



Republic of the Philippines  
Office of the President  
**DANGEROUS DRUGS BOARD**

3/F, PDEA Bldg, NIA Northside Road, National Government Center  
Brgy Pinyahan, Quezon City

S Num

Community-Based Treatment and Rehabilitation Monitoring Form

Name of Reporting ADAC:

Region:

Province:

City/Municipality

Date Surrendered

**A. PERSONAL INFORMATION**

1 Name

2 Complete Address

3 Date of Birth

4 Sex:  Male

Female

5 Religious Affiliation

6 Civil Status:

Single

Widow/er

Married

Separated

Live-in

Divorced

7 Highest Educational Attainment

8 Nationality

9 Monthly Family Income

10 Name of Father

11 Name of Mother

12 If married, Name of spouse:

13 Living Arrangement

**B. DRUG USE INFORMATION**

1 Age of first drug use

2 Drug first tried

3 Drugs Currently Used

4 Source of Drugs

5 Frequency of Use

6 Mode of Drug Use

7 Amount spent per drug intake

**C. DATA RELATIVE TO AVAILMENT OF COMMUNITY-BASED PROGRAM**

1 Screening Result (please refer to ASSIST)

Low Risk to Mild

Moderate to Severe Behavioral Condition

Referred to:

2 If Behavioral Problem, please answer the following:

**Interventions Availed**

Brief Intervention

Psychoeducation

Social Support

Referral for Program Intervention

Community Service

Skills Development Training

Others, specify

2.1 Date of Entry in the Program

2.2 Date Finished the Program

3 If Substance Abuse Disorder, please answer the following:

Treatment Program Availed

Community Based

Out-patient Service

Residential Treatment

**If Community -Based:**

Date of Entry in the Program

Services Provided

Date Finished the Program

**Status/Remarks:**

Completed

Not Completed

If not, specify reason of non-completion