

# 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]

1. [SITE I.D. NUMBER] .....	_	[6]
2. [CLIENT DATAR I.D. NUMBER] .....	_ _ _ _ _ _ _	[7-10]
3. [DATE OF INTERVIEW] .....	_ _ _ _ _ _ _  MO DAY YR	[11-16]
4. [TIME INTERVIEW BEGAN -- MILITARY TIME] .....	_ _ _ _ : _ _ _ _  HR MIN	[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]  
 MO DAY YR

2. What is your race or ethnic background? [USE CODE FROM BELOW] ..... |\_\_| [30]

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

3. Where are you living now?..... |\_\_| [31]

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

4. How long have you been living there?..... |\_\_|\_\_|\_\_| [32-34]  
 # MONTHS

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]  
 # MONTHS

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

0. Very	1. Somewhat	2. Not	3. Somewhat	4. Very	[39]
<u>unhappy</u>	<u>unhappy</u>	sure	happy	<u>happy</u>	

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?.....|\_\_|\_\_|\* [43-44]  
# CHILDREN

\*IF "1" OR MORE, ASK:

a. How many have their <u>primary residence</u> with you? .....	__ __	[45-46]
b. How many receive <u>financial support</u> from you? .....	__ __	[47-48]
c. How many are -- between the ages of <u>0 to 6</u> ? .....	__ __	[49-50]
between the ages of <u>7 to 12</u> ?.....	__ __	[51-52]
between the ages of <u>13 to 17</u> ?.....	__ __	[53-54]
NUMBER		

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.<sup>a</sup> 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 --

[USE “ANSWER CARD A”]	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS	
a. <u>got along</u> together? .....	0	1	2	3	4	[55]
b. really <u>enjoyed</u> being together? .....	0	1	2	3	4	[56]
c. <u>drank</u> together?.....	0	1	2	3	4	[57]
d. got <u>drunk</u> together?.....	0	1	2	3	4	[58]
e. used <u>other (illegal) drugs</u> together?.....	0	1	2	3	4	[59]
f. had serious talks about each other's <u>interests and needs</u> ?.....	0	1	2	3	4	[60]
g. <u>helped</u> each other with problems?.....	0	1	2	3	4	[61]
h. got <u>blamed or fussed at</u> about things you have done?.....	0	1	2	3	4	[62]
i. had <u>disagreements</u> ? .....	0	1	2	3	4	[63]
j. had <u>big arguments or fights</u> ?.....	0	1	2	3	4	[64]

8. And about how many hours per day (on average) did you usually spend in leisure or social activities with your family? .....

|\_\_|\_\_| [65-66]  
HOURS/DAY

9. Since entering DATAR treatment, how many different times have you been married or lived as married?.....|\_\_| [11]  
# TIMES

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

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

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

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

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

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

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

---

a. your parents? ..... 0=No 1=Yes [18]

b. other relatives? ..... 0=No 1=Yes [19]

c. friends? ..... 0=No 1=Yes [20]

---

13. During 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 [21]

b. use drugs other than alcohol? ..... 0=No 1=Yes [22]

c. inject drugs? ..... 0=No 1=Yes [23]

---

14. Since entering DATAR, have you --

---

a. worked on your GED or any type of vocational/technical training degree? ..... 0=No 1=Yes [24]

b. completed your GED? ..... 0=No 1=Yes [25]

c. completed a vocational or technical training program? ..... 0=No 1=Yes [26]

---



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 <u>working</u> now?..... _ * [29]			
1. <i>No</i> *2. <i>Yes, working at <u>odd jobs</u></i> *3. <i>Yes, working <u>part-time</u> at a steady job (under 35 hours per week)</i> *4. <i>Yes, working <u>full-time</u> at a steady job (35 hours or more per week)</i>			
b. *IF "YES", ASK]: <u>How long</u> have you worked at that <u>job</u> ? ..... _ _  [30-31]	# MONTHS		
c. <u>How many days</u> did you work <u>in the last 30 days</u> ? ..... _ _  [32-33]	# DAYS		
d. Altogether, <u>how many jobs</u> (i.e., different employers) have you had in the <u>last 6 months</u> ? ..... _ _  [34-35]	# JOBS		
e. What <u>kind of work</u> did you usually do? [PROBE TO CODE OCCUPATION -- <b>RECORD CLIENT'S ACTUAL WORDS</b> ]: What was your job called? What were some of your duties?			
Where did you work? _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">CODE</td> </tr> </table>		CODE
CODE			
f. About how much <u>take-home pay</u> did you usually earn <u>each week</u> ? [PROBE: IS THAT <u>PER WEEK</u> ? IF PAY WAS IRREGULAR, RECORD AMOUNT VERBATIM AND LEAVE "WEEKLY INCOME" SPACES BLANK.].....\$ _ _ _  [38-41]	WEEKLY INCOME		

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]  
 CODE #

**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]  
 NUMBER

2. And about how many hours each week (on average) did you usually spend in leisure or social activities with them?.....|\_\_| |\_\_| [56-57]  
 HOURS/WEEK

3.<sup>a</sup> 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	[58]
b. really <u>enjoyed</u> being together?.....	0	1	2	3	4	[59]
c. <u>drank</u> together? .....	0	1	2	3	4	[60]
d. got <u>drunk</u> together? .....	0	1	2	3	4	[61]
e. used <u>other (illegal) drugs</u> together? .....	0	1	2	3	4	[62]
f. had serious talks about each other's <u>interests and needs</u> ? .....	0	1	2	3	4	[63]
g. <u>helped</u> each other with problems?.....	0	1	2	3	4	[64]
h. got <u>blamed or fussed at</u> about things you did or did not do? .....	0	1	2	3	4	[65]
i. had <u>disagreements</u> ?.....	0	1	2	3	4	[66]
j. had <u>big arguments or fights</u> ? .....	0	1	2	3	4	[67]

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

- 0. *Never (or very seldom)*
  - 1. *A few times*
  - 2. *Once or twice a month*
  - 3. *Every week (or more often)*
- [68]

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

- 0. *Never (or very seldom)*
  - 1. *A few times*
  - 2. *Once or twice a month*
  - 3. *Every week (or more often)*
- [69]

6.<sup>a</sup> How often do you feel that religion is really important in your life? [USE "ANSWER CARD A"]

- 0. *Never*
  - 1. *Rarely*
  - 2. *Sometimes*
  - 3. *Often*
  - 4. *Always*
- [70]

**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]  
# FRIENDS [250;03;ID]

\*IF "1" OR MORE, ASK:

a. How many of them do you consider to be " <b>close friends</b> " -- that is, someone you can <b>really depend on</b> ?.....  __ __  [13-14] NUMBER		
b. How many of them <b>DID NOT</b> use drugs?.....  __ __  [15-16] NUMBER		

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

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. have an <b>interest in working</b> ? .....	0	1	2	3	4	[17]
b. <b>work regularly</b> on a job?.....	0	1	2	3	4	[18]
c. feel <b>hopeful</b> about their <b>future</b> ? .....	0	1	2	3	4	[19]
d. <b>spend time</b> with their <b>families</b> ?.....	0	1	2	3	4	[20]
e. <b>like</b> being with their <b>families</b> ? .....	0	1	2	3	4	[21]
f. get into <b>loud arguments or fights</b> ? .....	0	1	2	3	4	[22]
g. get <b>drunk</b> ? .....	0	1	2	3	4	[23]
h. use <b>other (illegal) drugs</b> ? .....	0	1	2	3	4	[24]
i. trade, sell, or <b>deal drugs</b> ? .....	0	1	2	3	4	[25]
j. do other things <b>against the law</b> ? .....	0	1	2	3	4	[26]
k. spend time with " <b>gangs</b> "? .....	0	1	2	3	4	[27]
l. get <b>arrested</b> or have problems with the law? .....	0	1	2	3	4	[28]



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]  
HOURS/WEEK

4.<sup>a</sup> How often would you say the friends you spent your time with --

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

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

0. *Never*      1. *Only a few times*      2. *1-3 times a month*      3. *1-5 times a week*      4. *About every day*      [42]

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 --

---

a. <u>watching T.V.</u> (or going to movies)? .....	__ __	[43-44]
b. <u>playing games</u> for <u>fun</u> (cards, dominoes, shooting pool)?.....	__ __	[45-46]
[DO NOT INCLUDE GAMBLING ACTIVITIES]		
c. at <u>cookouts</u> , picnics, or Bar-B-Qs with family or friends? .....	__ __	[47-48]
d. doing <u>physical exercise</u> (playing ball, jogging, swimming)? .....	__ __	[49-50]
e. doing <u>hobbies</u> (fishing, handwork, crafts)?.....	__ __	[51-52]
f. <u>reading/writing</u> or <u>playing music</u> (listening to radio)?.....	__ __	[53-54]
g. doing <u>favors</u> or <u>donating time</u> to church or community organizations?.....	__ __	[55-56]
h. Anything else? ( <i>specify</i> ) .....	__ __	[57-58]
	# HOURS/WEEK	

---

**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**?

- |                |                          |                      |                          |               |      |
|----------------|--------------------------|----------------------|--------------------------|---------------|------|
| 0. <i>None</i> | 1. <i>Less than half</i> | 2. <i>About half</i> | 3. <i>More than half</i> | 4. <i>All</i> | [59] |
|----------------|--------------------------|----------------------|--------------------------|---------------|------|

2. Altogether, how many TIMES were you arrested during the last 6 months?.....|\_\_|\_\_|\_\_|\* [60-62]  
 # ARRESTS

\*IF "1" OR MORE, ASK:

a.<sup>c</sup> And how many different TIMES were you arrested for each of the reasons listed on this card? [RECORD ANSWERS ON "CRIME CHART"]

3.<sup>c</sup> 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.  
 [REFER TO ITEMS 4-17 IN CHART] ..... |\_\_|\_\_|\* [63-64]  
 # DAYS

\*IF "1" OR MORE, ASK:

a.<sup>c</sup> How many different days (in the last 30 days) were you involved in each category of illegal activities listed on the card? [RECORD ANSWERS ON "CRIME CHART"]

4. How many TIMES in the last 30 days were you arrested? ..... |\_\_|\_\_|\_\_| [65-67]  
 # ARRESTS

**CRIME CHART**

TYPE OF CRIMES (AND EXAMPLES OF EACH)	Q2a. TIMES ARRESTED-- <u>LAST</u> <u>6 MONTHS</u>	Q3a. DAYS OF THESE ACTIVITIES-- <u>LAST 30 DAYS</u>
[1]. <u>Public intoxication</u> from drinking alcohol?	[250;04;ID]  _ _ _  [11-12]	NA
[2]. <u>DWI</u> from drinking alcohol? .....	_ _ _  [13-14]	NA
[3]. <u>Use of illegal drugs</u> (possession of drug paraphernalia, public intoxication)? .....	_ _ _  [15-16]	NA
[4]. <u>Sale, distribution, or manufacturing of any drugs</u> (not counting drug use or possession)?.....	_ _ _  [17-18]	_ _ _  [45-46]
[5]. <u>Forgery or fraud</u> (writing bad checks, running con games)?.....	_ _ _  [19-20]	_ _ _  [47-48]
[6]. <u>Fencing</u> or buying/receiving stolen property?.....	_ _ _  [21-22]	_ _ _  [49-50]
[7]. <u>Gambling</u> , running numbers, or bookmaking? .....	_ _ _  [23-24]	_ _ _  [51-52]
[8]. <u>Prostitution or pimping</u> ? .....	_ _ _  [25-26]	_ _ _  [53-54]
[9]. <u>Burglary or auto theft</u> ? .....	_ _ _  [27-28]	_ _ _  [55-56]
[10]. <u>Other theft</u> (larceny, shoplifting)?.....	_ _ _  [29-30]	_ _ _  [57-58]
[11]. <u>Robbery</u> (armed robbery, mugging)? .....	_ _ _  [31-32]	_ _ _  [59-60]
[12]. <u>Violence against other persons</u> (homicide, aggravated assault, kidnapping, etc.)? [ <u>DO NOT</u> INCLUDE "RAPE"]	_ _ _  [33-34]	_ _ _  [61-62]
[13]. <u>Arson or weapons offenses</u> ?.....	_ _ _  [35-36]	_ _ _  [63-64]
[14]. <u>Vandalism</u> , vagrancy, loitering? .....	_ _ _  [37-38]	_ _ _  [65-66]
[15]. <u>Sex offenses</u> (rape, aggravated sexual assault, indecent exposure)? .....	_ _ _  [39-40]	_ _ _  [67-68]
[16]. <u>Probation/parole violations</u> ? .....	_ _ _  [41-42]	_ _ _  [69-70]
[17]. Others not listed? (specify) _____ .....	_ _ _  [43-44]	_ _ _  [71-72]

**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"]**

[250;05;ID]

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

**\*IF "1" OR MORE, ASK:**

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

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 ( <u>parole/probation</u> ) 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 "NO", SKIP TO QE.1**

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

a. What will happen to you if your <u>tests show drug use</u> ? [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 I=Yes\* [28]

a. \*[IF “YES”, ASK] What are the main problems you have? [RECORD VERBATIM]

CODE

[29-30]

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]..|\_|\_|\_| # TIMES [31-32]

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

[USE “ANSWER CARD A”]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. serious <u>depression</u> ?.....	0	1	2	3	4	[33]
b. serious <u>anxiety or tension</u> ?.....	0	1	2	3	4	[34]
c. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?.....	0	1	2	3	4	[35]
d. trouble <u>understanding, concentrating, or remembering</u> ?.....	0	1	2	3	4	[36]
e. trouble controlling <u>violent behavior</u> ?.....	0	1	2	3	4	[37]
f. serious <u>thoughts of suicide</u> ?.....	0	1	2	3	4	[38]

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

6. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months?..... 0=No I=Yes\* [40]

a. \*[IF YES]: What? \_\_\_\_\_

CODE

[41-42]

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

a. physically (hit, slapped, beaten)?..... 0=No I=Yes [43]

b. emotionally (yelled at, threatened)?..... 0=No I=Yes [44]

c. sexually (raped, molested)?..... 0=No I=Yes [45]

**PART F: DRUG HISTORY**

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

\*IF "YES", ASK:

a. About how many cigarettes do you <u>smoke each day</u> ? ..... _ _ * [47-48] <div style="text-align: right; margin-right: 20px;"># PER DAY</div>
--

2.<sup>d</sup> 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]  

DRUG #

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

3.<sup>b</sup> 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.<sup>b</sup> 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.<sup>b</sup> And how often in these last 30 days did you INJECT (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 |

**PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!**

**DRUG HISTORY CHART**

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q3. LAST 6 MONTHS	Q4. LAST 30 DAYS	Q5. INJ. LAST 30 DAYS
(1) <u>Alcohol</u> .....	<input type="checkbox"/> [55]	[250;06;ID] <input type="checkbox"/> [11]	N/A
(2) <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.) .....	<input type="checkbox"/> [56]	<input type="checkbox"/> [12]	N/A
(3) <u>Marijuana</u> /Hashish .....	<input type="checkbox"/> [57]	<input type="checkbox"/> [13]	N/A
(4) <u>Hallucinogens</u> /LSD/Psychedelics/PCP/ Mushrooms/Peyote .....	<input type="checkbox"/> [58]	<input type="checkbox"/> [14]	N/A
(5) <u>Crack</u> /Freebase .....	<input type="checkbox"/> [59]	<input type="checkbox"/> [15]	N/A
(6) <u>Cocaine</u> (by itself).....	<input type="checkbox"/> [60]	<input type="checkbox"/> [16]	<input type="checkbox"/> [27]
(7) Heroin and Cocaine (mixed together).....	<input type="checkbox"/> [61]	<input type="checkbox"/> [17]	<input type="checkbox"/> [28]
(8) Heroin (by itself).....	<input type="checkbox"/> [62]	<input type="checkbox"/> [18]	<input type="checkbox"/> [29]
(9) Street Methadone (non-prescription).....	<input type="checkbox"/> [63]	<input type="checkbox"/> [19]	<input type="checkbox"/> [30]
(10) Other Opiates/Opium/Morphine/Demerol/ Darvon.....	<input type="checkbox"/> [64]	<input type="checkbox"/> [20]	<input type="checkbox"/> [31]
(11) Methamphetamine/Speed/Ice/Ecstasy .....	<input type="checkbox"/> [65]	<input type="checkbox"/> [21]	<input type="checkbox"/> [32]
(12) Other Amphetamines/Uppers/Diet Pills .....	<input type="checkbox"/> [66]	<input type="checkbox"/> [22]	<input type="checkbox"/> [33]
(13) Librium/Xanax/Valium/Minor Tranquilizers.....	<input type="checkbox"/> [67]	<input type="checkbox"/> [23]	<input type="checkbox"/> [34]
(14) Barbiturates.....	<input type="checkbox"/> [68]	<input type="checkbox"/> [24]	<input type="checkbox"/> [35]
(15) Other Sedatives/Hypnotics/Quaaludes .....	<input type="checkbox"/> [69]	<input type="checkbox"/> [25]	<input type="checkbox"/> [36]
(16) Other ( <i>specify</i> ) .....	<input type="checkbox"/> [70]	<input type="checkbox"/> [26]	<input type="checkbox"/> [37]

**\*IF HEROIN, STREET METHADONE, OR OTHER OPIATES  
(i.e., #7-10 IN DRUG CHART) WERE USED IN LAST 30 DAYS, SKIP TO Q.7**

6.<sup>e</sup> 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.

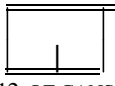
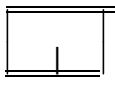
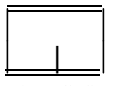
USE "ANSWER CARD E" -- READ EACH ITEM AND CIRCLE ANSWER	NOT IMPORTANT AT ALL	NOT TOO IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	
a. Drugs got <u>hard to find</u> .....	1	2	3	4	[38]
b. <u>Quality</u> of drugs got <u>bad</u> .....	1	2	3	4	[39]
c. Drugs got <u>too expensive</u> .....	1	2	3	4	[40]
d. <u>You</u> wanted to <u>quit</u> .....	1	2	3	4	[41]
e. Became <u>tired</u> of the trouble caused by drugs .....	1	2	3	4	[42]
f. <u>Fear</u> of getting AIDS .....	1	2	3	4	[43]
g. <u>Fear</u> of other <u>health problems</u> .....	1	2	3	4	[44]
h. You went to <u>jail or prison</u> .....	1	2	3	4	[45]
i. Fear of being sent to <u>jail or prison</u> .....	1	2	3	4	[46]
j. <u>Threats</u> from <u>spouse or family</u> if you didn't quit .....	1	2	3	4	[47]
k. Other <u>family responsibilities</u> to take care of .....	1	2	3	4	[48]
l. Someone important to you <u>died</u> .....	1	2	3	4	[49]
m. <u>Getting a job</u> (or changing to a better one) .....	1	2	3	4	[50]
n. <u>Fear</u> of losing <u>your job</u> if you didn't quit .....	1	2	3	4	[51]
o. Influence of <u>church or religion</u> .....	1	2	3	4	[52]
p. Personal influence of a <u>friend</u> .....	1	2	3	4	[53]
q. DATAR treatment .....	1	2	3	4	[54]
r. Other drug treatment .....	1	2	3	4	[55]



**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]  
 [“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> ? .....	_ _ *	[58-59]
	# DAYS	
(1) *IF ANY, ASK: How many <u>cans or bottles</u> of beer did you generally drink on each of those days? [RECORD VERBATIM, PROBE FOR SIZE OF CAN OR BOTTLE]		[60-61]
	12-OZ CANS	
b. On how many days did you <u>drink any WINE</u> (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]
	OUNCES OF WINE	
c. On how many days did you <u>drink any HARD LIQUOR</u> , such as whiskey, rum, vodka, gin, etc.? .....	_ _ *	[66-67]
	# DAYS	
(1) *IF ANY, ASK: How many <u>drinks (or bottles)</u> of hard liquor did you generally drink on each of those days? [USUALLY A “DRINK” IS 1.5 OZ. (SHOTGLASS) OF LIQUOR; RECORD VERBATIM, PROBE FOR AMOUNT AND TYPE OR PROOF OF LIQUOR]		[68-69]
	OUNCES OF LIQUOR	
d. What about your pattern of drinking? On how many days (out of the last 30) did you have a drink <u>as soon as you woke up in the morning</u> -- before eating or going to work/school? .....	_ _	[70-71]
	# DAYS	
e. On how many days did you have any <u>shakes or tremors</u> because you needed a drink? .....	_ _	[72-73]
	# DAYS	
f. On how many days did you drink <u>more alcohol than you really intended</u> or wanted to? .....	_ _	[74-75]
	# DAYS	
g. On how many days (out of the last 30) did you drink <u>5 or more drinks on any one occasion</u> ? .....	_ _	[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 <u>3 or more drinks within a 1-hour period</u> ? .....	_ _	[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.<sup>a</sup> 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.

[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
	[250;07;ID]									
a. <u>your physical</u> health? .....	0	1	2	3	4 [11]	0	1	2	3	4 [19]
b. <u>your relations with family or friends?</u> .....	0	1	2	3	4 [12]	0	1	2	3	4 [20]
c. <u>your general attitude or emotional health?</u> .....	0	1	2	3	4 [13]	0	1	2	3	4 [21]
d. <u>your attention and concentration?</u> .....	0	1	2	3	4 [14]	0	1	2	3	4 [22]
e. <u>going to work or finding a job?</u> .....	0	1	2	3	4 [15]	0	1	2	3	4 [23]
f. <u>money</u> and finances? .....	0	1	2	3	4 [16]	0	1	2	3	4 [24]
g. <u>fight</u> s or arguments? .....	0	1	2	3	4 [17]	0	1	2	3	4 [25]
h. <u>police</u> or legal trouble?...	0	1	2	3	4 [18]	0	1	2	3	4 [26]

9. How many times in the last 6 months have you overdosed on drugs? ..... |\_\_|\_\_|\* [27-28]  
# TIMES

\*IF "1" OR MORE, ASK:

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

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"?	<input type="text"/> <input type="text"/>	[37-38]
	(2) in a <u>treatment program</u> ?	<input type="text"/> <input type="text"/>	[39-40]
	(3) in <u>jail/prison</u> ?	<input type="text"/> <input type="text"/>	[41-42]
	(4) some other way? ( <i>specify</i> )..... _____	<input type="text"/> <input type="text"/>	[43-44]
			# TIMES
b. Since leaving DATAR, what is the <u>longest time</u> you were ever able to stay "clean" (from heroin and other opiates)?.....	<input type="text"/> <input type="text"/>	[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"]

**DRUG TREATMENT CHART**

READ EACH ITEM, RECORD ANSWER	Q13a. TIMES	Q13b. WEEKS	Q13c.		
	ADMITTED	TREATED	NO	YES	
(1) <u>Inpatient treatment</u> (in a hospital setting)?.....	<input type="text"/> <input type="text"/> [51-52]	<input type="text"/> <input type="text"/> [63-64]	0	1	[75]
(2) <u>Residential/therapeutic community</u> ?.....	<input type="text"/> <input type="text"/> [53-54]	<input type="text"/> <input type="text"/> [65-66]	0	1	[76]
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?.....	<input type="text"/> <input type="text"/> [55-56]	<input type="text"/> <input type="text"/> [67-68]	0	1	[77]
(4) Outpatient <u>drug-free</u> ? .....	<input type="text"/> <input type="text"/> [57-58]	<input type="text"/> <input type="text"/> [69-70]	0	1	[78]
(5) Outpatient <u>methadone</u> ? .....	<input type="text"/> <input type="text"/> [59-60]	<input type="text"/> <input type="text"/> [71-72]	0	1	[79]
(6) Other? ( <i>specify</i> ) .....	<input type="text"/> <input type="text"/> [61-62]	<input type="text"/> <input type="text"/> [73-74]	0	1	[80]

**[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"]

[250;08;ID]

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]  
TYPE #

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

NAME AND LOCATION OF LAST TREATMENT:

16.<sup>e</sup> 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.]

USE "ANSWER CARD E" -- READ EACH ITEM AND CIRCLE ANSWER	NOT IMPORTANT AT ALL	NOT TOO IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	
a. You had pressure from a <u>parole or probation</u> officer. ....	1	2	3	4	[14]
b. You had <u>legal problems</u> and treatment was required or advised (by police, courts, lawyers, etc.). ....	1	2	3	4	[15]
c. Your <u>family</u> (including your SPOUSE) wanted you to go. ....	1	2	3	4	[16]
d. Your <u>friends</u> wanted you to go. ....	1	2	3	4	[17]
e. Drugs were hard to get or were <u>unavailable</u> . ....	1	2	3	4	[18]
f. The <u>quality</u> of drugs was poor. ....	1	2	3	4	[19]
g. You had <u>medical or physical problems</u> . ....	1	2	3	4	[20]
h. <u>You decided for yourself</u> that you wanted treatment. ....	1	2	3	4	[21]

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\* [22]

\*IF "YES", ASK:

a. About how many meetings did you <u>attend</u> ? Was it --						
1. 1-5	2. 6-10	3. 11-25	4. 26-100	5. Over 100		[23]
b. <sup>a</sup> How often did you find these meetings to be <u>helpful</u> ? [REFER TO "ANSWER CARD A"]						
0. Never	1. Rarely	2. Sometimes	3. Often	4. Always		[24]
c. How many AA group meetings did you attend in the <u>last 30 days</u> ? Was it --						
0. None	1. 1-5	2. 6-10	3. 11-20	4. 21-30	5. Over 30	[25]

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\* [26]

\*IF "YES", ASK:

a. About how many meetings did you <u>attend</u> ? Was it --						
1. 1-5	2. 6-10	3. 11-25	4. 26-100	5. Over 100		[27]
b. <sup>a</sup> How often do you find these meetings to be <u>helpful</u> ? [REFER TO "ANSWER CARD A"]						
0. Never	1. Rarely	2. Sometimes	3. Often	4. Always		[28]
c. How many NA/CA group meetings did you attend in the <u>last 30 days</u> ? Was it --						
0. None	1. 1-5	2. 6-10	3. 11-20	4. 21-30	5. Over 30	[29]

19.<sup>f</sup> 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]

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

**You were encouraged by your --**

a. spouse or primary partner? .....	0	1	2	3	4	[30]
b. children (18 and older)? .....	0	1	2	3	4	[31]
c. parents (mother or father)?.....	0	1	2	3	4	[32]
d. brothers or sisters? .....	0	1	2	3	4	[33]
e. other close relatives?.....	0	1	2	3	4	[34]
f. friends?.....	0	1	2	3	4	[35]

**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\* [36]

\*IF "YES", ASK:

a. How often did you <u>buy tickets</u> for the <u>State Lottery</u> (including scratch off games)? .....	_____	[37]
0. Never	3. About 1 time per week	
1. Only 1-3 times	4. About 2-6 times per week	
2. About 1-3 times per month	5. Every day	
b. How often did you <u>place bets</u> or <u>play in other gambling games</u> during those 6 months?.....	_____	[38]
0. Never	3. About 1 time per week	
1. Only 1-3 times	4. About 2-6 times per week	
2. About 1-3 times per month	5. Every day	
c. What is the <u>total value (in dollars)</u> of all the money or other goods you have <u>gambed with</u> during <u>those 6 months</u> ?.....	_____	[39]
0. None	4. \$501 to \$1000	
1. Under \$50	5. \$1001 to \$2000	
2. \$50 to \$100	6. \$2001 to \$5000	
3. \$101 to 500	7. Over \$5000	
d. How many <u>times</u> have you <u>wanted or decided to QUIT</u> , but later started <u>gambling again</u> ?.....	____ ____	[40-41]
	# TIMES	
e. Do you think you <u>have a problem and need help</u> to control your gambling?.....	0=No 1=Yes	[42]

**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.<sup>b</sup> 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.<sup>b</sup> 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

3.<sup>b</sup> 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 -- [250;09;ID]

	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY	
a. with someone who was <u>not your spouse or primary partner</u> ? .....	0	1	2	3	4	[11]
b. with someone who <u>shoots drugs with needles</u> ? .....	0	1	2	3	4	[12]
c. trading, giving, or getting <u>sex for drugs, money, or gifts</u> ? .....	0	1	2	3	4	[13]

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)? .....|\_|\_|\_|\* [14-16]

# PEOPLE

**\*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]

# PEOPLE

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]  
# TIMES

**\*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:

a. with someone who is <u>not your spouse or primary partner</u> ? .....	_ _ _	[29-31]
b. with someone who <u>shoots drugs with needles</u> ? .....	_ _ _	[32-34]
c. with someone who <u>sometimes smokes crack/cocaine</u> ? .....	_ _ _	[35-37]
d. while you or your partner were " <u>high</u> " on drugs or alcohol? .....	_ _ _	[38-40]
e. while trading (giving/getting) <u>sex for drugs, money, or gifts</u> ? .....	_ _ _	[41-43]
f. involving <u>vaginal</u> sex (penis to vagina)?.....	_ _ _	[44-46]
g. involving <u>oral</u> sex (mouth to penis/vagina)? .....	_ _ _	[47-49]
h. involving <u>anal</u> 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)? |\_|\_|\_|\* [56-57]  
 # TIMES

\*IF "1 OR MORE", ASK:

a. Did you ever <u>test positive</u> ? ..... 0= <i>No</i> 1= <i>Yes</i> 2= <i>Don't know</i> [58]
---

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

19.<sup>f</sup> Tell me how much do you agree or disagree with each of these statements.

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

**End of This Interview--  
Thanks!**

**PART I: INTERVIEWER COMMENTS:**

**[TO BE COMPLETED AFTER THE INTERVIEW]**

1. **Time When Finished Interview:**..... [250;10;ID]  
 [USE MILITARY TIME]      HR      MIN  
 [11-14]

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

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

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

\_\_\_\_\_ [20]

6. **Privacy During Interview:**

Yes, completely..... 1  
 Yes, most of the time..... 2  
 No ..... 3

[21]

7. **Attention to Interviewer:**

Poor..... 1  
 Acceptable ..... 2  
 Good ..... 3  
 Excellent ..... 4

[22]

8. **Understanding of Questions:**

Poor..... 1  
 Acceptable ..... 2  
 Good ..... 3  
 Excellent ..... 4

[23]

9. **Ability to Articulate Answers:**

Poor..... 1  
 Acceptable ..... 2  
 Good ..... 3  
 Excellent ..... 4

[24]

10. **Openness and Honesty:**

Poor..... 1  
 Acceptable ..... 2  
 Good ..... 3  
 Excellent ..... 4

[25]

11. **Cooperativeness:**

Cooperative..... 1  
 Suspicious ..... 2  
 Hostile..... 3  
 Uncommunicative..... 4

[26]

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

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: \_\_\_\_\_

--	--

 ID NO. [34-35]