Substance Testing Survey

Date (dd/mm/yyyy)  Initials of tester  Image (optional)

Used service before?
- Yes
- No
- Unknown
- Prefer not to answer

Who are you testing for (T)? Check all that apply.
- Self
- Friends / Companion
- Others __________________________
- Prefer not to answer

Gender
- Male
- Female
- Trans
- Prefer not to answer

Substance

Type of Substance (TY)
- Powder/Crystals
- Gel-Cap
- Press Tab
- Blotter
- Gummy
- Liquid
- Other __________________________

Description of Substance

Substance testing

BELIEF of Substance (B)
- MDMA/MDA
- LSD
- Ketamine
- Cocaine
- Bath Salts (Cathinone)
- Methamphetamine/Speed
- 2C Family
- GHB
- Opiate _________________
- Pharmaceutical
- Other _________________
- Unknown
- Prefer to to say

Test RESULT (R)
- MDMA/MDA
- LSD
- Ketamine
- Cocaine
- Cathinone _________________
- Methamphetamine
- 2C _________________
- GHB
- Piperzine
- 6-APB/5-APB
- Opiate _________________
- Pharmaceutical
- Other _________________
- Unknown

Cocaine Adulterant (C)
- Ephedrine
- Phenacetamine
- Paracetamol
- Aspirin
- Levamisole
- Benzocaine
- Lidocaine
- Procaine
- Vitamin C
- Other _________________
- No Reaction

Substance discarded at testing table?
- Yes
- No
- Unknown

Data entry fields - ignore
T  TY  B  R  C