

**INITIAL ASSESSMENT
(TCU CORRECTIONAL RESIDENTIAL FORMS)**

[FORM ---; CARD 01]

A. LAST NAME _____, FIRST NAME _____, MI ____	
LAST PERMANENT ADDRESS: _____	

B. PROGRAM:	_ _ _ _ [6-8]
C. <u>UNIT</u> / <u>COTTAGE</u> :	_ - _ _ [9-10]
D. CLIENT ID NUMBER:	_ _ _ _ _ _ _ _ _ _ [11-17]
E. SOCIAL SECURITY NUMBER:	_ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ _ _ [18-26]
F. ML NUMBER:	_ [27-33]
G. NAME OF REFERRING JUDGE: _____ _ _ _ _ [34-35]
	COURT #
H. DATE OF THIS INTERVIEW:	_ _ _ _ _ _ _ _ _ _ _ _ _ [36-41]
	MO DAY YR
I. NAME OF INTERVIEWER: _____ _ _ _ _ _ _ _ _ _ _ [42-45]
	ID
J. ASSIGNED COUNSELOR I.D.#:	_ [46-52]
	ID
K. SPECIAL CODES:	_ [53-58]

A. MENTAL STATUS

- | | | | |
|--|-------------|-----------|------|
| 1. What is your name?..... | 0=Incorrect | 1=Correct | [59] |
| 2. What day is it?..... | 0=Incorrect | 1=Correct | [60] |
| 3. Where are you?..... | 0=Incorrect | 1=Correct | [61] |
| 4. Have you ever been treated for mental illness?..... | 0=No | 1=Yes | [62] |

B. BACKGROUND AND PSYCHOSOCIAL FUNCTIONING

1. How old are you?|_|_| | [63-64]
AGE

2. What is your date of birth?|_|_| || |_|_| || |_|_| | [65-70]
MO DAY YR

3. What is your race or ethnic background? |_|_| | [71]
CODE #

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. <i>African American/Black</i> 2. <i>American Indian</i> 3. <i>Asian/Pacific Islander</i> 4. <i>Mexican American (Hispanic origin)</i> | <ul style="list-style-type: none"> 5. <i>Other Hispanic</i>
(specify): _____ 6. <i>White (not of Hispanic origin)</i> 7. <i>Other</i>
(specify): _____ |
|---|---|

4. What is your gender? 0=Female 1=Male [72]

Note to interviewer: As needed during the following questions, remind respondent that he/she is answering the questions based on what has happened before their most recent arrest and incarceration.

5. Where have you been living or staying most of the time in the last month? |_|_| | [73]
CODE #

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. <i>With family or other relatives</i> 2. <i>With a group of friend(s) or non-family members (non-institutional)</i> 3. <i>Alone in own dwelling</i> 4. <i>Homeless</i> | <ul style="list-style-type: none"> 5. <i>Hospital, rehabilitation facility, nursing home</i> 6. <i>Jail, prison, or other correctional facility</i> 7. <i>Other</i>
(specify): _____ |
|--|---|

6. What is your legal marital status? |_|_| | [74]
CODE #

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. <i>Never married</i> 2. <i>Legally married</i> 3. <i>Living as married</i>
(including common law marriage) | <ul style="list-style-type: none"> 4. <i>Separated</i> 5. <i>Divorced</i> 6. <i>Widowed</i> |
|---|--|

7. How many years of school have you finished -- that is, what is the highest grade you completed?|_|_|_| | [75-76]
GRADE

8. Have you --

	NO	YES	
a. graduated from <u>high school</u> ?.....	0	1	[13]
b. completed a <u>vocational or technical</u> training program?.....	0	1	[14]
c. Have you completed your <u>GED</u> ?.....	0	1	[15]
d. Are you <u>currently working</u> on your GED or any type of vocational/technical training degree?.....	0	1	[16]

9. Did you hold a job anytime during the last 30 days?..... [17]
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?..... [18]
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?..... [19-20]
DAYS

10. What was your total annual income last year
 from LEGAL sources?..... \$, [21-25]
ANNUAL INCOME

11. Which one was your major (or largest) source of support during the past month?..... [26]
 CODE #

1. <i>None</i>	6. <i>Welfare or public assistance (food stamps, AFDC, SSI, etc.)</i>
2. <i>Job</i>	7. <i>Prostitution</i>
3. <i>Mate/spouse</i>	8. <i>Illegal activities</i>
4. <i>Family or friends</i>	9. <i>Others (specify):</i>
5. <i>Unemployment</i>	_____

12. What kind of health insurance do you have?..... [27]
 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 you have substance abuse coverage*
7. *Don't know*

13. What is your current legal status?..... [28]
 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> _____

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.

14.¹ How much do you feel pressured from other people to enter this drug treatment program?
 What about -- [USE ANSWER CARD 1]

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. <u>medical</u> authorities (doctors, health center)?	0	1	2	3	4	[29]
b. your <u>family or friends</u> ?	0	1	2	3	4	[30]
c. your <u>employer</u> ?	0	1	2	3	4	[31]
d. <u>legal</u> authorities (police, judge, parole or probation officer)?	0	1	2	3	4	[32]
e. <u>yourself</u> ?	0	1	2	3	4	[33]
f. <u>others</u> ? (specify): _____	0	1	2	3	4	[34]

15.¹ How important is it for you to get treatment or counseling now to help you with --
 [USE ANSWER CARD 1]

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. <u>medical</u> problems?	0	1	2	3	4	[35]
b. problems with <u>family</u> <u>or spouse</u> ?	0	1	2	3	4	[36]
c. other social problems with <u>friends or neighbors</u> ?.....	0	1	2	3	4	[37]
d. <u>employment or work-related</u> <u>problems</u> ?.....	0	1	2	3	4	[38]
e. <u>legal</u> problems?	0	1	2	3	4	[39]
f. <u>emotional or psychological</u> <u>problems</u> ?.....	0	1	2	3	4	[40]
g. use of <u>alcohol</u> ?.....	0	1	2	3	4	[41]
h. use of <u>heroin</u> (or other opiates)?.....	0	1	2	3	4	[42]
i. use of <u>cocaine</u> (or crack)?	0	1	2	3	4	[43]
j. use of <u>marijuana</u> ?.....	0	1	2	3	4	[44]
k. use of <u>other drugs</u> ?.....	0	1	2	3	4	[45]

C. ALCOHOL AND OTHER DRUG USE BACKGROUND (PRIOR TO INCARCERATION)

[USE ANSWER CARD 2]

1. Have you ever used **alcohol** (beer, wine, or hard liquor)? 0=No 1=Yes* [46]

*IF "YES":

a. How <u>old</u> were you when you <u>first started</u> drinking alcohol?	__	__	[47-48]
	AGE		
b. ² 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> <i>per month</i>	3. <i>1 to 5 times</i> <i>per week</i>
			4. <i>Daily</i> [49]

2. Have you *ever* used **marijuana**?.....0=No 1=Yes* [50]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> marijuana?	__ __	[51-52]			
	AGE				
b. ² 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	3. 1 to 5 times	4. Daily	[53]
		per month	per week		

3. Have you *ever* used **opiates** (like heroin, morphine, or street methadone)?0=No 1=Yes* [54]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> opiates?	__ __	[55-56]			
	AGE				
b. ² 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	[57]
		per month	per week		

4. Have you *ever* used **cocaine or crack**?0=No 1=Yes* [58]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> cocaine or crack?	__ __	[59-60]			
	AGE				
b. ² 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	[61]
		per month	per week		

5. Have you *ever* used **speedballs** (heroin + cocaine)?0=No 1=Yes* [62]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> speedballs?.....	__ __	[63-64]			
	AGE				
b. ² 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	[65]
		per month	per week		

6. Have you *ever* used **inhalants**?.....0=No I=Yes* [13]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> inhalants?.....	__ __	[14-15]
	AGE	
b. ² About how often did you use inhalants 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>
		4. <i>Daily</i>
		[16]
		<i>per month</i>
		<i>per week</i>

7. Have you *ever* used **amphetamines**?.....0=No I=Yes* [17]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> amphetamines?	__ __	[18-19]
	AGE	
b. ² About how often did you use amphetamines 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>
		4. <i>Daily</i>
		[20]
		<i>per month</i>
		<i>per week</i>

8. Have you *ever* used **hallucinogens**?0=No I=Yes* [21]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> hallucinogens?.....	__ __	[22-23]
	AGE	
b. ² About how often did you use hallucinogens 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>
		4. <i>Daily</i>
		[24]
		<i>per month</i>
		<i>per week</i>

9. Have you *ever* used **sedatives or tranquilizers**?0=No I=Yes* [25]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> sedatives or tranquilizers?.....	__ __	[26-27]
	AGE	
b. ² About how often did you use sedatives or tranquilizers 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>
		4. <i>Daily</i>
		[28]
		<i>per month</i>
		<i>per week</i>

10. Have you *ever* used **nicotine**?.....0=No I=Yes* [29]

*IF "YES":

a. How <u>old</u> were you when you <u>first used</u> nicotine?..... _ _ [30-31]	AGE				
b. ² About how often did you use nicotine 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>	4. <i>Daily</i>	[32]
		<i>per month</i>	<i>per week</i>		

11. Look over this list of drugs [HAND "DRUG CARD" TO RESPONDENT] and tell me which of these drugs caused you the most serious problems before you entered this treatment program.

- a. First most serious?.....|_|_| [33-34]
 - b. Second most serious?|_|_| [35-36]
 - c. Third most serious?|_|_| [37-38]
- DRUG #

12. Have you *ever* injected (illicit) drugs with a needle?0=No^x I=Yes* [39]

***IF "NO", SKIP TO Q.14**

*IF "YES":

a. How <u>old</u> were you when you <u>first injected</u> drugs?..... _ _ [40-41]	AGE
b. Have you ever used needles or syringes that were "dirty" -- that is, that <u>someone else had used</u> and were <u>not sterilized</u> or <u>cleaned</u> with bleach before you used them?..... 0=No I=Yes [42]	

13. In the last 6 months (before incarceration), have you *ever* injected drugs with a needle?0=No I=Yes* [43]

*IF "YES": [USE ANSWER CARD 2]

a. ² About how often did you inject drugs during the <u>last 6 months</u> (before incarceration)?					
0. <i>Never</i>	1. <i>A few times</i>	2. <i>1 to 3 times</i>	3. <i>1 to 5 times</i>	4. <i>Daily</i>	[44]
		<i>per month</i>	<i>per week</i>		

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 before their most recent arrest and incarceration.



Now I want to ask you some questions about your alcohol use during this past year -- that is, over the last 12 months (before incarceration). [USE ANSWER CARD 3]

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

***IF "NO", SKIP TO Q.37**

During the past year, how often did you --

	NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
15. <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]
16. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt</u> while under the influence of alcohol? For example, while driving a car, operating machinery, or taking unnecessary risks?	0	1	2	3	[47]
17. Get <u>arrested</u> because you had been drinking?	0	1	2	3	[48]
18. 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]
19. 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]
20. <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]
21. <u>Start</u> drinking even though you had <u>decided not to</u> ?	0	1	2	3	[52]
22. <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]
23. <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]
24. <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]

25. Give up or cut down on things that are important to you like work, school, hobbies, or time with your family in order to drink?..... 0 1 2 3 [56]
26. Continue to drink even though you knew it was making you feel either depressed, or uninterested in life, or suspicious and distrustful of other people?..... 0 1 2 3 [57]
27. Continue to drink even though you knew drinking was causing you a health problem 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	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
28. Have trouble <u>falling asleep</u> or staying asleep?	0	1	2	3	[59]
29. Find yourself <u>shaking</u> ?	0	1	2	3	[60]
30. Feel <u>depressed</u> , <u>irritable</u> , or <u>nervous</u> ?	0	1	2	3	[61]
31. Feel <u>sick</u> to your stomach or vomit?	0	1	2	3	[62]
32. Have a very bad <u>headache</u> ?	0	1	2	3	[63]
33. Find yourself <u>sweating</u> or feel like your heart was racing?.....	0	1	2	3	[64]
34. See, feel, or hear things that were <u>not really there</u> ?.....	0	1	2	3	[65]
35. Have fits or <u>seizures</u> ?	0	1	2	3	[66]
36. 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. [USE ANSWER CARD 3]

37. Have you used any type of cocaine at all during the last 12 months (snorting, smoking crack, injecting, “speedballs”)?..... 0=No* 1=Yes [68]

***IF “NO”, SKIP TO Q.57 (Page 12)**

During the past year, how often did you --

	NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
38. <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	[13] [---;04;ID]
39. <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	[14]
40. Get <u>arrested</u> because you had been using cocaine?.....	0	1	2	3	[15]
41. 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	[16]
42. 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 than usual</u> to get the effect you wanted?.....	0	1	2	3	[17]
43. <u>Use cocaine</u> or other drugs to help you <u>feel better when coming down</u> from cocaine?.....	0	1	2	3	[18]
44. <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	[19]
45. <u>Use cocaine</u> for a much longer time <u>than you had intended to</u> ?.....	0	1	2	3	[20]
46. <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	[21]
47. <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	[22]
48. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use cocaine or score cocaine</u> ?	0	1	2	3	[23]
49. <u>Continue to use cocaine even though you knew</u> it was making you feel either <u>depressed</u> , or <u>uninterested in life</u> , or <u>paranoid and distrustful</u> of other people?.....	0	1	2	3	[24]



During the past year, how often did you --

NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES
-------	-------------	---------	-----------------

50. Continue to use cocaine even though you knew cocaine was causing you a health problem or making a known health problem worse? 0 1 2 3 [25]

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

Did you ever feel very depressed? 0=No* 1=Yes [26]

***IF "NO", SKIP TO Q.57**

IF "YES", DID YOU EVER --

52. Feel extremely <u>tired</u> ?	0=No	1=Yes	[27]
53. Have vivid or unpleasant <u>dreams</u> ?	0=No	1=Yes	[28]
54. Sleep more than usual or have trouble <u>falling asleep</u> or <u>staying asleep</u> ?	0=No	1=Yes	[29]
55. Have a greatly increased <u>appetite</u> ?	0=No	1=Yes	[30]
56. Feel <u>agitated</u> or extremely anxious?	0=No	1=Yes	[31]

Now I want to ask you some questions about your marijuana use during the past year -- that is, over the last 12 months. [USE ANSWER CARD 3]

57. Have you used any type of marijuana at all during the last 12 months? 0=No* 1=Yes [32]

***IF "NO", SKIP TO Q.71 (Page 14)**

During the past year, how often did you --

NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES
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58. Continue to use marijuana even though you knew it was causing you trouble with your family or friends? 0 1 2 3 [33]

59. Do anything dangerous or anything that increased your chances of getting hurt while under the influence of marijuana? For example, while driving a car, operating machinery, or taking unnecessary risks? 0 1 2 3 [34]

During the past year, how often did you --

	NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
60. Get <u>arrested</u> because you had been using marijuana?	0	1	2	3	[35]
61. Get high on marijuana 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	[36]
62. Find that your <u>usual amount</u> of marijuana had much <u>less effect</u> on you, or that you had to <u>use more than usual</u> to get the effect you wanted?	0	1	2	3	[37]
63. <u>Skip work or school</u> , or <u>not take care of your family</u> or other <u>duties</u> so you could score or use marijuana?	0	1	2	3	[38]
64. <u>Start</u> using marijuana even though you had <u>decided not to</u> or <u>promised yourself that you would not use it?</u>	0	1	2	3	[39]
65. <u>Use marijuana</u> for a much longer time <u>than you had intended to?</u>	0	1	2	3	[40]
66. <u>Want to -- or try to -- stop or cut down on</u> your marijuana use but <u>found you could not?</u>	0	1	2	3	[41]
67. <u>Spend so much time</u> using marijuana, scoring marijuana, or being hung-over from marijuana that you had <u>little time left for important things</u> like work, school, family, or friends?	0	1	2	3	[42]
68. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use marijuana or score marijuana?</u>	0	1	2	3	[43]
69. <u>Continue</u> to use marijuana <u>even though you knew</u> it was making you feel either <u>depressed, anxious or nervous, paranoid and distrustful</u> of other people, <u>or harder to concentrate and remember things?</u>	0	1	2	3	[44]
70. <u>Continue</u> to use marijuana <u>even though you knew</u> marijuana was causing you a <u>health problem</u> or making a known health problem worse?	0	1	2	3	[45]



Now I want to ask you some questions about your opiate use during the past year -- that is, over the last 12 months. [USE ANSWER CARD 3]

71. Have you used any type of opiates at all during the last 12 months (like heroin, morphine, or street methadone)? 0=No* 1=Yes [46]

***IF "NO", SKIP TO SECTION D, Q.1 (Page 16)**

During the past year, how often did you --

	NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
72. <u>Continue to use opiates</u> even though you knew it was causing you trouble with your <u>family or friends</u> ?	0	1	2	3	[47]
73. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of opiates? For example, while driving a car, operating machinery, or taking unnecessary risks?	0	1	2	3	[48]
74. Get <u>arrested</u> because you had been using opiates?	0	1	2	3	[49]
75. Get high on opiates 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	[50]
76. Find that your <u>usual amount</u> of opiates 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	[51]
77. <u>Use opiates</u> or other drugs to help you <u>feel better when coming down</u> from opiates?	0	1	2	3	[52]
78. <u>Start</u> using opiates even though you had <u>decided not to</u> or promised yourself that you would not use it?	0	1	2	3	[53]
79. <u>Use opiates</u> for a much longer time <u>than you had intended to</u> ?	0	1	2	3	[54]
80. <u>Want to -- or try to -- stop or cut down on</u> your opiate use but <u>found you could not</u> ?	0	1	2	3	[55]

During the past year, how often did you --

	NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
81. <u>Spend so much time</u> using opiates, scoring opiates, or being hung-over from opiates that you had <u>little time left for important things</u> like work, school, family, or friends?.....	0	1	2	3	[56]
82. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use opiates or score opiates</u> ?.....	0	1	2	3	[57]
83. <u>Continue</u> to use opiates <u>even though you knew</u> it was making you feel either <u>depressed</u> , or <u>uninterested</u> in life, or <u>paranoid and distrustful</u> of other people?.....	0	1	2	3	[58]
84. <u>Continue</u> to use opiates <u>even though you knew</u> that opiates were causing you a <u>health problem</u> or making a known health problem worse?.....	0	1	2	3	[59]

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

	NEVER	1 TIME ONLY	2 TIMES	3 OR MORE TIMES	
85. Have trouble <u>falling asleep</u> or <u>staying asleep</u> ?	0	1	2	3	[60]
86. Find your eyes were <u>red</u> or <u>tearing</u> ?	0	1	2	3	[61]
87. Feel <u>depressed</u> , <u>irritable</u> , or <u>nervous</u> ?	0	1	2	3	[62]
88. Feel <u>sick</u> to your stomach or vomit?	0	1	2	3	[63]
89. Have <u>muscle aches</u> ?.....	0	1	2	3	[64]
90. Find yourself <u>sweating</u> or <u>have goose flesh</u> ?	0	1	2	3	[65]
91. <u>Feel hot</u> as if you were <u>running a fever</u> ?	0	1	2	3	[66]
92. Have <u>diarrhea</u> ?	0	1	2	3	[67]
93. Finding yourself <u>yawning</u> often?	0	1	2	3	[68]





D. PSYCHOLOGICAL STATUS

1. Not counting the effects from alcohol or other drug use, have you ever experienced --

	NO	YES	
a. serious <u>depression</u> ?.....	0	1	[69]
b. serious <u>anxiety or tension</u> ?.....	0	1	[70]
c. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?.....	0	1	[71]
d. trouble <u>understanding, concentrating, or remembering</u> ?	0	1	[72]
e. trouble controlling <u>violent behavior</u> ?.....	0	1	[73]
f. serious <u>thoughts of suicide</u> ?	0	1	[74]
g. attempts at <u>suicide</u> ?.....	0	1	[75]

2. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months?0=No 1=Yes* [76]

a. *[IF YES]: What? _____

Interviewer's Comments: _____

End of Form