

**INITIAL ASSESSMENT**  
(TCU METHADONE OUTPATIENT FORMS)

[FORM 200; CARD 01]

|  |   |         |   |   |
|--|---|---------|---|---|
| A. SITE: .....   | _   | [6]     |   |   |
| B. CLIENT ID NUMBER: .....   | _ _ _ _   | [7-10]  |   |   |
| C. SOURCE OF REFERRAL: .....   | _   | [11]    |   |   |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>1. None/self</li> <li>2. Family or friends</li> <li>3. Street outreach project</li> <li>4. Physician or health provider</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>5. Other drug treatment program</li> <li>6. Employer (EAP)</li> <li>7. Parole, probation, court</li> <li>8. Other (specify) _____</li> </ul> </td> </tr> </table> |   |         | <ul style="list-style-type: none"> <li>1. None/self</li> <li>2. Family or friends</li> <li>3. Street outreach project</li> <li>4. Physician or health provider</li> </ul> | <ul style="list-style-type: none"> <li>5. Other drug treatment program</li> <li>6. Employer (EAP)</li> <li>7. Parole, probation, court</li> <li>8. Other (specify) _____</li> </ul> |
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| D. ELIGIBILITY CRITERIA:   |   |         |   |   |
| Eligible for methadone maintenance? .....  | 0=No    1=Yes   | [12]    |   |   |
| Injected drugs in past 6 months? .....   | 0=No    1=Yes   | [13]    |   |   |
| 18 years of age or older? .....  | 0=No    1=Yes   | [14]    |   |   |
| Adequate English reading skills? .....   | 0=No    1=Yes   | [15]    |   |   |
| Without treatment for illegal drug abuse in past 6 months? .....   | 0=No    1=Yes   | [16]    |   |   |
| Agree to follow-up? .....  | 0=No    1=Yes   | [17]    |   |   |
| E. TODAY'S DATE: .....   | _ _      _ _      _ _ <br>MO          DAY          YR   | [18-23] |   |   |
| F. NAME OF INTERVIEWER: _____  | _ _ _ <br>ID#   | [24-25] |   |   |
| G. ASSIGNED COUNSELOR I.D.#: .....   | _ _ _ <br>ID#   | [26-27] |   |   |
| H. WRAT RAW SCORE: .....   | _ _ _   | [28-29] |   |   |
| I. SPECIAL CODES: .....  | _ _ _ _ _ _ _ _   | [30-35] |   |   |

**A. BACKGROUND AND PSYCHOSOCIAL FUNCTIONING**

|   |  |         |   |  |
|---|--|---------|---|--|
| 1. How <u>old</u> are you? .....  | _ _  | [36-37] |   |  |
|   | AGE  |         |   |  |
| 2. What is your <u>date of birth</u> ? .....  | _ _      _ _      _ _ <br>MO          DAY          YR  | [38-43] |   |  |
| 3. What is your <u>race or ethnic background</u> ? .....  | _  | [44]    |   |  |
|   | CODE #   |         |   |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>1. African American/Black</li> <li>2. American Indian</li> <li>3. Asian/Pacific Islander</li> <li>4. Mexican American (Hispanic origin)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>5. Other Hispanic<br/>(specify): _____</li> <li>6. White (not of Hispanic origin)</li> <li>7. Other<br/>(specify): _____</li> </ul> </td> </tr> </table> |  |         | <ul style="list-style-type: none"> <li>1. African American/Black</li> <li>2. American Indian</li> <li>3. Asian/Pacific Islander</li> <li>4. Mexican American (Hispanic origin)</li> </ul> | <ul style="list-style-type: none"> <li>5. Other Hispanic<br/>(specify): _____</li> <li>6. White (not of Hispanic origin)</li> <li>7. Other<br/>(specify): _____</li> </ul> |
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| 4. What is your <u>gender</u> ? .....   | 0=Female    1=Male   | [45]    |   |  |

5. Where have you been living or staying most of the time in the last month? ..... |\_\_| [46]  
CODE #

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

6. What is your legal marital status? ..... |\_\_| [47]  
CODE #

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

7. How many years of school have you finished -- that is, what is the highest grade you completed? ..... |\_\_| |\_\_| [48-49]  
GRADE

8. Did you hold a job anytime during the last 30 days? ..... |\_\_| [50]  
CODE #

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

\*IF "NO", ASK:

|   |
|---|
| a. Why were you <u>unemployed</u> ? .....  __  [51]<br>CODE # |
| 1. <i>Did not try to find work</i>                            |
| 2. <i>Tried but couldn't find work</i>                        |
| 3. <i>Unable to work due to alcohol or drug problems</i>      |
| 4. <i>Unable to work due to other health problems</i>         |
| 5. <i>Needed at home</i>                                      |
| 6. <i>Other (specify): _____</i>                              |

\*IF "YES":

|   |
|---|
| b. How many <u>days</u> did you work <u>in the last 30 days</u> ? .....  __   __  [52-53]<br># DAYS |
|---|

9. What was your total annual income last year from LEGAL sources? ..... \$ |\_\_| |\_\_|, |\_\_| |\_\_| [54-58]  
ANNUAL INCOME

10. Which one was your major (or largest) source of support during the past month?.....  [59]  
 CODE #

- 1. *Job*
- 2. *Mate/spouse*
- 3. *Family or friends*
- 4. *Unemployment*
- 5. *Welfare*
- 6. *Prostitution*
- 7. *Illegal activities*
- 8. *Others:* \_\_\_\_\_

11. What kind of health insurance do you have?.....  [60]  
 CODE #

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

12. What is your current legal status?.....  [61]  
 CODE #

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

13. How much do you feel pressured from other people to enter this drug treatment program?  
 What about --

|   | NOT<br>AT ALL | SLIGHTLY | MODER-<br>ATELY | CONSIDER-<br>ABLY | EXTREMELY |      |
|---|---------------|----------|-----------------|-------------------|-----------|------|
| a. <u>medical</u> authorities (doctors, health center)? .....                   | 0             | 1        | 2               | 3                 | 4         | [62] |
| b. your <u>family or friends</u> ? .....  | 0             | 1        | 2               | 3                 | 4         | [63] |
| c. your <u>employer</u> ? .....   | 0             | 1        | 2               | 3                 | 4         | [64] |
| d. <u>legal</u> authorities (police, judge, parole or probation officer)? ..... | 0             | 1        | 2               | 3                 | 4         | [65] |
| e. <u>others</u> (specify): _____ .....   | 0             | 1        | 2               | 3                 | 4         | [66] |

14. How important is it for you to get treatment or counseling now to help with --

|   | NOT<br>AT ALL | SLIGHTLY | MODER-<br>ATELY | CONSIDER-<br>ABLY | EXTREMELY |      |
|---|---------------|----------|-----------------|-------------------|-----------|------|
| a. <u>medical</u> problems? .....                                   | 0             | 1        | 2               | 3                 | 4         | [11] |
| b. problems with <u>family</u><br><u>or spouse</u> ? .....          | 0             | 1        | 2               | 3                 | 4         | [12] |
| c. other social problems with<br><u>friends or neighbors</u> ?..... | 0             | 1        | 2               | 3                 | 4         | [13] |
| d. <u>employment or work-related</u><br><u>problems</u> ?.....      | 0             | 1        | 2               | 3                 | 4         | [14] |
| e. <u>legal</u> problems?.....                                      | 0             | 1        | 2               | 3                 | 4         | [15] |
| f. <u>emotional or psychological</u><br><u>problems</u> ?.....      | 0             | 1        | 2               | 3                 | 4         | [16] |
| g. use of <u>alcohol</u> ?.....                                     | 0             | 1        | 2               | 3                 | 4         | [17] |
| h. use of <u>heroin</u><br>(or other opiates)?.....                 | 0             | 1        | 2               | 3                 | 4         | [18] |
| i. use of <u>cocaine</u> (or crack)? .....                          | 0             | 1        | 2               | 3                 | 4         | [19] |
| j. use of <u>other drugs</u> ?.....                                 | 0             | 1        | 2               | 3                 | 4         | [20] |

**B. ALCOHOL AND OTHER DRUG USE BACKGROUND** [USE ANSWER CARD 1]:

1. Have you ever used alcohol (beer, wine, or hard liquor)? ..... 0=No 1=Yes\* [21]

\*IF "YES":

|  |                |                 |
|--|----------------|-----------------|
| a. How <u>old</u> were you when you <u>first started</u> drinking alcohol? ..... | _ _            | [22-23]         |
|  | AGE            |                 |
| b. About how often did you drink alcohol during the <u>last 6 months</u> ?       |                |                 |
| 0. Never   | 1. A few times | 2. 1 to 3 times |
|  |                | per month       |
|  |                | 3. 1 to 5 times |
|  |                | per week        |
|  |                | 4. Daily        |
|  |                | [24]            |

2. Have you ever used marijuana? .....0=No 1=Yes\* [25]

\*IF "YES":

|  |                |                 |
|--|----------------|-----------------|
| a. How <u>old</u> were you when you <u>first used</u> marijuana? .....     | _ _            | [26-27]         |
|  | AGE            |                 |
| b. About how often did you use marijuana during the <u>last 6 months</u> ? |                |                 |
| 0. Never   | 1. A few times | 2. 1 to 3 times |
|  |                | per month       |
|  |                | 3. 1 to 5 times |
|  |                | per week        |
|  |                | 4. Daily        |
|  |                | [28]            |

3. Have you *ever* used **opiates** (like heroin, morphine, or street methadone)? .....0=No 1=Yes\* [29]

\*IF "YES":

|  |                |                 |                 |          |      |
|--|----------------|-----------------|-----------------|----------|------|
| a. How <u>old</u> were you when you <u>first used</u> opiates? .....     | _ _            | [30-31]         |                 |          |      |
|  | AGE            |                 |                 |          |      |
| b. About how often did you use opiates during the <u>last 6 months</u> ? |                |                 |                 |          |      |
| 0. Never   | 1. A few times | 2. 1 to 3 times | 3. 1 to 5 times | 4. Daily | [32] |
|  |                | per month       | per week        |          |      |

4. Have you *ever* used **cocaine or crack**? .....0=No 1=Yes\* [33]

\*IF "YES":

|   |                |                 |                 |          |      |
|---|----------------|-----------------|-----------------|----------|------|
| a. How <u>old</u> were you when you <u>first used</u> cocaine or crack? .....     | _ _            | [34-35]         |                 |          |      |
|   | AGE            |                 |                 |          |      |
| b. About how often did you use cocaine or crack during the <u>last 6 months</u> ? |                |                 |                 |          |      |
| 0. Never  | 1. A few times | 2. 1 to 3 times | 3. 1 to 5 times | 4. Daily | [36] |
|   |                | per month       | per week        |          |      |

5. Have you *ever* used **speedballs** (heroin + cocaine)? .....0=No 1=Yes\* [37]

\*IF "YES":

|   |                |                 |                 |          |      |
|---|----------------|-----------------|-----------------|----------|------|
| a. How <u>old</u> were you when you <u>first used</u> speedballs?.....      | _ _            | [38-39]         |                 |          |      |
|   | AGE            |                 |                 |          |      |
| b. About how often did you use speedballs during the <u>last 6 months</u> ? |                |                 |                 |          |      |
| 0. Never  | 1. A few times | 2. 1 to 3 times | 3. 1 to 5 times | 4. Daily | [40] |
|   |                | per month       | per week        |          |      |

6. In the last 6 months, have you *ever* **injected** drugs with a needle? .....0=No 1=Yes\* [41]

\*IF "YES":

|   |                |                 |                 |          |      |
|---|----------------|-----------------|-----------------|----------|------|
| a. How <u>old</u> were you when you <u>first injected</u> drugs?.....     | _ _            | [42-43]         |                 |          |      |
|   | AGE            |                 |                 |          |      |
| b. About how often did you inject drugs during the <u>last 6 months</u> ? |                |                 |                 |          |      |
| 0. Never  | 1. A few times | 2. 1 to 3 times | 3. 1 to 5 times | 4. Daily | [44] |
|   |                | per month       | per week        |          |      |

**Note to interviewer:** As needed during the following questions, remind respondent that he/she is answering the questions based on what has happened during the past year.

Now I want to ask you some questions about your alcohol use during this past year -- that is, over the last 12 months. [USE ANSWER CARD 2]

7. Have you used **any type of alcohol** at all during the last 12 months (beer, wine, hard liquor, mixed drinks)? ..... 0=No\* 1=Yes [45]

**\*IF "NO", SKIP TO Q.30**

During the past year, how often did you --

| NEVER | ONE TIME ONLY | TWO OR MORE TIMES | OFTEN |
|-------|---------------|-------------------|-------|
|-------|---------------|-------------------|-------|

- |  |   |   |   |   |      |
|--|---|---|---|---|------|
| 8. <u>Continue to drink</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ? .....  | 0 | 1 | 2 | 3 | [46] |
| 9. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of alcohol? For example, while driving a car, operating machinery, or taking unnecessary risks? ..... | 0 | 1 | 2 | 3 | [47] |
| 10. Get <u>arrested because</u> of your drinking?.....   | 0 | 1 | 2 | 3 | [48] |
| 11. Get drunk when you were <u>supposed to be doing something important</u> , like working, going to school, or taking care of your home or family?.....   | 0 | 1 | 2 | 3 | [49] |
| 12. Find that your <u>usual number of drinks</u> had much <u>less effect</u> on you or that you had to <u>drink more</u> in order to get the effect you wanted?.....   | 0 | 1 | 2 | 3 | [50] |
| 13. <u>Skip</u> work or school, or not take care of family or other duties <u>because of a hangover</u> ?.....   | 0 | 1 | 2 | 3 | [51] |
| 14. <u>Start</u> drinking even though you had <u>decided not to</u> ? .....  | 0 | 1 | 2 | 3 | [52] |
| 15. <u>Drink more</u> or for a much <u>longer period</u> of time <u>than you had intended to</u> ?.....  | 0 | 1 | 2 | 3 | [53] |
| 16. <u>Want to -- or try to -- stop or cut down</u> on your drinking but <u>found you could not</u> ? .....  | 0 | 1 | 2 | 3 | [54] |
| 17. <u>Spend so much time</u> drinking or being sick from drinking that you had <u>little time left for important things</u> like work, school, family, or friends? .....  | 0 | 1 | 2 | 3 | [55] |

**During the past year, how often did you --**

|   | NEVER | ONE TIME ONLY | TWO OR MORE TIMES | OFTEN |      |
|---|-------|---------------|-------------------|-------|------|
| 18. Give up or cut down on things that are <u>important to you</u> like work, school, hobbies, or time with your family <u>in order to drink</u> ?.....                                       | 0     | 1             | 2                 | 3     | [56] |
| 19. Continue to drink even though you knew it was making you feel either <u>depressed</u> , or <u>uninterested</u> in life, or <u>suspicious</u> and <u>distrustful</u> of other people?..... | 0     | 1             | 2                 | 3     | [57] |
| 20. Continue to drink even though you knew drinking was causing you a <u>health problem</u> or making a known health problem worse?.....  | 0     | 1             | 2                 | 3     | [58] |

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

|  | NEVER | ONE TIME ONLY | TWO OR MORE TIMES | OFTEN |      |
|--|-------|---------------|-------------------|-------|------|
| 21. Have trouble <u>falling</u> asleep or staying asleep?.....                                     | 0     | 1             | 2                 | 3     | [59] |
| 22. Find yourself <u>shaking</u> ?.....  | 0     | 1             | 2                 | 3     | [60] |
| 23. Feel <u>depressed</u> , <u>irritable</u> , or <u>nervous</u> ?.....                            | 0     | 1             | 2                 | 3     | [61] |
| 24. Feel <u>sick</u> to your stomach or vomit?.....  | 0     | 1             | 2                 | 3     | [62] |
| 25. Have a very bad <u>headache</u> ?.....   | 0     | 1             | 2                 | 3     | [63] |
| 26. Find yourself <u>sweating</u> or feel like your heart was racing?.....                         | 0     | 1             | 2                 | 3     | [64] |
| 27. See, feel, or hear things that were <u>not really there</u> ?.....                             | 0     | 1             | 2                 | 3     | [65] |
| 28. Have fits or <u>seizures</u> ?.....  | 0     | 1             | 2                 | 3     | [66] |
| 29. Take a drink or a drug to help you get over a <u>hangover</u> or to help you feel better?..... | 0     | 1             | 2                 | 3     | [67] |

**Now I want to ask you some questions about your cocaine use during the past year -- that is, over the last 12 months.**

|   |       |       |      |
|---|-------|-------|------|
| 30. Have you used <u>any type of cocaine</u> at all during the <u>last 12 months</u> (snorting, smoking crack, injection, “speedballs”)?..... | 0=No* | 1=Yes | [68] |
|---|-------|-------|------|

**\*IF “NO”, STOP INTERVIEW HERE**

**During this past year, how often did you --**

|   | NEVER | ONE TIME ONLY | TWO OR MORE TIMES | OFTEN |                  |
|---|-------|---------------|-------------------|-------|------------------|
| 31. <u>Continue to use cocaine</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ? .....  | 0     | 1             | 2                 | 3     | [200;03;ID] [11] |
| 32. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt</u> while under the influence of cocaine? For example, while driving a car, operating machinery, or taking unnecessary risks? ..... | 0     | 1             | 2                 | 3     | [12]             |
| 33. Get <u>arrested because</u> of your cocaine use? .....  | 0     | 1             | 2                 | 3     | [13]             |
| 34. Get high on cocaine when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family? .....   | 0     | 1             | 2                 | 3     | [14]             |

**During this past year, how often did you --**

|   | NEVER | ONE TIME ONLY | TWO OR MORE TIMES | OFTEN |      |
|---|-------|---------------|-------------------|-------|------|
| 35. Find that your <u>usual amount</u> of cocaine had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?.....                              | 0     | 1             | 2                 | 3     | [15] |
| 36. <u>Use cocaine</u> or other drugs to help you <u>feel better when coming down</u> from cocaine?.....  | 0     | 1             | 2                 | 3     | [16] |
| 37. <u>Start</u> using cocaine even though you had <u>decided not to</u> or promised yourself that you would not use it? .....  | 0     | 1             | 2                 | 3     | [17] |
| 38. <u>Use cocaine</u> for a much longer time <u>than you had intended to</u> ?.....  | 0     | 1             | 2                 | 3     | [18] |
| 39. <u>Want to -- or try to -- stop or cut down on</u> your cocaine use but <u>found you could not</u> ?.....   | 0     | 1             | 2                 | 3     | [19] |
| 40. <u>Spend so much time</u> using cocaine, scoring cocaine, or being hung-over from cocaine that you had <u>little time left for important things</u> like work, school, family, or friends?..... | 0     | 1             | 2                 | 3     | [20] |

**During this past year, how often did you --**

|  | NEVER | ONE TIME ONLY | TWO OR MORE TIMES | OFTEN |  |
|--|-------|---------------|-------------------|-------|--|
|--|-------|---------------|-------------------|-------|--|

- |  |   |   |   |   |      |
|--|---|---|---|---|------|
| 41. <u>Give up or cut down on things that are important to you like work, school, hobbies, or spending time with your family in order to use cocaine or score cocaine?</u> ..... | 0 | 1 | 2 | 3 | [21] |
| 42. <u>Continue to use cocaine even though you knew it was making you feel either depressed, or uninterested in life, or paranoid and distrustful of other people?</u> .....     | 0 | 1 | 2 | 3 | [22] |
| 43. <u>Continue to use cocaine even though you knew cocaine was causing you a health problem or making a known health problem worse?</u> .....                                   | 0 | 1 | 2 | 3 | [23] |

**When the effects of cocaine were wearing off --**

44. Did you ever feel very depressed? ..... 0=No\* 1=Yes [24]

**\*IF "NO", STOP HERE**

**IF "YES", DID YOU EVER --**

- |  |      |       |      |
|--|------|-------|------|
| 45. Feel extremely <u>tired</u> ? .....  | 0=No | 1=Yes | [25] |
| 46. Have vivid or unpleasant <u>dreams</u> ?.....  | 0=No | 1=Yes | [26] |
| 47. Sleep more than usual or have trouble <u>falling asleep</u> or <u>staying asleep</u> ? ..... | 0=No | 1=Yes | [27] |
| 48. Have a greatly increased <u>appetite</u> ? .....   | 0=No | 1=Yes | [28] |
| 49. Feel <u>agitated</u> or extremely anxious?.....  | 0=No | 1=Yes | [29] |

**End of Form**