

C. URINALYSES:

1. How many urine specimens were collected?.....|__|__|* [13-14]

***IF ANY:**

a. How many were <u>analyzed</u> for presence of illegal drugs?	__ __	[15-16]
b. How many were <u>positive</u> for 1 or more drugs?	__ __	[17-18]
	NUMBER	
c. <u>Drug detected included</u> --	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
(1). Opiates	0 1 [19]	(6). Cocaine/Crack.....0 1 [24]
(2). Methadone	0 1 [20]	(7). THC
(3). Sedatives/Barbiturates	0 1 [21]	(8). PCP
(4). Benzodiazepines.....	0 1 [22]	(9). Propoxyphene.....
(5). Amphetamines	0 1 [23]	(10). Other
		0 1 [28]

D. ANCILLARY SERVICES RECEIVED:
(directly from treatment program or by referral)

	NO	YES	
1. Medical services/tests	0	1	[29]
2. Psychological services/tests	0	1	[30]
3. Job/vocational training	0	1	[31]
4. Education.....	0	1	[32]
5. Legal assistance.....	0	1	[33]
6. Welfare/AFDC/food stamps/etc.	0	1	[34]
7. Food/clothing/housing	0	1	[35]
8. Anger resolution	0	1	[36]
9. Rape & trauma.....	0	1	[37]
10. Parenting & family.....	0	1	[38]
11. Alcoholics Anonymous (AA)	0	1	[39]
12. Narcotics/Cocaine Anonymous (NA/CA).....	0	1	[40]
13. Contacts with parole/probation officer.....	0	1	[41]
14. Contacts with court/judges.....	0	1	[42]
15. Child Protective Services.....	0	1	[43]