ICPSR | INTER-UNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH

ICPSR 3088

Alcohol and Drug Services Study (ADSS), 1996-1999: [United States]

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies

Questionnaire for Phase II Early Dropout Abstract

Inter-university Consortium for Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

Terms of Use

The terms of use for this study can be found at:
http://www.icpsr.umich.edu/cocoon/ICPSR/TERMS/3088.xml

OMB #: 0930-180
Exp. Date: 04/30/2000

FACILITY ID LABEL: _____

STUDY ID #: |__|__|

ALCOHOL AND DRUG SERVICES STUDY (ADSS)

CLIENT RECORD ABSTRACT

WESTAT, INC.
BRANDEIS UNIVERSITY
SAMHSA

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

NOTE: This form is completed by contractor staff and imposes no direct public burden.

Client type:
|__| Nonmethadone discharge (complete all items)
|__| Methadone discharge (For length of stay, complete: 1-6A;
For demographics, complete 16 items: 9-12, 14, 15, 16, 23, 24, 27, 31, 36, 41, 42, 49, and 53.
For treatment services, complete items 69-72.)
|__| In-treatment methadone (complete all items, follow skip instructions in Box B)

Date of discharge (from sampling frame) **OR** sample date (In-treatment methadone clients): |__|__|-|__|__|-|__|__|
MO DA YR

Abstractor: |__|__| Date completed: |__|__|-|__|__|-|__|__| Time to complete: |__|__|__|
MO DA YR MINUTES

Abstract Status: |__| Transmittal No.: |__|__|__|
0 = Ineligible 2 = Partial complete
1 = Complete 3 = No record available

USE BOX BELOW ONLY FOR RECORDS THAT ARE RE-ABSTRACTED FOR QUALITY CONTROL

Re-abstracted: |__| Quality control abstract (check here): ☐
1 = Yes
(leave blank if not re-abstracted)

Notice: The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. The confidentiality of this information is protected by Section 301(d) of the Public Health Service Act, (42 U.S.C. 241 (d)). This research is authorized under Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4).

DEMOGRAPHIC AND BACKGROUND INFORMATION

1. Client record number: .....|__|__|__|__|__|__|__|__|__|__|__|__|
(Right justify client record number)

6-6 = Not permitted to abstract 9-9 = Unknown/not mentioned

*2. Date of admission: (9-9 = Unknown/not mentioned) .....|__|__|-|__|__|-|__|__|
MO DA YR

3. Date treatment began: (9-9 = Unknown/not mentioned) .....|__|__|-|__|__|-|__|__|
MO DA YR

4. Date of last treatment (9-9 = Unknown/not mentioned): .....|__|__|-|__|__|-|__|__|
MO DA YR

*5. Date of discharge: .....|__|__|-|__|__|-|__|__|
Should match date of discharge from sampling frame for discharged clients (clarify discrepancies before proceeding); record discharge date from client record for in-treatment methadone clients discharged since sample date; code "00" for in-treatment methadone clients still in treatment. MO DA YR

*6. Type of care for this discharge: ..... |__|

1 = Non-hospital residential
2 = Outpatient
3 = Other (If combinations, specify type and order) _____
9 = Unknown/not mentioned

6a. Treatment client received: (0 = No, 1 = Yes, 9 = Unknown/not mentioned)

Detoxification ..... |__|

Rehabilitation (drug-free)..... |__|

Methadone ..... |__|

*7. Client stayed overnight at this facility for this treatment: ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

8. Date of first treatment plan: .....|__|__|-|__|__|-|__|__|
MO DA YR

0-0 = No treatment plan 9-9 = Unknown/not mentioned

9. Primary source of referral for this treatment: ..... |__|__|

01 = Other treatment facility
02 = Criminal justice system
03 = Self-referred/voluntary
04 = Family
05 = Friend
06 = Employer
07 = Health care or mental health providers
08 = Welfare office or other social service agencies
88 = Other (Specify) _____
99 = Unknown/not mentioned

10. Primary source of payment for this treatment: ..... |__|__|

01 = No payment
02 = Client self payment
03 = Private health insurance, fee-for-service
04 = Private health insurance, HMO/PPO/Managed Care
05 = Criminal justice system
06 = Medicaid
07 = Medicare
66 = Not permitted to abstract
88 = Other (Specify) _____
99 = Unknown

11. Is client receiving SSI benefits? ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

12. Date of birth: (9-9 = Unknown/not mentioned) ..... |__|__|-|__|__|-|__|__|
MO DA YR

13. Age at admission (in yrs): (99 = Unknown/not mentioned) ..... |__|__|
YRS

14. Sex: ..... |__|

1 = Male
2 = Female
9 = Unknown/not mentioned

15. Race: ..... |__|

1 = White
2 = Black
3 = American Indian or Alaskan Native
4 = Asian or Pacific Islander
8 = Other (Specify) _____
9 = Unknown/not mentioned

16. Ethnicity: ..... |__|

1 = Hispanic
2 = Not of Hispanic origin
9 = Unknown/not mentioned

17. Marital status at admission: ..... |__|

0 = Never married
1 = Married/common law
2 = Widowed
3 = Separated/divorced
4 = Single
8 = Other (Specify) _____
9 = Unknown/not mentioned

18. Have child/children at admission: ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

19. Living with their child/children at admission: ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

20. Living arrangement at admission: ..... |__|__|

00 = No stable arrangement
(Include homeless, shelters)
01 = With spouse/partner
02 = With parent(s)
03 = With other family
04 = With friends
05 = Alone
06 = With no other adult(s)/children only
07 = Correctional facility
08 = Other institution/closed facility
88 = Other (Specify) _____
99 = Unknown/not mentioned

21. Education at admission: ..... |__|

1 = Less than 8 years
2 = 8-11 years
3 = Less than H.S. graduate, not otherwise specified
4 = H.S. graduate/GED
5 = Some college
6 = College graduate
7 = Postgraduate
8 = Other (Specify) _____
9 = Unknown/not mentioned

22. Student at admission: ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

23. Employment at admission: ..... |__|__|

01 = Full-time (35 hrs/wk or more)
02 = Part-time (Less than 35 hrs/wk)
03 = Employed, not otherwise specified
04 = Keeping house, not otherwise employed
05 = Retired
06 = Disabled
07 = Inmate
08 = Unemployed
88 = Other (Specify) _____
99 = Unknown/not mentioned

24. Usual (or last) occupation:

(Specify) _____ |__|

BOX A

IF CLIENT TYPE ON FRONT COVER IS METHADONE DISCHARGE, SKIP TO ITEM 27 AND COMPLETE ITEMS 31, 36, 41, 42, 49, 53, AND 69-72. THEN STOP ABSTRACTING. OTHERWISE CONTINUE.

CRIMINAL JUSTICE SYSTEM INFORMATION

25. DWI/DUI arrests prior to admission: ..... |__|

0 = None
1 = Yes
6 = Not permitted to abstract
9 = Unknown/not mentioned

26. Other arrests prior to admission: ..... |__|

0 = None
1 = Yes
6 = Not permitted to abstract
9 = Unknown/not mentioned

27. Prison or jail record prior to admission: ..... |__|

0 = No
1 = Yes
6 = Not permitted to abstract
9 = Unknown/not mentioned

28. Substance abuse treatment as a condition of probation or parole or court order: ..... |__|

0 = No
1 = Yes
6 = Not permitted to abstract
9 = Unknown/not mentioned

MEDICAL INFORMATION

29. Number of medical hospitalizations (during the 12 months prior to admission): ..... |__|__|
NUMBER

00 = None
99 = Unknown/not mentioned

30. Medical conditions prior to admission or during treatment:
(For each condition listed below, code: 0 = No, 1 = Yes, 6 = Not permitted to abstract, 9 = Unknown/not mentioned)

30a.	AIDS or HIV seropositive .....|__|	30f.	TB, not otherwise specified .....|__|
30b.	STD (other than AIDS).....|__|	30g.	Heart disease .....|__|
30c.	Hepatitis or jaundice .....|__|	30h.	High blood pressure .....|__|
30d.	Positive TB test .....|__|	30i.	Liver disease .....|__|
30e.	Active TB .....|__|	30j.	Convulsions .....|__|

31. History of psychological disorder(s) prior to admission (other than drug/alcohol related problems): ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

32. Client taking any antidepressant or antipsychotic prescription medications at admission: ..... |__|

0 = No
1 = Yes, antidepressant
2 = Yes, antipsychotic
3 = Yes, both
9 = Unknown/not mentioned

33. Psychological disorder(s) at admission or during treatment:
(For each condition listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not mentioned)

33a.	Depression.....|__|	33d.	Panic disorder.....|__|
33b.	Schizophrenia .....|__|	33e.	Manic depressive illness (bipolar)...|__|
33c.	Anxiety disorder .....|__|	33f.	Mental disorder, not otherwise specified .....|__|

34. Total number of residential and/or inpatient mental health admissions prior to admission ..... |__|__|
NUMBER

00 = None
99 = Unknown/not mentioned

35. Total number of residential and/or hospital inpatient mental health admissions during the 12 months prior to admission ..... |__|__|
NUMBER

00 = None
99 = Unknown/not mentioned

36. Pregnancy status at admission: ..... |__|

+ = Not applicable, client is male
0 = Not pregnant
1 = Pregnant
9 = Unknown/not mentioned

37. Pregnancy status during treatment: ..... |__|

+ = Not applicable, client is male
0 = Not pregnant
1 = Pregnant
9 = Unknown/not mentioned

38. Presenting substance abuse problem at admission: ..... |__|

1 = Drug abuse only (excluding alcohol)
2 = Alcohol abuse only
3 = Alcohol and drug abuse
8 = Other (Specify) _____
9 = Unknown/not mentioned

39. All diagnoses at admission (Specify each diagnosis verbatim, and enter diagnosis code and coding scheme):

	DIAGNOSTIC CODE	CODING SCHEME
39a. Primary diagnosis _____	|__|__|__|.|__|__|	|__|
39b. Other diagnosis _____	|__|__|__|.|__|__|	|__|
39c. Other diagnosis _____	|__|__|__|.|__|__|	|__|
39d. Other diagnosis _____	|__|__|__|.|__|__|	|__|
39e. Other diagnosis _____	|__|__|__|.|__|__|	|__|

CODING SCHEMES
1 = DSM-III/IV
2 = ICD 9/10-CM
8 = Other (Specify) _____
9 = Unknown/not mentioned

SUBSTANCE ABUSE HISTORY INFORMATION

Substance Abuse History at Admission
For each substance below, code EVER USED. If ever used, complete the "used in last 30 days" column.

		EVER USED	USED IN LAST 30 DAYS	AGE AT FIRST USE (in years)
40.	Crack (if unable to separate, combine with cocaine)	|__|	|__|	|__|
41.	Cocaine	|__|	|__|	|__|
42.	Heroin	|__|	|__|	|__|
43.	Non-treatment methadone	|__|	|__|	|__|
44.	Other opiates (morphine, codeine, dilaudid, demerol, percodan, or opium)	|__|	|__|	|__|
45.	Barbiturates (Nembutal, Seconal, Tuinal, downers, or reds)	|__|	|__|	|__|
46.	Benzodiazepines (Librium, Valium)	|__|	|__|	|__|
47.	Other sedatives or hypnotics (Miltown, Equinal, Doriden, Noludar, Quaalude, or sopers)	|__|	|__|	|__|
48.	Amphetamines (speed, methamphetamine, meth, stimulants, crank)	|__|	|__|	|__|
49.	Marijuana, hashish, THC	|__|	|__|	|__|
50.	Hallucinogens (LSD, PCP, psychedelics, mushrooms, mescaline, or MMDA)	|__|	|__|	|__|
51.	Inhalants (glue, spray cans, gasoline, or paint thinner)	|__|	|__|	|__|
52.	Over-the-counter (Specify) _____	|__|	|__|	|__|
53.	Alcohol	|__|	|__|	|__|
54.	Tobacco	|__|	|__|	|__|
55.	Any other drug (Specify) _____	|__|	|__|	|__|
56.	Any other drug (Specify) _____	|__|	|__|	|__|

EVER USED

0 = No/Never Used
(Enter + for used in last 30 days and age at first use)
1 = Yes (Complete rest of line)
9 = Unknown/not mentioned
(Enter 9 for used in last 30 days and age at first use))

USED IN LAST 30 DAYS

+ = Never used
0 = No
1 = Yes
9 = Unknown/not mentioned

AGE AT FIRST USE

++ = Never used
99 = Unknown/
not mentioned

57. Substance of choice specified at admission: ..... |__|__|

++ = Not applicable - Substance(s) used not specified in record
00 = No substance of choice
40-56 = Substance of choice (enter line number of substance of choice from Substance Abuse History at Admission Table)
99 = Unknown/not mentioned

58. Injection drug user (intravenous use):

58a. Ever ..... |__|

0 = No
1 = Yes
9 = Unknown/not mentioned

58b. At admission ..... |__|

+ = Not applicable (Item 58a coded "0" or "9")
0 = No
1 = Yes (Complete Item 58c)
9 = Unknown/not mentioned

58c. Frequency of injection drug use at admission ..... |__|

+ = Not applicable (Item 58b coded "0" or "9")
1 = Daily
2 = Regularly but not daily
3 = Sporadically
9 = Unknown/not mentioned

SUBSTANCE ABUSE TESTING INFORMATION

59. Any substance abuse testing while in treatment: ..... |__|

0 = No (Leave Items 60, 61, and 62 blank)
1 = Yes (Complete Items 60, 61, and 62)
9 = Unknown/not mentioned (Leave Items 60, 61, and 62 blank)

60. Type(s) of substance abuse tests conducted while in treatment:
(For each type of test listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not mentioned)

60a.	Urine ..... |__|
60b.	Serum/Blood ..... |__|
60c.	Other (Specify) _____ ... |__|

61. Frequency of substance abuse testing while in treatment: ..... |__|

1 = One time ONLY
2 = More than once, at regular intervals
3 = More than once, randomly (time unknown to client)
4 = More than once, both at regular intervals and randomly
8 = Other (Specify) _____
9 = Unknown/not mentioned

62. Test Results

TIME OF TEST	DATE OF TEST	POSITIVE RESULTS FOR:			
		Opiates	Cocaine	THC/ Marijuana	Any other drugs, including alcohol
First test after admission	|__|__| - |__|__| - |__|__| MO DA YR	|__|	|__|	|__|	|__|
Last test before discharge	|__|__| - |__|__| - |__|__| MO DA YR	|__|	|__|	|__|	|__|

RESULT CODES
1=Positive (leave blank if negative or not applicable)

SUBSTANCE ABUSE TREATMENT HISTORY INFORMATION

63. Total number of treatment episodes for any substance abuse prior to admission: ..... |__|__|
NUMBER

00 = No prior treatment episodes
99 = Unknown/not mentioned

64. Number of years over which treatment episodes were reported: ..... |__|__|
YRS

++ = Not applicable, Item 63 coded "00" or "99"
00 = Less than 6 months
55 = Lifetime
88 = Other (Specify) _____
99 = Unknown/not mentioned

65. Past treatment episodes for any substance abuse in the twelve months prior to admission ..... |__| - |__|

+ = Not applicable, Item 63 coded "00" or "99" (Leave table blank)
0 = None (Leave table blank)
1 = Yes (Complete table below)
2 = Yes, table overflow (Enter overflow in Comments)
9 = Unknown/not mentioned (Leave table blank)

Past Substance Abuse Treatment Episodes: Twelve Months Prior to Admission

	REASON FOR TREATMENT	FACILITY	TYPE OF CARE	DISCHARGE STATUS
65a.	|__|	|__|	|__|	|__|
65b.	|__|	|__|	|__|	|__|
65c.	|__|	|__|	|__|	|__|
65d.	|__|	|__|	|__|	|__|
65e.	|__|	|__|	|__|	|__|
65f.	|__|	|__|	|__|	|__|

REASON FOR TREATMENT CODES
1 = Alcohol abuse only
2 = Drug abuse only
3 = Combined alcohol and drug abuse
9 = Unknown/not mentioned

FACILITY CODES
1 = Here
2 = Elsewhere
9 = Unknown/not mentioned

TYPE OF CARE CODES
1 = Inpatient or residential
2 = Outpatient
9 = Unknown/not mentioned

DISCHARGE STATUS CODES
0 = Did not complete treatment
1 = Completed treatment
9 = Unknown/not mentioned

TREATMENT SERVICES INFORMATION

*66. Number of actual outpatient client visits: .....|__|__|__|__|
NUMBER

0000 = Client treatment type is not outpatient

9999 = Unknown/unable to determine

67. Services During This Current Treatment.
For each service below, code SERVICE GIVEN. If service given, complete the rest of the line for 67a-67d in the table.

		SERVICE GIVEN	NO. OF ENCOUNTERS (9999 = Unknown)
67a.	Methadone dosing	|__|	|__|__|__|__|
67b.	Individual therapy	|__|	|__|__|__|__|
67c.	Group therapy, including relapse prevention	|__|	|__|__|__|__|
67d.	Family counseling	|__|	|__|__|__|__|
67e.	Self-help or mutual help groups (AA, NA, etc.)	|__|	
67f.	HIV or AIDS counseling/support/education	|__|	
67g.	Employment counseling/training	|__|	
67h.	Academic education/GED classes	|__|	
67i.	Medical care	|__|	
67j.	Comprehensive assessment/diagnosis	|__|	
67k.	Detoxification from substance of abuse	|__|	
67l.	Combined substance abuse and mental health treatment	|__|	
67m.	TB screening	|__|	
67n.	TB treatment	|__|	
67o.	Prenatal care	|__|	
67p.	Psychological testing	|__|	
67q.	Smoking cessation	|__|	
67r.	Acupuncture	|__|	
67s.	Outcome followup	|__|	
67t.	Aftercare	|__|	

SERVICE GIVEN CODES
0 = No
1 = Yes, in this facility
2 = Yes, sometimes here, sometimes elsewhere
3 = Yes, not in this facility
9 = Unknown/not mentioned

68. Any medications prescribed during treatment (excluding methadone): ..... |__|

0 = No
1 = Yes, list below
9 = Unknown/not mentioned

68a. _____|__|

_____

_____

69. Methadone given during this treatment episode: ..... |__|

0 = No (Leave table blank) (Skip to item 73)
1 = Yes (Complete table below)
9 = Unknown/not mentioned (Leave table blank)

Methadone Treatment

		DATE OF TREATMENT MO DA YR	TOTAL DAILY DOSE IN MGS. (999 = Unknown)
69a.	First methadone treatment	|__|__| - |__|__| - |__|__|	|__|__|__|
69b.	Two weeks after first methadone treatment	|__|__| - |__|__| - |__|__|	|__|__|__|
69c.	One month before last methadone treatment	|__|__| - |__|__| - |__|__|	|__|__|__|
69d.	Last methadone treatment	|__|__| - |__|__| - |__|__|	|__|__|__|

70. Methadone supply taken home during this treatment: ..... |__|

+ = Not applicable, Item 69 coded "0" or "9"
0 = No
1 = Yes
9 = Unknown/not mentioned

71. Date withdrawal from methadone began: .....|__|__|-|__|__|-|__|__|
MO DA YR

+-+ = Not applicable, Item 69 coded "0" or "9"
0-0 = No withdrawal from methadone
9-9 = Unknown/not mentioned

72. Date withdrawal from methadone ended: .....|__|__|-|__|__|-|__|__|
MO DA YR

+-+ = Not applicable, Item 69 coded "0" or "9"
0-0 = No withdrawal from methadone
9-9 = Unknown/not mentioned

BOX B

IF CLIENT TYPE ON FRONT COVER IS:

- NONMETHADONE DISCHARGE, COMPLETE ITEMS 73-81.
- IN-TREATMENT METHADONE, AND CLIENT STILL IN TREATMENT (ITEM 5 CODED "0"), SKIP TO ITEM 80.
- IN-TREATMENT METHADONE, AND CLIENT DISCHARGED SINCE SAMPLE DATE, COMPLETE ITEMS 73-81.

DISCHARGE INFORMATION

73. Reason for discharge: ..... |__|__|

00 = Client deceased (Enter date in Item 73a)
01 = Completed planned treatment
02 = Did not complete treatment, referred/transferred to another program
03 = Did not complete treatment, insurance benefits expired
04 = Did not complete treatment, no payment source
05 = Did not complete treatment by administration choice
06 = Did not complete treatment by client choice
07 = Did not complete treatment, incarcerated
08 = Did not complete treatment, not otherwise specified
88 = Other (Specify) _____
_____
99 = Unknown/not mentioned

73a. Date of death: (9-9 = Unknown/not mentioned) .....|__|__|-|__|__|-|__|__|
MO DA YR

74. Diagnoses at discharge (specify each diagnosis verbatim, and enter diagnosis code and coding scheme):

		DIAGNOSTIC CODE	CODING SCHEME
74a.	Primary diagnosis _____	|__|__|__|.|__|__|	|__|
74b.	Other diagnosis _____	|__|__|__|.|__|__|	|__|
74c.	Other diagnosis _____	|__|__|__|.|__|__|	|__|
74d.	Other diagnosis _____	|__|__|__|.|__|__|	|__|
74e.	Other diagnosis _____	|__|__|__|.|__|__|	|__|

CODING SCHEMES
1 = DSM-III/IV
2 = ICD9/10-CM
3 = Other (Specify) _____
9 = Unknown/not mentioned

75. Substance abuse/mental illness (dual diagnosis) client at discharge
(e.g., depression, schizophrenia): ..... |__|

0 = No
1 = Yes, specify mental illness below
9 = Unknown/not mentioned

75a. _____|__|

76. Aftercare plan stated in record: ..... |__|

0 = No
1 = Yes
9 = Unable to determine

77. Services in aftercare plan: ..... |__|

+ = Not applicable (Item 76 coded "0" or "9") (Leave table blank)
1 = Services specified (Complete table below)
9 = Unknown/not mentioned (Leave table blank)

Aftercare Plan Services
(For each service listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not mentioned)

77a.	Individual therapy	|__|
77b.	Group therapy, not including relapse prevention	|__|
77c.	Relapse prevention groups	|__|
77d.	Family counseling	|__|
77e.	Self-help or mutual-help groups (AA, NA, etc.)	|__|
77f.	Employment counseling/training	|__|
77g.	Legal/criminal justice system counseling/support	|__|

78. Further substance abuse treatment to which client was referred after discharge: ..... |__|

0 = No treatment
1 = Hospital inpatient
2 = Residential
3 = Outpatient methadone
4 = Outpatient non-methadone
5 = Substance abuse treatment, not otherwise specified
8 = Other (Specify) _____
9 = Unknown/not mentioned

FINANCIAL INFORMATION

79. Number of treatment days/visits authorized: ..... |__|__|__| |__|
NUMBER UNIT

9-9 = Unknown/not mentioned

UNIT CODES
1 = Days
2 = Weeks
3 = Months
4 = Years
5 = Visits

79a. Authorized by: ..... |__|

+ = Item 79 coded "9-9"
1 = Managed care plan
2 = Other third party payer
3 = Other (Specify) _____
9 = Unknown/not mentioned

*80. Total billed charges for this treatment (thus far) (in dollars): .....|__|__|__|__|__|__|
DOLLARS

0-0 = No charges (complete Item 80a)
6-6 = Not permitted to abstract
8-8 = Other (Specify) _____
9-9 = Unknown/not mentioned

80a. Date of (last issued) bill: .....|__|__| - |__|__| - |__|__|
MO DA YR

80b. If no billed charges for this treatment, was it a contract slot? ..... |__|

+ = Item 80 not coded "0-0"
0 = No
1 = Yes
9 = Unknown/not mentioned

81. The charges recorded in Item 80 refer to: ..... |__|

0 = No charges
1 = Full amount billed
2 = Sliding fee amount
3 = Reduced amount (Specify percentage of full billed amount that was charged): |__|__|
6 = Not permitted to abstract
8 = Other (Specify) _____
9 = Unknown/not mentioned

FACILITY ID LABEL: _____

STUDY SUBJECT ID #: |__|__|

82. Comments ..... |__|

Item No.	Comments