

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"> 1. None/self 2. Family or friends 3. Street outreach project 4. Physician or health provider </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 5. Other drug treatment program 6. Employer (EAP) 7. Parole, probation, court 8. Other (specify) _____ </td> </tr> </table>			<ul style="list-style-type: none"> 1. None/self 2. Family or friends 3. Street outreach project 4. Physician or health provider 	<ul style="list-style-type: none"> 5. Other drug treatment program 6. Employer (EAP) 7. Parole, probation, court 8. Other (specify) _____
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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:	_ _ _ _ _ _ MO DAY YR	[18-23]		
F. NAME OF INTERVIEWER: _____	_ _ _ ID#	[24-25]		
G. ASSIGNED COUNSELOR I.D.#:	_ _ _ 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?	_ _ _ AGE	[36-37]		
2. What is your <u>date of birth</u> ?	_ _ _ _ _ _ _ MO DAY YR	[38-43]		
3. What is your <u>race or ethnic background</u> ?	_ _ CODE #	[44]		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. African American/Black 2. American Indian 3. Asian/Pacific Islander 4. Mexican American (Hispanic origin) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 5. Other Hispanic (specify): _____ 6. White (not of Hispanic origin) 7. Other (specify): _____ </td> </tr> </table>			<ul style="list-style-type: none"> 1. African American/Black 2. American Indian 3. Asian/Pacific Islander 4. Mexican American (Hispanic origin) 	<ul style="list-style-type: none"> 5. Other Hispanic (specify): _____ 6. White (not of Hispanic origin) 7. Other (specify): _____
<ul style="list-style-type: none"> 1. African American/Black 2. American Indian 3. Asian/Pacific Islander 4. Mexican American (Hispanic origin) 	<ul style="list-style-type: none"> 5. Other Hispanic (specify): _____ 6. White (not of Hispanic origin) 7. Other (specify): _____ 			
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 (including common law marriage)</i> | 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 unemployed? [51]
CODE #

1. *Did not try to find work*
2. *Tried but couldn't find work*
3. *Unable to work due to alcohol or drug problems*
4. *Unable to work due to other health problems*
5. *Needed at home*
6. *Other (specify): _____*

*IF "YES":

b. How many days did you work in the last 30 days? [52-53]
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. <i>Job</i> | 5. <i>Welfare</i> |
| 2. <i>Mate/spouse</i> | 6. <i>Prostitution</i> |
| 3. <i>Family or friends</i> | 7. <i>Illegal activities</i> |
| 4. <i>Unemployment</i> | 8. <i>Others:</i> _____ |

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. <i>None</i> | 4. <i>Awaiting charge, trial, or sentence</i> |
| 1. <i>On probation only</i> | 5. <i>Outstanding warrant</i> |
| 2. <i>On parole only</i> | 6. <i>Case pending</i> |
| 3. <i>On probation and parole</i> | 7. <i>Other</i> _____ |

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

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- 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 AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. <u>medical</u> problems?	0	1	2	3	4	[11]
b. problems with <u>family</u> <u>or spouse</u> ?	0	1	2	3	4	[12]
c. other social problems with <u>friends or neighbors</u> ?.....	0	1	2	3	4	[13]
d. <u>employment or work-related</u> <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> <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> (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. <i>Never</i>	1. <i>A few times</i>	2. <i>1 to 3 times</i>	3. <i>1 to 5 times</i>
		<i>per month</i>	<i>per week</i>
			4. <i>Daily</i>
			[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. <i>Never</i>	1. <i>A few times</i>	2. <i>1 to 3 times</i>	3. <i>1 to 5 times</i>
		<i>per month</i>	<i>per week</i>
			4. <i>Daily</i>
			[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]
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***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 --

	ONE TIME	TWO OR		
NEVER	ONLY	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