FOLLOW-UP INTERVIEW  
(TCU METHADONE OUTPATIENT FORMS)

Institute of Behavioral Research  
Texas Christian University  
Fort Worth, Texas

CODE 1-5 WITHOUT QUESTIONING RESPONDENT:  
[FORM 250; CARD 01]

<p>| | | | | | | |</p>
<table>
<thead>
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</tr>
</tbody>
</table>

1. [SITE I.D. NUMBER] .......................................................................................................................... \[6\]

2. [CLIENT DATAR I.D. NUMBER] ........................................................................................................ \[7-10\]

3. [DATE OF INTERVIEW] ....................................................................................................................... \[11-16\]

4. [TIME INTERVIEW BEGAN -- MILITARY TIME] .................................................................................. \[17-20\]

5. [CLIENT GENDER] .............................................................................................................................. 0=Female 1=Male \[21\]

---

**NOTE TO INTERVIEWER:** BEFORE BEGINNING INTERVIEW, CHECK TO BE SURE CLIENT’S NAME AND DATAR ID NUMBER ARE THE SAME AS ON THE LOCATOR FILE.

Do you have any questions before we begin?
PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. What is your current age and birthdate? .................................................. AGE: |__|__| [22-23]
   BIRTHDATE: |__|__|__|__|__| [24-29]

2. What is your race or ethnic background? [USE CODE FROM BELOW] ......................... |___| [30]
   1. African American/Black
   2. American Indian
   3. Asian/Pacific Islander
   4. Mexican American (Hispanic origin)
   5. Other Hispanic
   6. White (not of Hispanic origin)
   7. Other

3. Where are you living now? ............................................................................. |___| [31]
   1. With family or other relatives
   2. With group of friend(s) or non-family members (non-institutional)
   3. Alone in own dwelling
   4. Homeless
   5. Hospital, rehabilitation facility, nursing home
   6. Jail, prison, or other correctional facility
   7. Other

4. How long have you been living there? ......................................................... |__|__|__| [32-34]

5. Are you living with a spouse or primary partner? ........................................... 0=No  1=Yes* [35]
   *IF “YES”, ASK:
   a. How long have you been living together? ............................................. |__|__|__| [36-38]
   b. How happy are you with the relationship? [CIRCLE ANSWER]
   0. Very unhappy
   1. Somewhat unhappy
   2. Not sure
   3. Somewhat happy
   4. Very happy
   c. In the last 6 months, did your spouse/primary partner --
      (1) get drunk frequently (e.g., 2 or more times a month)? .................. 0=No  1=Yes [40]
      (2) use drugs other than alcohol? ....................................................... 0=No  1=Yes [41]
      (3) inject drugs? .................................................................................. 0=No  1=Yes [42]
6. How many children do you have? 

*IF "1" OR MORE, ASK:

a. How many have their primary residence with you?

b. How many receive financial support from you?

c. How many are -- between the ages of 0 to 6?

between the ages of 7 to 12?

between the ages of 13 to 17?

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.

7.a What were your relationships with your spouse/primary partner/children like in the last 6 months? Use this card and tell me how often you --

<table>
<thead>
<tr>
<th>[USE “ANSWER CARD A”]</th>
<th>NEVER</th>
<th>RARELY</th>
<th>TIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <strong>got along</strong> together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. really <strong>enjoyed</strong> being together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. <strong>drank</strong> together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. got <strong>drunk</strong> together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. used other (illegal) drugs together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. had <strong>serious talks</strong> about each other's interests and needs?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. helped each other with problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. got blamed or fussed at about things you have done?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. had disagreements?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. had big arguments or fights?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

8. And about how many hours per day (on average) did you usually spend in leisure or social activities with your family?
9. Since entering DATAR treatment, how many different times have you been married or lived as married? .................................................. [ ] # TIMES

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

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

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

a. How long have you been (current marital status)? ... [ ] # MONTHS

11. 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'] .................................................. [ ] # PEOPLE

*IF “0”, SKIP TO Q.14

12. During the last 6 months, did you ever live with --

   a. your parents? ................................................................. 0=No 1=Yes
   b. other relatives? ............................................................ 0=No 1=Yes
   c. friends? .............................................................................. 0=No 1=Yes

13. During the last 6 months, did any of these people --

   a. get drunk frequently (e.g., 2 or more times a month)? ................ 0=No 1=Yes
   b. use drugs other than alcohol? ............................................. 0=No 1=Yes
   c. inject drugs? ................................................................. 0=No 1=Yes

14. Since entering DATAR, have you --

   a. worked on your GED or any type of vocational/technical training degree? 0=No 1=Yes
   b. completed your GED? .......................................................... 0=No 1=Yes
   c. completed a vocational or technical training program? .................. 0=No 1=Yes
15. Do you have a current, valid driver's license? .............................................. 0=No    1=Yes [27]

16. Have you held a job anytime during the last 6 months? ........................................ [28]
   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:

a. Are you working now? ............................................................................................................ [29]
   1. No
   *2. Yes, working at odd jobs
   *3. Yes, working part-time at a steady job (under 35 hours per week)
   *4. Yes, working full-time at a steady job (35 hours or more per week)

b. *[IF “YES”, ASK]: How long have you worked at that job? ............................................... # MONTHS [30-31]

c. How many days did you work in the last 30 days? ......................................................... # DAYS [32-33]

d. Altogether, how many jobs (i.e., different employers) have you had in the last 6 months? ................................................................................................................................. # JOBS [34-35]

e. What kind of work did you usually do?
   [PROBE TO CODE OCCUPATION ← RECORD CLIENT'S ACTUAL WORDS]:
   What was your job called? What were some of your duties?

   Where did you work? ........................................ NAME OF COMPANY CODE [36-37]

f. About how much take-home pay did you usually earn each week?
   [PROBE: IS THAT PER WEEK? IF PAY WAS IRREGULAR, RECORD AMOUNT VERBATIM AND LEAVE
   “WEEKLY INCOME” SPACES BLANK.] .................................................................................. $ [38-41]
17. What were all the different sources of financial support you had during the last 6 months?
   In how many of those 6 months did you get any money, food, shelter, etc. from --

   (1) your job or employment? ................................................................. | [42] |
   (2) your spouse or ex-spouse (including child support)? ...................... | [43] |
   (3) a sexual partner (other than a spouse) or a friend? ...................... | [44] |
   (4) your family? .................................................................................. | [45] |
   (5) unemployment compensation (for being laid off or injured at work)? ... | [46] |
   (6) welfare or public assistance (food stamps, housing assistance, AFDC, Medicaid, SSI)? | [47] |
   (7) selling or trading sex (prostitution)? ........................................... | [48] |
   (8) any other kind of illegal activities (other than prostitution)? .......... | [49] |
   (9) jail/prison, residential treatment program, or hospital? ................ | [50] |
   (10) anything else? (specify) ......................................................... | [51] |

# MONTHS

18. Which one of these was your major (or largest) source of financial support during those 6 months? [SELECT ITEM NUMBER FROM LIST ABOVE] ........................................... | [52-53] |

PART B: FAMILY BACKGROUND

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.

1. How many of your family members did you usually stay in touch with by talking to or seeing regularly (such as every few weeks)? ........................................ | [54-55] |

2. And about how many hours each week (on average) did you usually spend in leisure or social activities with them? ......................................................... | [56-57] |
3. What were your relationships with them like during the last 6 months?
Use this card and tell me how often you --

<table>
<thead>
<tr>
<th>[USE “ANSWER CARD A”]</th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOME-TIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. got along together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. really enjoyed being together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. drank together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. got drunk together?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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<td>e. used other (illegal) drugs together?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

4. How often did you get money, food, shelter, or other help from your family during the last 6 months?

<table>
<thead>
<tr>
<th>0. Never (or very seldom)</th>
<th>1. A few times</th>
<th>2. Once or twice a month</th>
<th>3. Every week (or more often)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>0. Never (or very seldom)</th>
<th>1. A few times</th>
<th>2. Once or twice a month</th>
<th>3. Every week (or more often)</th>
</tr>
</thead>
</table>

6. How often do you feel that religion is really important in your life? [USE “ANSWER CARD A”]

|----------|-----------|--------------|---------|----------|
PART C: PEER RELATIONS

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

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? ............ |___|___|* | [11-12]

*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? ................................ |___|___| [13-14] |
| b. How many of them DID NOT use drugs? ................................ |___|___| [15-16] |

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”]

<table>
<thead>
<tr>
<th>[NEVER]</th>
<th>[RARELY]</th>
<th>[SOMETIMES]</th>
<th>[OFTEN]</th>
<th>[ALWAYS]</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. have an interest in working? 0 1 2 3 4</td>
<td>[17]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. work regularly on a job? 0 1 2 3 4</td>
<td>[18]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. feel hopeful about their future? 0 1 2 3 4</td>
<td>[19]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. spend time with their families? 0 1 2 3 4</td>
<td>[20]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. like being with their families? 0 1 2 3 4</td>
<td>[21]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. get into loud arguments or fights? 0 1 2 3 4</td>
<td>[22]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. get drunk? 0 1 2 3 4</td>
<td>[23]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. use other (illegal) drugs? 0 1 2 3 4</td>
<td>[24]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. trade, sell, or deal drugs? 0 1 2 3 4</td>
<td>[25]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. do other things against the law? 0 1 2 3 4</td>
<td>[26]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. spend time with “gangs”? 0 1 2 3 4</td>
<td>[27]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. get arrested or have problems with the law? 0 1 2 3 4</td>
<td>[28]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. How many HOURS each week (on average) did you generally spend with friends while doing drugs or involved in crime-related activities? |___|___|___| [29-31]

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

[USE “ANSWER CARD A”]

<table>
<thead>
<tr>
<th>[NEVER]</th>
<th>[RARELY]</th>
<th>[SOMETIMES]</th>
<th>[OFTEN]</th>
<th>[ALWAYS]</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. looked to you as a leader? ................. 0 1 2 3 4</td>
<td>[32]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. asked to hear your ideas? ..................... 0 1 2 3 4</td>
<td>[33]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. laughed at or made fun of you? .............. 0 1 2 3 4</td>
<td>[34]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. asked for your advice about their problems? 0 1 2 3 4</td>
<td>[35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. caused problems for you? ..................... 0 1 2 3 4</td>
<td>[36]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. took risks or chances? ....................... 0 1 2 3 4</td>
<td>[37]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. did things that could get them into trouble? 0 1 2 3 4</td>
<td>[38]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. believed drug use caused problems? .......... 0 1 2 3 4</td>
<td>[39]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. talked about reasons and ways to “quit drugs”? 0 1 2 3 4</td>
<td>[40]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. thought drug treatment could be helpful? ................. 0 1 2 3 4</td>
<td>[41]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>[Never]</th>
<th>[Only a few times]</th>
<th>[1-3 times a month]</th>
<th>[1-5 times a week]</th>
<th>[About every day]</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Never</td>
<td>1. Only a few times</td>
<td>2. 1-3 times a month</td>
<td>3. 1-5 times a week</td>
<td>4. About every day</td>
</tr>
</tbody>
</table>
6. What do you usually do in your leisure time?  
[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 --

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. watching T.V. (or going to movies)?</td>
<td>[43-44]</td>
</tr>
<tr>
<td>b. playing games for fun (cards, dominoes, shooting pool)?</td>
<td>[45-46]</td>
</tr>
<tr>
<td>c. at cookouts, picnics, or Bar-B-Qs with family or friends?</td>
<td>[47-48]</td>
</tr>
<tr>
<td>d. doing physical exercise (playing ball, jogging, swimming)?</td>
<td>[49-50]</td>
</tr>
<tr>
<td>e. doing hobbies (fishing, handwork, crafts)?</td>
<td>[51-52]</td>
</tr>
<tr>
<td>f. reading/writing or playing music (listening to radio)?</td>
<td>[53-54]</td>
</tr>
<tr>
<td>g. doing favors or donating time to church or community organizations?</td>
<td>[55-56]</td>
</tr>
<tr>
<td>h. Anything else? (specify)</td>
<td>[57-58]</td>
</tr>
</tbody>
</table>

PART D. CRIMINAL HISTORY

1. During the last 6 months, how much of your income or source of support came from some kind of ILLEGAL ACTIVITY?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. None</td>
<td></td>
</tr>
<tr>
<td>1. Less than half</td>
<td></td>
</tr>
<tr>
<td>2. About half</td>
<td></td>
</tr>
<tr>
<td>3. More than half</td>
<td></td>
</tr>
<tr>
<td>4. All</td>
<td></td>
</tr>
</tbody>
</table>

2. Altogether, how many TIMES were you arrested during the last 6 months?  

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

*IF “1” OR MORE, ASK:

   a. And how many different TIMES were you arrested for each of the reasons listed on this card?  

3. Now tell me about the last 30 days. Not counting drug use, how many times were you involved in any kind of activities that were against the law? The activities we are talking about are listed on the card.  

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

*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?  

4. How many TIMES in the last 30 days were you arrested?  

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>TYPE OF CRIMES (AND EXAMPLES OF EACH)</td>
<td>Q2a. TIMES ARRESTED--LAST 6 MONTHS</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>[4]. Sale, distribution, or manufacturing of any drugs (not counting drug use or possession)?</td>
<td>[17-18] [45-46]</td>
</tr>
<tr>
<td>[5]. Forgery or fraud (writing bad checks, running con games)?</td>
<td>[19-20] [47-48]</td>
</tr>
<tr>
<td>[6]. Fencing or buying/receiving stolen property?</td>
<td>[21-22] [49-50]</td>
</tr>
<tr>
<td>[7]. Gambling, running numbers, or bookmaking?</td>
<td>[23-24] [51-52]</td>
</tr>
<tr>
<td>[8]. Prostitution or pimping?</td>
<td>[25-26] [53-54]</td>
</tr>
<tr>
<td>[9]. Burglary or auto theft?</td>
<td>[27-28] [55-56]</td>
</tr>
<tr>
<td>[10]. Other theft (larceny, shoplifting)?</td>
<td>[29-30] [57-58]</td>
</tr>
<tr>
<td>[11]. Robbery (armed robbery, mugging)?</td>
<td>[31-32] [59-60]</td>
</tr>
<tr>
<td>[12]. Violence against other persons (homicide, aggravated assault, kidnapping, etc.)? [DO NOT INCLUDE “RAPE”]</td>
<td>[33-34] [61-62]</td>
</tr>
<tr>
<td>[13]. Arson or weapons offenses?</td>
<td>[35-36] [63-64]</td>
</tr>
<tr>
<td>[14]. Vandalism, vagrancy, loitering?</td>
<td>[37-38] [65-66]</td>
</tr>
<tr>
<td>[15]. Sex offenses (rape, aggravated sexual assault, indecent exposure)?</td>
<td>[39-40] [67-68]</td>
</tr>
<tr>
<td>[16]. Probation/parole violations?</td>
<td>[41-42] [69-70]</td>
</tr>
<tr>
<td>[17]. Others not listed? (specify)</td>
<td>[43-44] [71-72]</td>
</tr>
</tbody>
</table>

PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!
ARE THE “TOTALS” IN Qs. 2 & 3 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”]  

5. In the last 6 months how many TIMES were you placed in jail or prison? ................................................................. |___|___|___|* [11-13]  

*IF “1” OR MORE, ASK:  

a. Altogether, on how many DAYS did you spend any time in jail or prison the last 6 months? ................................................................. |___|___|___| [14-16]  
b. And what about the last 30 days? That is, on how many of the last 30 DAYS did you spend any time in jail or prison? ......................... |___|___|___| [17-18]  

6. What is your CURRENT LEGAL STATUS? ................................................................. |___|* [19]  

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 (parole/probation) end? ................................................................. |___|___|___| [20-23]  
  [IF ON “LIFETIME PAROLE”, CODE “3333”; MONTH YEAR  
  IF ON BOTH “PROBATION” and “PAROLE”, RECORD LATEST DATE]  

7. Will anyone from the criminal justice system be testing you for drug use or reviewing the results from drug tests you have taken? ................................................................. 0=No 1=Yes* [24]  

*IF “YES”, ASK:  

a. What will happen to you if your tests show drug use?  
  [CIRCLE THE MOST SERIOUS CONSEQUENCE] ................................................................. |___| [25]  
  0. Nothing 3. Returned to (Jail or Prison)  
  1. Given a technical violation 4. Other  
  2. Increased supervision or monitoring  

PART E: HEALTH AND PSYCHOLOGICAL STATUS  

1. How many times in the last 6 months have you 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] ................. |___|___| [26-27]  

# TIMES
2. Do you currently have any serious health problems? ......................... 0=No 1=Yes* [28]
   a. *{IF “YES”, ASK} What are the main problems you have? [RECORD VERBATIM]

3. 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].

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

<table>
<thead>
<tr>
<th>[USE “ANSWER CARD A”]</th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOME-TIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. serious depression?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. serious anxiety or tension?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. hallucinations (hearing or seeing things that others thought were imaginary)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. trouble understanding, concentrating, or remembering?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. trouble controlling violent behavior?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. serious thoughts of suicide?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

5. Have you attempted suicide in the last 6 months? ......................... 0=No 1=Yes [39]

6. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months? ......................... 0=No 1=Yes* [40]
   a. *{IF YES}: What?

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

<table>
<thead>
<tr>
<th>a. physically (hit, slapped, beaten)?</th>
<th>0=No</th>
<th>1=Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. emotionally (yelled at, threatened)?</td>
<td>0=No</td>
<td>1=Yes</td>
</tr>
<tr>
<td>c. sexually (raped, molested)?</td>
<td>0=No</td>
<td>1=Yes</td>
</tr>
</tbody>
</table>
PART F: DRUG HISTORY

1. In the last 6 months, have you smoked cigarettes?.................................0=No  I=Yes* [46]

*IF “YES”, ASK:

   a. About how many cigarettes do you smoke each day?............................. [47-48]

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

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

   a. First most serious?.................................................................................... [49-50]

   b. Second most serious?............................................................................... [51-52]

   c. Third most serious?................................................................................... [53-54]

   [TAKE BACK “DRUG CARD” -- HAND “ANSWER CARD B” TO RESPONDENT]

   3. Using answers from this card, tell me how often during the LAST 6 MONTHS you used (drug name).

      [RECORD RESPONSE IN “DRUG HISTORY CHART”]

   4. In the LAST 30 DAYS, how often did you use (drug name)?

      [RECORD RESPONSE IN “DRUG HISTORY CHART”; DO NOT USE RESPONSE CODE “1” FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]

FOR DRUGS USED THAT CAN BE INJECTED (SEE CHART), ASK --

   5. And how often in these last 30 days did you INJECT (drug name)?
**FREQUENCY OF USE CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never/Not used</td>
</tr>
<tr>
<td>1</td>
<td>Only 1-3 times</td>
</tr>
<tr>
<td>2</td>
<td>About 1 time per MONTH</td>
</tr>
<tr>
<td>3</td>
<td>About 2-3 times per MONTH</td>
</tr>
<tr>
<td>4</td>
<td>About 1 time per WEEK</td>
</tr>
<tr>
<td>5</td>
<td>About 2-6 times per WEEK</td>
</tr>
<tr>
<td>6</td>
<td>About 1 time per DAY</td>
</tr>
<tr>
<td>7</td>
<td>About 2-3 times per DAY</td>
</tr>
<tr>
<td>8</td>
<td>About 4 or more times per DAY</td>
</tr>
</tbody>
</table>

**DRUG HISTORY CHART**

<table>
<thead>
<tr>
<th>TYPE OF DRUGS (AND EXAMPLES OF EACH)</th>
<th>Q3. LAST 6 MONTHS</th>
<th>Q4. LAST 30 DAYS</th>
<th>Q5. INJ. LAST 30 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Alcohol .........................................................................................................................................................................................................................................................................................</td>
<td>[55]</td>
<td>[11]</td>
<td>N/A</td>
</tr>
<tr>
<td>(2) Inhalants (glue, spray paint, toluene, liquid paper, etc.) .................................................................</td>
<td>[56]</td>
<td>[12]</td>
<td>N/A</td>
</tr>
<tr>
<td>(3) Marijuana/Hashish..........................</td>
<td>[57]</td>
<td>[13]</td>
<td>N/A</td>
</tr>
<tr>
<td>(4) Hallucinogens/LSD/Psychedelics/PCP/ Mushrooms/Peyote .................................................................</td>
<td>[58]</td>
<td>[14]</td>
<td>N/A</td>
</tr>
<tr>
<td>(5) Crack/Freebase .................................................................</td>
<td>[59]</td>
<td>[15]</td>
<td>N/A</td>
</tr>
<tr>
<td>(6) Cocaine (by itself) .........................</td>
<td>[60]</td>
<td>[16]</td>
<td>[27]</td>
</tr>
<tr>
<td>(7) Heroin and Cocaine (mixed together)..............</td>
<td>[61]</td>
<td>[17]</td>
<td>[28]</td>
</tr>
<tr>
<td>(8) Heroin (by itself) .................................</td>
<td>[62]</td>
<td>[18]</td>
<td>[29]</td>
</tr>
<tr>
<td>(9) Street Methadone (non-prescription)...............</td>
<td>[63]</td>
<td>[19]</td>
<td>[30]</td>
</tr>
<tr>
<td>(10) Other Opiates/Opium/Morphine/Demerol/ Darvon .................................................................</td>
<td>[64]</td>
<td>[20]</td>
<td>[31]</td>
</tr>
<tr>
<td>(11) Methamphetamine/Speed/Ice/Ecstasy ..................</td>
<td>[65]</td>
<td>[21]</td>
<td>[32]</td>
</tr>
<tr>
<td>(12) Other Amphetamines/Uppers/Diet Pills ................</td>
<td>[66]</td>
<td>[22]</td>
<td>[33]</td>
</tr>
<tr>
<td>(13) Librium/Xanax/Valium/Minor Tranquilizers ..........</td>
<td>[67]</td>
<td>[23]</td>
<td>[34]</td>
</tr>
<tr>
<td>(14) Barbiturates .................................................................</td>
<td>[68]</td>
<td>[24]</td>
<td>[35]</td>
</tr>
<tr>
<td>(15) Other Sedatives/Hypnotics/Quaaludes .............</td>
<td>[69]</td>
<td>[25]</td>
<td>[36]</td>
</tr>
<tr>
<td>(16) Other (specify) .................................................................</td>
<td>[70]</td>
<td>[26]</td>
<td>[37]</td>
</tr>
</tbody>
</table>
6. Because you haven't used heroin or other opiate drugs in the last 30 days, tell me how important each of the following reasons was for causing you to quit.

<table>
<thead>
<tr>
<th>USE &quot;ANSWER CARD E&quot; -- READ EACH ITEM AND CIRCLE ANSWER</th>
<th>NOT IMPORTANT AT ALL</th>
<th>NOT TOO IMPORTANT</th>
<th>SOMEWHAT IMPORTANT</th>
<th>VERY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Drugs got hard to find</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Quality of drugs got bad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Drugs got too expensive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. You wanted to quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Became tired of the trouble caused by drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Fear of getting AIDS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Fear of other health problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. You went to jail or prison</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Fear of being sent to jail or prison</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. Threats from spouse or family if you didn't quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Other family responsibilities to take care of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. Someone important to you died</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>m. Getting a job (or changing to a better one)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>n. Fear of losing your job if you didn't quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>o. Influence of church or religion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>p. Personal influence of a friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>q. DATAR treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>r. Other drug treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Tell me about your **ALCOHOL USE**.

7. Altogether, on how many of the last 30 days did you
drink any beer, wine, wine coolers, or hard liquor?................................. [56-57] # DAYS
[“HARD LIQUOR” INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.]

*IF ANY, ASK:

a. On how many of those 30 days did you **drink any BEER**? ................... [58-59] # DAYS

   (1) *IF ANY, ASK:
   How many cans or bottles of beer did you
generally drink on each of those days?
[RECORD VERBATIM, PROBE FOR SIZE OF CAN OR BOTTLE] [58-59] # DAYS

b. On how many days did you **drink any WINE** (or wine coolers)? ............. [62-63] # 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] [64-65] # DAYS

   OUNCES
   OF WINE

c. On how many days did you **drink any HARD LIQUOR**,
such as whiskey, rum, vodka, gin, etc.?.................................................. [66-67] # DAYS

   (1) *IF ANY, ASK:
   How many drinks (or bottles) 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] [68-69] # DAYS

   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?.................................................... [70-71] # DAYS

e. On how many days did you have any shakes or tremors
because you needed a drink?................................................................. [72-73] # DAYS

f. On how many days did you drink **more alcohol than you
really intended or wanted to**?.............................................................. [74-75] # DAYS

g. On how many days (out of the last 30) did you drink
5 or more drinks on any one occasion? .................................................. [76-77] # DAYS
[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]

h. On how many days (out of the last 30) did you ever have
3 or more drinks within a 1-hour period? ............................................. [78-79] # DAYS
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.

8. Use this card and tell me how often in the last 6 months you think drinking alcohol or using other drugs have led to problems in each of the following areas of your life.

<table>
<thead>
<tr>
<th>How often did your (alcohol/drug) use affect --</th>
<th>(1) Alcohol Use</th>
<th>(2) Other Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. your physical health?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>b. your relations with family or friends?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>c. your general attitude or emotional health?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>d. your attention and concentration?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>e. going to work or finding a job?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>f. money and finances?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>g. fights or arguments?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>h. police or legal trouble?</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
</tbody>
</table>

9. How many times in the last 6 months have you overdosed on drugs? .......... | [250:07:ID] |

*IF “1” OR MORE, ASK:

a. How many times in the last 30 days? ................................ | [29-30] |

b. How many times in the last 6 months have you intentionally overdosed on drugs? ................................ | [31-32] |

10. Were any of the following people treated in the last 6 months 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]
11. How many TIMES since leaving DATAR did you quit HEROIN or other opiates for at least 3 months or longer? ................................................................. [36] # TIMES

*IF “1” OR MORE, ASK:

a. How many times did you quit --
   (1) on your own “cold turkey”? ............. [37-38]
   (2) in a treatment program? ............... [39-40]
   (3) in jail/prison? ......................... [41-42]
   (4) some other way? (specify) ............ [43-44]

b. Since leaving DATAR, what is the longest time you were ever able to stay “clean” (from heroin and other opiates)? ............................................. [45-46] # MONTHS

12. Since leaving the DATAR Project, how many TIMES have you been treated for your drinking or alcohol problems? ...................................... [47-48] # TIMES

13. Since leaving the DATAR Project, how many TIMES have you been in a treatment program for your use of illegal drugs? [INCLUDE ABUSE OF PRESCRIPTION DRUGS] ............................................. [49-50] # TIMES

*IF “0”, SKIP TO Q.16

*IF “1” OR MORE, ASK:

a. What kinds of treatment did you receive? How many times have you been in --
   [RECORD ANSWERS IN “DRUG TREATMENT CHART”]

<table>
<thead>
<tr>
<th>DRUG TREATMENT CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ EACH ITEM, RECORD ANSWER</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>(1) Inpatient treatment (in a hospital setting)? ...............</td>
</tr>
<tr>
<td>(2) Residential/therapeutic community? .............................</td>
</tr>
<tr>
<td>(3) Other institutional treatment (such as VA or state hospital or in-prison program)? .......................</td>
</tr>
<tr>
<td>(4) Outpatient drug-free? ...........................................</td>
</tr>
<tr>
<td>(5) Outpatient methadone? ..........................................</td>
</tr>
<tr>
<td>(6) Other? (specify) _____________ ................................</td>
</tr>
</tbody>
</table>

[ASK b & c ONLY FOR TREATMENTS WITH “1” OR MORE ADMISSIONS]

b. Altogether, how many weeks have you been treated in each type since leaving the DATAR project? [RECORD TOTAL WEEKS TREATED IN “DRUG TREATMENT CHART”]

c. Were any of these programs ever effective in helping you quit drugs for 3 months or longer? [CIRCLE ANSWERS IN “DRUG TREATMENT CHART”]
14. How long has it been since the last time you were in a treatment program for illegal drug problems? How many months? ............ [11-12] # MONTHS

15. And which treatment program was that? .......................................................... [13]

[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:

16. People have different reasons for going into treatment. How important was each of the following reasons to you the LAST TIME you went into treatment?

[IF NOT IN TREATMENT SINCE DATAR, THIS WOULD BE THE REASON FOR ENTERING DATAR.]

<table>
<thead>
<tr>
<th>USE “ANSWER CARD E” -- READ EACH ITEM AND CIRCLE ANSWER</th>
<th>NOT IMPORTANT</th>
<th>NOT IMPORTANT</th>
<th>SOMewhat IMPORTANT</th>
<th>VERY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You had pressure from a parole or probation officer. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [14]</td>
</tr>
<tr>
<td>b. You had legal problems and treatment was required or advised (by police, courts, lawyers, etc.). ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [15]</td>
</tr>
<tr>
<td>c. Your family (including your SPOUSE) wanted you to go. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [16]</td>
</tr>
<tr>
<td>d. Your friends wanted you to go. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [17]</td>
</tr>
<tr>
<td>e. Drugs were hard to get or were unavailable. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [18]</td>
</tr>
<tr>
<td>f. The quality of drugs was poor. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [19]</td>
</tr>
<tr>
<td>g. You had medical or physical problems. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [20]</td>
</tr>
<tr>
<td>h. You decided for yourself that you wanted treatment. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 [21]</td>
</tr>
</tbody>
</table>
17. In the last 6 months, have you ever gone to AA (Alcoholics Anonymous), or to other self-help meetings for an alcohol problem? ................................ 0=No  1=Yes*

*IF “YES”, ASK:

a. About how many meetings did you attend? Was it --
   1. 1-5  2. 6-10  3. 11-25  4. 26-100  5. Over 100

b. How often did you find these meetings to be helpful? [REFER TO “ANSWER CARD A”]

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

18. In the last 6 months, have you ever gone to NA, CA, AA or to other self-help meetings for drug abuse problems? ................................. 0=No  1=Yes*

*IF “YES”, ASK:

a. About how many meetings did you attend? Was it --
   1. 1-5  2. 6-10  3. 11-25  4. 26-100  5. Over 100

b. How often do you find these meetings to be helpful? [REFER TO “ANSWER CARD A”]

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
19. During the last 6 months, do you think your **FAMILY OR FRIENDS** have supported your treatment and recovery effort? How much do you agree or disagree with the following statements? [IF QUESTION IS NOT APPLICABLE, WRITE “NA” BESIDE ITEM]

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>DISAGREE</th>
<th>NOT</th>
<th>AGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY</td>
<td>SOMEWHAT</td>
<td>SURE</td>
<td>SOMEWHAT</td>
<td>STRONGLY</td>
</tr>
</tbody>
</table>

**You were encouraged by your --**

<table>
<thead>
<tr>
<th>a. spouse or primary partner?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. children (18 and older)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. parents (mother or father)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. brothers or sisters?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. other close relatives?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. friends?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

---

**PART G: GAMBLING**

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**.

10. Did you **gamble** any time during the last 6 months? ........................................... 0=No 1=Yes*  

---

*IF “YES”, ASK:

<table>
<thead>
<tr>
<th>a. How often did you buy tickets for the State Lottery (including scratch off games)?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. How often did you place bets or play in other gambling games during those 6 months?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. What is the total value (in dollars) of all the money or other goods you have gambled with during those 6 months?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. How many times have you wanted or decided to <strong>QUIT</strong>, but later started gambling again?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Do you think you have a problem and need help to control your gambling?</td>
<td>0=No 1=Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART H: 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. In the **last 6 months** how often did you inject drugs with a needle? ........................................ [___] [43]
   [USE “ANSWER CARD B”]
   *IF “0”, SKIP TO Q.10

2. 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? ................................................................. [___] [44]
   CARD B
   *IF “0”, SKIP TO Q.10

3. And how often did you use the same cooker, cotton, or rinse water that someone else had already used?................................. [___] [45]
   CARD B
   [TAKE BACK “ANSWER CARD B”]

4. Altogether, how many PEOPLE did you share the same works with during the last 6 months? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did? ................................................................. [___] [46-48]
   # PEOPLE

5. In the **last 30 days**, how many TIMES did you inject drugs with a needle? ......... [___] [49-51]
   # 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? ................................................................. [___] [52-54]
   # 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?................................. [___] [55-57]
   # TIMES

8. And how many of the times that you injected drugs were you with other people who were also injecting? ................................................................. [___] [58-60]
   # TIMES

9. Altogether, how many PEOPLE did you share the same works with in the last 30 days? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did. ........................................ [___] [61-63]
   # PEOPLE

10. What about **SEX** in the **last 6 months**?
    How many PEOPLE did you have sex with during that time (including vaginal, oral, or anal)?................................. [___] [64-66]
    # PEOPLE
    *IF “0”, SKIP TO Q.17
11. During the last 6 months, how often did you have sex WITHOUT USING A LATEX CONDOM while --

<table>
<thead>
<tr>
<th></th>
<th>ONLY</th>
<th>1-3</th>
<th>1-5</th>
<th>ABOUT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>TIMES</td>
<td>TIMES</td>
<td>EVERY</td>
</tr>
<tr>
<td>a. with someone who was not your spouse or primary partner?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. with someone who shoots drugs with needles?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. trading, giving, or getting sex for drugs, money, or gifts?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

12. And what about SEX in the last 30 days?

How many PEOPLE did you have any kind of sex with during that month (including vaginal, oral, or anal)? ........................................ |___|___|___|*# PEOPLE [14-16]

*IF “0”, SKIP TO Q.17

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

Female: |___|___|___| [17-19]
Male: |___|___|___| [20-22]

14. Altogether, how many times did you have sex that month?

[DO NOT INCLUDE MASTURBATION] ............................................... |___|___|___| [23-25]

# TIMES

15. And how many times did you have sex without using a latex condom?........ |___|___|___| [26-28]

*IF “0”, SKIP TO Q.17

16. When you had sex without using a latex condom that month, how many times was it --

IF “1 OR MORE”, ASK:

<p>| | | | | |</p>
<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| a. with someone who is not your spouse or primary partner? |       |       |       | [29-31]
| b. with someone who shoots drugs with needles? |       |       |       | [32-34]
| c. with someone who sometimes smokes crack/cocaine? |       |       |       | [35-37]
| d. while you or your partner were “high” on drugs or alcohol? |       |       | [38-40]
| e. while trading (giving/getting) sex for drugs, money, or gifts? |       |       |       | [41-43]
| f. involving vaginal sex (penis to vagina)? |       |       |       | [44-46]
| g. involving oral sex (mouth to penis/vagina)? |       |       |       | [47-49]
| h. involving anal sex (penis to anus)? |       |       |       | [50-52]

# TIMES
17. How many PEOPLE do you know personally who have been infected with the AIDS virus (including those who now have AIDS or have died of AIDS)? ................................ ................................ .................. [53-55] # PEOPLE

18. In the last 6 months, how many times have you been tested for the AIDS virus (HIV antibody test)? ................................ ................................ .................. * # TIMES

*IF “1 OR MORE”, ASK:

a. Did you ever test positive? ......................... 0=No  1=Yes  2=Don’t know

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

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

<table>
<thead>
<tr>
<th>USE “ANSWER CARD F”</th>
<th>DISAGREE STRONGLY</th>
<th>DISAGREE SOMEWHAT</th>
<th>NOT SURE</th>
<th>AGREE SOMEWHAT</th>
<th>AGREE STRONGLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You believe that you could become exposed to the AIDS virus. ............... 0 1 2 3 4 [59]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. You think that you really could get AIDS. .......................................... 0 1 2 3 4 [60]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. You want to make some changes now that will reduce your AIDS risks. ........ 0 1 2 3 4 [61]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. You need help in dealing with your drug use. ....................................... 0 1 2 3 4 [62]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. You need help to change some of your sex activities. ......................... 0 1 2 3 4 [63]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. You get tired of the problems caused by drugs. .................................. 0 1 2 3 4 [64]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. You are going to change your drug use activities to avoid AIDS. .............. 0 1 2 3 4 [65]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. You are going to change your sex activities to avoid AIDS. .................... 0 1 2 3 4 [66]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. You already know what you must do to reduce your AIDS risks. ............... 0 1 2 3 4 [67]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. You feel sure of yourself in controlling your risky drug use activities. ....... 0 1 2 3 4 [68]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. You feel sure of yourself in controlling your risky sex activities. ............. 0 1 2 3 4 [69]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

End of This Interview-- Thanks!
PART I: INTERVIEWER COMMENTS:
[TO BE COMPLETED AFTER THE INTERVIEW]

1. Time When
   Finished Interview: ........... [___] [___]:[___] [USE MILITARY TIME] HR MIN [11-14]

2. Number of Sessions: ...................................... [15]

3. Total Length
   of Interview: ............................................ MINUTES [16-18]

4. City of Interview
   same as where
   admitted to DATAR? .......... 0=No 1=Yes [19]

5. Place of Interview:
   Respondent's residence ......................... 1
   Residence of respondent's
   friend or relative ................................. 2
   DATAR drug treatment facility ............. 3
   Other office (rented or borrowed) ........ 4
   Bar or restaurant ............................... 5
   Car ............................................... 6
   Hospital.......................................... 7
   Jail or prison .................................... 8
   Other (specify) ................................. 9

6. Privacy During Interview:
   Yes, completely......................... 1
   Yes, most of the time ................. 2
   No .................................................. 3

7. Attention to Interviewer:
   Poor............................................... 1
   Acceptable ....................................... 2
   Good ............................................... 3
   Excellent ......................................... 4

8. Understanding of Questions:
   Poor.................................................. 1
   Acceptable ....................................... 2
   Good ............................................... 3
   Excellent ......................................... 4

9. Ability to Articulate Answers:
   Poor.................................................. 1
   Acceptable ....................................... 2
   Good ............................................... 3
   Excellent ......................................... 4

10. Openness and Honesty:
    Poor.................................................. 1
    Acceptable ....................................... 2
    Good ............................................... 3
    Excellent ......................................... 4

11. Cooperativeness:
    Cooperative...................................... 1
    Suspicious...................................... 2
    Hostile.......................................... 3
    Uncommunicative.............................. 4

12. Any Signs of Client --

   Denial?......................... 0 1 2 [27]
   Drunkenness? .............. 0 1 2 [28]
   Drug intoxication?....... 0 1 2 [29]
   Poor concentration?.... 0 1 2 [30]
   Depression?............... 0 1 2 [31]
   Overly anxious?......... 0 1 2 [32]
   Thought disorders?..... 0 1 2 [33]

Name of Interviewer:

[34-35]