

BRIEF INTAKE INTERVIEW (TCU BI)

COMPLETE BEFORE INTERVIEW IS CONDUCTED:

[FORM 410; CARD 01]

1. TREATMENT PROGRAM I.D. #:	_ _ _	[6-8]		
2. CLIENT I.D. #:	_ _ _ _ _	[9-14]		
3. TODAY'S DATE:	_ _ _ _ _ _ MO DAY YR	[15-20]		
4. NAME & I.D.# OF INTERVIEWER: _____	_ _ ID#	[21-22]		
5. ASSIGNED COUNSELOR I.D. #:	_ _ ID#	[23-24]		
6. LITERACY (Reads at 6 th grade level):	0=No I=Yes	[25]		
7. ELIGIBILITY CRITERIA: [SPECIFY AS NEEDED]				
1.	0=No I=Yes	[26]		
2.	0=No I=Yes	[27]		
3.	0=No I=Yes	[28]		
4.	0=No I=Yes	[29]		
5.	0=No I=Yes	[30]		
6.	0=No I=Yes	[31]		
8. SPECIAL CODES:	_ _ _ _ _	[32-37]		
9. SOURCE OF REFERRAL:	_	[38]		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. None/self 2. Family or friends 3. Street outreach project 4. Physician or health provider </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 5. Other drug treatment program 6. Employer (EAP) 7. Parole, probation, court 8. Other (specify) _____ </td> </tr> </table>			<ul style="list-style-type: none"> 1. None/self 2. Family or friends 3. Street outreach project 4. Physician or health provider 	<ul style="list-style-type: none"> 5. Other drug treatment program 6. Employer (EAP) 7. Parole, probation, court 8. Other (specify) _____
<ul style="list-style-type: none"> 1. None/self 2. Family or friends 3. Street outreach project 4. Physician or health provider 	<ul style="list-style-type: none"> 5. Other drug treatment program 6. Employer (EAP) 7. Parole, probation, court 8. Other (specify) _____ 			

A. BACKGROUND INFORMATION:

1. How old are you?

|_|_|
AGE

[39-40]

2. What is your date of birth?

|_|_| || |_|_| || |_|_|
MO DAY YR

[41-46]

3. What is your race or ethnic background? [ENTER # FOR ANSWER]

|_|
#

[47]

<ul style="list-style-type: none"> 1. African American/Black 2. American Indian 3. Asian/Pacific Islander 4. Mexican American (Hispanic origin) 	<ul style="list-style-type: none"> 5. Other Hispanic (specify): _____ 6. White (not of Hispanic origin) 7. Other (specify): _____
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4. What is your gender? 0=Female 1=Male [48]

5. Where have you been living or staying most of the time in the last month? [] [49]
#

- 1. *With family or other relatives*
- 2. *With group of friend(s) or non-family members (non-institutional)*
- 3. *Alone in own dwelling*
- 4. *Homeless*
- 5. *Hospital, rehabilitation facility, nursing home*
- 6. *Jail, prison, or other correctional facility*
- 7. *Other (specify): _____*

6. What is your legal marital status? [] [50]
#

- 1. *Never married*
- 2. *Legally married*
- 3. *Living as married (including common law marriage)*
- 4. *Separated*
- 5. *Divorced*
- 6. *Widowed*

7. How many years of school have you finished – that is, what is the highest grade you completed? [] [] * [51-52]
GRADE

a. ***[IF “12”]**: Did you get a regular high school diploma or GED? 1=GED 2=Diploma [53]

8. Did you hold a job anytime during the last 30 days? [] * [54]
#

- 1. *No*
- 2. *Yes, did odd jobs (occasional or irregular work)*
- 3. *Yes, held part-time jobs (under 35 hours per week)*
- 4. *Yes, held full-time job (35 hours or more per week)*

***IF “NO”:**

a. Why were you <u>unemployed</u> ? [] [55] # <ul style="list-style-type: none">1. <i>Did not try to find work</i>2. <i>Tried but couldn't find work</i>3. <i>Unable to work due to alcohol or drug problems</i>4. <i>Unable to work due to other health problems</i>5. <i>Needed at home</i>6. <i>Other (specify): _____</i>
--

***IF “YES”:**

b. How many <u>days</u> did you work <u>in the last 30 days</u> ? [] [] [56-57] # DAYS

9. What was your total annual income last year from LEGAL sources?\$, [13-18]
 ANNUAL INCOME

10. What kind of health insurance do you have?| | [19]
 #

- 0. No insurance
- 1. Medicaid/Medicare
- 2. CHAMPUS
- 3. Private insurance – substance abuse coverage
- 4. Private insurance – no substance abuse coverage
- 5. Private insurance – don't know if have substance abuse coverage
- 6. Don't know

11. What is your current legal status?| | [20]
 #

- 0. None
- 1. On probation only
- 2. On parole only
- 3. On probation and parole
- 4. Awaiting charge, trial, or sentence
- 5. Outstanding warrant
- 6. Case pending
- 7. Other _____

12. Are you under strong pressures from any of the following sources to enter this drug treatment program? [CIRCLE # FOR ANSWER]

	NO	YES	
a. <u>Medical</u> authorities (doctors, health center)?	<u>0</u>	<u>1</u>	[21]
b. Your <u>family or friends</u> ?	<u>0</u>	<u>1</u>	[22]
c. Your <u>employer</u> ?	<u>0</u>	<u>1</u>	[23]
d. <u>Legal</u> authorities (police, judge, parole or probation officer)?	<u>0</u>	<u>1</u>	[24]
e. <u>Others</u> (specify): _____	<u>0</u>	<u>1</u>	[25]

13. Are you required by legal authorities to be in this drug treatment program – that is, by a judge, drug court, or probation department? [CIRCLE ANSWER] 0=No 1=Yes [26]

14. Why is it important for you to get treatment or counseling now

Do you need help with –

	NO	YES	
a. <u>medical</u> problems?	<u>0</u>	<u>1</u>	[27]
b. problems with <u>family or spouse</u> ?	<u>0</u>	<u>1</u>	[28]
c. other social problems with <u>friends or neighbors</u> ?	<u>0</u>	<u>1</u>	[29]
d. <u>employment or work-related</u> problems?	<u>0</u>	<u>1</u>	[30]
e. <u>legal</u> problems?	<u>0</u>	<u>1</u>	[31]
f. <u>emotional or psychological</u> problems?	<u>0</u>	<u>1</u>	[32]
g. use of <u>alcohol</u> ?	<u>0</u>	<u>1</u>	[33]
h. use of <u>heroin</u> (or other opiates)?	<u>0</u>	<u>1</u>	[34]
i. use of <u>cocaine</u> (or crack)?	<u>0</u>	<u>1</u>	[35]
j. use of <u>other drugs</u> ?	<u>0</u>	<u>1</u>	[36]

B. PSYCHOSOCIAL FUNCTIONING IN PAST 6 MONTHS:

1. What was your major (or largest) source of support during the past 6 months? | | [37]
#

- | | |
|-----------------------------|------------------------------|
| 1. <i>Job</i> | 5. <i>Welfare</i> |
| 2. <i>Mate/spouse</i> | 6. <i>Prostitution</i> |
| 3. <i>Family or friends</i> | 7. <i>Illegal activities</i> |
| 4. <i>Unemployment</i> | 8. <i>Others:</i> _____ |

2. What were your relationships with your family like during the last 6 months?
 This includes your parents, brothers/sisters, grandparents, aunts/uncles, and adult children.
 Tell me how often you –

	NEVER	SOME- TIMES	OFTEN	
a. <u>got along</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[38]
b. really <u>enjoyed</u> being together?	<u>0</u>	<u>1</u>	<u>2</u>	[39]
c. <u>drank</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[40]
d. got <u>drunk</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[41]
e. used <u>other (illegal) drugs</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[42]
f. had serious talks about each other's <u>interests and needs</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	[43]
g. <u>helped</u> each other with problems?	<u>0</u>	<u>1</u>	<u>2</u>	[44]
h. got <u>blamed or fussed at</u> about things YOU did or did not do?	<u>0</u>	<u>1</u>	<u>2</u>	[45]
i. had <u>disagreements</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	[46]
j. had <u>big arguments or fights</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	[47]

3. Describe your friends and the people you usually spent your time with during those 6 months. Tell me, in general, how often did they –

	NEVER	SOME- TIMES	OFTEN	
a. have an <u>interest in working</u> ?	0	1	2	[48]
b. <u>work regularly</u> on a job?	0	1	2	[49]
c. feel <u>hopeful</u> about their <u>future</u> ?	0	1	2	[50]
d. <u>spend time</u> with their <u>families</u> ?	0	1	2	[51]
e. <u>like</u> being with their <u>families</u> ?	0	1	2	[52]
f. get into <u>loud arguments or fights</u> ?	0	1	2	[53]
g. get <u>drunk</u> ?	0	1	2	[54]
h. use <u>other (illegal) drugs</u> ?	0	1	2	[55]
i. trade, sell, or <u>deal drugs</u> ?	0	1	2	[56]
j. do other things <u>against the law</u> ?	0	1	2	[57]
k. spend time with “ <u>gangs</u> ”?	0	1	2	[58]
l. get <u>arrested</u> or have problems with the law?	0	1	2	[59]

4. Altogether, how many TIMES in the last 6 months were you arrested? |__|__|__| [60-62]
ARRESTS

5. Not counting drug use, how many DAYS EACH WEEK were you usually involved during those months in any kind of activities that were against the law? |__| [63]
DAYS

6. In the past 6 months, about how much of your income or source of support came from some kind of illegal activity? [64]

0. None 1. Less than half 2. About half 3. More than half 4. All

7. How many times in your life have you ever been hospitalized for a serious illness or injury? |__|__|__|* [65-66]
TIMES

***IF “1” OR MORE:**

a. How many times have you been hospitalized in the last 6 months? |__|__|__| [67-68]
TIMES

8. Do you currently have any serious health problems?0=No 1=Yes* [13]

a. *[IF "YES"]: What are the main problems you have?

CODE 1	CODE 2	CODE 3

[14-19]

9. Not counting the effects from alcohol or other drug use, have you recently experienced –

	NEVER	SOME- TIMES	OFTEN	
a. serious <u>depression</u> ?	0	1	2	[20]
b. serious <u>anxiety or tension</u> ?	0	1	2	[21]
c. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1	2	[22]
d. trouble <u>understanding, concentrating, or remembering</u> ?	0	1	2	[23]
e. trouble controlling <u>violent behavior</u> ?	0	1	2	[24]
f. serious <u>thoughts of suicide</u> ?	0	1	2	[25]

10. Have you ever tried to commit suicide?0=No 1=Yes [26]

11. Have you taken any kind of prescribed medications in the last 6 months?0=No 1=Yes* [27]

a. *[IF "YES"]: Which ones?

CODE 1	CODE 2	CODE 3

[28-33]

12. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months?0=No 1=Yes* [34]

a. *[IF "YES"]: Which ones?

CODE 1	CODE 2	CODE 3

[35-40]

C. DRUG USE BACKGROUND:

1. Have you ever used **alcohol** (beer, wine, or hard liquor)?0=No I=Yes* [41]

***IF "YES":**

a. How <u>old</u> were you when you <u>first started</u> drinking alcohol?	__ __	[42-43]			
	AGE				
b. About how often did you drink alcohol during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[44]

2. Have you ever used **marijuana**?0=No I=Yes* [45]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> marijuana?	__ __	[46-47]			
	AGE				
b. About how often did you use marijuana during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[48]

3. Have you ever used **opiates** (like heroin, morphine, or street methadone)?0=No I=Yes* [49]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> opiates?	__ __	[50-51]			
	AGE				
b. About how often did you use opiates during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[52]

4. Have you ever used **cocaine or crack**?0=No I=Yes* [53]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> cocaine or crack?	__ __	[54-55]			
	AGE				
b. About how often did you use cocaine or crack during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[56]

5. Have you *ever* used **speedballs** (heroin + cocaine)?0=No I=Yes* [57]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> speedballs?	__ __	[58-59]			
	AGE				
b. About how often did you use speedballs during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[60]

6. In the last 6 months, have you *ever* **injected** drugs with a needle?0=No I=Yes* [61]

***IF "YES":**

a. How <u>old</u> were you when you <u>first injected</u> drugs?	__ __	[62-63]			
	AGE				
b. About how often did you inject drugs during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[64]

7. Have you *ever* used **downers** (such as tranquilizers, barbiturates, other sedatives)?0=No I=Yes* [65]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> downers?	__ __	[66-67]			
	AGE				
b. About how often did you use downers during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[68]

8. Have you *ever* used **uppers** (such as methamphetamines, other amphetamines, or diet pills)?0=No I=Yes* [69]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> uppers?	__ __	[70-71]			
	AGE				
b. About how often did you use uppers during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[72]

9. Have you *ever* used **hallucinogens** (such as PCP, LSD, psychedelics, mushrooms, peyote etc.)? 0=No 1=Yes* [13]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> hallucinogens?	__ __	[14-15]
	AGE	
b. About how often did you use hallucinogens during the <u>last 6 months</u> ?		
0. <i>Never</i>	1. <i>A few times</i>	2. <i>Monthly</i>
3. <i>Weekly</i>	4. <i>Daily</i>	[16]

10. Have you *ever* used **inhalants** (such as glue, spray paint, toluene, liquid paper, etc.)? 0=No 1=Yes* [17]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> inhalants?	__ __	[18-19]
	AGE	
b. About how often did you use inhalants during the <u>last 6 months</u> ?		
0. <i>Never</i>	1. <i>A few times</i>	2. <i>Monthly</i>
3. <i>Weekly</i>	4. <i>Daily</i>	[20]

11. How often in the last 6 months did you use needles or syringes that were "dirty" – that is, that someone else had used and were not sterilized or cleaned with bleach before you used them?
 0. *Never* 1. *A few times* 2. *Monthly* 3. *Weekly* 4. *Daily* [21]

12. And how often in the last 6 months did you use the same cooker, cotton, or rinse water that someone else had already used?
 0. *Never* 1. *A few times* 2. *Monthly* 3. *Weekly* 4. *Daily* [22]

13. Altogether, how many PEOPLE did you share the same works with during those 6 months? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did? |__|__|__| [23-25]
 # PEOPLE

14. During the last 6 months, how often did you have sex **without using a latex condom** –

	NEVER	A FEW TIMES	MONTHLY	WEEKLY	DAILY	
a. with someone who was <u>not your spouse or primary partner</u> ?	0	1	2	3	4	[26]
b. with someone who <u>shoots drugs with needles</u> ?	0	1	2	3	4	[27]
c. while trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?	0	1	2	3	4	[28]

D. DRUG USE PROBLEMS IN THE PAST YEAR:

The following questions are about your use of alcohol, cocaine, marijuana, and opiate drugs during this past year – that is, over the last 12 months. They are needed to help this program “document” the seriousness of your drug problem.

1. Have you used **any type of ALCOHOL** at all during the last 12 months (beer, wine, hard liquor, mixed drinks)? 0=No* 1=Yes [29]

***IF “NO”, SKIP TO Q.24 (Page 12)**

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

- | | | | | | |
|---|----------|----------|----------|----------|------|
| 2. <u>Continue to drink</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [30] |
| 3. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt</u> while under the <u>influence</u> of alcohol? For example, while driving a car, operating machinery, or taking unnecessary risks? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [31] |
| 4. Get <u>arrested</u> because of your drinking? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [32] |
| 5. Get drunk when you were <u>supposed to be doing something important</u> , like working, going to school, or taking care of your home or family? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [33] |
| 6. Find that your <u>usual number of drinks</u> had much <u>less effect</u> on you or that you had to <u>drink more</u> in order to get the effect you wanted? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [34] |
| 7. <u>Skip</u> work or school, or not take care of family or other duties <u>because of a hangover</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [35] |
| 8. <u>Start</u> drinking even though you had <u>decided not to</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [36] |
| 9. <u>Drink more</u> or for a much <u>longer period</u> of time <u>than you had intended to</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [37] |
| 10. <u>Want to – or try to – stop or cut down</u> on your drinking but <u>found you could not</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [38] |

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

- | | | | | | |
|---|----------|----------|----------|----------|------|
| 11. <u>Spend so much time</u> drinking or being sick from drinking that you had <u>little time left for important things</u> like work, school, family, or friends? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [39] |
| 12. <u>Give up or cut down on things</u> that are <u>important to you</u> like work, school, hobbies, or time with your family <u>in order to drink</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [40] |
| 13. <u>Continue to drink even though you knew it</u> was making you feel either <u>depressed</u> , or <u>uninterested in life</u> , or <u>suspicious and distrustful</u> of other people? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [41] |
| 14. <u>Continue to drink even though you knew</u> drinking was causing you a <u>health problem</u> or making a known health problem worse? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [42] |

During the past year, when the effects of alcohol were wearing off, how often did you –

- | | | | | | |
|---|----------|----------|----------|----------|------|
| 15. Have trouble <u>falling asleep</u> or staying asleep? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [43] |
| 16. Find yourself <u>shaking</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [44] |
| 17. Feel <u>depressed</u> , <u>irritable</u> , or <u>nervous</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [45] |
| 18. Feel <u>sick</u> to your stomach or vomit? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [46] |
| 19. Have a very bad <u>headache</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [47] |
| 20. Find yourself <u>sweating</u> or feel like your heart was racing? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [48] |
| 21. See, feel, or hear things that were <u>not really there</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [49] |
| 22. Have fits or <u>seizures</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [50] |
| 23. Take a drink or a drug to help you get over a <u>hangover</u> or to help you feel better? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [51] |

24. Have you used **ANY TYPE OF COCAINE** at all during the last 12 months (snorting, smoking crack, injection, “speedballs”)?0=No* 1=Yes [52]

***IF “NO”, SKIP TO Q.44 (Page 13)**

During this past year, how often did you –

	<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>	
25. <u>Continue to use cocaine</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[53]
26. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of cocaine? For example, while driving a car, operating machinery, or taking unnecessary risks?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[54]
27. Get <u>arrested because</u> of your cocaine use?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[55]
28. Get high on cocaine when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[56]
29. Find that your <u>usual amount</u> of cocaine had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[57]
30. <u>Use cocaine</u> or other drugs to help you <u>feel better when coming down</u> from cocaine?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[58]
31. <u>Start</u> using cocaine even though you had <u>decided not to</u> or promised yourself that you would not use it?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[59]
32. <u>Use cocaine</u> for a much longer time <u>than you had intended to</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[60]
33. <u>Want to – or try to – stop or cut down on</u> your cocaine use but <u>found you could not</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[61]
34. <u>Spend so much time</u> using cocaine, scoring cocaine, or being hung-over from cocaine that you had <u>little time left for important things</u> like work, school, family, or friends?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[62]
35. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use cocaine or score cocaine</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[63]

During this past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

36. Continue to use cocaine even though you knew it was making you feel either depressed, or uninterested in life, or paranoid and distrustful of other people? [410;05;ID]
0 *1* *2* *3* [13]
37. Continue to use cocaine even though you knew cocaine was causing you a health problem or making a known health problem worse?
0 *1* *2* *3* [14]

When the effects of cocaine were wearing off –

38. Did you ever feel very depressed? *0=No** *1=Yes* [15]

***IF “NO”, SKIP TO Q.44**

IF “YES”, DID YOU EVER –

- | | | | |
|--|-------------|--------------|------|
| 39. Feel extremely <u>tired</u> ? | <i>0=No</i> | <i>1=Yes</i> | [16] |
| 40. Have vivid or unpleasant <u>dreams</u> ? | <i>0=No</i> | <i>1=Yes</i> | [17] |
| 41. Sleep more than usual or have trouble <u>falling asleep</u> or <u>staying asleep</u> ? | <i>0=No</i> | <i>1=Yes</i> | [18] |
| 42. Have a greatly increased <u>appetite</u> ? | <i>0=No</i> | <i>1=Yes</i> | [19] |
| 43. Feel <u>agitated</u> or extremely anxious? | <i>0=No</i> | <i>1=Yes</i> | [20] |

44. Have you used **ANY TYPE OF MARIJUANA** at all during the last 12 months? *0=No** *1=Yes* [21]

***IF “NO”, SKIP TO Q.58 (Page 16)**

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

45. Continue to use marijuana even though you knew it was causing you trouble with your family or friends?
0 *1* *2* *3* [22]
46. Do anything dangerous or anything that increased your chances of getting hurt while under the influence of marijuana? For example, while driving a car, operating machinery, or taking unnecessary risks?
0 *1* *2* *3* [23]

During the past year, how often did you –

	<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>	
47. Get <u>arrested</u> because you had been using marijuana?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[24]
48. Get high on marijuana when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[25]
49. Find that your <u>usual amount</u> of marijuana had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[26]
50. <u>Skip work or school</u> , or <u>not take care of</u> your <u>family</u> or other <u>duties</u> so you could score or use marijuana?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[27]
51. <u>Start using</u> marijuana even though you had <u>decided not to</u> or <u>promised yourself that you would not use it</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[28]
52. <u>Use marijuana</u> for a much longer time than you had <u>intended to</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[29]
53. <u>Want to – or try to – stop or cut down on</u> your marijuana use but <u>found you could not</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[30]
54. <u>Spend so much time</u> using marijuana, scoring marijuana, or being hung-over from marijuana that you had <u>little time left for important things</u> like work, school, family, or friends?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[31]
55. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use marijuana or score marijuana</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[32]
56. <u>Continue</u> to use marijuana <u>even though you knew</u> it was making you feel either <u>depressed, anxious or nervous, paranoid and distrustful</u> of other people, <u>or harder to concentrate and remember things</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[33]
57. <u>Continue</u> to use marijuana <u>even though you knew</u> marijuana was causing you a <u>health problem</u> or making a known health problem worse?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[34]

58. Have you used **ANY TYPE OF OPIATES** at all during the last 12 months (like heroin, morphine, or street methadone)? 0=No* 1=Yes [35]

***IF "NO", STOP INTERVIEW HERE**

During the past year, how often did you –

	<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>	
59. <u>Continue to use opiates</u> even though you knew it was causing you trouble with your <u>family or friends</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[36]
60. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of opiates? For example, while driving a car, operating machinery, or taking unnecessary risks?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[37]
61. Get <u>arrested</u> because you had been using opiates?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[38]
62. Get high on opiates when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[39]
63. Find that your <u>usual amount</u> of opiates had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[40]
64. <u>Use opiates</u> or other drugs to help you <u>feel better when coming down</u> from opiates?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[41]
65. <u>Start</u> using opiates even though you had <u>decided not to</u> or promised yourself that you would not use it?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[42]
66. <u>Use opiates</u> for a much longer time than you had intended to?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[43]
67. <u>Want to – or try to – stop or cut down on</u> your opiate use but <u>found you could not</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[44]
68. <u>Spend so much time</u> using opiates, scoring opiates, or being hung-over from opiates that you had <u>little time left for important things</u> like work, school, family, or friends?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[45]

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

69. Give up or cut down on things that are important to you like work, school, hobbies, or spending time with your family in order to use opiates or score opiates? 0 1 2 3 [46]

70. Continue to use opiates even though you knew it was making you feel either depressed, or uninterested in life, or paranoid and distrustful of other people? 0 1 2 3 [47]

71. Continue to use opiates even though you knew that opiates were causing you a health problem or making a known health problem worse? 0 1 2 3 [48]

During the past year, when the effects of opiates were wearing off, how often did you –

72. Have trouble falling asleep or staying asleep? 0 1 2 3 [49]

73. Find your eyes were red or tearing? 0 1 2 3 [50]

74. Feel depressed, irritable, or nervous? 0 1 2 3 [51]

75. Feel sick to your stomach or vomit? 0 1 2 3 [52]

76. Have muscle aches? 0 1 2 3 [53]

77. Find yourself sweating or have goose flesh? 0 1 2 3 [54]

78. Feel hot as if you were running a fever? 0 1 2 3 [55]

79. Have diarrhea? 0 1 2 3 [56]

80. Finding yourself yawning often? 0 1 2 3 [57]

End of Interview