TCU A-RSKFORM

Instructions: Please mark answers to the series of questions listed below.

1. What is your current age? ........................................................................................................ ||

2. What was your date of admission to THIS program or facility? .......|____|____|____|____|
   MONTH DAY YEAR

3. What is your gender? ............................................................................................................. ○ Male ○ Female

4. Are you Hispanic or Latino? ................................................................................................. ○ No ○ Yes

5. Are you? [MARK ONE]
   ○ American Indian/Alaska Native
   ○ Asian
   ○ Native Hawaiian/Pacific Islander
   ○ Black/African American
   ○ White
   ○ More than one race
   ○ Other (specify) ...................................................

6. How many years of school have you completed – that is, the highest grade?
   ○ None
   ○ 1-6
   ○ 7-9
   ○ 10-11
   ○ 12 or GED
   ○ over 12

7. What is your current legal marital status?
   ○ Single (never married)
   ○ Married or living with a partner
   ○ Separated
   ○ Divorced
   ○ Widowed

8. How many children do you have (only include your biological children)?
   ○ None
   ○ 1
   ○ 2
   ○ 3
   ○ 4 or more
9. How much of the time in the PAST 6 MONTHS before entering this program or facility were you LOCKED UP (i.e., not living in the “free world”)?
   ○ None
   ○ Less than 1 month
   ○ 1-3 months
   ○ 4-5 months
   ○ All 6 months

10. When you entered this treatment program or facility, when was the last time you had lived in the “free world” for AT LEAST 6 MONTHS?
   ○ Under a month ago
   ○ 1-5 months ago
   ○ 6-11 months ago
   ○ 1-3 years ago
   ○ Over 3 years ago

In the 6 months before entering this program or facility (or being “locked up”), were you ever –

11. employed full time (35+ hrs/week)? ................................................................. ○ No ○ Yes

12. unemployed and NOT looking for work? .......................................................... ○ No ○ Yes

13. receiving any public financial support (food stamps, disability, public assistance)? ................................................ ○ No ○ Yes

14. on parole or probation? .................................................................................. ○ No ○ Yes

15. treated in an emergency room? ................................................................. ○ No ○ Yes

16. treated for a mental health problem? .......................................................... ○ No ○ Yes

17. treated for an alcohol use problem? .......................................................... ○ No ○ Yes

18. treated for illegal drug use? ................................................................. ○ No ○ Yes

19. arrested? ......................................................................................................... ○ No ○ Yes

20. in jail or prison? ............................................................................................... ○ No ○ Yes

Based on Rounsaville et al. (Eds.). (1993). Diagnostic Source Book. NIH Pub 93-3508
Also see Joe, Simpson, Greener, & Rowan-Szal (2004). Psychological Reports, 36(2), 215-234.