

CLIENT FOLLOW-UP FORM (for Youth)

[Based on TCU Prevention Management and Evaluation System (PMES)]

CODE ITEMS 1-5 WITHOUT QUESTIONING RESPONDENT:

[Card 01]
1-2

1. [I.D. NUMBER for CLIENT]	_ _ _ _ _ _	3-8
2. [Date of Birth (from records)]	_ _ _ _ _ _ Mo Day Yr	9-14
3. [Date of Program Discharge (from Records)]	_ _ _ _ _ _ Mo Day Yr	15-20
4. [Date of this Interview]	_ _ _ _ _ _ Mo Day Yr	21-26
5. [Sex (1= Male, 2= Female)].....	_	27
6. [Selected for Drug Screen (0= No, 1= Yes)]	_	28

READ ALOUD TO RESPONDENT:

I'm (NAME) and I am part of a research group from _____. We are working with the [_____ Program] to conduct a study of Mexican-American youth who grew up in this area. I really need your help and I will pay you for your time.

HAND RESPONDENT COPY OF "RESEARCH PROJECT INFORMATION SHEET"

This sheet tells you about our research project, and you can read along with me as I explain it to you. **(READ "INFORMATION SHEET" ALOUD TO RESPONDENT)**

If you agree to participate, I need you to sign this Consent Form which says I have your permission to do the interview. **[IF RESPONDENT IS UNDER 18, SAY --** Your parent (or guardian) has also given permission to ask you these questions.]

HAVE RESPONDENT SIGN CONSENT FORM:

Is there anything you want to ask before we begin?

- 7. First, I want to make sure I have the right person. Your name is (OBTAIN FROM PROGRAM RECORDS), right? (*circle answer*) No= 0 Yes= 1 29
- 8. How old are you now? |_|_| 30-31
- 9. What is your birthdate? |_|_|||_|_|||_|_|
(Compare with date in Item 3 above) Mo Day Yr 32-37

IF THE NAME AND BIRTHDAY ARE VERIFIED, CONDUCT THE INTERVIEW!

TIME STARTED	_ _ : _ _	38-41
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PART I: SOCIOECONOMIC INFORMATION

Let's begin with some general information.

1. What is your current marital status? (use code below) |__|* 9

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

***IF EVER MARRIED, ASK:**

1-A. How many times have you been married? (record number) |__| 10

2. How many children do you have? (record number) |__| 11

3. Where are you now living? (record answer) |__| 12

- | | |
|---|------------------------------------|
| 1. <i>Your <u>own</u> home or apartment</i> | 4. <i>With <u>friends</u></i> |
| 2. <i>Your <u>parents</u> home or apartment</i> | 5. <i>In <u>jail or prison</u></i> |
| 3. <i>With <u>grandparents or other relatives</u></i> | 6. <i><u>Other</u> (Specify)</i> |

4. How long have you been living there? (record verbatim or in "months")

--	--	--

 13-14
CODE

5. Who all lives with you there? (circle answers)

	<u>NO</u>	<u>YES</u>	
a. <i><u>Husband or wife</u></i> ?	0	1	15
b. <i>Your <u>children</u></i> ?	0	1	16
c. <i>Your <u>mother</u></i> ?	0	1	17
d. <i>Your <u>father</u></i> ?	0	1	18
e. <i>Your <u>grandparents</u></i> ?	0	1	19
f. <i><u>Other relatives</u></i> ?	0	1	20
g. <i><u>Friends</u></i> ?	0	1	21
h. <i><u>Others</u></i> ? (Specify) _____	0	1	22

6. How many years of school have you finished -- that is, the highest grade completed? (record grade) |__| |__| 23-24

7. What is your current status in school -- which of the following? (use code below) |__| * 25

- 1. Graduated from High School
- * 2. Quit or dropped out
- 3. Suspended
- 4. Enrolled in high school or college
- 5. Enrolled in vocational or technical training program
- 6. Other (Specify) _____

*IF ANSWERED "2" (QUIT OR DROPPED OUT) ASK:

7-A. Would you <u>like to return</u> to school for more training (such as vocational training, to obtain your G.E.D., etc)? (circle answer)	No= 0	
	Yes= 1	26

8. Are your parents (that is, natural or original) (use code below) |__| 27

- 1. Married to each other
- 2. Separated from each other
- 3. Divorced from each other
- 4. Deceased (one or both)
- 5. Other (Specify) _____

9. Have you worked on a job and been paid for it during the past year? (use code below) |__| * 28

- 1. No
- * 2. Yes, only at odd jobs (e.g., cutting grass)
- * 3. Yes, only part-time at a steady job (under 35 hours per week)
- * 4. Yes, full-time at a steady job (35 hours or more per week) in all or part of the past year

*IF YES, ASK:

9-A. What <u>kind of work</u> do you usually do? (record verbatim; probe -- What is your job called? What are some of your duties?)	__ __	29-30
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CODE

9-B. <u>How many days</u> have you worked during the <u>past year</u> ? (record days; probe to <u>reduce months</u> → <u>to-weeks</u> → <u>to days</u>)	__ __ __	31-33
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9-C. About how much <u>take-home pay</u> do you usually earn? (enter amount)	\$ __ __ __ __	34-37
--	----------------------	-------

(PROBE: Is that per day, week, every two weeks, per month, per year or what?)	__	38
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- 1. per day
- 2. per week
- 3. every 2 weeks
- 4. per month
- 5. per year

9-D. How many steady jobs (either part-time or full-time) have you had during the last year? (record number)..... |__| 39

9-E. Are you working now? (use code below) |__| 40

1. No
2. Yes, at odd jobs
3. Yes, part-time at a steady job (under 35 hours per week)
4. Yes, full-time at a steady job (35 hours or more per week)

9-F. Have you been fired from a job in the past year? (circle answer) No= 0
Yes= 1* 41

*IF YES, ASK:

a. What was the reason? (record verbatim)

|__|__|

CODE 42-43

10. Have you applied for any new jobs in the past year? (circle answer) No= 0
Yes= 1 44

11. How often does your family (mother or father) usually go to church or religious services? (use code below) |__| 45

- | | |
|---------------------------|--------------------------|
| 1. Never (or very seldom) | 3. Once or twice a month |
| 2. A few times a year | 4. Every week (or more) |

12. How often do you usually go to church or religious services? (use code below) |__| 46

- | | |
|---------------------------|--------------------------|
| 1. Never (or very seldom) | 3. Once or twice a month |
| 2. A few times a year | 4. Every week (or more) |

13. What is your present height and weight? (record answer)

a. Height (in inches) |__|__| 47-48

b. Weight (in pounds)..... |__|__|__| 49-51

PART II: LEGAL INVOLVEMENT

Now I want to ask some questions about your past problems with the law.

1. How many different times during your whole life have you ever been picked up or arrested by the police? (*record number*) |__|__|__|__| 9-12

2. And how many different times during your whole life have you had to go to court because of something you were accused of doing? (*record number*) |__|__|__|__| 13-15

3. How many different times during your whole life have you ever been sent to juvenile detention, jail, or prison? (*record number*) |__|__|__|__|* 16-18

*IF ANY, ASK:

3-A. Altogether, how many different days have you spent in juvenile detention, jail, or prison? (*record number*) |__|__|__|__| 19-22

4. Are you currently on probation or parole? (*circle answer*) No= 0
Yes= 1* 23

*IF YES, ASK:

4-A. What is the reason? (*record verbatim*) |__|__|__|__| 24-25
CODE

5. My records show that you left the [_____ Program] on (OBTAIN DATE FROM COVER PAGE, ITEM 3). In the first year after leaving the Program on that date, were you ever picked up or arrested by the police for any of the following reasons? (*circle answers on "arrest chart" below*)

ARREST CHART:

TYPES OF ARRESTS (READ ITEMS)	FIRST YEAR		PAST YEAR			
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>		
a. <u>Drinking alcohol?</u> (DWI, underage or public consumption/intoxification)?.....	0	1	26	0	1	35
b. <u>Sniffing or huffing inhalants</u> -- spray paint or other solvents (public intoxication on inhalants)?	0	1	27	0	1	36
c. <u>Possession or use of other illegal drugs</u> (or drug paraphernalia)?.....	0	1	28	0	1	37
d. <u>Sale of Drugs</u> (not counting drug use or possession)?	0	1	29	0	1	38
c. <u>Violence</u> (robbery, mugging, rape, fighting or threatening with a weapon, etc.)?.....	0	1	30	0	1	39
f. <u>Theft</u> (stealing property that did not belong to you)?	0	1	31	0	1	40
g. <u>Deception or Forgery</u> (writing "hot checks" or running con games)?.....	0	1	32	0	1	41
h. <u>Vandalism</u> (or destruction of property)?.....	0	1	33	0	1	42
i. <u>Other</u> (gambling, prostitution/pimping, fencing stolen goods, illegal possession of gun)?	0	1	34	0	1	43

6. What about during this past year? Have you been picked up or arrested for any of those reasons in the last 12 months? (*circle answers on "arrest chart" above*)

7. Altogether, how many different times in the past year have you --

- a. been picked up or arrested? |__|__| 44-45
- b. been sent to jail or prison |__|__|* 46-47

*IF ANY JAIL OR PRISON, ASK:

7-A. How many different days did you spend in jail or prison
in the past year? (*record number*) |__|__|__| 48-50

8. My last question in this area may be hard for you to answer, but remember that what you tell me is confidential. I need to know some general information about the numbers of days in the past year which you did things against the law; I don't want to know any specific details.

During the last 12 months, tell me how many different days you were involved in each of the following types of illegal activity. (*record number of days*)

- a. Sale of Drugs (not counting drug use or possession) |__|__|__| 51-53
- b. Violence (robbery, mugging, rape, fighting with a weapon, etc.) |__|__|__| 54-56
- c. Theft (stealing property that did not belong to you) |__|__|__| 57-59
- d. Deception or Forgery (writing "hot checks" or running con games) |__|__|__| 60-62
- e. Vandalism (or destruction of property) |__|__|__| 63-65
- f. Other (gambling, prostitution/pimping, fencing stolen goods, illegal possession of gun) |__|__|__| 66-68

Altogether, how many days in the past 12 months did you do any of these things that were illegal or against the law?

- g. TOTAL (combination of all types of illegal activities) |__|__|__| 69-71

PART III: GENERAL DRUG USE HISTORY

[Card 04]

1-2

My next set of questions deal with drug use. Remember that what you tell me is private and will not be made known to other people.

1. (HAND RESPONDENT THE "DRUG CARD"). First, please look at these drugs and for each of those you have ever used, tell me how old you were the first time you ever tried it. (RECORD AGE AT FIRST USE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE DRUGS NEVER USED.)

DRUG HISTORY CHART:

TYPE OF DRUGS	1. AGE 1ST USED	2. FIRST YEAR	3. PAST YEAR	4. USE BY FRIENDS	5. IV USE
a. Alcohol	_ _ 10	_ 25	_ 33	_ 41	
b. Marijuana.....	_ _ 12	_ 26	_ 34	_ 42	<u>NO</u> <u>YES</u>
c. Downers	_ _ 14	_ 27	_ 35	_ 43	0 1 49
d. Uppers	_ _ 16	_ 28	_ 36	_ 44	0 1 50
e. Inhalants	_ _ 18	_ 29	_ 37	_ 45	0 1 51
f. Cocaine	_ _ 20	_ 30	_ 38	_ 46	0 1 52
g. Psychedelics.....	_ _ 22	_ 31	_ 39	_ 47	0 1 53
h. Heroin, opiates	_ _ 24	_ 32	_ 40	_ 48	0 1 54

FREQUENCY CODES:

- | | |
|--------------------------|-------------------------|
| 1. Not used | 5. About once a week |
| 2. Only a few times | 6. Several times a week |
| 3. About once a month | 7. Almost every day |
| 4. Several times a month | |

2. Remember when you left the [_____ Program] in _____? (OBTAIN DATE FROM FILES). Tell me about how often you used each type of drug during the first year after that. (*record response in the "drug history chart"*)
3. What about your use during this past year? How often have you used each type of drug in the last 12 months? (*record response in the "drug history chart"*)
4. How often do the friends you usually hang around with now use these drugs? (*record response in the "drug history chart"*)
5. Have you ever used these drugs by injection with a needle? (*circle answer in "drug history chart"*)

6. Tell me more about your alcohol use in the past month. On how many out of the last 30 days did you drink beer, wine, or hard liquor? (record number)..... |__|__|* 55-56

*IF ANY, ASK:

6-A. On how many of the last 30 days did you drink any beer? (record number)..... |__|__|* 57-58

1. *IF ANY, ASK:

About how many cans or bottles of beer did you generally drink on each of those days? (record verbatim, probe for size, of the can or bottle. Note "regular" beer or "lite" beer.)

59-60

CODE

6-B. On how many days did you drink any wine? (record number)..... |__|__|* 61-62

1. *IF ANY, ASK:

About how many glasses (or pints) of wine did you generally drink on each of those days? (record verbatim)

63-64

CODE

6-C. On how many days did you drink any hard liquor, such as whiskey, rum, vodka, gin, etc.? (record number) |__|__|* 65-66

1. *IF ANY, ASK:

About how many drinks (or bottles) of hard liquor did you generally drink on each of those days? (record verbatim, probe for amount and type or proof of liquor)

9-10

CODE

6-D. In general, was the amount of alcohol you drank in the past month about the same as during the other months of the past year? (circle answer) No= 0 Yes= 1* 69

1. *IF NO, ASK:

About how much more or less did you drink last month than you usually do? (record verbatim, probe for quantitative amounts for "more" or "less")

9-10

CODE

[Card 05]

1-2

- 6-E. On how many days last month did you have a drink as soon as you woke up in the morning before work, school, or eating? (*record number*) |__|__| 11-12
- 6-F. On how many days last month did you have the "shakes or tremors" because you needed a drink? (*record number*)..... |__|__| 13-14
- 6-G. On how many days last month did you drink more than you really wanted or intended to? (*record number*)..... |__|__| 15-16
- 6-H. On how many days last month did you get "drunk" from drinking alcohol -- that is, lose control, blackout, get sick, or not remember what you did? (*record number*)..... |__|__| 17-18

7. Besides the [_____ Program], how many times have you ever been in any kind of treatment for your drug or alcohol use? (*record number*)..... |__|__|* 19-20

***IF ANY, ASK:**

- 7-A. Which ones? (*record names in "Treatment Chart"*)
- 7-B. How old were you when admitted there? (*record age*)
- 7-C. How long did you stay? (*record days*)
- 7-D. Which drug was your major problem? (*record drug from "Drug Chart"*)

TREATMENT CHART:

A. NAME OF TREATMENT PROGRAM	B. AGE AT ADMISSION	C. DAYS IN TREATMENT	D. MAJOR DRUG PROBLEM
1. _____	__ __ 21-22	__ __ __ 23-25	_____ 26-27
2. _____	__ __ 28-29	__ __ __ 30-32	_____ 33-34
3. _____	__ __ 35-36	__ __ __ 37-39	_____ 40-41
4. _____	__ __ 42-43	__ __ __ 44-46	_____ 47-48
5. _____	__ __ 49-50	__ __ __ 51-53	_____ 54-55

8. Have you used any kind of drugs during the last two weeks --
 either with or without a doctor's prescription? (*circle answer*) No= 0
 Yes= 1 56

*IF YES, ASK:

8-A. What were they, and how many days ago did you last use them?
 (*record drugs and number of days since last used*)

	<u>DRUGS</u>		<u>DAYS</u>	
1.	_____	57	_ _	58-59
2.	_____	60	_ _	61-62
3.	_____	63	_ _	64-65
4.	_____	66	_ _	67-68
5.	_____	69	_ _	70-71

PART IV: INHALANT USE

I have some more questions about drugs, especially those you have inhaled, sniffed, or huffed.

[Card 06]
1-2

1. First, let me get some background on your family in this area. Just answer "yes" or "no" to these questions.

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES	
a. Do you know what a " <u>curandero</u> " is? (<i>verify accuracy</i>)	0	1	9
b. Have <u>you or your family</u> ever been to a "curandero" for any problems?	0	1	10
c. Have you <u>seen or heard of herbs or "folk medicines"</u> that are sometimes inhaled to treat physical or nervous problems?	0	1	11
d. Have you or your family <u>ever used</u> any of these "medicines" before?	0	1	12
e. Do you think these kinds of medicines are sometimes <u>helpful</u> in curing physical or nervous problems?	0	1	13
f. Do you know <u>friends or relatives</u> who lived in Mexico who have used these kinds of medicines?	0	1	14
g. While growing up, did you have <u>older brothers, sisters, or friends</u> who sniffed inhalant drugs?	0	1	15
h. While growing up, did others your age sniff inhalants primarily because of <u>group pressures</u> ?	0	1	16
i. While growing up, were you <u>personally "pressured or pushed"</u> by others to sniff inhalant drugs?	0	1	17
j. Have you had <u>group pressures</u> placed on you to use <u>other kinds of drugs</u> , such as marijuana?	0	1	18
k. Have your parents or other adults in your family ever thought <u>inhalant drug use was not as bad</u> as marijuana use?	0	1	19

2. What do you think are the main reasons inhalant drugs are used?
(probe for clarity and record answer verbatim)

20-21

CODE

3. I have a list of reasons why people may use inhalant drugs.
 Tell me if you think they are important reasons.

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. Inhalants are <u>fun to use</u> ?	0	1	2	22
b. Inhalants are <u>real easy to get</u> ?	0	1	2	23
c. They are the <u>cheaper to buy</u> than other drugs? ...	0	1	2	24
d. Users believe inhalants are <u>less dangerous</u> than other drugs?	0	1	2	25
e. People <u>like inhalants more</u> than other drugs?	0	1	2	26
f. To deal with being <u>lonely or depressed</u> ?	0	1	2	27
g. To <u>forget problems</u> ?	0	1	2	28
h. Users just <u>don't care anymore</u> about what happens to themselves?	0	1	2	29
i. Their <u>friends</u> get them to use inhalants?	0	1	2	30
j. They " <u>copy</u> " <u>older kids</u> who use inhalant drugs?.	0	1	2	31
k. Using inhalants is part of the " <u>initiation</u> " to get into groups?	0	1	2	32
l. Because of bad <u>problems at home</u> ?	0	1	2	33
m. <u>Parents</u> spend <u>too little time at home</u> ?	0	1	2	34
n. <u>Parents don't care</u> what their kids do?	0	1	2	35

4. Altogether, how many different days have there been when you ever got high from sniffing or huffing any kind of inhalant drug? (*record number*)..... |__|__|__|__|* 36-39

*IF ANY, ASK:

4-A. Tell me which kinds of inhalants you have used the most.
 First, tell me the one you used most often, then next most often, etc.
 (*list drugs used most often to least often*)

- | | | | | | |
|-----------------|-------|----------|-------|----------|-------|
| 1. (Most) _____ | 40-41 | 4. _____ | 46-47 | 7. _____ | 52-53 |
| 2. _____ | 42-43 | 5. _____ | 48-49 | 8. _____ | 54-55 |
| 3. _____ | 44-45 | 6. _____ | 50-51 | 9. _____ | 56-57 |

4-B. Which was your favorite, and why? (*record verbatim*)

|
|
|

58-59

CODE

4-C. What other drugs (including cigarettes and alcohol) did you ever use before the first time you tried inhalants? (*list drugs in order*)

- | | | | | | |
|------------------|-------|----------|-------|----------|-------|
| 1. (First) _____ | 60-61 | 4. _____ | 66-67 | 7. _____ | 72-73 |
| 2. _____ | 62-63 | 5. _____ | 68-69 | 8. _____ | 74-75 |
| 3. _____ | 64-65 | 6. _____ | 70-71 | 9. _____ | 76-77 |

4-D. Who first introduced you to sniffing or huffing inhalants, and where were you at the time you first used? (*record verbatim*)

[Card 07]

1-2

1. Who? _____

9-10

2. Where? _____

11-12

|
|
|

13-14

CODE

4-E. What made you decide to use inhalants the very first time?
 Tell me if any of those reasons were important.

(READ EACH ITEM AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMEWHAT	YES -- A LOT	
1. they were <u>real easy to get</u>	0	1	2	15
2. they were <u>cheap to buy</u>	0	1	2	16
3. you were <u>lonely or depressed</u>	0	1	2	17
4. you thought they were <u>not dangerous</u>	0	1	2	18
5. you were <u>curious</u> about their effects.....	0	1	2	19
6. for <u>fun and excitement</u>	0	1	2	20
7. for <u>relaxation</u>	0	1	2	21
8. to <u>forget troubles</u>	0	1	2	22
9. pressures from <u>friends</u>	0	1	2	23
10. to be <u>like others</u>	0	1	2	24
11. to <u>impress</u> others	0	1	2	25
12. you were <u>mad</u> at someone.....	0	1	2	26
13. you had <u>family problems</u>	0	1	2	27

4-F. How long ago was the last time you used inhalant drugs?
(record verbatim in months/years)

<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				

28-30

CODE

4-G. Why did you stop using inhalants the last time? Were any of the following reasons important to you for quitting?

(READ EACH ITEM AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMEWHAT	YES -- A LOT	
1. <u>hard</u> to get.....	0	1	2	31
2. <u>cost</u> of drugs	0	1	2	32
3. got <u>tired</u> of them.....	0	1	2	33
4. didn't <u>like</u> them.....	0	1	2	34
5. <u>friends</u> stopped using	0	1	2	35
6. needed to <u>change</u>	0	1	2	36
7. <u>health</u> concerns	0	1	2	37
8. got <u>caught</u>	0	1	2	38
9. <u>fear</u> of getting caught	0	1	2	39
10. family <u>pressures</u> to quit.....	0	1	2	40
11. family <u>responsibilities</u>	0	1	2	41
12. got <u>married</u>	0	1	2	42
13. <u>moved</u> to new area	0	1	2	43
14. <u>working</u> at a job	0	1	2	44
15. counseling in <u>treatment</u>	0	1	2	45

PART V: FAMILY BACKGROUND AND CULTURE

Let's talk some about your family and relatives.

1. When you were about age 11 to 17, did any of the people who took care of you (like your parents or other relatives) --

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. get <u>drunk</u> ?	0	1	2	46
b. get <u>high on drugs</u> ?	0	1	2	47
c. <u>give you</u> drugs or alcohol?.....	0	1	2	48
d. <u>sell</u> drugs?	0	1	2	49
e. <u>prostitute</u> or pimp?	0	1	2	50
f. <u>steal</u> things?	0	1	2	51
g. get <u>arrested</u> or <u>picked up</u> by police?.....	0	1	2	52
h. <u>insult</u> or " <u>put down</u> " each other?.....	0	1	2	53
i. have <u>loud arguments</u> with one another?.....	0	1	2	54
j. <u>hit</u> or <u>beat up</u> one another?	0	1	2	55
k. <u>beat you up</u> or abuse you?	0	1	2	56
l. <u>ignore</u> you?.....	0	1	2	57
m. work at a <u>steady</u> job?	0	1	2	58
n. get <u>fired</u> from jobs?.....	0	1	2	59

2. How many family relatives do you have who are living?
 Let's count them up, including husband/wife (IF MARRIED),
 your parents, brothers and sisters, grandparents, aunts
 and uncles, and cousins. (INCLUDE "IN-LAWS" IF MARRIED).

<i>(record number for each category)</i>	
Spouse..... _____	Grandparents _____
Parents _____	Aunts & Uncles _____
Brothers/Sisters _____	Cousins..... _____

_ _	60-61
CODE	

3. About how many of these relatives do you usually see every few months?
 Is it (*read responses and record answer number*) |_| 62
0. None 1. Several 2. Most or all
4. How much do you enjoy being with your family relatives? Is it (*read responses and record answer number*) |_| 63
0. None 1. Several 2. Most or all
5. How often do you have serious talks with any of your relatives about problems or things that concern you? Is it (*read responses and record answer number*) |_| 64
1. Never 4. Several times a month
 2. Only a few times 5. Several times a week
 3. Several times a year
6. How helpful is the support and advice you usually get from your relatives?
 Is it (*read responses and record answer number*) |_| 65
0. Not at all 1. Somewhat 2. A lot
7. How many of your family relatives do you think really like and care about you?
 Is it (*read responses and record answer number*) |_| 66
0. None 1. Several 2. Most or all

8. Which one of your relatives has usually been most helpful to you? Is it
 (read responses and record answer number) |__|__| 67-68

- | | |
|------------------------------|---------------------------|
| 1. A lot of them | 6. A sister |
| 2. Your husband or wife | 7. A grandfather or uncle |
| 3. Your father or stepfather | 8. A grandmother or aunt |
| 4. Your mother or stepmother | 9. Another relative |
| 5. A brother | 10. None of them |

9. What is your family atmosphere like now whenever you are together with parents, brothers or sisters, and other relatives? Tell me how often there is --

(READ ITEMS AND CIRCLE ANSWER)

[Card 08]

ITEMS	NEVER	SOME-TIMES	ALMOST ALWAYS	
a. a feeling of <u>cooperation</u> ?	0	1	2	9
b. <u>enjoyment</u> in being together?	0	1	2	10
c. <u>calm and understanding talk</u> about problems that come up?	0	1	2	11
d. understanding of each other's <u>interests and needs</u> ?	0	1	2	12
e. an interest in <u>listening and helping</u> one another?	0	1	2	13
f. <u>fun</u> and playing together?	0	1	2	14
g. time spent <u>eating</u> together?	0	1	2	15
h. a feeling of <u>love and concern</u> ?	0	1	2	16
i. fighting or <u>loud arguments</u> ?	0	1	2	17
j. <u>complaining</u> about one another?	0	1	2	18

10. How often do you have personal talks with a very good friend about your problems or other things that concern you? Is it (*read responses and record answer number*) |___| 19

- 1. Never
- 2. Only a few times
- 3. Several times a year
- 4. Several times a month
- 5. Several times a week

11. I am interested in the language usage and preferences by you as well as your family and friends. Which language do you --

(READ EACH ITEM AND CIRCLE ANSWER)

ITEMS	SPANISH ONLY	SPANISH MOSTLY	BOTH EQUALLY	ENGLISH MOSTLY	ENGLISH ONLY	
a. <u>generally</u> use? 1		2	3	4	5	20
b. <u>prefer</u> ? 1		2	3	4	5	21
c. use in your <u>home</u> ? 1		2	3	4	5	22
d. use with <u>parents</u> ? 1		2	3	4	5	23
e. use with <u>relatives</u> ? 1		2	3	4	5	24
f. use with <u>friends</u> ? 1		2	3	4	5	25
g. use in your <u>thinking</u> ? 1		2	3	4	5	26
h. <u>read</u> better with? 1		2	3	4	5	27
i. <u>write</u> better with? 1		2	3	4	5	28
j. prefer <u>listening</u> to on radio or in music? 1		2	3	4	5	29

12. What is the ethnic background term that you think best describes --

(READ EACH ITEM AND CIRCLE ANSWER)

ITEMS	MEXICAN	CHICANO	MEXICAN AMERICAN	LATIN OR HISPANIC AMERICAN	ANGLO AMERICAN	
a. <u>yourself?</u> 1		2	3	4	5	30
b. (IF MARRIED) your <u>husband/wife?</u> 1		2	3	4	5	31
c. your <u>mother?</u> 1		2	3	4	5	32
d. your <u>father?</u> 1		2	3	4	5	33
e. your <u>grandparents?</u> 1		2	3	4	5	34
f. your best <u>friends?</u> 1		2	3	4	5	35

13. How much pride do you feel about your Mexican background?

(record answer) |___| 36

0. Not at all

1. Some

2. A lot

14. Think back a few years to when you were between 11 to 17 years old. During those years, how often do you remember having arguments or disagreements with your parents or other older relatives about --

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NEVER	SOME- TIMES	ALMOST ALWAYS	
a. the way <u>you dressed</u> and looked?	0	1	2	37
b. the way you spent your <u>free time</u> ?	0	1	2	38
How often did you argue about --				
c. your <u>friends</u> ?	0	1	2	39
d. the importance of your <u>family's religion</u> ?	0	1	2	40
e. respect for the <u>law and authority</u> ?	0	1	2	41
f. your "talking back" or being <u>disobedient</u> ?	0	1	2	42
How often did you argue about --				
g. respect for your <u>mother</u> ?	0	1	2	43
h. respect for your <u>father</u> ?	0	1	2	44
i. <u>spending time</u> with your family?	0	1	2	45
How often did you argue about --				
j. seeing your <u>relatives</u> ?	0	1	2	46
k. watching too much <u>TV</u> ?	0	1	2	47
l. being <u>selfish</u> ?	0	1	2	48

PART VI: PEER RELATIONS

Next, I want to ask some questions about your friends.

1. About how many "close friends" do you have -- that is, people that you really like spending time talking to and doing things with?
 (record number)..... |__|__| 49-50

2. Let me ask a few questions about those friends.

(READ ITEMS AND CIRCLE ANSWER)

In the last 6 months or so, how many --	NONE	SOME	ALL OR MOST	
a. used <u>alcohol</u> ?	0	1	2	51
b. got <u>drunk</u> ?	0	1	2	52
c. used <u>other drugs</u> ?	0	1	2	53
d. have <u>overdosed</u> on drugs?	0	1	2	54
e. have <u>sold</u> drugs?	0	1	2	55
f. got into <u>fights</u> ?	0	1	2	56
g. have <u>carried a gun</u> ?	0	1	2	57
h. have <u>stolen</u> things?	0	1	2	58
i. have <u>robbed or mugged</u> someone?	0	1	2	59
j. have been <u>arrested</u> ?	0	1	2	60
k. have been in <u>jail</u> ?	0	1	2	61
l. have <u>worked on a job</u> ?	0	1	2	62
m. have been <u>fired from a job</u> ?	0	1	2	63
n. have <u>regular jobs</u> or go to <u>school</u> ?	0	1	2	64

3. On the average, about how much time do you spend hanging out with your friends each day? (record verbatim; probe for time in hours/minutes, and do not count time in school or at work)

|__|__|

CODE

65-66

4. How do you usually act when you are together with a group of 5 or 6 friends?
Tell me if you agree with these statements.

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. You are <u>more of a "follower"</u> than a leader	0	1	2	67
b. You usually agree to <u>go along</u> with whatever the group wants to do	0	1	2	68
c. It is important for you <u>to be liked</u> by the group.....	0	1	2	69
d. Your friends sometimes <u>talk you into</u> doing things you'd rather not do	0	1	2	70
e. You <u>leave</u> when the group does something you don't like.....	0	1	2	71
f. You would rather spend time with a group than be <u>alone</u>	0	1	2	72

PART VII: PSYCHOLOGICAL ADJUSTMENT

Now let's talk some about you and how you feel.

1. First, I have some questions about how you see yourself. Tell me your answer to each question.

[Card 09]

(READ EACH ITEM AND CIRCLE ANSWER)

1-2

ITEMS	NEVER	RARELY	SOME TIMES	OFTEN	ALMOST ALWAYS	
a. Can you think of things that <u>you like about yourself</u> ?.....	0	1	2	3	4	9
b. Do you ever feel that <u>you are not important</u> to anyone?.....	0	1	2	3	4	10
c. Are you proud of <u>how you act</u> and the things you do?.....	0	1	2	3	4	11
d. Do you think you have a lot to be <u>proud of</u> ?	0	1	2	3	4	12
e. Are you <u>happy and satisfied</u> with yourself?	0	1	2	3	4	13
f. How often do you feel that <u>you are no good</u> at all?	0	1	2	3	4	14
g. When you do something, do you think <u>you do it well</u> ?.....	0	1	2	3	4	15

Item 2 (pages 25-27 in original format) was a Depression Scale and is intentionally omitted.

16-37

3. During the past month, have you had any of the following problems or symptoms? (*read list and circle answers next to symptoms reported*)

<u>NO</u>	<u>YES</u>			<u>NO</u>	<u>YES</u>		
0	1	trouble concentrating	38	0	1	swelling of hands or feet	55
0	1	trouble remembering things	39	0	1	fever or heavy sweating	
0	1	trouble thinking clearly	40			during sleep	56
0	1	trouble making decisions	41	0	1	shortness of breath	57
0	1	trouble with vision or		0	1	difficulty breathing	58
		seeing clearly	42	0	1	frequent runny nose	59
0	1	frequent and severe headaches	43	0	1	frequent nosebleeds	60
0	1	flashbacks	44	0	1	nose, sinus, or throat	
0	1	dizziness	45			problems	61
0	1	fainting spells	46	0	1	frequent coughing	62
0	1	seizures or convulsions	47	0	1	stomach cramps and pains	63
0	1	loss of consciousness	48	0	1	nausea or upset stomach	64
0	1	frequent pains in back, legs,		0	1	coughing up blood	65
		or arms	49	0	1	difficulty in urinating	66
0	1	pains in chest or upper arms	50	0	1	blood or pus in urine	67
0	1	heart fluttering (palpitations)	51	0	1	constipation or diarrhea	68
0	1	thirsty most of the time	52	0	1	blood in stools or rectal	
0	1	frequently tired or weak	53			bleeding	69
0	1	numbness or tingling sensations	54				

4. During the past year, have you had any of these problems or types of disease? (*read list and circle answers next to problems reported*)

[Card 10]

1-2

<u>NO</u>	<u>YES</u>		
0	1	depression or anxiety	9
0	1	stomach disease or ulcers	10
0	1	appendicitis	11
0	1	kidney infection or disease	12
0	1	bladder infection or disease	13
0	1	liver or gall bladder disease	14
0	1	colitis or bowel disease	15
0	1	heart disease or problems	16
0	1	venereal disease	17
0	1	skin disease or skin problems	18

5. Have you ever been a regular smoker? (*circle answer*) No= 0
Yes= 1* 19

*IF YES, ASK:

5-A. How many years have your smoked?
(*record verbatim in years/months*)

20-21

CODE

5-B. Do you still smoke? (*circle answer*) No= 0
Yes= 1* 22

5-C. If so, how many packs per day do you smoke?
(*record verbatim*)

23-24

CODE

6. How many times have you been to see a doctor for anything during
the past year (*record number*)..... |__|__| 25-26

7. How many times have you been admitted to a hospital for anything
during the past year (*record number*) |__|__|* 27-28

*IF ANY, ASK:

7-A. What were the reasons? (*record verbatim*)

29-30

CODE

8. Have you ever thought about committing suicide No= 0
(to kill yourself)? (*circle answer*) Yes= 1* 31

*IF YES, ASK:

8-A. How many times have you tried suicide? (*record number*) |__|__| 32-33

9. Think about how you been feeling about things in the past year.
 How much have you been bothered or troubled by --

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. feeling <u>too tired</u> to do things?.....	0	1	2	34
b. having <u>trouble going to sleep</u> or staying asleep?	0	1	2	35
c. feeling <u>unhappy, sad, or depressed</u> ?	0	1	2	36
d. feeling <u>hopeless</u> about the future?	0	1	2	37
e. feeling <u>nervous or tense</u> ?	0	1	2	38
f. <u>daydreaming</u> ?	0	1	2	39
g. <u>worrying</u> too much about things?	0	1	2	40

How much were you troubled or bothered **last year** by --

h. feeling that <u>no one really cares</u> about what happens to you?	0	1	2	41
i. feeling that <u>life is getting worse</u> ?	0	1	2	42
j. feeling that you have <u>no control</u> over what happens to you?	0	1	2	43
k. feeling of being <u>mistreated by others</u> ?.....	0	1	2	44
l. feelings that you should just <u>give up</u> trying to succeed?	0	1	2	45
m. not knowing anyone you can <u>depend on</u> ? ...	0	1	2	46

10. In the past year, how often were you bothered by important problems with --

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. your <u>job or school</u> ?.....	0	1	2	47
b. people you <u>work with</u> ?	0	1	2	48
c. your <u>money and finances</u> ?.....	0	1	2	49
d. your <u>parents</u> ?	0	1	2	50
e. your <u>family</u> ?	0	1	2	51
f. your <u>friends</u> ?	0	1	2	52

11. How often are the problems in your life --

(READ ITEMS AND CIRCLE ANSWER)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. <u>caused</u> by <u>other</u> people or situations?	0	1	2	53
b. <u>caused</u> by things that <u>you</u> have done?	0	1	2	54
c. <u>caused</u> by reasons you <u>cannot change</u> ?	0	1	2	55
d. <u>caused</u> by your being a <u>Mexican-American</u> ?	0	1	2	56
e. <u>similar</u> to those of your <u>friends</u> ?.....	0	1	2	57
f. the kind that you can <u>solve easily</u> ?.....	0	1	2	58
g. <u>solved</u> with the <u>help of your family</u> <u>and friends</u> ?	0	1	2	59
h. so <u>upsetting</u> that you <u>cannot deal with them</u> ?	0	1	2	60
i. going to <u>continue to happen</u> in the future?..	0	1	2	61
j. getting <u>easier to solve</u> as you get older?.....	0	1	2	62

12. If you have a problem at work (or school),
do you usually --

	<u>No</u>	<u>Yes</u>	
a. do <u>nothing</u> about it?	0	1	63
b. only <u>worry</u> about it?	0	1	64
c. try to <u>discuss it</u> with the person involved?	0	1	65
d. plan a way to <u>solve it soon</u> ?	0	1	66

13. When you have a problem with money or finances,
do you usually --

	<u>No</u>	<u>Yes</u>	
a. do <u>nothing</u> about it?	0	1	67
b. only <u>worry</u> about it?	0	1	68
c. try to <u>discuss it</u> with someone who can help you?	0	1	69
d. plan a way to <u>solve it soon</u> ?	0	1	70

14. When you have family problems,
do you usually --

	<u>No</u>	<u>Yes</u>	
a. do <u>nothing</u> about it?	0	1	71
b. only <u>worry</u> about it?	0	1	72
c. try to <u>discuss it</u> with someone who can help you?	0	1	73
d. plan a way to <u>solve it soon</u> ?	0	1	74

PART VIII: PROGRAM EVALUATION

Finally, I want to know some things about the [_____ Program] and how you feel about it. Tell me your answer after I read each question.

[Card 11]
1-2

(CIRCLE THE NUMBER CORRESPONDING TO THE ANSWER GIVEN)

1. Compared to <u>when you first entered</u> [_____], how do you feel now about --	A LOT WORSE	LITTLE WORSE	NO CHANGE	LITTLE BETTER	A LOT BETTER	
a. your own <u>health</u> and physical condition?	0	1	2	3	4	9
b. the way you get along with your <u>parents</u> ?	0	1	2	3	4	10
c. the way you get along with <u>other people</u> ?	0	1	2	3	4	11
d. your <u>friends</u> you spend time with?	0	1	2	3	4	12
e. your <u>life in general</u> ?	0	1	2	3	4	13

2. Were you <u>helped by</u> the --	NO	YES -- SOMETIMES	YES -- A LOT	
a. 1-on-1 time you spent with <u>counselors</u> ?	0	1	2	14
b. time you spent with <u>other clients</u> in program?	0	1	2	15
c. counseling for your <u>family</u> ?	0	1	2	16
d. personal visits to your <u>home</u> ?	0	1	2	17
e. personal visits with you outside the program, like after <u>school</u> , at <u>work</u> , in the <u>park</u> , etc.?	0	1	2	18
f. tutoring and help with your <u>school work</u> ?	0	1	2	19
g. counselors <u>taking you to meetings</u> to deal with school or legal trouble?	0	1	2	20
h. <u>presentations</u> and speakers?	0	1	2	21
i. <u>cultural activities</u> (art exhibits, plays, etc.)?	0	1	2	22
j. <u>recreation</u> (movies, ball games, etc.)?	0	1	2	23

3. In general, how would you rate the quality of the [_____ Program]? Was it -- (enter code below) |__| 24

- | | |
|-------------|--------------|
| 1. Very bad | 4. Good |
| 2. Bad | 5. Very good |
| 3. Okay | |

4. What do you think is the best thing the program did for you?
(RECORD VERBATIM)

|__| |__|
 CODE

25-26

5. What do you think should be changed at the program so that it can be better?
(record verbatim)

|__| |__|
 CODE

27-28

6. Do You think the [_____ Program] should change -- (circle answer)

	<u>NO</u>	<u>YES</u>	
a. the times it is <u>open</u> ?	0	1	29
b. where it is <u>located</u> ?	0	1	30
c. the <u>activities</u> that are scheduled?	0	1	31
d. the <u>rules</u> that are enforced?	0	1	32
e. the types of <u>counseling</u> it offers?	0	1	33
f. the <u>kinds of help</u> that are available?	0	1	34
g. Have you ever gotten any of your <u>friends</u> who were not in the program to <u>spend time or get help</u> there?	0	1	35

7. How did your parents deal with your past problems and treatment? Did they --
 (read items and circle answer)

ITEMS	NO	YES -- SOMETIMES	YES -- A LOT	
a. <u>blame and criticize</u> you?	0	1	2	36
b. <u>help and support</u> you?	0	1	2	37
c. <u>understand</u> your needs?	0	1	2	38
d. <u>cooperate</u> with the program?	0	1	2	39
e. get help for <u>themselves</u> ?	0	1	2	40

**That is all of the interview and I thank you for your time. Here is the \$10 I promised to pay you for completing it. Take one of these blank receipt forms and sign your name and phone number so I can document that I paid you the money. Also, my supervisor may want to call you to make sure the interview was done and that you were paid.
 (GET SIGNED RECEIPT AND GIVE \$10 TO RESPONDENT)**

FOR BLOOD AND URINE SAMPLES: READ QUESTION 8 IF RESPONDENT IS IDENTIFIED ON COVER PAGE -- ITEM 6 -- AS BEING PRESELECTED FOR SCREENING BLOOD AND URINE SAMPLES OR IF DURING THE INTERVIEW THE RESPONDENT REPORTED RECENT HEAVY INHALANT USE -- HAS R SNIFFED OR HUFFED INHALANT DRUGS 2 OR MORE TIMES PER WEEK IN THE LAST 3 MONTHS? No= 0 Yes= 1

41

8. You are also on my list of people from whom we want to get blood and urine samples. I will pay you another \$10 if you will agree to participate in this part of the study. I can take you to the medical lab for it right now if you will help do it.

HAND RESPONDENT COPY OF "INFORMATION SHEET FOR BLOOD & URINE ANALYSIS"

This sheet tells you about what is involved, and you can read along with me as I explain it.
 (read "sheet" aloud to respondent).

If you will agree, you need to sign this Consent Form which says I have explained what is involved and that you want to participate.

Will you participate? (circle answer) No= 0 Yes= 1 42

IF YES, OBTAIN SIGNED CONSENT FORM AND PROCEED TO LAB:
 AFTER SAMPLES OBTAINED, PAY \$ 10 AND GET SIGNED RECEIPT

PART IX: INTERVIEWER REMARKS

(to be completed after the interview)

1. Time Finished
 Interview: |__|__|:|__|__|
 (Conventional 43-44 45-46
 clock time)

2. Number of Sessions: |__|
 47

3. Length of Interview:
 MINUTES: |__|__|__|
 48-50

4. City of Interview:

 (City/Town) (State)

5. Place of Interview:
 R's home 1
 Office space --
 borrowed/rented 2
 Park 3
 Car 4
 Bar or restaurant 5
 Drug or Alcohol Treatment 51
 facility 6
 Hospital 7
 Jail 8
 Other (SPECIFY) _____ 9

6. Privacy?
 No 0
 Most of the time 1 52
 Yes 2

DESCRIBE THE RESPONDENT

7. Weight:
 Emaciated 1
 Thin 2
 Average 3 53
 Obese 4

8. Honesty of response:
 High 1
 Medium 2 54
 Low 3

9. Understanding of questions:
 High 1
 Medium 2 55
 Low 3

10. Ability to articulate answers:
 High 1
 Medium 2 56
 Low 3

11. Cooperativeness:
 Cooperative 1
 Suspicious 2
 Hostile 3 57
 Uncommunicative 4

12. Any sign of:

	<u>No</u>	<u>Yes</u>	
Drunkenness?	0	1	58
Drug intoxication?	0	1	59
Nervous problem?	0	1	60
Withdrawal?	0	1	61

Name of Interviewer _____	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <p style="margin: 0;">CODE</p>
---------------------------	---

62-63

DRUG CARD

Alcohol.....	beer, wine, hard liquor
Marijuana.....	pot, weed, hashish, THC
Downers.....	barbiturates (Nembutal, Seconal, Tuinal) sedatives, hypnotics (Doriden, Noludar, Quaaludes, Sopors) reds, blues, yellows major tranquilizers (Thorazine, Lithium, Mellaril) minor tranquilizers (Librium, Valium, Miltown, Equanil)
Uppers.....	amphetamines, speed, crank diet pills, (Benzedrine, Dexedrine, Preludin)
Inhalants.....	spray paint, glue, gasoline, paint thinner, toluene or toly, crystal clear
Cocaine.....	cocaine, coke, crack
Psychedelics.....	acid, hallucinogens, LSD, DMT, mescaline, Ecstasy, PCP, angel dust
Heroin, opiates.....	heroin, opium, morphine, codeine, Demerol, Dilaudid