1. Yes []
- 2. No []

If yes, type of facility

- 1. Medical []
- 2. Self help group []
- 3. Religious []
- 4. Rehabilitation []
- 5. Other []

Source of referral

- 1. Voluntary []
- 2. Friend / Relative []
- 3. Legal Indication []
- 4. Workplace /Employer []
- 5. Other []

Action Taken

- 1. Information Provided []
- 2. Counselling Offered []
- 3. Referral Made []

4. Other _____

Present Symptoms

- 1. _____
- 2. _____
- 3. _____

Type of drug

- 1. Alcohol
- 2. Marijuana
- 3. Inhalants
- 4. Hallucinogens
- 5. Heroin
- 6. Opium / Morphine
- 7. Cocaine
- 8. Tranquilizers
- 9. Barbiturates
- 10. Amphetamines
- 11. Anticholinergics
- 12. Cigarettes / Tobacco

Onset Drug	2 nd Drug	3 rd Drug	Drug of impact

- 13. Antidepressant
- 14. Other psychotropics
- 15. Season Spliff
- 16. Crystals (methamphetamine)
- 17. Flunitrazepam (Rohypol)
- 18. Crack

Frequency of use

- 1. No use during previous month
- 2. Less than once per week
- 3. Once per week
- 4. Several times per week
- 5. Daily
- 6. 2 or 3 times per day
- 7. More than 3 times per day

Onset Drug	2 nd Drug	3 rd Drug	Drug of impact

Route of administration

- 1. Oral
- 2. Smoked
- 3. Inhaled / Snorted
- 4. Intramuscular
- 5. Intravenous

Onset Drug	2 nd Drug	3 rd Drug	Drug of impact

Age of first use

Onset Drug	2 nd Drug	3 rd Drug	Drug of impact

Current use

- 1. Yes
- 2. No

Onset Drug	2 nd Drug	3 rd Drug	Drug of impact

For referral made use code below:

(1=William Chamberlain; 2=UWI-Detox; 3=Patricia House; 4=Ward 21; 5=CRH-Detox; 6=Bellevue; 7=Addiction Alert; 9=Other)