|___|___|___|___|___|___|___|___|___|___| |___|___||___|___||___|___| |___|___|___|___|___|___| |___|___|___|___|___| |___|___|
Client ID# Today's Date Facility ID# Zip Code Administration

TCU A-RSKFORM

Instructions: Please mark answers to the series of questions listed below.

1. What is your current age? ..... |___|___|

2. What was your date of admission to THIS program or facility? .....|___|___||___|___||___|___|
   MONTH DAY YEAR

3. What is your gender? ..... ○ Male ○ Female

4. Are you Hispanic or Latino?..... ○ No ○ Yes

5. Are you? [MARK ONE]

   ○ American Indian/Alaska Native
   ○ Asian
   ○ Native Hawaiian/Pacific Islander
   ○ Black/African American
   ○ White
   ○ More than one race
   ○ Other (specify) _____

6. How many years of school have you completed – that is, the highest grade?

   ○ None
   ○ 1-6
   ○ 7-9
   ○ 10-11
   ○ 12 or GED
   ○ over 12

7. What is your current legal marital status?

   ○ Single (never married)
   ○ Married or living with a partner
   ○ Separated
   ○ Divorced
   ○ Widowed

8. How many children do you have (only include your biological children)?

   ○ None
   ○ 1
   ○ 2
   ○ 3
   ○ 4 or more

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9. How much of the time in the PAST 6 MONTHS before entering this program or facility were you LOCKED UP (i.e., not living in the 'free world")?

   ○ None
   ○ Less than 1 month
   ○ 1-3 months
   ○ 4-5 months
   ○ All 6 months

10. When you entered this treatment program or facility, when was the last time you had lived in the "free world" for AT LEAST 6 MONTHS?

    ○ Under a month ago
    ○ 1-5 months ago
    ○ 6-11 months ago
    ○ 1-3 years ago
    ○ Over 3 years ago

In the 6 months before entering this program or facility (or being "locked up"), were you ever –

11. employed full time (35+ hrs/week)? ..... ○ *No* ○ *Yes*
12. unemployed and NOT looking for work? ..... ○ *No* ○ *Yes*
13. receiving any public financial support (food stamps, disability, public assistance? ..... ○ *No* ○ *Yes*
14. on parole or probation? ..... ○ *No* ○ *Yes*
15. treated in an emergency room? ..... ○ *No* ○ *Yes*
16. treated for a mental health problem? ..... ○ *No* ○ *Yes*
17. treated for an alcohol use problem? ..... ○ *No* ○ *Yes*
18. treated for illegal drug use? ..... ○ *No* ○ *Yes*
19. arrested? ..... ○ *No* ○ *Yes*
20. in jail or prison? ..... ○ *No* ○ *Yes*

Based on Rounsaville et al. (Eds.). (1993). Diagnostic Source Book. NIH Pub 93-3508
Also see Joe, Simpson, Greener, & Rowan-Szal (2004). *Psychological Reports, 36*(2), 215-234.

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