

TCU/FIRST CHOICE
Client 6-Month Follow-up
Interview Package

Danica Kalling Knight, Ph.D., Principal Investigator
Lois R. Chatham, Ph.D., Co-Principal Investigator
D. Dwayne Simpson, Ph.D., Director of IBR

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FOLLOW-UP INFORMATION SHEET

READ ALOUD TO RESPONDENT:

I am conducting this interview for the Institute of Behavioral Research at Texas Christian University in Fort Worth, Texas, as part of a treatment evaluation team. In that capacity, I am talking to women who received treatment through the FIRST CHOICE Project provided by The Salvation Army in Fort Worth, Texas. You are one of the women who were treated in that program. Do you recall being in the First Choice program? Then you probably remember that when you entered the project, you were told we would try to locate you for a follow-up interview. If you agree to complete this interview, I will give you \$20.00 as reimbursement for your time. If you provide me with a urine and a hair specimen to be checked for the presence of drugs, I will give you an additional \$5.00. No one except our evaluation team will see your answers or know the results of your urine or hair analysis.

Because the purpose of this study is to make improvements in drug abuse treatment so that other women with drug abuse problems may benefit from what is learned, it is important that you answer questions as honestly as you can. I will ask about what has happened to you since you left treatment, and I also will ask your opinion about the treatment you and your children received. Some of the questions may seem personal and a little embarrassing, but the information you give me will be kept confidential; and none of the information will ever be released in a way that links you with the information.

The interview will take approximately 2½ hours. Should you decide not to complete the interview, you may do so, but you will receive no money. Are you ready to begin the interview?

Do you have any questions?

FOLLOW-UP CONSENT FORM

I, _____, have been asked by the interviewer to participate in the follow-up phase of the evaluation study being conducted on the First Choice Women and Children's Residential Program.

1. I have been given an explanation of the procedures which will be followed and I have been told that I will be paid \$20.00 for completing the interview and an additional \$5.00 for a urine sample and hair sample to detect drug use.
2. I have been given a description of the interview and the possible psychological discomforts associated with it and I understand the interview will last about 2 hours.
3. I have been given a description of the benefits to be expected by participating in this survey.
4. All of my questions about the study and procedures involved have been answered.
5. I have been instructed that I am free to withdraw my consent and to discontinue participation in the interview at any time but that if I do not complete the interview portion, I will not be paid. Urine and hair samples are voluntary. If I do not want to give these specimens, I may refuse to do so, and I will still be paid for the completed interview.
6. I have been assured that my responses and the results of my urinalysis and hair analysis will be kept confidential.

I, the undersigned, understand the above explanations and consent to participate in this evaluation project. If I have any further questions, I understand I can call or contact the Investigator, Dr. Danica Knight, Institute of Behavioral Research, Texas Christian University, TCU Box 298740, Fort Worth, Texas 76129 (Tel. No. 817-921-7226); Ms. Jan Fox, Research and Sponsored Projects, Texas Christian University, TCU Box 297023, Fort Worth, Texas 76129 (Tel. No. 817-921-7515); or Dr. Nancy Meadows, Chair, Committee on Safeguards in Human Research, Texas Christian University, TCU Box 297900, Fort Worth Texas 76129 (Tel. No. 817-921-7690).

Signature of Respondent

Date

"I have discussed the above points with the respondent and it is my opinion that the respondent understands the risks, benefits, and obligations involved in participation in this project."

Signature of Interviewer

Date

Because I am paying you money for this interview, my supervisor may need to call you to confirm that we completed it. May my supervisor call you?..... No Yes*

*IF "YES":

a. At what telephone number?..... _____

b. What time of day would be best to call?..... _____

FOLLOW-UP INTERVIEW (TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

CODE A-F WITHOUT QUESTIONING RESPONDENT:

[FORM 312; CARD 01]

A. SITE:	_	[6]
B. CLIENT ID NUMBER:	_ _ _ _ _	[7-10]
C. DATE OF THIS INTERVIEW:	_ _ _ _ _ _	[11-16]
	MO DAY YR	
D. NAME OF INTERVIEWER: _____	_ _ _ _	[17-19]
	ID#	
E. DATE OF DISCHARGE FROM FIRST CHOICE:	_ _ _ _ _ _	[20-25]
	MO DAY YR	
F. LIST CHILD IDs:		
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		[26-41]
G. IF THE CLIENT HAS DIED SINCE DISCHARGE --		
a. Date of death:	_ _ _ _ _ _	[42-47]
	MO DAY YR	
b. Cause of death (ICD-9 code, if possible):		
_____	_	[48-49]
	CODE	

READ ALOUD TO RESPONDENT:

This interview is organized into several sections. Most of the time you will be asked about how you have been doing for the **past 6 months**. You will be asked to use this set of “Answer Cards” for some questions. When needed, I will tell you which card to use. [HAND CARDS TO RESPONDENT.]

Your answers will be used to carry out scientific studies on how you and others have done after leaving treatment (at the Salvation Army First Choice Program), so please be open and honest.

Do you have any questions before we begin?

GENERAL INSTRUCTIONS TO INTERVIEWER: Some items in this form require that answers be recorded “verbatim” and then coded into specific units of measurement -- such as “*months*” or “*amounts of alcohol.*” To help the research staff, please feel free to write comments or explanations of answers in the margins next to questions. Also, always identify items the respondent cannot or refuses to answer.

NOTE TO INTERVIEWER: Questions requiring the use of “**ANSWER CARDS**” are marked with a superscript (next to the question number) to designate which card is needed.

PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. How many days did you receive services from First Choice during the past 6 months? |__| |__| |__| [50-52]
DAYS

2. What is your current age and birthdate? AGE: |__| |__| [53-54]

BIRTHDATE: |__| |__| || |__| |__| || |__| |__| [55-60]
MO DAY YR

3. Where are you living now? [USE CODE BELOW] |__| [61]

- *1. With family or other relatives
- *2. With 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): _____

*IF RESPONSE CODE 1-3, ASK:

a. Which of the following most accurately describes that place? |__| [62]

- 1. Own house/condominium
- 2. Rented house/condominium
- 3. Apartment rented by self
- 4. Apartment, shared rent
- 5. With family or other relatives (not paying rent)
- 6. With friend(s) or non-family members (not paying rent)
- 7. Public housing
- 8. Other (specify) _____

4. How long have you been living there (at that place)? |__| |__| |__| [63-65]
MONTHS

5. Do you live in the same neighborhood as you did before going to treatment? 0=No* 1=Yes [66]

*IF "NO":

a. About how many miles do you live from your old neighborhood? |__| |__| |__| [67-69]
MILES

[312;02;ID]

6. Are you living with a spouse or primary partner? 0=No 1=Yes* [11]

*IF "YES", ASK:

a. How <u>long</u> have you been living together?	_ _ _	[12-14]
	# MONTHS	
b. <u>In the past 6 months</u> , did your spouse/primary partner --		
(1) get <u>drunk frequently</u> (e.g., 2 or more times a month)?	0=No 1=Yes	[15]
(2) use <u>drugs</u> other than alcohol?	0=No 1=Yes	[16]
(3) <u>inject drugs</u> ?	0=No 1=Yes	[17]

7. What is your current LEGAL marital status? |_| [18]

- | | |
|--|---------------------|
| 1. <i>Never married</i> | 4. <i>Separated</i> |
| 2. <i>Legally married</i> | 5. <i>Divorced</i> |
| 3. <i>Living as married</i>
(including common law marriage) | 6. <i>Widowed</i> |

8. Altogether, how many other people did you live with during the last 6 months?

[DO NOT COUNT MOST RECENT SPOUSE/PRIMARY PARTNER OR CHILDREN; IF LIVING IN A GROUP SHELTER, CODE '98'].....

|_|_|* [19-20]
PEOPLE

***IF "0", SKIP TO Q.12**

9. During that time, did you ever live with --

a. your <u>parents</u> ?	0=No 1=Yes	[21]
b. other <u>relatives</u> ?	0=No 1=Yes	[22]
c. <u>friends</u> ?	0=No 1=Yes	[23]

10. During that time, did any of these people --

a. get <u>drunk frequently</u> (e.g., 2 or more times a month)?	0=No 1=Yes	[24]
b. use <u>drugs</u> other than alcohol?	0=No 1=Yes	[25]
c. <u>inject drugs</u> ?	0=No 1=Yes	[26]



11. During the past 6 months, with whom did you live the longest?.....|__|__| [27-28]
1. No one, lived alone
 2. Spouse
 3. Domestic partner or significant other
 4. Children
 5. Spouse and children
 6. Domestic partner/significant other and children
 7. Parents/siblings (excludes foster care)
 8. Parents/siblings (excludes foster care) and children
 9. Other relatives
 10. Other relatives and children
 11. Foster care
 12. Other non-relatives (specify) _____
 13. Other non-relatives and children (specify non-relatives) _____

12. How many of your minor children are in your custody (include step, adopted or foster)?.....|__|__|* [29-30]
NUMBER

*IF "1 OR MORE", ASK:

a. How many are in your legal custody only (mother has legal custody but child does not live with her)?.....|__|__| [31-32]
NUMBER

b. How many are in your physical custody only (mother does NOT have legal custody, but child is living with her)?|__|__| [33-34]
NUMBER

c. How many are in your custody both legally and physically (mother has legal custody and child is living with her)?.....|__|__| [35-36]
NUMBER

13. How many of your minor children receive financial support from you?.....|__|__| [37-38]
NUMBER

14. Were you reunited with any of your children in the last 6 months (e.g., child was in someone else's care and is now living with you)?0=No 1=Yes* [39]

*IF "YES", ASK:

a. With how many children?.....|__|__| [40-41]
NUMBER

b. How many went from foster care to your care?|__|__| [42-43]
NUMBER

15. In the last 6 months, how many of your children spent some time --

- a. living with you?|_|_| [44-45]
- b. in foster care?|_|_| [46-47]
- c. living with their father?|_|_| [48-49]
- d. living with other relatives?.....|_|_| [50-51]
- e. in the hospital for extended care (1 week or more)|_|_| [52-53]
- f. in other living arrangements?

Specify: _____.....|_|_| [54-55]

IF ANY MINOR CHILDREN ARE NOT LIVING WITH THE CLIENT, ASK:

g. Have you visited with them in the last 30 days? 0=No I=Yes [56]

16. In the last 6 months, have you had formal action taken against you by the criminal justice system or CPS?.....0=No I=Yes* [57]

***IF "YES", ASK:**

Was action taken for --

- a. child abuse? 0=No I=Yes [58]
- b. child neglect? 0=No I=Yes [59]

17. In the last 6 months, were any of your children removed from your care by Child Protective Services (CPS)?0=No I=Yes* [60]

***IF "YES", ASK:**

- a. How many times?|_|_| [61-62]
TIMES
- b. For how long?|_|_| [63-64]
MONTHS
- c. What were the circumstances?

--

CODE [65-66]

18. Do you currently have a Child Protective Services (CPS) case open or active in family court?..... 0=No I=Yes [67]

19. In the last 6 months, have you received assistance from any of the following government support systems with any of your children? [312;03;ID]

- a. Social Security?..... 0=No I=Yes [11]
- b. Women, Infants, and Children (WIC)?..... 0=No I=Yes [12]
- c. Aid for Dependent Children (AFDC)?..... 0=No I=Yes [13]
- d. Early Childhood Interventions (ECI)?..... 0=No I=Yes [14]
- e. Other (specify): _____ 0=No I=Yes [15]

20. Have you held a job in the last 6 months?..... [] [16]

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

****IF "RESPONSE CODE 5", SKIP TO f.**

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

***IF "YES" (RESPONSE CODE 6, 7, OR 8), ASK:**

a. <u>How many days</u> did you work in the <u>last 30 days</u> ?	[] []	[17-18]
# DAYS		
b. About how much <u>take-home pay</u> did you usually earn <u>each week</u> ? [PROBE: IS THAT PER WEEK? IF PAY WAS IRREGULAR, RECORD AMOUNT VERBATIM AND LEAVE "WEEKLY INCOME" SPACES BLANK.]	\$ [] [] [] [] []	[19-22]
WEEKLY INCOME		
c. On average, how many <u>days per week</u> did you work in the last 6 months?.....	[] []	[23-24]
# DAYS		
d. <u>How long</u> have you been working at your current job?.....	[] []	[25-26]
# MONTHS		
e. Altogether, how many jobs (i.e., different employers) have you had <u>in the last 6 months</u> ?.....	[] []	[27-28]
# JOBS		

**** IF "NO" (RESPONSE CODE 5) ASK:**

f. How many jobs have you applied for during the <u>last 6 months</u> ?	[] [] [] []	[29-31]
# JOBS		

21. What were all the different sources of financial support you had during the last 6 months?
Did you get any money, food, shelter, etc. from --

-
- (1) your job or employment?..... |__| [32]
 - (2) your spouse or ex-spouse (NOT including child support)? |__| [33]
 - (3) your spouse or ex-spouse (specifically FOR child support)?..... |__| [34]
 - (4) a sexual partner (other than a spouse) or a friend?..... |__| [35]
 - (5) your family? |__| [36]
 - (6) unemployment compensation
(for being laid off or injured at work)? |__| [37]
 - (7) welfare or public assistance (food stamps,
housing assistance, AFDC, Medicaid, SSI)?..... |__| [38]
 - (8) selling or trading sex (prostitution)? |__| [39]
 - (9) any other kind of illegal activities (other than prostitution)? |__| [40]
 - (10) jail/prison, residential treatment program, or hospital? |__| [41]
 - (11) anything else? (*specify*) _____ |__| [42]
- # MONTHS
-

22. Which one of these was your major (or largest) source of financial support
during those 6 months? [SELECT ITEM NUMBER FROM LIST ABOVE].....|__|__| [43-44]
CODE #

PART B: FAMILY RELATIONS

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

- 1. Are your natural (or original)
PARENTS currently alive?.....MOTHER: 0=No 1=Yes* 7=? [45]
- FATHER: 0=No 1=Yes* 7=? [46]

*IF "YES", ASK:

a. How often are you in contact with your mother?..... __ [47]
<i>0. Never 1. A few times a year 2. Once or twice a month 3. Once or twice a week 4. Almost every day</i>
b. How often are you in contact with your father? __ [48]
<i>0. Never 1. A few times a year 2. Once or twice a month 3. Once or twice a week 4. Almost every day</i>

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

2. How many of your family members did you usually stay in touch with by talking to (including telephone conversations) or seeing regularly (such as every few weeks)?.....|_|_| [49-50]
 NUMBER

3.^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	[51]
b. really <u>enjoyed</u> being together?.....	0	1	2	3	4	[52]
c. <u>drank</u> together?	0	1	2	3	4	[53]
d. got <u>drunk</u> together?	0	1	2	3	4	[54]
e. used <u>other (illegal) drugs</u> together?	0	1	2	3	4	[55]
f. had serious talks about each other's <u>interests and needs</u> ?.....	0	1	2	3	4	[56]
g. <u>helped</u> each other with problems?.....	0	1	2	3	4	[57]
h. got <u>blamed or fussed at</u> about things you did or did not do?.....	0	1	2	3	4	[58]
i. had <u>disagreements</u> ?.....	0	1	2	3	4	[59]
j. had <u>big arguments or fights</u> ?	0	1	2	3	4	[60]

4. And how often did you go to church or religious services during the past 6 months? Was it --

0. <i>Never</i> <i>(or very seldom)</i>	1. <i>A few</i> <i>times</i>	2. <i>Once or twice</i> <i>a month</i>	3. <i>Every week</i> <i>(or more often)</i>	[61]
--	---------------------------------	---	--	------

5.^a How often do you feel that religion is really important in your life? [USE "ANSWER CARD A"]

0. <i>Never</i>	1. <i>Rarely</i>	2. <i>Sometimes</i>	3. <i>Often</i>	4. <i>Always</i>	[62]
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PART C: PEER RELATIONS

Now I want to ask a few questions about the **FRIENDS** you have had during the **last 6 months**.

1. About how many different **friends** did you have during the past 6 months -- that is, people with whom you regularly hung out or spent your free time?.....|_|_|* [63-64]
FRIENDS

*IF "1" OR MORE, ASK:

a. Of the <u>new friends</u> you have found since leaving First Choice, how many --	
1. <u>DO NOT</u> use drugs?	_ _ [65-66]
2. <u>DO</u> use drugs?	_ _ [67-68]
	NUMBER
b. How many <u>new friends</u> did you meet at First Choice?..... _ _ [69-70]	
	NUMBER
c. Of your <u>old friends</u> (that is, friends from before you entered First choice) -- how many --	
1. <u>DO NOT</u> use drugs?	_ _ [71-72]
2. <u>DO</u> use drugs?	_ _ [73-74]
	NUMBER

- 2.^a Describe your friends and the people you usually spent your time with during the past 6 months. Use the card and tell me, in general, how often did they -- [312;04;ID]

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. have an <u>interest in working</u> ?	0	1	2	3	4	[11]
b. <u>work regularly</u> on a job?.....	0	1	2	3	4	[12]
c. feel <u>hopeful</u> about their <u>future</u> ?	0	1	2	3	4	[13]
d. <u>spend time</u> with their <u>families</u> ?.....	0	1	2	3	4	[14]
e. <u>like</u> being with their <u>families</u> ?	0	1	2	3	4	[15]
f. get into <u>loud arguments</u> or <u>fight</u> s?	0	1	2	3	4	[16]
g. get <u>drunk</u> ?	0	1	2	3	4	[17]
h. use <u>other (illegal) drugs</u> ?	0	1	2	3	4	[18]
i. trade, sell, or <u>deal drugs</u> ?	0	1	2	3	4	[19]
j. do other things <u>against the law</u> ?	0	1	2	3	4	[20]
k. spend time with " <u>gangs</u> "?	0	1	2	3	4	[21]
l. get <u>arrested</u> or have problems with the law?	0	1	2	3	4	[22]

3.^a How often would you say the friends you spent your time with –

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. <u>caused problems</u> for you?.....	0	1	2	3	4	[23]
b. took <u>risks or chances</u> ?.....	0	1	2	3	4	[24]
c. did things that could get them into <u>trouble</u> ?.....	0	1	2	3	4	[25]
d. believed <u>drug use caused problems</u> ?	0	1	2	3	4	[26]
e. talked about reasons and ways to " <u>quit drugs</u> "?	0	1	2	3	4	[27]
f. thought drug <u>treatment</u> could be <u>helpful</u> ?.....	0	1	2	3	4	[28]

4. How often do you spend time hanging out in the same places or neighborhoods as you did before treatment at First Choice?

0. *Never* 1. *Only a few times* 2. *1-3 times a month* 3. *1-5 times a week* 4. *About every day* [29]

5. How often did you have arguments or fights (with friends, co-workers, etc.) 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* [30]

PART D: CRIMINAL ACTIVITIES

1. How much of your income or source of support during the last 6 months came from some kind of **ILLEGAL ACTIVITY**?

0. None 1. Less than half 2. About half 3. More than half 4. All [31]

2.^c How many TIMES were you arrested during the last 6 months? |__|__|__|* [32-34]
ARRESTS

*IF "1" OR MORE, ASK:

a. How many different TIMES in the last 6 months were you arrested for each of the reasons listed on this card?
[RECORD ANSWERS ON "CRIME CHART"]

3. How many TIMES were you in jail or prison in those 6 months?..... |__|__|__|* [35-37]
["IN JAIL" MEANS LOCKED BEHIND BARS] # TIMES

*IF "1" OR MORE, ASK:

a. Altogether, on how many DAYS did you spend any time in jail during those 6 months? |__|__| [38-39]
DAYS

b. And what about during the LAST 30 DAYS? That is, on how many of those 30 days did you spend any time in jail?..... |__|__| [40-41]
DAYS

4.^c Not counting drug use, on how many of the LAST 30 DAYS were you involved in any kind of activities that were against the law? |__|__|* [42-43]
DAYS

*IF "1" OR MORE, ASK:

a. How many different days (in the last 30 days) were you involved in each category of illegal activities listed on the card -- even though you were not caught?
[RECORD ANSWERS ON "CRIME CHART"]

CRIME CHART

TYPE OF CRIMES (AND EXAMPLES OF EACH)	Q2. TIMES ARRESTED-- LAST 6 MONTHS	Q4. DAYS OF THESE ACTIVITIES-- LAST 30 DAYS
[1]. <u>Public intoxication</u> from drinking alcohol?.....	_ _ _ [44-45]	NA
[2]. <u>DWI</u> from drinking alcohol?.....	_ _ _ [46-47]	NA
[3]. <u>Use of illegal drugs</u> (possession of drug paraphernalia, public intoxication)?.....	_ _ _ [48-49]	NA
[4]. <u>Sale, distribution, or manufacturing of any drugs</u> (not counting drug use or possession)?	_ _ _ [50-51]	_ _ _ [312;05;ID] [11-12]
[5]. <u>Forgery or fraud</u> (writing bad checks, running con games)?	_ _ _ [52-53]	_ _ _ [13-14]
[6]. <u>Fencing</u> or buying/receiving stolen property?.....	_ _ _ [54-55]	_ _ _ [15-16]
[7]. <u>Gambling</u> , running numbers, or bookmaking?	_ _ _ [56-57]	_ _ _ [17-18]
[8]. <u>Prostitution or pimping</u> ?	_ _ _ [58-59]	_ _ _ [19-20]
[9]. <u>Burglary or auto theft</u> ?	_ _ _ [60-61]	_ _ _ [21-22]
[10]. <u>Other theft</u> (larceny, shoplifting)?.....	_ _ _ [62-63]	_ _ _ [23-24]
[11]. <u>Robbery</u> (armed robbery, mugging)?	_ _ _ [64-65]	_ _ _ [25-26]
[12]. <u>Violence against other persons</u> (homicide, aggravated assault, kidnapping, etc.)? [DO NOT INCLUDE "RAPE"].....	_ _ _ [66-67]	_ _ _ [27-28]
[13]. <u>Arson or weapons offenses</u> ?.....	_ _ _ [68-69]	_ _ _ [29-30]
[14]. <u>Vandalism</u> , vagrancy, loitering?	_ _ _ [70-71]	_ _ _ [31-32]
[15]. <u>Sex offenses</u> (rape, aggravated sexual assault, indecent exposure)?.....	_ _ _ [72-73]	_ _ _ [33-34]
[16]. <u>Probation/parole violations</u> ?	_ _ _ [74-75]	_ _ _ [35-36]
[17]. Others not listed? (specify) _____.....	_ _ _ [76-77]	_ _ _ [37-38]

**PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!
[RECORD ALL REASONS OR CHARGES FOR EACH ARREST]**

5. Have you ever been on probation or parole?..... 0=No 1=Yes* [39]

*IF "YES", ASK:

a. Have you successfully completed probation or parole?.....	0=No	1=Yes	[40]
b. Have you violated probation or parole?	0=No	1=Yes	[41]

6. What is your **CURRENT LEGAL STATUS**?..... |__| [42]

- | | |
|----------------------------|--|
| 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 _____ |

7. Are you currently a member of a gang?..... 0=No 1=Yes [43]

PART E: HEALTH AND PSYCHOLOGICAL STATUS

1. Are you enrolled in a medical benefits program?..... 0=No 1=Yes* [44]

*IF "YES", ASK:

a. Is it a continuation of a program you enrolled in during treatment at First Choice?.....	0=No	1=Yes	[45]
b. What type of coverage is it?	__	[46]	
1. Medicaid	4. Private insurance		
2. Medicare	5. Other (specify): _____		
3. CHAMPUS	6. Don't know		

2. How many times in the last 6 months have you spent a day or more in the hospital 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]..... |__| |__|* [47-48]
TIMES

*IF "1 OR MORE", ASK:

a. How many times was it related to the use of alcohol and/or any other drug (not counting cigarettes; overdose, alcohol/drug related problems, or trauma)?.....	__ __	[49-50]
	# TIMES	

3. Now I'm going to ask you some questions about your current health.

FOR EACH SEPARATE HEALTH PROBLEM, ASK:

a. In the last 6 months, have you been **diagnosed** with (health problem)?

[FOR EACH HEALTH PROBLEM IDENTIFIED, ASK:]

b. Have you **received treatment** in the last 6 months?

Physical Health Disorders	a. Physical Problem			b. Received Treatment		
	NO	YES*	UNKNOWN	NO	YES	UNKNOWN
1. Respiratory system/breathing problems (asthma, bronchitis, pneumonia, emphysema, shortness of breath, wheezing).....	0	1	7 [51]	0	1	7 [63]
2. Tuberculosis.....	0	1	7 [52]	0	1	7 [64]
3. Heart/circulatory system problems (high blood pressure, heart disease, heart murmur, palpitations, irregular heartbeats).....	0	1	7 [53]	0	1	7 [65]
4. Digestive system/stomach problems (ulcers, colitis, vomiting, persistent diarrhea, heartburn)	0	1	7 [54]	0	1	7 [66]
5. Hepatitis, cirrhosis of the liver, jaundice, or kidney/liver problems.....	0	1	7 [55]	0	1	7 [67]
6. Bone/muscle problems (paralysis, bursitis, arthritis)	0	1	7 [56]	0	1	7 [68]
7. Nervous system disorders (seizures, epilepsy, migraines, convulsions, or blackouts)	0	1	7 [57]	0	1	7 [69]
8. Gynecological problems (ovarian cysts, severe bleeding, severe cramps, endometriosis, fibroids, breast lumps, or pain)	0	1	7 [59]	0	1	7 [70]
9. STD (gonorrhea, syphilis, chlamydia, herpes)	0	1	7 [59]	0	1	7 [71]
10. Physical disability (specify) _____.....	0	1	7 [60]	0	1	7 [72]
11. Physical trauma (specify) _____.....	0	1	7 [61]	0	1	7 [73]
12. Other (if HIV+/AIDS, record as "immune disorder") (specify): _____.....	0	1	7 [62]	0	1	7 [74]

Mental Health Disorders	a. Mental Disorders			b. Received Treatment		
	NO	YES*	UNKNOWN	NO	YES	UNKNOWN
1. Antisocial personality disorder	0	1	7 [11]	0	1	7 [21]
2. Anxiety	0	1	7 [12]	0	1	7 [22]
3. Bipolar disorder	0	1	7 [13]	0	1	7 [23]
4. Depression.....	0	1	7 [14]	0	1	7 [24]
5. Eating disorder	0	1	7 [15]	0	1	7 [25]
6. Schizophrenia	0	1	7 [16]	0	1	7 [26]
7. Psychological trauma.....	0	1	7 [17]	0	1	7 [27]
8. Paranoid psychosis.....	0	1	7 [18]	0	1	7 [28]
9. Cognitive delay.....	0	1	7 [19]	0	1	7 [29]
10. Other DSM-IV finding (specify): _____	0	1	7 [20]	0	1	7 [30]

4. How many times in the last 6 months have you been treated for psychological or emotional problems?
 [INCLUDING EITHER INPATIENT OR OUTPATIENT TREATMENT;
 DO NOT INCLUDE ALCOHOL OR DRUG TREATMENTS] |__| |__| [31-32]
 # TIMES

5. In the last 6 months, have you taken any prescribed medications for psychological or emotional problems?..... 0=No 1=Yes [33]

6. Have you attempted suicide in the last 6 months?..... 0=No 1=Yes [34]

7. In the last 6 months, have you been --

a. physically abused (hit, slapped, beaten)?..... 0=No 1=Yes [35]

b. emotionally abused (yelled at, threatened)?..... 0=No 1=Yes [36]

c. sexually abused by a relative (raped, molested)? 0=No 1=Yes [37]

d. sexually abused by a non-relative (raped, molested)? 0=No 1=Yes [38]

8. In the last 6 months have you experienced --

a. Emotional neglect?.....	0=No	1=Yes	[39]
b. Physical neglect?.....	0=No	1=Yes	[40]
c. Abandonment by one or more parent (voluntary or involuntary)?.....	0=No	1=Yes	[41]
d. Being a witness to violence?.....	0=No	1=Yes	[42]

9. Are you currently pregnant?.....0=No 1=Yes* 7=Don't know [43]

*IF "YES", ASK:

a. What trimester of pregnancy are you in?.....	1=1st	2=2nd	3=3rd	[44]
---	-------	-------	-------	------

10. Have you given birth in the last 6 months?.....0=No 1=Yes* [45]

***IF "0", SKIP TO Q.11**

*IF "YES", ASK:

a. How many children were –				
1. delivered healthy	__			[46]
2. delivered stillborn	__			[47]
3. low birth weight	__			[48]
4. Pre-term (less than 38 weeks)	__			[49]
5. Placed in an NICU (Intensive Care)	__ *			[50]
*IF ONE OR MORE, Specify number of days in NICU				
	__	__	__	[51-53]
	# DAYS			
b. Was there exposure to alcohol/other drugs <u>in utero</u> ?..... 0=No 1=Yes** [54]				
**IF "YES", ASK:				
Did exposure occur during the 1 st trimester?.....	0=No	1=Yes		[55]
2 nd trimester?.....	0=No	1=Yes		[56]
3 rd trimester?.....	0=No	1=Yes		[57]





11. Did you have an infant (less than 365 days old) who died of any causes in the last 6 months?.....0=No 1=Yes* 7=Don't know [58]

*IF "YES", ASK:

a. Date of death:	_ _	_ _	_ _	[59-64]
	MO	DAY	YR	
b. Cause of death (ICD-9 code, if possible):				
_____			_ _	[65-66]
			CODE	

PART F: DRUG USE

1.^d Look over this list of drugs and tell me which ones caused you the most serious problems during the last 6 months.

[REFER RESPONDENT TO "DRUG CARD," USE CODE NUMBERS FROM "DRUG CARD"]

- a. First most serious?.....|_|_| [67-68]
 - b. Second most serious?.....|_|_| [69-70]
 - c. Third most serious?.....|_|_| [71-72]
- DRUG #

2. How many different times in the last 30 days did you use nicotine?.....|_|_|_|* [73-75]

TIMES

*IF "1" OR MORE:

a. About how many cigarettes do you currently <u>smoke each day</u> ?.....	_ _	[76-77]
	# PER DAY	

3. Now, I have some questions about your current drug use.

FOR EACH SEPARATE DRUG USED, ASK:

[REFER RESPONDENT TO "ANSWER CARD B"]

a. ^b Using answers from this card, tell me how often during the <u>LAST 6 MONTHS</u> you used (<u>drug name</u>). [RECORD RESPONSE IN "DRUG HISTORY CHART"]
b. ^b In the <u>LAST 30 DAYS</u> , how often did you use (<u>drug name</u>)?
[RECORD RESPONSE IN "DRUG HISTORY CHART"; <u>DO NOT</u> USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]
FOR <u>DRUGS USED</u> THAT CAN BE <u>INJECTED</u> (SEE CHART), ASK --
c. ^b And how often in these <u>last 30 days</u> did you <u>INJECT</u> (drug name)?

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

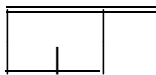
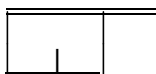

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q3a. LAST 6 MONTHS	Q3b. LAST 30 DAYS	Q3c. INJ. LAST 30 DAYS
	[312;07;ID]		
1. <u>Alcohol</u>	<input type="checkbox"/> [11]	<input type="checkbox"/> [29]	N/A
2. <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.)	<input type="checkbox"/> [12]	<input type="checkbox"/> [30]	N/A
3. <u>Marijuana</u> /Hashish.....	<input type="checkbox"/> [13]	<input type="checkbox"/> [31]	N/A
4. <u>PCP</u>	<input type="checkbox"/> [14]	<input type="checkbox"/> [32]	N/A
5. <u>Other hallucinogens</u> /LSD/Psychedelics/ Mushrooms/Peyote.....	<input type="checkbox"/> [15]	<input type="checkbox"/> [33]	N/A
6. <u>Crack</u> /Freebase.....	<input type="checkbox"/> [16]	<input type="checkbox"/> [34]	N/A
7. <u>Cocaine</u> (by itself)	<input type="checkbox"/> [17]	<input type="checkbox"/> [35]	<input type="checkbox"/> [47]
8. <u>Heroin and Cocaine</u> (mixed together)	<input type="checkbox"/> [18]	<input type="checkbox"/> [36]	<input type="checkbox"/> [48]
9. <u>Heroin</u> (by itself)	<input type="checkbox"/> [19]	<input type="checkbox"/> [37]	<input type="checkbox"/> [49]
10. <u>Street Methadone</u> (non-prescription)	<input type="checkbox"/> [20]	<input type="checkbox"/> [38]	<input type="checkbox"/> [50]
11. <u>Other Opiates</u> /Opium/Morphine/ Demerol/Darvon.....	<input type="checkbox"/> [21]	<input type="checkbox"/> [39]	<input type="checkbox"/> [51]
12. <u>Methamphetamine</u> /Speed/Ice/Ecstasy	<input type="checkbox"/> [22]	<input type="checkbox"/> [40]	<input type="checkbox"/> [52]
13. <u>Other Amphetamines</u> /Uppers/Diet Pills.....	<input type="checkbox"/> [23]	<input type="checkbox"/> [41]	<input type="checkbox"/> [53]
14. <u>Benzodiazepine</u>	<input type="checkbox"/> [24]	<input type="checkbox"/> [42]	<input type="checkbox"/> [54]
15. <u>Other Minor Tranquilizers</u> /Xanax/Valium	<input type="checkbox"/> [25]	<input type="checkbox"/> [43]	<input type="checkbox"/> [55]
16. <u>Barbiturates</u>	<input type="checkbox"/> [26]	<input type="checkbox"/> [44]	<input type="checkbox"/> [56]
17. <u>Other Sedatives</u> /Hypnotics/Quaaludes.....	<input type="checkbox"/> [27]	<input type="checkbox"/> [45]	<input type="checkbox"/> [57]
18. <u>Other (specify)</u>	<input type="checkbox"/> [28]	<input type="checkbox"/> [46]	<input type="checkbox"/> [58]

Tell me about your current ALCOHOL USE.

4. Altogether, on how many of the last 30 days did you drink any beer, wine, wine coolers, or hard liquor?..... [] [] * [59-60]
 ["HARD LIQUOR" INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.] # DAYS

*IF ANY, ASK:

a. On how many of those 30 days did you <u>drink any BEER?</u>	[] [] *	[61-62]
	# DAYS	
(1) *IF ANY, ASK: How many <u>cans or bottles</u> of beer did you generally drink on each of those days? [RECORD <u>VERBATIM</u> , PROBE FOR SIZE OF CAN OR BOTTLE]		[63-64]
	12-OZ CANS	
b. On how many days did you <u>drink any WINE</u> (or wine coolers)?	[] [] *	[65-66]
	# DAYS	
(1) *IF ANY, ASK: How much wine did you generally drink on each of those days? [PROBE FOR AMOUNT AND TYPE. INDICATE WHETHER <u>WINE</u> OR <u>WINE COOLER</u>]		[67-68]
	OUNCES OF WINE	
c. On how many days did you <u>drink any HARD LIQUOR</u> , such as whiskey, rum, vodka, gin, etc.?.....	[] [] *	[69-70]
	# 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 <u>VERBATIM</u> , PROBE FOR AMOUNT AND TYPE OR PROOF OF LIQUOR]		[312;08;ID] [11-12]
	OUNCES OF LIQUOR	
d. What about your pattern of drinking? On how many days (out of the last 30) did you have a drink as soon as you woke up in the morning -- before eating or going to work/school?.....	[] []	[13-14]
	# DAYS	
e. On how many days did you have any <u>shakes or tremors</u> because you needed a drink?.....	[] []	[15-16]
	# DAYS	
f. On how many days did you drink <u>more alcohol than you really intended</u> or wanted to?.....	[] []	[17-18]
	# DAYS	
g. On how many days (out of the last 30) did you drink <u>5 or more drinks on any one occasion?</u>	[] []	[19-20]
[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>	[] []	[21-22]
	# DAYS	

[NOTE TO INTERVIEWER: If alcohol was NOT consumed in the last 6 months, circle all "8's".

During the last 6 MONTHS --

	NO	YES	N/A	
5. Did you enjoy a drink now and then?.....	0	1	8	[23]
6. Did you feel you were a normal drinker? (By normal, we mean you drink less than or as much as most other people).	0	1	8	[24]
7. Did you ever awaken the morning after some drinking the night before and find that you could not remember part of the evening?	0	1	8	[25]
8. Did your wife, husband, a parent, or other near relative ever worry or complain about your drinking?.....	0	1	8	[26]
9. Were you able to stop drinking without a struggle after one or two drinks?	0	1	8	[27]
10. Did you ever feel guilty about your drinking?.....	0	1	8	[28]
11. Did friends or relatives think you were a normal drinker?	0	1	8	[29]
12. Were you able to stop drinking when you wanted to?.....	0	1	8	[30]
13. Did you ever attend a meeting of Alcoholics Anonymous?.....	0	1	8	[31]
14. Did you get into physical fights when drinking?	0	1	8	[32]
15. Did your drinking ever create problems between you and your wife, husband, a parent, or other relative?	0	1	8	[33]
16. Did your wife, husband (or other family members) ever go to anyone for help about your drinking?	0	1	8	[34]
17. Did you ever lose friends because of your drinking?.....	0	1	8	[35]
18. Did you ever get into trouble at work or school because of drinking?	0	1	8	[36]
19. Did you ever lose a job because of drinking?.....	0	1	8	[37]
20. Did you ever neglect your obligations, your family, or your work for two or more days in a row because you were drinking?.....	0	1	8	[38]
21. Did you drink before noon fairly often?.....	0	1	8	[39]
22. Were you ever told you have liver trouble or cirrhosis?	0	1	8	[40]
23. After heavy drinking, did you ever have delirium tremens (d.t.'s) or severe shaking, hear voices or see things that really weren't there? ..	0	1	8	[41]
24. Did you ever go to anyone for help about your drinking?	0	1	8	[42]

	NO	YES	N/A	
25. Were you ever in a hospital because of drinking?	0	1	8	[43]
26. Were you ever a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	0	1	8	[44]
27. Did you ever go to a psychiatric or mental health clinic or go to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem?.....	0	1	8	[45]
28. Were you ever arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages?.....	0	1	8	[46]
29. Were you ever arrested or taken into custody, even for a few hours, because of other drunk behavior?.....	0	1*	8	[47]
*IF "YES," HOW MANY TIMES?	_ _ _			[48-49]

Above items from MAST (Selzer, 1971)

Think about the last 6 months 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.

30.^a Use this card and tell me how often you think drinking alcohol or using other drugs has 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		
a. <u>your physical health?</u>	0	1	2	3	4	[50]	0	1	2	3	4	[58]
b. <u>your relations with family or friends?</u>	0	1	2	3	4	[51]	0	1	2	3	4	[59]
c. <u>your general attitude or emotional health?</u>	0	1	2	3	4	[52]	0	1	2	3	4	[60]
d. <u>your attention and concentration?</u>	0	1	2	3	4	[53]	0	1	2	3	4	[61]
e. <u>going to work or finding a job?</u>	0	1	2	3	4	[54]	0	1	2	3	4	[62]
f. <u>money and finances?</u>	0	1	2	3	4	[55]	0	1	2	3	4	[63]
g. <u>fight</u> s or arguments?.....	0	1	2	3	4	[56]	0	1	2	3	4	[64]
h. <u>police</u> or legal trouble?...	0	1	2	3	4	[57]	0	1	2	3	4	[65]

[312;09;ID]

31. How many times have you overdosed on drugs in the last 6 months?|_|_|* [11-12]
TIMES

*IF "1" OR MORE, ASK:

a. How many of these were intentional? _ _ [13-14] # TIMES
--

32. In the last 6 months were the following people treated for alcohol or other drug use problems?.....

a. Spouse/primary partner:	0=No	1=Yes	7=?	[15]
b. Mother/Stepmother:	0=No	1=Yes	7=?	[16]
c. Father/Stepfather:	0=No	1=Yes	7=?	[17]
d. 1 or more sibling(s):	0=No	1=Yes	7=?	[18]
e. 1 or more child(ren):	0=No	1=Yes	7=?	[19]
f. 1 or more close friend(s):	0=No	1=Yes	7=?	[20]

33. For each of the following, please indicate --

- a. whether you received the service during the last 6 months;
- b. how many sessions, visits, or days of service you received;
- c. whether the service was provided by First Choice, by another facility/agency, or by both.

Services	a. Received			b. # OF SESSIONS	c. Provided by		
	NO	YES*	?		FIRST CHOICE	OTHER AGENCY	BOTH
a. Substance abuse counseling	0	1	7 [21]	_ _ [35-36]	1	2	3 [63]
b. 12-step and other self-help meetings	0	1	7 [22]	_ _ [37-38]	1	2	3 [64]
c. Smoking cessation.....	0	1	7 [23]	_ _ [39-40]	1	2	3 [65]
d. Psychiatric/psychological evaluation.....	0	1	7 [24]	_ _ [41-42]	1	2	3 [66]
e. Individual/group counseling (not substance abuse related).....	0	1	7 [25]	_ _ [43-44]	1	2	3 [67]
f. Individual group counseling specifically for abuse/trauma issues	0	1	7 [26]	_ _ [45-46]	1	2	3 [68]
g. Family counseling	0	1	7 [27]	_ _ [47-48]	1	2	3 [69]
h. Medical services.....	0	1	7 [28]	_ _ [49-50]	1	2	3 [70]
i. Parenting	0	1	7 [29]	_ _ [51-52]	1	2	3 [71]
j. Educational/vocational training.....	0	1	7 [30]	_ _ [53-54]	1	2	3 [72]
k. Employment services	0	1	7 [31]	_ _ [55-56]	1	2	3 [73]
l. Housing assistance.....	0	1	7 [32]	_ _ [57-58]	1	2	3 [74]
m. Legal services	0	1	7 [33]	_ _ [59-60]	1	2	3 [75]
n. Other (specify):	0	1	7 [34]	_ _ [61-62]	1	2	3 [76]

[312;10;ID]

34. How many **TIMES** have you been enrolled in a drug or alcohol abuse treatment program (other than First Choice) in the last 6 months?.....|_|_|* [11-12]
TIMES

*IF "1" OR MORE, ASK:

a. How many **DAYS** have you been in each kind of treatment?
[RECORD ANSWERS IN "DRUG TREATMENT CHART"]

DRUG TREATMENT CHART

READ EACH ITEM, RECORD ANSWER	TOTAL <u>DAYS</u> IN TREATMENT
(1) <u>Inpatient treatment</u> (in a hospital setting)?	_ _ _ [13-15]
(2) <u>Residential/therapeutic community</u> ?	_ _ _ [16-18]
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?	_ _ _ [19-21]
(4) <u>Outpatient drug free</u> ?	_ _ _ [22-24]
(5) <u>Outpatient methadone</u> ?	_ _ _ [25-27]
(6) <u>Detoxification</u> ?	_ _ _ [28-30]
(7) <u>Other? (specify)</u> _____	_ _ _ [31-33] # DAYS

b. How many of those days were you in treatment for alcohol only?.....|_|_|_| [34-36]
DAYS

35. During the last 6 months, have you gone to AA (Alcoholics Anonymous), or to other self-help meetings for an alcohol problem?0=No 1=Yes* [37]

*IF "YES", ASK:

a. About how many meetings did you attend? Was it --

1. 1-5 2. 6-10 3. 11-25 4. 26-50 5. Over 50 [38]

36. During the last 6 months, have you gone to self-help meetings for drug addiction, like NA, CA, etc.?.....0=No 1=Yes* [39]

*IF "YES", ASK:

a. About how many meetings did you attend? Was it --

1. 1-5 2. 6-10 3. 11-25 4. 26-50 5. Over 50 [40]

37.^e Have your **FAMILY OR FRIENDS** supported your treatment and recovery efforts in the last 6 months? How much do you agree or disagree with the following statements?
 [IF QUESTION IS NOT APPLICABLE, WRITE "NA" BESIDE ITEM]

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

You have been encouraged by your --

a. spouse or primary partner?.....	0	1	2	3	4 [41]
b. children?.....	0	1	2	3	4 [42]
c. parents (mother or father)?	0	1	2	3	4 [43]
d. brothers or sisters?	0	1	2	3	4 [44]
e. other close relatives?.....	0	1	2	3	4 [45]
f. friends?.....	0	1	2	3	4 [46]

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**, how often did you inject drugs with a needle? |__| [47]
 [USE "ANSWER CARD B"]

CARD B

***IF "0", SKIP TO Q.4**

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? |__| [48]

CARD B

3. 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?..... |__| |__| |__| [49-51]
 # PEOPLE

4. What about **SEX** in the **last 6 months**?
 How many PEOPLE did you have sex with during that time (including vaginal, oral, or anal)? |__| |__| |__| [52-54]
 # PEOPLE

***IF "0", SKIP TO Q.6**

5. During the past 6 months, did you ever have sex **WITHOUT USING A CONDOM** 0=No 1=Yes* [55]

*IF "YES", ASK:

How often did you have unprotected sex --						
	ONLY A FEW NEVER 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. with someone who sometimes <u>smokes crack/cocaine</u> ?.....	0	1	2	3	4	[58]
d. while you or your partner were <u>"high" on drugs or alcohol</u> ?	0	1	2	3	4	[59]
e. while trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?	0	1	2	3	4	[60]

6. 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)? [61-63]
PEOPLE

7. Have you been tested for the AIDS virus (HIV antibody test) in the last 6 months?..... 0=No 1=Yes* [64]

*IF "YES", ASK:

a. Did you <u>test positive</u> ?	0=No	1=Yes	2=Don't know	[65]
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Finally, I want to ask about your attitudes and concerns about AIDS and the ways you can become infected.

8.^e 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	[66]
b. You think that you <u>really could</u> get AIDS.	0	1	2	3	4	[67]
c. You are going to <u>change</u> your <u>drug use activities</u> to avoid AIDS.	0	1	2	3	4	[68]
d. You are going to <u>change</u> your <u>sex activities</u> to avoid AIDS.	0	1	2	3	4	[69]
e. You already <u>know what you must do</u> to reduce your AIDS risks.	0	1	2	3	4	[70]

End of This Interview--Thanks!

TO BE COMPLETED BY PROJECT STAFF:

1. Did client relapse during the past 6 months? 0=No 1=Yes* 7=Unknown [11]

***IF "YES", ASK:**

a. How long has client been using alcohol and/or other drugs: |__|__|__| [12-14]
DAYS

b. Was abstinence renewed by the end of this reporting period? |__| [15]

0=No 1=Yes* 7=Unknown 8=N/A (didn't use alcohol/other drug)

2. Who initiated the renewed abstinence? |__| [16]

1. Client (with/without help and encouragement of others) 3. Other (specify) _____
2. Criminal Justice System 7. Unknown
8. Not applicable (didn't use alcohol/other drug)

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

1. **Length of Interview:** |__|__|__| MINUTES [17-19]

2. **Place of Interview:**
[CIRCLE ANSWER]

Private office 1
Respondent's home 2
Parole office 3
Park 4
Jail 5
Treatment agency 6
Other (specify) 7
_____ [20]

3. **Interview Conditions:**
[CIRCLE ANSWERS] NONE | SOME | A LOT

a. Privacy? 0 1 2 [21]
b. Physically comfortable?... 0 1 2 [22]
c. Interruption(s)?..... 0 1 2 [23]

4. **Weight:**

Emaciated 1
Thin 2
Average 3
Obese 4
_____ [24]

5. **Attention to Interviewer:**

Poor 1
Acceptable 2
Good 3
Excellent 4
_____ [25]

6. **Understanding of Questions:**

Poor 1
Acceptable 2
Good 3
Excellent 4
_____ [26]

7. **Ability to Articulate Answers:**

Poor 1
Acceptable 2
Good 3
Excellent 4
_____ [27]

8. **Openness and Honesty:**

Poor 1
Acceptable 2
Good 3
Excellent 4
_____ [28]

9. **Cooperativeness:**

Cooperative 1
Suspicious 2
Hostile 3
Uncommunicative 4
_____ [29]

10. **Any Signs of Client --** NONE | SOME | A LOT

Honesty? 0 1 2 [30]
Drunkenness?..... 0 1 2 [31]
Drug intoxication? 0 1 2 [32]
Poor concentration?.... 0 1 2 [33]
Depression?..... 0 1 2 [34]
Overly anxious?..... 0 1 2 [35]
Thought disorders? 0 1 2 [36]

CONSENT FOR URINE SAMPLE

I, _____, am voluntarily providing a urine sample to be tested for the presence of drugs for use in the study entitled "Evaluation of the First Choice Women and Children's Residential Drug Abuse Treatment Program" conducted by the Institute of Behavioral Research, Texas Christian University. I understand that the results of this analysis will be completely confidential and will be reported only in research statistics so that my name cannot be identified with the results.

Signature of Respondent

Date

Name of Interviewer

CONSENT FOR HAIR SAMPLE

I, _____, am voluntarily providing a hair sample to be tested for the presence of drugs for use in the study entitled "Evaluation of the First Choice Women and Children's Residential Drug Abuse Treatment Program" conducted by the Institute of Behavioral Research, Texas Christian University. I understand that the results of this analysis will be completely confidential and will be reported only in research statistics so that my name cannot be identified with the results.

Signature of Respondent

Date

Name of Interviewer

I acknowledge receipt of \$20 for completing the interview.

Signature of Respondent

I acknowledge receipt of \$2.50 for my urine sample which will be used solely for research purposes.

Signature of Respondent

I acknowledge receipt of \$2.50 for my hair sample which will be used solely for research purposes.

Signature of Respondent

ANSWER CARD A

[0]. NEVER

[1]. RARELY

[2]. SOMETIMES

[3]. OFTEN

[4]. ALWAYS

ANSWER CARD B

[0]. Never/Not Used

[1]. Only 1-3 times

[2]. About 1 time per month

[3]. About 2-3 times per month

[4]. About 1 time per week

[5]. About 2-6 times per week

[6]. About 1 time per day

[7]. About 2-3 times per day

[8]. About 4 or more times per day

DRUG CARD

- [1]. Alcohol**
- [2]. Inhalants (glue, spray paint, toluene, liquid paper, etc.)**
- [3]. Marijuana/Hashish**
- [4]. PCP**
- [5]. Other Hallucinogens/LSD/Psychedelics/Mushrooms/Peyote**
- [6]. Crack/Freebase**
- [7]. Cocaine (by itself)**
- [8]. Heroin and Cocaine (mixed together)**
- [9]. Heroin (by itself)**
- [10]. Street Methadone (non-prescription)**
- [11]. Other Opiates/Opium/Morphine/Demerol/Darvon**
- [12]. Methamphetamine/Speed/Ice/Ecstasy**
- [13]. Other Amphetamines/Uppers/Diet Pills**
- [14]. Benzodiazepine**
- [15]. Other Minor Tranquilizers/Xanax/Valium**
- [16]. Barbiturates**
- [17]. Other Sedatives/Hypnotics/Quaaludes**
- [18]. Anything else?**

CRIME CARD

- [1]. Public intoxication from drinking alcohol
- [2]. DWI from drinking alcohol
- [3]. Use of illegal drugs (possession of drug paraphernalia, public intoxication)
- [4]. Sale, distribution, or manufacturing of any drugs (not counting drug use or possession)
- [5]. Forgery or fraud (writing bad checks, running con games)
- [6]. Fencing or buying/receiving stolen property
- [7]. Gambling, running numbers, or bookmaking
- [8]. Prostitution or pimping
- [9]. Burglary or auto theft
- [10]. Other theft (larceny, shoplifting)
- [11]. Robbery (armed robbery, mugging)
- [12]. Violence against other persons (homicide, aggravated assault, kidnapping, etc.) [Do Not Include "Rape"]
- [13]. Arson or weapons offenses
- [14]. Vandalism, vagrancy, loitering
- [15]. Sex offenses (rape, aggravated sexual assault, indecent exposure)
- [16]. Probation/parole violations
- [17]. Others not listed

ANSWER CARD E

[0]. DISAGREE STRONGLY

[1]. DISAGREE SOMEWHAT

[2]. NOT SURE

[3]. AGREE SOMEWHAT

[4]. AGREE STRONGLY