

COMPREHENSIVE INTAKE (TCU CI)

CODE A-E WITHOUT QUESTIONING RESPONDENT:

[FORM 211; CARD 01]

A. SITE:	_ _	[6]
B. CLIENT ID NUMBER:	_ _ _ _	[7-10]
C. DATE OF THIS INTERVIEW:	_ _ _ _	[11-16]
	MO DAY YR	
D. CLIENT GENDER:	0=Female 1=Male	[17]
E. SPECIAL CODES:	_ _ _ _	[18-23]
F. HOME ADDRESS (or nearest intersection): _____		
	STREET	APT #
_____	_ _ _ _	[24-29]
CITY	STATE	CENSUS TRACT

READ ALOUD TO RESPONDENT:

This interview is part of the regular intake process for people entering this treatment program. It usually takes a little over an hour to complete, depending partly on how clear and direct you can be in giving your answers. I will be asking primarily about your personal and family background, your friends, your criminal and legal involvement, and your drug use history. When I ask about “other drugs” besides alcohol, I mean the use of any illegal drugs or anything else taken without a doctor's prescription. Many of my questions will refer to the “last 6 months” or the “last 30 days” before you entered this treatment program or, if you have recently been incarcerated, the time that immediately preceded that.

It is very important that you be open and honest. Some questions may seem sensitive or embarrassing to you, but they are necessary to help us understand your problems and plan your treatment here.

Do you have any questions before we start?

GENERAL INSTRUCTIONS TO INTERVIEWER: Some items in this form leave space for recording answers verbatim for later coding. Examples of this are converting years into months or drinks

NOTE ON JAIL/PRISON “TRANSFERS” TO TREATMENT: Special instructions are necessary for defining the “last 6 months” and “last 30 days” before treatment for clients entering the program directly from jail or prison. In particular, they should be asked to report behaviors based on the time immediately BEFORE jail/prison in an effort to obtain more meaningful baseline measures.

PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. What is your current age and birthdate? AGE: |__|__| [30-31]

BIRTHDATE: |__|__|||__|__|||__|__| [32-37]
MO DAY YR

2. What is your race or ethnic background? [USE CODE FROM BELOW]|__| [38]

- | | |
|---------------------------------------|-----------------------------------|
| 1. African American/Black | 5. Other Hispanic |
| 2. American Indian | (specify): _____ |
| 3. Asian/Pacific Islander | 6. White (not of Hispanic origin) |
| 4. Mexican American (Hispanic origin) | 7. Other |
| | (specify): _____ |

3. Where were you living at the time that you entered
 this treatment program? [USE CODE BELOW].....|__| [39]

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

4. How long had you been living there (at that place)?|__|__|__| [40-42]
MONTHS

5. Were you living with a spouse or primary partner?..... 0=No 1=Yes* [43]

*IF "YES", ASK:

a. How long had you been living together?|__|__|__| [44-46]
MONTHS

b. How happy were you with the relationship? [CIRCLE ANSWER]

0. <i>Very</i>	1. <i>Somewhat</i>	2. <i>Not</i>	3. <i>Somewhat</i>	4. <i>Very</i>	[47]
<u>unhappy</u>	<u>unhappy</u>	<u>sure</u>	<u>happy</u>	<u>happy</u>	

c. In the past 6 months, did your spouse/primary partner --

(1) get drunk frequently (e.g., 2 or more times a month)? 0=No 1=Yes [48]

(2) use drugs other than alcohol? 0=No 1=Yes [49]

(3) inject drugs? 0=No 1=Yes [50]

[211;02;ID]

9. How many times have you ever been married or living as married?|_| [11]
TIMES

10. What is your current LEGAL marital status?|_|* [12]

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

*IF "EVER MARRIED" (RESPONSE CODE 2-6), ASK:

a. How long have you been (current marital status)?|_|_|_| [13-15]
MONTHS

11. Altogether, how many other people did you live with during the last 6 months before this treatment?
[DO NOT COUNT MOST RECENT SPOUSE/PRIMARY PARTNER OR CHILDREN; IF LIVING IN A GROUP SHELTER, CODE '98']|_|_|* [16-17]
PEOPLE

***IF "0", SKIP TO Q.14**

12. During that time, did you ever live with --
-
- a. your parents? 0=No 1=Yes [18]
 - b. other relatives? 0=No 1=Yes [19]
 - c. friends? 0=No 1=Yes [20]
-

13. During that time, did any of these people --
-
- a. get drunk frequently (e.g., 2 or more times a month)? 0=No 1=Yes [21]
 - b. use drugs other than alcohol? 0=No 1=Yes [22]
 - c. inject drugs? 0=No 1=Yes [23]
-

14. How many years of school have you finished -- that is, what is the highest grade you completed?|_| [24-25]
[DO NOT INCLUDE GED] GRADE



15. Have you --

- a. graduated from high school? 0=No 1=Yes [26]
- b. completed a vocational or technical training program? 0=No 1=Yes [27]

IF "GRADUATED HIGH SCHOOL", SKIP TO Q.16

- c. Have you completed your GED? 0=No 1=Yes [28]
- d. Are you currently working on your GED
or any type of vocational/technical training degree? 0=No 1=Yes [29]

16.^a When you were young and in elementary school (ages 6 to 10),
how often did you --



[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. sit still?	0	1	2	3	4	[30]
b. finish school work?	0	1	2	3	4	[31]
c. pay attention, concentrate?	0	1	2	3	4	[32]
d. wait patiently in lines, etc.?	0	1	2	3	4	[33]
e. understand and follow directions?	0	1	2	3	4	[34]
f. keep your things organized?	0	1	2	3	4	[35]
g. make friends?	0	1	2	3	4	[36]
h. get into trouble at school?	0	1	2	3	4	[37]
i. forget to do homework?	0	1	2	3	4	[38]

17. When you were in elementary school (ages 6 to 10), were you --

- a. given medication (such as Ritalin) to help you sit still
or pay attention? 0=No 1=Yes [39]
- b. in any special education classes? 0=No 1=Yes [40]

18. Do you have a current, valid driver's license? 0=No 1=Yes [41]

19. Have you held a job anytime during the last 6 months before this treatment? |__|* [42]

- 1. *Not in labor force--student, disabled, in jail, etc.*
- 2. *No, needed at home to take care of other family members*
- 3. *No, could not find a job or did not try*

- *4. *Yes, usually at odd jobs (occasional or irregular work)*
- *5. *Yes, usually at part-time jobs (under 35 hours per week)*
- *6. *Yes, usually full-time at a steady job (35 hours or more per week)*

*IF "YES" (RESPONSE CODE 4, 5, OR 6), ASK:

<p>a. Were you <u>employed</u> when you <u>entered</u> this treatment? __ * [43]</p> <ul style="list-style-type: none"> 1. <i>No</i> *2. <i>Yes, working at <u>odd jobs</u></i> *3. <i>Yes, working <u>part-time</u> at a steady job (under 35 hours per week)</i> *4. <i>Yes, working <u>full-time</u> at a steady job (35 hours or more per week)</i> 						
<p>b. *IF "YES", ASK]: <u>How long</u> had you worked at that <u>job</u>? __ __ [44-45] # MONTHS</p>						
<p>c. <u>How many days</u> did you work <u>in the last 30 days</u> before this treatment started? __ __ [46-47] # DAYS</p>						
<p>d. Altogether, <u>how many jobs</u> (i.e., different employers) have you had in the <u>last 6 months</u> before treatment? __ __ [48-49] # JOBS</p>						
<p>e.¹ What <u>kind of work</u> did you usually do? [PROBE TO CODE OCCUPATION -- RECORD CLIENT'S ACTUAL WORDS]: What was your job called? What were some of your duties? ¹[REFER TO "OCCUPATION CODE LIST"]</p>						
<p>Where did you work? _____ [50-51] NAME OF COMPANY</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; margin-top: 5px;">CODE</p>					
<p>f. About how much <u>take-home pay</u> did you usually earn <u>each week</u>? [PROBE: IS THAT <u>PER WEEK</u>? IF PAY WAS IRREGULAR, LEAVE "WEEKLY INCOME" SPACES BLANK.] \$ __ __ __ __ [52-55] WEEKLY INCOME</p>						

20. What were **all** the different sources of financial support you had during the last 6 months before entering this treatment?

In how many of those 6 months did you get any money, food, shelter, etc. from --

-
- (1) your job or employment?.....|__| [56]
 - (2) your spouse or ex-spouse (including child support)?.....|__| [57]
 - (3) a sexual partner (other than a spouse) or a friend?.....|__| [58]
 - (4) your family?.....|__| [59]
 - (5) unemployment compensation (for being laid off or injured at work)?|__| [60]
 - (6) welfare or public assistance (food stamps, housing assistance, AFDC, Medicaid, SSI)?|__| [61]
 - (7) selling or trading sex (prostitution)?|__| [62]
 - (8) any other kind of illegal activities (other than prostitution)?|__| [63]
 - (9) jail/prison, residential treatment program, or hospital?.....|__| [64]
 - (10) anything else? (*specify*) _____ |__| [65]
MONTHS
-

21. Which one of these was your major (or largest) source of support during those 6 months? [SELECT ITEM NUMBER FROM LIST ABOVE].....|__| |__| [66-67]
CODE #

22. Have you ever served on active duty in the Armed Forces?..... 0=No I=Yes* [68]

*IF "YES", ASK:

- a. How many months were you in the service?.....|__| |__| [69-70]
MONTHS
- b. Were you given an honorable discharge?..... 0=No I=Yes [71]

PART B: FAMILY BACKGROUND

Next, I want to get some information about your **FAMILY BACKGROUND** and relations.
First, let me ask some things about your parents.

[211;03;ID]

1. Are your natural (or original) **PARENTS** currently alive?..MOTHER: 0=No 1=Yes 7=? [11]
FATHER: 0=No 1=Yes 7=? [12]
2. Were they ever divorced or separated from each other?0=No 1=Yes* [13]
[IF NEVER LIVED TOGETHER "AS MARRIED," CIRCLE "YES"]

*IF "YES", ASK:

- a. How old were you when your parents got a divorce (or separated)? |__|__| [14-15]
[IF BEFORE AGE 1, CODE "01"] AGE
- b. While living with your parents or stepparents,
how many times did they ever divorce or separate? |__|__| [16-17]
TIMES

3. Which adults from the following list usually lived with you during the time you were ages 0 to 6, 7 to 12, and 13 to 17?

At each of these periods of your life, did you usually live with your --

ASK FOR ALL ADULTS LIVING IN HOME AT EACH AGE	(1) Age 0 to 6? <i>(pre-school years)</i>		(2) Age 7 to 12? <i>(early school years)</i>		(3) Age 13 to 17? <i>(teen-age years)</i>	
	NO	YES	NO	YES	NO	YES
a. <u>mother?</u> (i.e., natural/real).....	0	1	0	1	0	1
[IF "NO", ASK-- <u>stepmother?</u>]....	0	1	0	1	0	1
b. <u>father?</u> (i.e., natural/real).....	0	1	0	1	0	1
[IF "NO", ASK-- <u>stepfather?</u>].....	0	1	0	1	0	1
c. <u>grandparents?</u>	0	1	0	1	0	1
d. <u>other parent figures?</u>	0	1	0	1	0	1
(including foster parents)						

4. While you were growing up, how often did you usually go to church or religious services?

0. *Never* (or very seldom) 1. *A few* times a year 2. *Once or twice* a month 3. *Every week* (or more often) [36]

I would like to get some information now about your RELATIONSHIPS with family -- that is, parents, brothers/sisters, grandparents, aunts/uncles, adult children -- during the last 6 months before starting this treatment.

[211;04;ID]

7. How many of your family members did you usually stay in touch with by talking to or seeing regularly (such as every few weeks)?..... [11-12]
NUMBER

8. And about how many hours each week (on average) did you usually spend in leisure or social activities with them? [13-14]
HOURS/WEEK

9.^a What were your relationships with them like during the last 6 months?
 Use this card and tell me how often you --

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. <u>got along</u> together?	0	1	2	3	4	[15]
b. really <u>enjoyed</u> being together?.....	0	1	2	3	4	[16]
c. <u>drank</u> together?	0	1	2	3	4	[17]
d. got <u>drunk</u> together?.....	0	1	2	3	4	[18]
e. used <u>other (illegal) drugs</u> together?	0	1	2	3	4	[19]
f. had serious talks about each other's <u>interests and needs</u> ?.....	0	1	2	3	4	[20]
g. <u>helped</u> each other with problems?	0	1	2	3	4	[21]
h. got <u>blamed or fussed at</u> about things you did or did not do?	0	1	2	3	4	[22]
i. had <u>disagreements</u> ?.....	0	1	2	3	4	[23]
j. had <u>big arguments or fights</u> ?	0	1	2	3	4	[24]

10. How often did you get money, food, shelter, or other help from your family in the last 6 months before entering treatment?
 0. *Never (or very seldom)* 1. *A few times* 2. *Once or twice a month* 3. *Every week (or more often)* [25]

11. And how often did you go to church or religious services during those months? Was it --
 0. *Never (or very seldom)* 1. *A few times* 2. *Once or twice a month* 3. *Every week (or more often)* [26]

12.^a How often do you feel that religion is really important in your life? [USE "ANSWER CARD A"]
 0. *Never* 1. *Rarely* 2. *Sometimes* 3. *Often* 4. *Always* [27]

PART C: PEER RELATIONS

Now I want to ask a few questions about the **FRIENDS** you had during the **6 months** before you entered this treatment.

1. About how many different **friends** did you have during those months -- that is, people with whom you regularly hung out or spent your free time?..... |__|__|* [28-29]
FRIENDS

*IF "1" OR MORE, ASK:

a. How many of them do you consider to be "**close friends**" -- that is, someone you can really depend on? |__|__| [30-31]
NUMBER

b. How many of them DID NOT use drugs? |__|__| [32-33]
NUMBER

- 2.^a Describe your friends and the people you usually spent your time with during those 6 months. Use the card and tell me, in general, how often did they --

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS	
a. have an <u>interest in working</u> ?	0	1	2	3	4	[34]
b. <u>work regularly</u> on a job?	0	1	2	3	4	[35]
c. feel <u>hopeful</u> about their <u>future</u> ?	0	1	2	3	4	[36]
d. <u>spend time</u> with their <u>families</u> ?	0	1	2	3	4	[37]
e. <u>like</u> being with their <u>families</u> ?	0	1	2	3	4	[38]
f. get into <u>loud arguments or fights</u> ?	0	1	2	3	4	[39]
g. get <u>drunk</u> ?	0	1	2	3	4	[40]
h. use <u>other (illegal) drugs</u> ?	0	1	2	3	4	[41]
i. trade, sell, or <u>deal drugs</u> ?	0	1	2	3	4	[42]
j. do other things <u>against the law</u> ?	0	1	2	3	4	[43]
k. spend time with " <u>gangs</u> "?	0	1	2	3	4	[44]
l. get <u>arrested</u> or have problems with the law?	0	1	2	3	4	[45]

3. How many HOURS each week (on average) did you generally spend with friends while doing drugs or involved in crime-related activities? |__|__|__| [46-48]
HOURS/WEEK

4.^a How often would you say the friends you spent your time with --

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. looked to you as a <u>leader</u> ?	0	1	2	3	4	[49]
b. asked to <u>hear your ideas</u> ?	0	1	2	3	4	[50]
c. <u>laughed at or made fun</u> of you?	0	1	2	3	4	[51]
d. asked for <u>your advice</u> about their problems?	0	1	2	3	4	[52]
e. <u>caused problems</u> for you?	0	1	2	3	4	[53]
f. took <u>risks or chances</u> ?	0	1	2	3	4	[54]
g. did things that could get them into <u>trouble</u> ?	0	1	2	3	4	[55]
h. believed <u>drug use caused problems</u> ?	0	1	2	3	4	[56]
i. talked about reasons and ways to " <u>quit drugs</u> "?	0	1	2	3	4	[57]
j. thought drug <u>treatment</u> could be <u>helpful</u> ?	0	1	2	3	4	[58]

5. How often did you have arguments or fights in the last 6 months?

0. *Never* 1. *Only a few times* 2. *1-3 times a month* 3. *1-5 times a week* 4. *About every day* [59]

6. What did you usually do in your leisure time before entering treatment?

[DO NOT INCLUDE TIME SPENT AT WORK/SCHOOL OR IN DRUG/CRIME RELATED ACTIVITIES]

For example, how many HOURS EACH WEEK (on average) did you usually spend --

[211;05;ID]

a. <u>watching T.V.</u> (or going to movies)?	__ __	[11-12]
b. <u>playing games</u> for <u>fun</u> (cards, dominoes, shooting pool)?	__ __	[13-14]
[DO NOT INCLUDE GAMBLING ACTIVITIES]		
c. at <u>cookouts</u> , picnics, or Bar-B-Qs with family or friends?	__ __	[15-16]
d. doing <u>physical exercise</u> (playing ball, jogging, swimming)?	__ __	[17-18]
e. doing <u>hobbies</u> (fishing, handwork, crafts)?	__ __	[19-20]
f. <u>reading/writing</u> or <u>playing music</u> (listening to radio)?	__ __	[21-22]
g. doing <u>favours</u> or <u>donating time</u> to church or community organizations?	__ __	[23-24]
h. Anything else? (<i>specify</i>)	__ __	[25-26]
	# HOURS/WEEK	

PART D. CRIMINAL HISTORY

Tell me about your past ARRESTS -- that is, the number of times and reasons.
 [“ARRESTED” MEANS TAKEN INTO CUSTODY OR TO POLICE STATION]

1. Altogether, about how many TIMES during your life have you ever been arrested? |__|__|__|__|* [27-30]
 # ARRESTS

*IF “1” OR MORE, ASK:

a. About how many of these arrests were for things you did while using illegal drugs or trying to get drugs?..... |__|__|__|__| [31-34]
 # ARRESTS

b. How old were you the first time you were arrested? |__|__|* [35-36]
 AGE

c. ***[IF “17” OR LESS, ASK:]** How many times were you arrested before you turned 18? |__|__|__|__| [37-40]
 # ARRESTS

d.^c [HAND “CRIME CARD” TO RESPONDENT]:
 Look at this card and tell me how many times you were **EVER ARRESTED** for each of the reasons listed. [RECORD ANSWERS ON “CRIME CHART”]

2. What about in the last 6 months before you started this treatment program?
 How much of your income or source of support during that time came from some kind of **ILLEGAL ACTIVITY**?

0. None 1. Less than half 2. About half 3. More than half 4. All [41]

3. Altogether, how many TIMES were you arrested during that time?..... |__|__|__|* [42-44]
 # ARRESTS

*IF “1” OR MORE, ASK:

a.^c And how many different TIMES in those 6 months were you arrested for each of the reasons listed on this card? [RECORD ANSWERS ON “CRIME CHART”]

4.^c Now tell me about the last 30 days before entering this treatment.
Not counting illegal drug use, how many of those 30 DAYS were you involved in any kind of activities that were against the law? The activities we are talking about are listed on the card. [REFER TO ITEMS 1-16 IN CHART]..... |__|__|__|* [45-46]
 # DAYS

*IF “1” OR MORE, ASK:

a.^c How many different days (in the last 30 days before treatment) were you involved in each category of illegal activities listed on the card? [RECORD ANSWERS ON “CRIME CHART”]

5. How many TIMES in the last 30 days before entering treatment were you arrested?..... |__|__|__| [47-49]
 # ARRESTS

CRIME CHART

TYPE OF CRIMES (AND EXAMPLES OF EACH)	Q1d. TIMES ARRESTED-- EVER (LIFETIME)	Q3a. TIMES ARRESTED-- LAST 6 MONTHS	Q4a. DAYS OF THESE ACTIVITIES-- LAST 30 DAYS
[1]. <u>Public intoxication</u> from drinking alcohol?	_ _ _ [50-51]	_ _ _ [23-24]	NA
[2]. <u>DWI</u> from drinking alcohol?.....	_ _ _ [52-53]	_ _ _ [25-26]	NA
[3]. <u>Use of illegal drugs</u> (possession of drug paraphernalia, public intoxication)?.....	_ _ _ [54-55]	_ _ _ [27-28]	NA
[4]. <u>Sale, distribution, or manufacturing</u> <u>of any drugs</u> (not counting drug use or possession)?	_ _ _ [56-57]	_ _ _ [29-30]	_ _ _ [57-58]
[5]. <u>Forgery or fraud</u> (writing bad checks, running con games)?.....	_ _ _ [58-59]	_ _ _ [31-32]	_ _ _ [59-60]
[6]. <u>Fencing</u> or buying/receiving stolen property?	_ _ _ [60-61]	_ _ _ [33-34]	_ _ _ [61-62]
[7]. <u>Gambling</u> , running numbers, or bookmaking?	_ _ _ [62-63]	_ _ _ [35-36]	_ _ _ [63-64]
[8]. <u>Prostitution or pimping?</u>	_ _ _ [64-65]	_ _ _ [37-38]	_ _ _ [65-66]
[9]. <u>Burglary or auto theft?</u>	_ _ _ [66-67]	_ _ _ [39-40]	_ _ _ [67-68]
[10]. <u>Other theft</u> (larceny, shoplifting)?.....	_ _ _ [68-69]	_ _ _ [41-42]	_ _ _ [69-70]
[11]. <u>Robbery</u> (armed robbery, mugging)?.	_ _ _ [70-71]	_ _ _ [43-44]	_ _ _ [71-72]
[12]. <u>Violence against other persons</u> (homicide, aggravated assault, kidnapping, etc.)? [DO NOT INCLUDE "RAPE"]	[211;06;ID] _ _ _ [11-12]	_ _ _ [45-46]	[211;07;ID] _ _ _ [11-12]
[13]. <u>Arson or weapons offenses?</u>	_ _ _ [13-14]	_ _ _ [47-48]	_ _ _ [13-14]
[14]. <u>Vandalism</u> , vagrancy, loitering?	_ _ _ [15-16]	_ _ _ [49-50]	_ _ _ [15-16]
[15]. <u>Sex offenses</u> (rape, aggravated sexual assault, indecent exposure)?.....	_ _ _ [17-18]	_ _ _ [51-52]	_ _ _ [17-18]
[16]. <u>Probation/parole violations?</u>	_ _ _ [19-20]	_ _ _ [53-54]	_ _ _ [19-20]
[17]. Others not listed? (specify) _____	_ _ _ [21-22]	_ _ _ [55-56]	_ _ _ [21-22]

**PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!
ARE THE "TOTALS" IN Qs. 1, 3, & 4 ACCOUNTED FOR IN THE CRIME CHART??
[RECORD ALL REASONS OR CHARGES FOR EACH ARREST]**

We are finished with that card, so I'll put it away. [TAKE BACK "CRIME CARD"]

6. How many different TIMES during your whole life have you ever been in **JAIL, PRISON, OR JUVENILE LOCKUP**? |__|__|__|* [23-25]
 ["IN JAIL OR PRISON" MEANS LOCKED BEHIND BARS] # TIMES

***IF "0", SKIP TO Q.8**

*IF "1" OR MORE, ASK:

a. How <u>old</u> were you the <u>first time</u> you were in jail, prison, or juvenile lock-up?	__ __	[26-27]
	AGE	
b. Altogether, <u>how much time</u> have you ever spent in <u>jail, prison, or juvenile lock-up</u> ? [RECORD IN "MONTHS"]	__ __ __	[28-30]
	# MONTHS	

7. In the last 6 months before starting this treatment, how many TIMES were you in jail or prison? |__|__|__|* [31-33]
 # TIMES

*IF "1" OR MORE, ASK:

a. Altogether, on how many <u>DAYS</u> did you spend any time in jail or prison during <u>those 6 months</u> ?	__ __ __	[34-36]
	# DAYS	
b. And what about the <u>last 30 days</u> (of that period)? That is, on how many of those 30 <u>DAYS</u> did you spend any time in jail or prison?	__ __	[37-38]
	# DAYS	

8. What is your **CURRENT LEGAL STATUS**? |__|* [39] ←

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

*IF "1", "2", OR "3", ASK:

a. When does your current (<u>parole/probation</u>) end?	__ __	__ __	[40-43]
[IF ON "LIFETIME PAROLE", CODE "3333";	MONTH	YEAR	
IF ON BOTH "PROBATION" and "PAROLE", RECORD LATEST DATE]			

PART E: HEALTH AND PSYCHOLOGICAL STATUS

1. How many times in your life have you ever been hospitalized for health or medical problems, like a serious illness or injury? [INCLUDE O.D.'S AND D.T.'S, BUT NOT DRUG DETOX; EXCLUDE HOSPITAL STAYS FOR CHILDBIRTH] * [44-45]
TIMES

*IF "1" OR MORE, ASK:

a. How many times have you been hospitalized in the last 6 months? [46-47]

2.² Do you currently have any serious health problems?..... 0=No 1=Yes* [48]

a. *[IF "YES", ASK] What are the main problems you have?
²[RECORD VERBATIM AND CODE USING "HEALTH PROBLEMS LIST"] [49-50]
CODE

3. How many times in your life have you ever been treated for psychological or emotional problems? [INCLUDING EITHER INPATIENT OR OUTPATIENT TREATMENT; DO NOT INCLUDE ALCOHOL OR DRUG TREATMENTS].... * [51-52]
TIMES

*IF "1" OR MORE, ASK:

a. How many times were you treated for these problems in the last 6 months before entering this treatment? [53-54]

4. As far as you know, was either one of your parents ever treated for psychological or emotional problems? MOTHER: 0=No 1=Yes 7=? [55]
FATHER: 0=No 1=Yes 7=? [56]

5.^a Not counting the effects from alcohol or other drug use, how often in the last 6 months have you experienced -- _____

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. serious <u>depression</u> ?	0	1	2	3	4	[57]
b. serious <u>anxiety or tension</u> ?	0	1	2	3	4	[58]
c. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1	2	3	4	[59]
d. trouble <u>understanding, concentrating, or remembering</u> ?	0	1	2	3	4	[60]
e. trouble controlling <u>violent behavior</u> ?	0	1	2	3	4	[61]
f. serious <u>thoughts of suicide</u> ?	0	1	2	3	4	[62]

6. Have you ever attempted suicide? 0=No 1=Yes [63]

7. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months? 0=No 1=Yes* [64]

a. *[IF YES]: What? _____

8. Have you ever been abused -- _____

a. physically (hit, slapped, beaten)? 0=No 1=Yes [65]
b. emotionally (yelled at, threatened)? 0=No 1=Yes [66]
c. sexually (raped, molested)? 0=No 1=Yes [67]

PART F: DRUG HISTORY

1. Have you ever been a cigarette smoker?..... 0=No I=Yes* [68]

*IF "YES", ASK:

a. How <u>old</u> were you when you first started <u>smoking</u> ?	__ __	[69-70]
	AGE	
b. About how many cigarettes do you currently <u>smoke each day</u> ?	__ __ *	[71-72]
	# PER DAY	
c. * [IF "0", ASK] : How long ago did you <u>quit</u> ? [RECORD MONTHS].....	__ __ __	[73-75]
	# MONTHS	

2. Look over this list of drugs and tell me which ones caused you the most serious problems before you entered this treatment. [211;08;ID]

[HAND "DRUG CARD" TO RESPONDENT, USE CODE NUMBERS FROM "DRUG HISTORY CHART"]

- a. First most serious?..... |__|__| [11-12]
- b. Second most serious?
- c. Third most serious?

3.^d For each drug that you have EVER USED, tell me how old you were the first time you ever tried it (i.e., of your own choice).
[RECORD AGE AT FIRST USE IN "DRUG HISTORY CHART"; WRITE "0" FOR THOSE DRUGS NEVER USED]

FOR EACH SEPARATE DRUG USED, ASK:

[TAKE BACK "DRUG CARD" -- HAND "ANSWER CARD B" TO RESPONDENT]
a. ^b Using answers from this card, tell me how often during the <u>LAST 6 MONTHS</u> before starting this treatment you used (<u>drug name</u>). [RECORD RESPONSE IN "DRUG HISTORY CHART"]
b. ^b In the <u>LAST 30 DAYS</u> before entering this treatment, how often did you use (<u>drug name</u>)? [RECORD RESPONSE IN "DRUG HISTORY CHART"; DO NOT USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]
FOR <u>DRUGS USED THAT CAN BE INJECTED</u> (SEE CHART), ASK --
c. How <u>old</u> were you the <u>first time you injected</u> (<u>drug name</u>)? [RECORD AGE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE NEVER INJECTED]
d. ^b And how often in these <u>last 30 days</u> did you <u>INJECT</u> (<u>drug name</u>)?

FREQUENCY OF USE CODES:

- | | | |
|---------------------------|------------------------------|----------------------------------|
| 0. Never/Not used | 3. About 2-3 times per MONTH | 6. About 1 time per DAY |
| 1. Only 1-3 times | 4. About 1 time per WEEK | 7. About 2-3 times per DAY |
| 2. About 1 time per MONTH | 5. About 2-6 times per WEEK | 8. About 4 or more times per DAY |

PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q3. AGE 1ST USED	Q3a. LAST 6 MONTHS	Q3b. LAST 30 DAYS	Q3c. AGE 1ST INJ.	Q3d. INJ. LAST 30 DAYS
(1) <u>Alcohol</u>	<input type="text"/> <input type="text"/> [17-18]	<input type="text"/> [49]	<input type="text"/> [65]	[211;09;ID] N/A	N/A
(2) <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.).....	<input type="text"/> <input type="text"/>	<input type="text"/> [50]	<input type="text"/> [66]	N/A	N/A
(3) <u>Marijuana</u> /Hashish.....	<input type="text"/> <input type="text"/> [21-22]	<input type="text"/> [51]	<input type="text"/> [67]	N/A	N/A
(4) <u>Hallucinogens</u> /LSD/ Psychedelics/PCP/ Mushrooms/Peyote	<input type="text"/> <input type="text"/>	<input type="text"/> [52]	<input type="text"/> [68]	N/A	N/A
(5) <u>Crack</u> /Freebase	<input type="text"/> <input type="text"/>	<input type="text"/> [53]	<input type="text"/> [69]	N/A	N/A
(6) <u>Cocaine</u> (by itself)	<input type="text"/> <input type="text"/> [27-28]	<input type="text"/> [54]	<input type="text"/> [70]	<input type="text"/> <input type="text"/> [11-12]	<input type="text"/> [33]
(7) <u>Heroin and Cocaine</u> (mixed together)	<input type="text"/> <input type="text"/>	<input type="text"/> [55]	<input type="text"/> [71]	<input type="text"/> <input type="text"/>	<input type="text"/> [34]
(8) <u>Heroin</u> (by itself)	<input type="text"/> <input type="text"/> [31-32]	<input type="text"/> [56]	<input type="text"/> [72]	<input type="text"/> <input type="text"/> [15-16]	<input type="text"/> [35]
(9) <u>Street Methadone</u> (non-prescription).....	<input type="text"/> <input type="text"/> [33-34]	<input type="text"/> [57]	<input type="text"/> [73]	<input type="text"/> <input type="text"/> [17-18]	<input type="text"/> [36]
(10) <u>Other Opiates</u> /Opium Morphine/Demerol/ Darvon.....	<input type="text"/> <input type="text"/> [35-36]	<input type="text"/> [58]	<input type="text"/> [74]	<input type="text"/> <input type="text"/> [19-20]	<input type="text"/> [37]
(11) <u>Methamphetamine</u> / Speed/Ice/Ecstasy	<input type="text"/> <input type="text"/> [37-38]	<input type="text"/> [59]	<input type="text"/> [75]	<input type="text"/> <input type="text"/> [21-22]	<input type="text"/> [38]
(12) <u>Other Amphetamines</u> / Uppers/Diet Pills	<input type="text"/> <input type="text"/> [39-40]	<input type="text"/> [60]	<input type="text"/> [76]	<input type="text"/> <input type="text"/> [23-24]	<input type="text"/> [39]
(13) <u>Librium/Xanax/Valium</u> / Minor Tranquilizers.....	<input type="text"/> <input type="text"/>	<input type="text"/> [61]	<input type="text"/> [77]	<input type="text"/> <input type="text"/>	<input type="text"/> [40]
(14) <u>Barbiturates</u>	<input type="text"/> <input type="text"/> [43-44]	<input type="text"/> [62]	<input type="text"/> [78]	<input type="text"/> <input type="text"/> [27-28]	<input type="text"/> [41]
(15) <u>Other Sedatives</u> / Hypnotics/Quaaludes...	<input type="text"/> <input type="text"/> [45-46]	<input type="text"/> [63]	<input type="text"/> [79]	<input type="text"/> <input type="text"/> [29-30]	<input type="text"/> [42]
(16) Other (<i>specify</i>) _____	<input type="text"/> <input type="text"/> [47-48]	<input type="text"/> [64]	<input type="text"/> [80]	<input type="text"/> <input type="text"/> [31-32]	<input type="text"/> [43]

Tell me about your ALCOHOL USE before starting this treatment program.

4.³ Altogether, on how many of the last 30 days did you drink any beer, wine, wine coolers, or hard liquor? | | |* [44-45]
 [“HARD LIQUOR” INCLUDES WHISKEY, RUM, VODKA, GIN, ETC. # DAYS
³USE “ALCOHOL CONVERSION LIST” WHEN IN DOUBT]

***IF ANY, ASK:**

a. On how many of those 30 days did you <u>drink any BEER</u> ?.....	*	[46-47]
	# DAYS	
(1) *IF ANY, ASK: How many <u>cans or bottles</u> of beer did you generally drink on each of those days? [RECORD VERBATIM, PROBE FOR SIZE OF CAN OR BOTTLE]	<input type="text"/>	[48-49]
	12-OZ CANS	
b. On how many days did you <u>drink any WINE</u> (or wine coolers)?.....	*	[50-51]
	# DAYS	
(1) *IF ANY, ASK: How much wine did you generally drink on each of those days? [PROBE FOR AMOUNT AND TYPE. INDICATE WHETHER WINE OR WINE COOLER]	<input type="text"/>	[52-53]
	OUNCES OF WINE	
c. On how many days did you <u>drink any HARD LIQUOR</u> , such as whiskey, rum, vodka, gin, etc.?	*	[54-55]
	# DAYS	
(1) *IF ANY, ASK: How many <u>drinks (or bottles)</u> of hard liquor did you generally drink on each of those days? [USUALLY A “DRINK” IS 1.5 OZ. (SHOTGLASS) OF LIQUOR; RECORD VERBATIM, PROBE FOR AMOUNT AND TYPE OR PROOF OF LIQUOR]	<input type="text"/>	[56-57]
	OUNCES OF LIQUOR	
d. What about your pattern of drinking? On how many days (out of the last 30) did you have a drink <u>as soon as you woke up in the morning</u> -- before eating or going to work/school?.....		[58-59]
	# DAYS	
e. On how many days did you have any <u>shakes or tremors</u> because you needed a drink?		[60-61]
	# DAYS	
f. On how many days did you drink <u>more alcohol than you really intended</u> or wanted to?		[62-63]
	# DAYS	
g. On how many days (out of the last 30) did you drink <u>5 or more drinks in a row</u> ?.....		[64-65]
[A “DRINK” IS EQUAL TO A 12-OZ. BOTTLE OF BEER, A MIXED DRINK, A “SHOT” GLASS (1.5 OZ.) OF HARD LIQUOR, OR A GLASS OF WINE]	# DAYS	
h. On how many days (out of the last 30) did you ever have <u>3 or more drinks within a 1-hour period</u> ?.....		[66-67]
	# DAYS	

Think about the last 6 months before treatment and tell me how often your use of alcohol or other drugs led to PROBLEMS for you. First, let's talk about alcohol, and then other drugs.

5.^a Use this card and tell me how often you think drinking alcohol or using other drugs have led to problems in each of the following areas of your life.

[USE "ANSWER CARD A" -- ASK ABOUT "ALCOHOL", THEN "OTHER DRUGS"]

How often did your (alcohol/drug) use affect --

	<u>(1) Alcohol Use</u>					<u>(2) Other Drug Use</u>				
	NEVER				ALWAYS	NEVER				ALWAYS
	[211;10;ID]									
a. <u>your physical</u> health?	0	1	2	3	4 [11]	0	1	2	3	4 [19]
b. <u>your relations with family or friends?</u>	0	1	2	3	4 [12]	0	1	2	3	4 [20]
c. <u>your general attitude or emotional health?</u>	0	1	2	3	4 [13]	0	1	2	3	4 [21]
d. <u>your attention and concentration?</u>	0	1	2	3	4 [14]	0	1	2	3	4 [22]
e. <u>going to work or finding a job?</u>	0	1	2	3	4 [15]	0	1	2	3	4 [23]
f. <u>money</u> and finances?.....	0	1	2	3	4 [16]	0	1	2	3	4 [24]
g. <u>fight</u> s or arguments?.....	0	1	2	3	4 [17]	0	1	2	3	4 [25]
h. <u>police</u> or legal trouble?...	0	1	2	3	4 [18]	0	1	2	3	4 [26]

6. How many times have you ever overdosed on drugs? |__|__|* [27-28]
TIMES

*IF "1" OR MORE, ASK:

a. How many times in the last 6 months?	__ __	[29-30]
	# TIMES	
b. How many times have you ever <u>intentionally</u> overdosed on drugs?	__ __	[31-32]
	# TIMES	

7. Were any of the following people ever treated for alcohol or other drug use problems?.....

a. Spouse/primary partner:	0=No	1=Yes	7=?	[33]
b. Either of your parents:	0=No	1=Yes	7=?	[34]
c. Close friends/family:	0=No	1=Yes	7=?	[35]

8. Have any of them been treated in the last 6 months for alcohol or other drug use problems?.....

a. Spouse/primary partner:	0=No	1=Yes	7=?	[36]
b. Either of your parents:	0=No	1=Yes	7=?	[37]
c. Close friends/family:	0=No	1=Yes	7=?	[38]

9.^a Tell me what do you think are some of the **MAIN REASONS** you have used alcohol or other drugs. You can use this card again for your answers.

[USE "ANSWER CARD A"]

	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS
--	-------	--------	----------------	-------	--------

How often have you used alcohol or other drugs because you felt --

- | | | | | | | |
|--|---|---|---|---|---|------|
| a. <u>happy</u> or excited?..... | 0 | 1 | 2 | 3 | 4 | [39] |
| b. <u>bored</u> or lonely?..... | 0 | 1 | 2 | 3 | 4 | [40] |
| c. <u>sad</u> or depressed?..... | 0 | 1 | 2 | 3 | 4 | [41] |
| d. <u>mad</u> or angry? | 0 | 1 | 2 | 3 | 4 | [42] |
| e. <u>scared</u> or afraid? | 0 | 1 | 2 | 3 | 4 | [43] |
| f. <u>sick</u> with physical pain? | 0 | 1 | 2 | 3 | 4 | [44] |
| [OTHER THAN WITHDRAWAL] | | | | | | |

How often have you used alcohol or other drugs to help you --

- | | | | | | | |
|--|---|---|---|---|---|------|
| g. <u>increase energy</u> or alertness?..... | 0 | 1 | 2 | 3 | 4 | [45] |
| h. find <u>new excitement</u> ?..... | 0 | 1 | 2 | 3 | 4 | [46] |
| i. <u>increase social confidence</u> and courage?... | 0 | 1 | 2 | 3 | 4 | [47] |
| j. <u>act like</u> other people you know?..... | 0 | 1 | 2 | 3 | 4 | [48] |
| k. <u>have fun</u> and party with friends? | 0 | 1 | 2 | 3 | 4 | [49] |
| l. forget or <u>escape problems</u> ? | 0 | 1 | 2 | 3 | 4 | [50] |
| m. <u>relax</u> from <u>pressures</u> or <u>stress</u> ? | 0 | 1 | 2 | 3 | 4 | [51] |

How often was your alcohol or other drug use caused by --

- | | | | | | | |
|--|---|---|---|---|---|------|
| n. just being in certain <u>places</u> or <u>situations</u> that made you want them? | 0 | 1 | 2 | 3 | 4 | [52] |
| o. <u>pressures from others</u> to use them? | 0 | 1 | 2 | 3 | 4 | [53] |
| p. having <u>problems you can't solve</u> ?..... | 0 | 1 | 2 | 3 | 4 | [54] |
| q. drugs being so <u>easy to get</u> ? | 0 | 1 | 2 | 3 | 4 | [55] |
| r. your need to <u>feel high</u> ? | 0 | 1 | 2 | 3 | 4 | [56] |

[NOTE TO INTERVIEWER: PROBE IF RESPONSES TO ALL ABOVE ARE NEVER]

10. How many TIMES have you ever quit alcohol or other drugs for at least 3 months or longer?.....|_|_|* [57-58]
TIMES

*IF "1" OR MORE, ASK:

a. How many times did you quit –	<u>Alcohol</u>	<u>Other Drugs</u>
(1) on your own " <u>cold turkey</u> "?	_ _ [59-60]	_ _ [67-68]
(2) in a <u>treatment program</u> ?	_ _ [61-62]	_ _ [69-70]
(3) in <u>jail/prison</u> ?	_ _ [63-64]	_ _ [71-72]
(4) some other way? (<i>specify</i>)	_ _ [65-66]	_ _ [73-74]
_____	# TIMES	# TIMES
b. What is the <u>longest time</u> you were ever able to stay " <u>clean</u> " (from alcohol or other drugs)?.....	_ _ _ [75-77]	
	# MONTHS	

11. How many TIMES before now have you ever been in a drug abuse treatment program?
[DO NOT INCLUDE TREATMENTS THAT WERE ONLY FOR ALCOHOL PROBLEMS]..... |_|_|* [78-79]
TIMES

***IF "0", SKIP TO Q.14**

*IF "1" OR MORE, ASK:

a. What kinds of treatment? How many TIMES have you been in --
[RECORD ANSWERS IN "DRUG TREATMENT CHART"]

DRUG TREATMENT CHART

READ EACH ITEM, RECORD ANSWER	Q11a. TIMES ENTERED	Q11b. AGE AT 1ST ADMISSIONS	Q11c. MONTHS TREATED
	[211;11;ID]		
(1) <u>Inpatient treatment</u> (in a hospital setting)?	_ _ [11-12]	_ _ [23-24]	_ _ _ [35-37]
(2) <u>Residential/therapeutic community</u> ?	_ _ [13-14]	_ _ [25-26]	_ _ _ [38-40]
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?	_ _ [15-16]	_ _ [27-28]	_ _ _ [41-43]
(4) Outpatient <u>drug-free</u> ?	_ _ [17-18]	_ _ [29-30]	_ _ _ [44-46]
(5) Outpatient <u>methadone</u> ?	_ _ [19-20]	_ _ [31-32]	_ _ _ [47-49]
(6) Other? (<i>specify</i>) _____	_ _ [21-22]	_ _ [33-34]	_ _ _ [50-52]

ASK b & c ONLY FOR TREATMENTS WITH "1" OR MORE ADMISSIONS:

[RECORD ANSWERS IN "DRUG TREATMENT CHART"]

b. How old were you the first time you entered [TYPE OF TREATMENT]?

c. Altogether, how many months have you been treated in [TYPE OF TREATMENT]?

12. Before now, how long has it been since the last time you were in a treatment program for drug problems? How many months?|_|_|_| [53-55]
MONTHS

13. And which treatment program was that?|_|_* [56]
TYPE #

[RECORD CATEGORY NUMBER FROM "TREATMENT CHART" TO INDICATE TYPE OF LAST TREATMENT, AND WRITE VERBATIM THE NAME AND LOCATION OF LAST TREATMENT]

NAME AND LOCATION OF LAST TREATMENT:

14. If you could have your choice, what type of treatment do YOU think would be best for you now?|_| [57]

- | | |
|--------------------------------------|--------------------------|
| 0. No treatment is needed | 3. Outpatient drug-free |
| 1. Inpatient (e.g., hospital) | 4. Outpatient methadone |
| 2. Residential/therapeutic community | 5. Other (specify) _____ |

15. How many TIMES have you ever been in any kind of treatment program for drinking or alcohol problems? [DO NOT INCLUDE AA GROUPS]|_|_|_* [58-59]
TIMES

*IF "1" OR MORE, ASK:

a. How long ago was the last time you were in an alcohol treatment program? How many months?|_|_|_| [60-62]
MONTHS

16. Have you ever gone to AA (Alcoholics Anonymous), or to other self-help meetings for an alcohol problem? 0=No 1=Yes* [63]

*IF "YES", ASK:

a. About how many meetings have you ever attended? Was it --
1. 1-5 2. 6-10 3. 11-25 4. 26-100 5. Over 100 [64]

b.^a How often do you find these meetings to be helpful? [REFER TO "ANSWER CARD A"]
0. Never 1. Rarely 2. Sometimes 3. Often 4. Always [65]

c. How many AA group meetings did you attend in the last 30 days? Was it --
0. None 1. 1-5 2. 6-10 3. 11-20 4. 21-30 5. Over 30 [66]

17. Have you ever gone to self-help meetings for **drug addiction**, like NA, CA, AA etc.? 0=No 1=Yes* [67]

*IF "YES", ASK:

a. About how many meetings have you ever attended? Was it --
 1. 1-5 2. 6-10 3. 11-25 4. 26-100 5. Over 100 [68]

b.^a How often do you find these meetings to be helpful? [REFER TO "ANSWER CARD A"]
 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always [69]

c. How many NA/CA group meetings did you attend in the last 30 days? Was it --
 0. None 1. 1-5 2. 6-10 3. 11-20 4. 21-30 5. Over 30 [70]

18. Do you think your **FAMILY OR FRIENDS** will support your treatment and recovery efforts? How much do you agree or disagree with the following statements?
 [IF QUESTION IS NOT APPLICABLE, WRITE "NA" BESIDE ITEM]

	DISAGREE	DISAGREE	NOT	AGREE	AGREE
[USE "ANSWER CARD E"]	STRONGLY	SOMEWHAT	SURE	SOMEWHAT	STRONGLY

You will be encouraged by your --

a. spouse or primary partner?.....	0	1	2	3	4	[71]
b. children (18 and older)?	0	1	2	3	4	[72]
c. parents (mother or father)?.....	0	1	2	3	4	[73]
d. brothers or sisters?	0	1	2	3	4	[74]
e. other close relatives?.....	0	1	2	3	4	[75]
f. friends?.....	0	1	2	3	4	[76]

19. How long do you expect to stay in treatment? [211;12;ID]

1. Under 3 mos. 2. 3-6 mos. 3. 6-12 mos. 4. 1-2 yrs. 5. Over 2 yrs. [11]

20. How many counseling sessions do you expect to attend *each month*?

0. None 1. 1 2. 2 3. 3 or 4 4. 5 or 6 5. Over 6 [12]

21. While in this program, how *hard* will it be for you to --

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. <u>openly discuss</u> your personal issues with a counselor?.....	0	1	2	3	4	[13]
b. <u>accept personal responsibility</u> for problems you have?.....	0	1	2	3	4	[14]
c. <u>think seriously</u> about things in your life that need to change?	0	1	2	3	4	[15]
d. <u>take action</u> to solve personal problems?	0	1	2	3	4	[16]

22. How *likely* is it that you will --

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. discuss your <u>innermost feelings</u> with a counselor?	0	1	2	3	4	[17]
b. want <u>individual</u> counseling?	0	1	2	3	4	[18]
c. want <u>group</u> counseling?	0	1	2	3	4	[19]
d. be active in <u>group counseling discussions</u> ?	0	1	2	3	4	[20]
e. have a <u>hard time</u> quitting alcohol and/or drugs?.....	0	1	2	3	4	[21]
f. be off of drugs <u>1 year</u> from now?	0	1	2	3	4	[22]
g. be off of drugs <u>3 years</u> from now?	0	1	2	3	4	[23]
h. have some <u>slips or relapses</u> during your recovery?	0	1	2	3	4	[24]

I have a few questions about **GAMBLING**. This includes things like **betting** on sports, fights, or races; **playing games** like poker, bingo, or shooting dice for money, drugs, or other goods; and **buying lottery tickets**.

23. Did you **gamble** any time during the 6 months before this treatment? 0=No I=Yes* [25]

*IF "YES", ASK:

a. How often did you <u>buy tickets</u> for the <u>State Lottery</u> (including scratch off games)?..... __ [26]	
0. Never	3. About 1 time per week
1. Only 1-3 times	4. About 2-6 times per week
2. About 1-3 times per month	5. Every day
b. How often did you <u>place bets</u> or <u>play in other gambling games</u> during those 6 months? __ [27]	
0. Never	3. About 1 time per week
1. Only 1-3 times	4. About 2-6 times per week
2. About 1-3 times per month	5. Every day
c. What is the <u>total value (in dollars)</u> of all the money or other goods you have gambled with during <u>those 6 months</u> ?..... __ [28]	
0. None	4. \$501 to \$1000
1. Under \$50	5. \$1001 to \$2000
2. \$50 to \$100	6. \$2001 to \$5000
3. \$101 to 500	7. Over \$5000
d. How many <u>times</u> have you <u>wanted or decided to QUIT</u> , but later started <u>gambling again</u> ?..... __ __ [29-30]	
# TIMES	
e. Do you think you <u>have a problem and need help</u> to control your gambling?..... 0=No I=Yes [31]	

PART G: AIDS RISK ASSESSMENT

In this last set of questions, I need to get information about your drug use and sexual activities that could have exposed you to HIV, the virus that causes AIDS. A few questions are highly personal, but it is very important that you be open and honest in your answers.

1.^b In the **last 6 months** before entering this treatment, how often did you inject drugs with a needle?.....|_|_| [32]
 [USE "ANSWER CARD B"]

CARD B

***IF "0", SKIP TO Q.10**

2.^b How often 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?|_|_| [33]
 CARD B

3.^b And how often did you use the same cooker, cotton, or rinse water that someone else had already used?|_|_| [34]
 CARD B

[TAKE BACK "ANSWER CARD B"]

4. 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?|_|_|_| [35-37]
 # PEOPLE

5. In the **last 30 days** before this treatment, how many TIMES did you inject drugs with a needle?|_|_|_* [38-40]
 # TIMES

***IF "0", SKIP TO Q.10**

6. How many times 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?|_|_|_| [41-43]
 # TIMES

7. How many of the times you injected in those 30 days did you use the same cooker, cotton, or rinse water that someone else had already used?|_|_|_| [44-46]
 # TIMES

8. And how many of the times that you injected drugs were you with other people who were also injecting?|_|_|_| [47-49]
 # TIMES

9. Altogether, how many PEOPLE did you share the same works with in those 30 days? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did.|_|_|_| [50-52]
 # PEOPLE



10. What about **SEX** in the **last 6 months** before entering this treatment?

How many PEOPLE did you have sex with during that time (including vaginal, oral, or anal)?.....|_|_|_| [53-55]
PEOPLE

***IF "0", SKIP TO Q.17**

11. During those months, how often did you have sex **WITHOUT USING A LATEX CONDOM** while --

	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY	
a. with someone who was <u>not your spouse or primary partner</u> ?.....	0	1	2	3	4	[56]
b. with someone who <u>shoots drugs with needles</u> ?.....	0	1	2	3	4	[57]
c. trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?.....	0	1	2	3	4	[58]

12. And what about **SEX** in the **last 30 days** before entering this treatment?

How many PEOPLE did you have any kind of sex with during that month (including vaginal, oral, or anal)?|_|_|_|* [59-61]
PEOPLE

***IF "0", SKIP TO Q.17**

13. How many of your partners were female and how many were male?

Female: |_|_|_|_| [62-64]
Male: |_|_|_|_| [65-67]
PEOPLE

14. Altogether, how many times did you have sex that month? [DO NOT INCLUDE MASTURBATION]

|_|_|_|_| [68-70]
TIMES

15. And how many times did you have sex without using a latex condom?

|_|_|_|_| [71-73]
TIMES

16. When you had sex without using a latex condom that month, how many times was it -- [211;13;ID]

a. with someone who is <u>not your spouse or primary partner</u> ?.....	_ _ _ _	[11-13]
b. with someone who <u>shoots drugs with needles</u> ?.....	_ _ _ _	[14-16]
c. with someone who <u>sometimes smokes crack/cocaine</u> ?.....	_ _ _ _	[17-19]
d. while you or your partner were " <u>high</u> " on drugs or alcohol?.....	_ _ _ _	[20-22]
e. while trading (giving/getting) <u>sex for drugs, money, or gifts</u> ?	_ _ _ _	[23-25]
f. involving <u>vaginal</u> sex (penis to vagina)?.....	_ _ _ _	[26-28]
g. involving <u>oral</u> sex (mouth to penis/vagina)?.....	_ _ _ _	[29-31]
h. involving <u>anal</u> sex (penis to anus)?	_ _ _ _	[32-34]

TIMES



17. How many PEOPLE have you known personally who have been infected with the AIDS virus (including those who now have AIDS or have died of AIDS)? |__|__|__|* [35-37]
PEOPLE

18. How many times have you been tested for the AIDS virus (HIV antibody test)? |__|__|__|* [38-39]
TIMES

*IF "1 OR MORE", ASK:

a. Have you ever tested positive? 0=No 1=Yes 2=Don't know [40]

Finally, I want to ask about your attitudes and concerns about AIDS and the ways you can become infected.

19.^c Tell me how much do you agree or disagree with each of these statements.

[USE "ANSWER CARD E"]	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NOT SURE	AGREE SOMEWHAT	AGREE STRONGLY	
a. You believe that you could become <u>exposed</u> to the AIDS virus.	0	1	2	3	4	[41]
b. You think that you <u>really could</u> get AIDS.	0	1	2	3	4	[42]
c. You <u>want to make some changes now</u> that will reduce your AIDS risks.	0	1	2	3	4	[43]
d. You <u>need help</u> in dealing with your <u>drug use</u>	0	1	2	3	4	[44]
e. You <u>need help</u> to change some of your <u>sex</u> activities.	0	1	2	3	4	[45]
f. You get tired of the <u>problems</u> caused by drugs.	0	1	2	3	4	[46]
g. You are going to <u>change</u> your <u>drug use activities</u> to avoid AIDS.	0	1	2	3	4	[47]
h. You are going to <u>change</u> your <u>sex activities</u> to avoid AIDS.	0	1	2	3	4	[48]
i. You already <u>know what you must do</u> to reduce your AIDS risks.	0	1	2	3	4	[49]
j. You <u>feel sure of yourself</u> in controlling your risky <u>drug use activities</u>	0	1	2	3	4	[50]
k. You <u>feel sure of yourself</u> in controlling your risky <u>sex activities</u>	0	1	2	3	4	[51]

End of This Interview--Thanks!

PART H: INTERVIEWER COMMENTS:
[TO BE COMPLETED AFTER THE INTERVIEW]

**2. Assessment
of Client's --**

NONE SOME A LOT

**1. Total Length
of Interview:** | | |
MINUTES
[52-54]

Honesty?	0	1	2	[55]
Drunkenness?.....	0	1	2	[56]
Drug intoxication?	0	1	2	[57]
Depression?	0	1	2	[58]
Anxiety?.....	0	1	2	[59]
Thought disorders?	0	1	2	[60]

3. This client was --

	<u>DISAGREE</u>	NOT	<u>AGREE</u>	
	STRONGLY	SURE	STRONGLY	

a. Easy to talk to?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[61]
b. Cooperative?.....	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[62]
c. Motivated?.....	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[63]
d. Self-confident?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[64]
e. Assertive?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[65]
f. Interested in treatment?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[66]
g. Thinking clearly?.....	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[67]
h. Paying attention?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[68]
i. Clearly expressing thoughts/feelings?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[69]
j. Easily distracted?.....	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[70]
k. Showing good memory and recall?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[71]
l. In good physical health?.....	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[72]
m. In denial about problems?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	[73]

4. I feel --	DISAGREE	NOT			AGREE			
	STRONGLY	SURE	STRONGLY			
a. there is little I can do to help this client.	1	2	3	4	5	6	7	[11]
b. pessimistic about this client.	1	2	3	4	5	6	7	[12]
c. I would find it satisfying to work with this client.	1	2	3	4	5	6	7	[13]
d. I can understand this client.	1	2	3	4	5	6	7	[14]
e. I am interested in the nature of this client's drug problems and the responses that can be made to them.	1	2	3	4	5	6	7	[15]
f. I would like to work with this client.	1	2	3	4	5	6	7	[16]
g. The best I can offer to this client is referral to somebody else.	1	2	3	4	5	6	7	[17]
h. The thought of working with this client makes me uncomfortable.	1	2	3	4	5	6	7	[18]
i. I would find it rewarding to work with this client.	1	2	3	4	5	6	7	[19]
j. I like this client.	1	2	3	4	5	6	7	[20]

Name of Interviewer: _____ _ _ ID#
[21-22]

PART I: CLIENT ASSESSMENT PROFILE

INSTRUCTIONS: This page should be completed for each client immediately after the intake process to summarize the interviewer's clinical assessments. The ratings should indicate global severity of problems which need to be addressed through treatment (either at this agency or through referral). The rating scale ranges from "1" (no treatment necessary) to "7" (treatment needed for life-threatening situation); intermediate ratings of "3", "4" or "5" identify symptoms of moderate intensity.

[REFERENCE ITEMS FOR EACH PROBLEM-AREA RATING ARE IDENTIFIED IN PARENTHESES]

PROBLEM AREAS [CIRCLE ANSWER]	Ratings of Problems Needing Treatment/Counseling							
	NONE					MODERATE	SEVERE	
1. <u>Educational/Vocational</u> (A:14-15)	1	2	3	4	5	6	7	[23]
2. <u>Employment/Support</u> (A:19-21)	1	2	3	4	5	6	7	[24]
3. <u>Family Relations</u> (A:3-13; B:7-9)	1	2	3	4	5	6	7	[25]
4. <u>Peer Relations</u> (C:1-6)	1	2	3	4	5	6	7	[26]
5. <u>Legal/Criminality</u> (D:2-8).....	1	2	3	4	5	6	7	[27]
6. <u>Medical/Health</u> (E:1-2).....	1	2	3	4	5	6	7	[28]
7. <u>Psychological/Emotional</u> (E:3,5-7).....	1	2	3	4	5	6	7	[29]
8. <u>Alcohol Use</u> (F:2-5,16).....	1	2	3	4	5	6	7	[30]
9. <u>All Illegal Drug Use</u> (F:2-3,5-6,10-11,17)..	1	2	3	4	5	6	7	[31]
10. Heroin/Other Opiates.....	1	2	3	4	5	6	7	[32]
11. Cocaine/Crack.....	1	2	3	4	5	6	7	[33]
12. Speedball (Heroin+Coc).....	1	2	3	4	5	6	7	[34]
13. Amphetamine/Speed.....	1	2	3	4	5	6	7	[35]
14. Marijuana.....	1	2	3	4	5	6	7	[36]
15. Other Drug (_____)	1	2	3	4	5	6	7	[37]
16. <u>Gambling</u> (F:23).....	1	2	3	4	5	6	7	[38]
17. <u>AIDS-Risky Needle Use</u> (G:1-9)	1	2	3	4	5	6	7	[39]
18. <u>AIDS-Risky Sex</u> (G:10-16).....	1	2	3	4	5	6	7	[40]

SUMMARY COMMENTS: