

CENTRAL REGISTRY OF DRUG ABUSE RECORD SHEET

CONFIDENTIAL
when entered with data

Please circle appropriate answer for multiple choice questions

<p>1. Reporting Agency Office/Branch Leave shaded boxes in blank</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px; background-color: #cccccc;"></td> <td style="width: 15%; height: 30px; background-color: #cccccc;"></td> <td style="width: 15%; height: 30px; background-color: #cccccc;"></td> <td style="width: 15%; height: 30px; background-color: #cccccc;"></td> <td style="width: 15%; height: 30px; background-color: #cccccc;"></td> <td style="width: 15%; height: 30px; background-color: #cccccc;"></td> </tr> </table>							<p>2. Date of Contact</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> </tr> <tr> <td colspan="2">day</td> <td colspan="2">month</td> <td colspan="2">year</td> </tr> </table>							day		month		year																																				
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<p>3. Name (in Chinese characters; if non-Chinese, in English)</p> <p>_____</p> <p style="text-align: center;">Last name given name</p>	<p>4. HKID Card No. (for non-Hong Kong resident, please quote other document number)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> <td style="width: 10%; border: 1px solid black; height: 30px;"></td> </tr> </table> <p>Other document number _____</p>																																																					
<p>5. Sex: 1 Male 2 Female</p> <p>6. Ethnicity: 11 Chinese 12 Other (please specify)</p> <p>_____</p>	<p>7. Date of Birth</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> </tr> <tr> <td colspan="2">day</td> <td colspan="2">month</td> <td colspan="2">year</td> </tr> </table>							day		month		year																																										
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<p>8. Marital Status</p> <p>1 Never married 2 Married/Cohabiting</p> <p>3 Widowed 4 Divorced/Separated 9 Unknown</p>	<p>12. District of Residence</p> <table style="width: 100%;"> <tr> <td style="width: 16.6%;">11 Central & Western</td> <td style="width: 16.6%;">21 Yau Tsim Mong</td> <td style="width: 16.6%;">25 Kwun Tong</td> <td style="width: 16.6%;">34 Yuen Long</td> <td style="width: 16.6%;">38 Sai Kung</td> </tr> <tr> <td>12 Wan Chai</td> <td>22 Sham Shui Po</td> <td>31 Kwai Tsing</td> <td>35 North</td> <td>39 Islands</td> </tr> <tr> <td>13 Eastern</td> <td>23 Kowloon City</td> <td>32 Tsuen Wan</td> <td>36 Tai Po</td> <td>99 Unknown</td> </tr> <tr> <td>14 Southern</td> <td>24 Wong Tai Sin</td> <td>33 Tuen Mun</td> <td>37 Sha Tin</td> <td></td> </tr> </table>	11 Central & Western	21 Yau Tsim Mong	25 Kwun Tong	34 Yuen Long	38 Sai Kung	12 Wan Chai	22 Sham Shui Po	31 Kwai Tsing	35 North	39 Islands	13 Eastern	23 Kowloon City	32 Tsuen Wan	36 Tai Po	99 Unknown	14 Southern	24 Wong Tai Sin	33 Tuen Mun	37 Sha Tin																																		
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<p>9. Did your partner take drugs in the last four weeks?</p> <p>1 Yes 2 No 3 Not applicable 9 Unknown</p>	<p>13. Years of Residence in Hong Kong (in complete years)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> </tr> </table>																																																					
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