

Toxic IN3 Registry

Inclusion Criteria

Because we seek to describe the epidemiology of emerging synthetic drugs of abuse, new drug use practices, and the like, we cannot have specific inclusion criteria. As a guideline, the following instructions are provided: "If you feel you are seeing abuse of a new substance in a patient, use of an old substance in a new way (e.g., heroin with powdered caffeine), an outbreak of a new drug, or an old drug with unanticipated clinical effects, classify it as a new/emerging drug use episode."

De-Identified Data. Please remember. NO IDENTIFYING INFORMATION ABOUT THE PATIENT OR ANYONE HE/SHE MENTIONS DURING CLINICAL ASSESSMENT SHOULD BE RECORDED IN THE REGISTRY.

Data Collection

Email questions related to data entry to Principal ACMT Investigator at Paul.Wax@acmt.net

Additional Demographic Information

What is the patient's marital status?

- | | |
|-------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Other |
| <input type="checkbox"/> Married or living as married | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Separated/Divorced | |

Is the patient presently a student? Yes No Unknown

If Yes, Select:

- | | |
|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> Technical/Trade School |
| <input type="checkbox"/> College | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Graduate/Professional | |

What is the patient's highest level of education?

Select:

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> College (some - not complete) |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> College (completed BA/BS) |
| <input type="checkbox"/> High School (some - not complete) | <input type="checkbox"/> Graduate/Professional |
| <input type="checkbox"/> High School (completed) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Technical/Trade School | |

Is the patient homeless or living on the streets?

- Yes No Don't know

Does the patient have military experience?

- Yes No Unknown

If Yes, Select: Current military service Prior military service Unknown

Past Medical History & Drug History

PMH information (Check all that apply)

- | | | |
|--------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Hypertension | <input type="checkbox"/> + HIV test and no AIDS |
| <input type="checkbox"/> Chronic pain syndrome | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> + HIV test and AIDS |
| <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Malignancy past | unknown |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Malignancy current | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> + HIV test and AIDS | <input type="checkbox"/> Other |

Toxic IN3 Registry

Does the patient have a history of alcohol misuse?

- Yes - Currently Yes - Past No Unknown

Check all ILLICIT drugs that the patient report using < 30 days

- | | | |
|---------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Heroin | <input type="checkbox"/> Synthetic cannabinoid |
| <input type="checkbox"/> Bath Salts | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Meth/Amphetamines | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ecstasy/MDEA | <input type="checkbox"/> PCP | Specify: _____ |

Check all ILLICIT drugs that the patient report using > 30 days

- | | | |
|---------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Heroin | <input type="checkbox"/> Synthetic cannabinoid |
| <input type="checkbox"/> Bath Salts | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Meth/Amphetamines | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ecstasy/MDEA | <input type="checkbox"/> PCP | Specify: _____ |

Does the patient have a history of prior parenteral drug use?

- Yes No Unknown

Does the patient have a prior history of prescription drug misuse?

- Yes No Unknown

Prior history of prescription drug misuse

- | | |
|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Prescription opioids | <input type="checkbox"/> Prescription stimulants |
| <input type="checkbox"/> Prescription sedative-hypnotics | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Prescription muscle relaxants | |

Does the patient have a history of chemical dependency treatment?

- Yes No Unknown

If Yes, Specify chemical dependency treatment (select all that apply)

- Alcohol Drug Unknown

If Selecting Alcohol: Alcohol program (select all that apply)

- Inpatient treatment program Outpatient treatment program Unknown

If Selecting Drug: Drug program (select all that apply):

- Inpatient treatment program Outpatient treatment program Unknown

Past psychiatric medical history (select all that apply):

- | | | |
|----------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Borderline personality disorder | <input type="checkbox"/> Schizophrenia or Schizoaffective disorder |
| <input type="checkbox"/> Antisocial personality disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Other |
| <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Developmentally delayed | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) | |
| <input type="checkbox"/> Bipolar disorder | | |

Drug Testing

Enter drug testing results No drug testing performed

(If no testing performed SKIP to the section on open-ended questions on drug use below)

Was immunoassay testing performed?

- Yes No Unknown

Toxic IN3 Registry

Urine drugs of misuse screen (select all drugs that were TESTED FOR)

- | | | |
|------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Methadone | <input type="checkbox"/> Phencyclidine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Propoxyphene |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Morphine | <input type="checkbox"/> 6-MAM (Heroin) |
| <input type="checkbox"/> Cannabinoids | <input type="checkbox"/> Opiates | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Oxycodone | |

Other drugs tested for by immunoassay _____

Urine drugs of misuse screen (select all drugs that were POSITIVE or none detected)

- | | | |
|------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> None detected | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Oxycodone |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Methadone | <input type="checkbox"/> Phencyclidine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Propoxyphene |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Morphine | <input type="checkbox"/> 6-MAM (Heroin) |
| <input type="checkbox"/> Cannabinoids | <input type="checkbox"/> Opiates | <input type="checkbox"/> Other (please specify) |

Other drugs positive by immunoassay _____

Was other drug testing performed?

- Yes No Unknown

What was the assay method and lab name of the other drug testing? _____

What other drugs were detected by the other drug testing? (State 'None' if negative. Provide units as available.) _____

Toxic IN3 Registry

Open-ended Questions on Drug Use

Knowledge of drug

Unable to access

Describe the drug the patient took. What does the patient know about it? _____

Don't know

.....

How does the patient know what he/she ingested? _____

Don't know

.....

Has the patient taken this drug before? _____

Don't know

.....

Describe how the patient learned about drug (e.g., friends, web sites, texting, twitter YouTube, other social media).

Don't know

.....

Toxic IN3 Registry

How long has patient known about drug, etc.? _____

Don't know
.....

Attitudes - Opinion about the drug

Unable to access

What did the patient like and did not like about the drug? _____

Don't know
.....

How does the patient perceive the safety or dangers of using the drug? _____

Don't know
.....

Beliefs - Perceptions of drug availability and popularity

Unable to access

How many people does the patient know that use the drug? _____

Don't know
.....

Toxic IN3 Registry

Since when? How long has the patient know about others use of this drug? _____

Don't know
.....

According to the patient, how difficult is it to get the drug on scale of 1 (very easy) - 5 (very difficult)?

Choose one: 1 (very easy) 2 3 4 5 (very difficult)

Don't know
.....

Practices - Context of drug use Unable to access

How did patient use drug(s)? _____

Don't know
.....

How did the patient get the drug? _____

Don't know
.....

Who did the patient get the drug from (e.g. friend, acquaintance, stranger, internet)? _____

Don't know
.....

Toxic IN3 Registry

Who was patient with when using the drug? _____

Don't know
.....

How much did the patient pay for the drug? _____

Don't know
.....

Why did he/she use the drug(s)? _____

Don't know
.....

What other drugs did the patient take when using the "new" drug? _____

Don't know
.....

Toxic IN3 Registry

Effect of drug

Unable to access

What happened when the patient took the drug? Describe the drug(s) effects (e.g., hallucinations, nausea, rapid heart beat, describe positive and negative effects, etc.) _____

Don't know

.....

How did patient feel when he/she used the drug? _____

Don't know

.....

Additional Required Information

Please specify the name(s) of the treating toxicologist(s)

Case completed

Yes No