

CJ Comprehensive Intake (TCU CJ CI)

CODE A-E WITHOUT QUESTIONING RESPONDENT:

A. SITE:	_ _
B. CLIENT ID NUMBER:	_ _ _ _ _
C. CONTRACT/GRANT ID:	_ _ _ _ _ _ _
D. GRANT YEAR:	_ _ _ _
E. DATE OF THIS INTERVIEW:	_ _ _ _ _ _ _
	MO DAY YR
F. CLIENT BIRTHDATE:.....	_ _ _ _ _ _ _
	MO DAY YR
G. CLIENT GENDER:	0=Female 1=Male
H. SERVICE TYPE:	
What service type <i>will</i> the client receive in the program? (Check all that apply)	
<input type="checkbox"/> 1. Case Management <input type="checkbox"/> 2. Day Treatment <input type="checkbox"/> 3. Inpatient <input type="checkbox"/> 4. Outpatient <input type="checkbox"/> 5. Outreach <input type="checkbox"/> 6. Intensive Outpatient	<input type="checkbox"/> 7. Methadone <input type="checkbox"/> 8. Residential <input type="checkbox"/> 9. Other _____ <input type="checkbox"/> 10. Other _____ <input type="checkbox"/> 11. Other _____
I. SPECIAL CODES:	_ _ _ _ _ _

READ ALOUD TO RESPONDENT:

This interview usually takes a little over an hour to complete, depending partly on how clear and direct you can be in giving your answers. I will be asking primarily about your personal and family background, your friends, your criminal and legal involvement, and your drug use history. When I ask about “other drugs” besides alcohol, I mean the use of any illegal drugs or anything else taken without a doctor’s prescription. Many of my questions will refer to the “last 6 months” or the “last 30 days” – *that is that time before entering this treatment program and the jail time that preceded it.*

It is very important that you be open and honest. Some questions may be sensitive or embarrassing to you, but they are necessary to help us understand your problems and plan your treatment.

Do you have any questions before we start?

GENERAL INSTRUCTIONS TO INTERVIEWER: Some items in this form require that answers be recorded “verbatim” and then coded into specific units of measurement – such as “months” or “amounts of alcohol.” Also, write out clarifying comments or other explanations of answers as needed in the margins next to questions, and identify any items that the respondent cannot or refuses to answer.

NOTE ON JAIL/PRISON: Special instructions are necessary for defining the “last 6 months” and “last 30 days” before treatment for clients who are in jail or prison. In particular, they should be asked to report behaviors based on the time immediately BEFORE jail/prison in an effort to obtain more meaningful baseline measures.

PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. What is your current age? AGE: |__|__|

2. Are you Hispanic or Latino? 0=No 1=Yes*

*IF “YES”, ASK:

a. What ethnic group do you consider yourself?		__
1. <i>Central American</i>	5. <i>Puerto Rican</i>	
2. <i>Cuban</i>	6. <i>South American</i>	
3. <i>Dominican</i>	7. <i>Other (specify)</i>	
4. <i>Mexican</i>	_____	

3. What is your race or ethnic background? [USE CODE FROM BELOW] |__|

- | | |
|----------------------------------|------------------------------------|
| 1. <i>African American/Black</i> | 5. <i>Mexican American</i> |
| 2. <i>American Indian</i> | 6. <i>Mexican National</i> |
| 3. <i>Anglo/White/Caucasian</i> | 7. <i>Other Hispanic (specify)</i> |
| 4. <i>Asian/Pacific Islander</i> | 8. <i>Other (specify)</i> _____ |

4. In what type of place were you living at the time that you entered this treatment program? [OR BEFORE ENTERING JAIL/PRISON] |__|

- | | |
|---|--|
| 1. <i>Your own house or apartment</i> | 5. <i>On the street/No regular place</i> |
| 2. <i>Someone else's house or apartment</i> | 6. <i>Another treatment program</i> |
| 3. <i>In a shelter</i> | 7. <i>Other (specify)</i> _____ |
| 4. <i>In a rooming house</i> | |

5. How long had you been living there (at that place)? |__|__|__|
MONTHS

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6. Were you living with a spouse or primary partner?0=No 1=Yes

7. How many children do you have?|_|_|*
CHILDREN

*IF "1" OR MORE, ASK:

a. How many have (or had) their primary residence with you?|_|_|

b. How many receive (or received) financial support from you?|_|_|
NUMBER

8. What is your current LEGAL marital status?|_|_*

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

*IF "EVER MARRIED" (RESPONSE CODE 2-6), ASK:

a. How long have you been (current marital status)?|_|_|_|
MONTHS

9. How many years of school have you finished –
that is, what is the highest grade you completed?|_|_|
[DO NOT INCLUDE GED] GRADE

10. Have you –

	NO	YES
a. graduated from <u>high school</u> ?	0	1
b. completed a <u>vocational or technical</u> training program?	0	1

IF "GRADUATED HIGH SCHOOL", SKIP TO Q.11

- | | | |
|---|---|---|
| c. Have you completed your <u>GED</u> ? | 0 | 1 |
| d. Are you <u>currently working</u> on your GED
or any type of vocational/technical training degree? | 0 | 1 |
-

11. Do you have a current, valid driver's license?0=No 1=Yes

12. During most of the last 6 months before this treatment, which of the following best describes your employment status?|__|
[OR BEFORE JAIL/PRISON]

1. *Employed full time (35+ hours per week, or would have been)*
2. *Employed part time*
3. Unemployed, looking for work
4. Unemployed, disabled
5. Unemployed, volunteer work
6. Unemployed, retired
7. Unemployed, not looking for work
8. Unemployed, in school
9. Homemaker
8. *Other (specify)* _____

13. What were **all** the different sources of financial support you had during the last 6 months before entering this treatment? [OR BEFORE JAIL/PRISON]

In how many of those months did you get any money, food, shelter, etc. from –
[ENTER 0 FOR NONE]

-
1. your job or employment?|__|
 2. your spouse or ex-spouse (including child support)?|__|
 3. a sexual partner (other than a spouse) or a friend?|__|
 4. your family?|__|
 5. unemployment compensation (for being laid off)?|__|
 6. retirement?|__|
 7. disability?|__|
 8. welfare or public assistance (food stamps, housing assistance, AFDC, TANF, general relief, Medicaid, SSI)?|__|
 9. selling drugs?|__|
 10. selling or trading sex (prostitution)?|__|
 11. any other kind of illegal activities (other than prostitution)?|__|
 12. jail/prison, residential treatment program, or hospital?|__|
 13. anything else? (specify) _____.....|__|

MONTHS

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14. Which one of these was your major (or largest) source of support during those 6 months? [SELECT ITEM NUMBER FROM LIST ABOVE] |__|__|
CODE #

PART B: FAMILY BACKGROUND

Next, I would like to get some information about your family – that is, parents, brothers/sisters, grandparents, aunts/uncles – during the last 6 months before starting this treatment.
 [OR BEFORE JAIL/PRISON]

1. What were your relationships with them like during those months?

	STRONGLY DISAGREE		UNCERTAIN		STRONGLY AGREE
a. You <u>got along</u> together.	1	2	3	4	5
b. You really <u>enjoyed</u> being together.	1	2	3	4	5
c. You <u>drank</u> together.	1	2	3	4	5
d. You got <u>drunk</u> together.	1	2	3	4	5
e. You used <u>other (illegal) drugs</u> together.	1	2	3	4	5
f. You had serious talks about each other's <u>interests and needs</u>	1	2	3	4	5
g. You <u>helped</u> each other with problems.	1	2	3	4	5
h. You got <u>blamed or fussed at</u> about things YOU did or did not do.	1	2	3	4	5
i. You had <u>disagreements</u>	1	2	3	4	5
j. You had <u>big arguments or fights</u>	1	2	3	4	5

PART C: PEER RELATIONS

Now I want to ask a few questions about the **FRIENDS** you had during the **6 months** before you entered this treatment. [OR BEFORE JAIL/PRISON]

1. Describe your friends and the people you usually spent your time with during those 6 months.

	STRONGLY DISAGREE		UNCERTAIN		STRONGLY AGREE
a. They <u>worked regularly</u> on a job.	1	2	3	4	5
b. They felt <u>hopeful</u> about their <u>future</u>	1	2	3	4	5
c. They <u>spent time</u> with their <u>families</u>	1	2	3	4	5
d. They <u>liked</u> being with their <u>families</u>	1	2	3	4	5
e. They got into <u>loud arguments</u> <u>or fights</u>	1	2	3	4	5
f. They got <u>drunk</u>	1	2	3	4	5
g. They used <u>other (illegal) drugs</u>	1	2	3	4	5
h. They traded, sold, or <u>dealt drugs</u>	1	2	3	4	5
i. They did other things <u>against the law</u>	1	2	3	4	5
j. They spent time with " <u>gangs</u> ".	1	2	3	4	5
k. They got <u>arrested</u> or had problems with the law.	1	2	3	4	5

2. Before entering this treatment program,
had you ever been a gang member? 0=No 1=Yes*
[OR BEFORE ENTERING JAIL/PRISON]

*IF "YES", ASK:

a. Are you currently a gang member? 0=No 1=Yes
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PART D. CRIMINAL HISTORY

Tell me about your past ARRESTS – that is, the number of times and reasons.

[“ARRESTED” MEANS TAKEN INTO CUSTODY OR TO POLICE STATION]

1. Altogether, about how many TIMES during your life have you ever been arrested?|_|_|_|_|*
- # ARRESTS

***IF “1” OR MORE, ASK:**

a. About how many of these arrests were for things you did while using drugs or trying to get drugs?|_|_|_|_|*

ARRESTS

b. How old were you the first time you were arrested?|_|_|*
AGE

c. ***[IF “17” OR LESS, ASK:]** How many times were you arrested before you turned 18?|_|_|_|_|*

ARRESTS

d.^a [HAND “CRIME CARD” TO RESPONDENT]:
Look at this card and tell me how many times you were **EVER ARRESTED** for each of the reasons listed. [RECORD ANSWERS ON “CRIME CHART”]

2. What about in the last 6 months before you started this treatment program? [OR BEFORE JAIL/PRISON]

How much of your income or source of support during that time came from some kind of **ILLEGAL ACTIVITY**?

0. None 1. Less than half 2. About half 3. More than half 4. All

3. Altogether, how many TIMES were you arrested during that time?|_|_|_|_|*
- # ARRESTS

***IF “1” OR MORE, ASK:**

a.^a And how many different TIMES in those 6 months were you arrested for each of the reasons listed on this card? [RECORD ANSWERS ON “CRIME CHART”]

- 4.^a Now tell me about the last 30 days before entering this treatment. [OR BEFORE JAIL/PRISON]

How many of those 30 DAYS were you involved in any kind of activities that were against the law? The activities we are talking about are listed on the card.|_|_|_|_|*

DAYS

***IF “1” OR MORE, ASK:**

a.^a How many different days (in the last 30 days before treatment) were you involved in each category of illegal activities listed on the card? [RECORD ANSWERS ON “CRIME CHART”]

5. How many TIMES in the last 30 days before entering treatment were you arrested? [INCLUDING ARREST THAT LED TO THIS TREATMENT] ...|_|_|_|_|*
- # ARRESTS

CRIME CHART

TYPE OF CRIMES (AND EXAMPLES OF EACH)	Q1d. TIMES ARRESTED – EVER (LIFETIME)	Q3a. TIMES ARRESTED – LAST 6 MONTHS	Q4a. DAYS OF THESE ACTIVITIES – LAST 30 DAYS
[1]. <u>Public intoxication</u> from drinking alcohol?	____	____	____
[2]. <u>DWI</u> from drinking alcohol?	____	____	____
[3]. <u>Use of illegal drugs</u> (possession)?	____	____	____
[4]. <u>Possession with intent to distribute</u> ?	____	____	____
[5]. <u>Possession of drug paraphernalia</u> ?	____	____	____
[6]. <u>Manufacturing of drugs</u> (growing, chemical lab)?	____	____	____
[7]. <u>Sale or distribution of any drugs</u> (not counting drug use or possession)? ..	____	____	____
[8]. <u>Forgery or fraud</u> (writing bad checks, running con games)?	____	____	____
[9]. <u>Fencing</u> or buying/receiving stolen property?	____	____	____
[10]. <u>Gambling</u> , running numbers, or bookmaking?	____	____	____
[11]. <u>Prostitution or pimping</u> ?	____	____	____
[12]. <u>Burglary</u> or auto theft?	____	____	____
[13]. <u>Other theft</u> (larceny, shoplifting)?	____	____	____
[14]. <u>Robbery</u> (armed robbery, mugging)?	____	____	____
[15]. <u>Violence against other persons</u> (homicide, aggravated			
assault, kidnapping, etc.)? [DO NOT INCLUDE "RAPE"]	____	____	____
[16]. <u>Arson offenses</u> ?	____	____	____
[17]. <u>Weapons offenses</u> ?	____	____	____
[18]. <u>Vandalism</u> , vagrancy, loitering?	____	____	____
[19]. <u>Sex offenses</u> (rape, aggravated sexual assault, indecent exposure)?	____	____	____
[20]. <u>Probation/Parole Violation</u>	____	____	____
[21]. Others not listed? (specify) _____	____	____	____

**PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!
ARE THE "TOTALS" IN Qs. 1, 3, & 4 ACCOUNTED FOR IN THE CRIME CHART??
[RECORD ALL REASONS OR CHARGES FOR EACH ARREST]**

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We are finished with that card, so I'll put it away. [TAKE BACK "CRIME CARD"]

6. Are you currently locked-up (e.g., in prison)? 0=No I=Yes*

*IF "YES", ASK:

a. How long have you been in this lock-up facility?	_ _		_ _		_ _
	YRS		MOS		DAYS
b. How long have you been locked-up this time (include time of all facilities)?	_ _		_ _		_ _
	YRS		MOS		DAYS
c. Have you received drug treatment since you have been locked up this time?.....			0=No	I=Yes*	
d. Are you currently in a drug treatment program.....			0=No	I=Yes*	
*IF "YES": How long have you been in the treatment program? ..	_ _		_ _		_ _
			MOS		DAYS

7. How many different TIMES during your whole life have you ever been in **JAIL, PRISON, OR JUVENILE LOCKUP**?|_|_|_|*
 ["IN JAIL OR PRISON" MEANS LOCKED BEHIND BARS] # TIMES

***IF "0", SKIP TO Q.9**

*IF "1" OR MORE, ASK:

a. How <u>old</u> were you the <u>first time</u> you were in jail, prison, or juvenile lock-up?	_ _
	AGE
b. Altogether, <u>how much time</u> have you ever spent in <u>jail, prison, or juvenile lock-up</u> ? [RECORD IN "MONTHS"]	_ _ _
	# MONTHS

8. Were you "transferred" here from jail or prison just
before you started this treatment program? 0=No I=Yes*

*IF "YES", ASK:

a. <u>Where</u> were you transferred from? _____	
b. <u>How long</u> had you been there?	_ _ _
	# DAYS
c. What were the <u>major charges</u> ? [RECORD VERBATIM]	

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9. In the last 6 months before starting this treatment [OR BEFORE JAIL/PRISON] how many TIMES were you in jail or prison? |__|__|__|*
TIMES

***IF "1" OR MORE, ASK:**

<p>a. Altogether, on how many <u>DAYS</u> did you spend time in jail or prison during <u>those 6 months</u>? __ __ __ # DAYS</p> <p>b. And what about the <u>last 30 days</u> (of that period)? That is, on how many of those 30 <u>DAYS</u> did you spend any time in jail or prison? __ __ # DAYS</p>

10. What is your **CURRENT LEGAL STATUS**?..... |__|*
 0. *None*
 1. *On probation with no jail/prison sentence*
 2. *On probation with jail/prison sentence*
 3. *On parole*
 4. *Mandatory release from prison with mandated supervision time*
 5. *On pretrial release (awaiting charge, trial, or sentence)*
 6. *On Diversion program (e.g., Prop 36, etc.)*
 7. *Other (specify) _____*

***IF "0", ASK:**

<p>a. Have you ever been under legal supervision? 0=No 1=Yes</p> <p><u>IF YES, ASK:</u> How long have you been off of legal supervision? __ __ __ MONTHS</p>
--

***IF "1", "2", "3", "4", "5", OR "6", ASK:**

<p>a. When does your current supervision (<u>parole/probation</u>) end? __ __ __ __ MONTH YEAR</p> <p>[IF ON "LIFETIME PAROLE", CODE "12/90"; IF ON "PROBATION <u>AND</u> PAROLE", RECORD LATEST DATE]</p>

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PART E: HEALTH AND PSYCHOLOGICAL STATUS

1. How would you rate your overall health right now?|__|__|

1. *Poor* 2. *Fair* 3. *Good* 4. *Very Good* 5. *Excellent*

2. Not counting the effects from alcohol or other drug use,
In your lifetime have you ever experienced –

	No	Yes
a. a lot of physical <u>pain</u> or <u>discomfort</u> ?	0	1
b. serious <u>depression</u> ?	0	1
c. serious <u>anxiety</u> or <u>tension</u> ?	0	1
d. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1
e. trouble <u>understanding, concentrating, or remembering</u> ?	0	1
f. trouble controlling <u>violent behavior</u> ?	0	1
g. serious <u>thoughts of suicide</u> ?	0	1
h. attempts at <u>suicide</u> ?	0	1

3. Not counting the effects from alcohol or other drug use,
In the past 30 days have you experienced –

	No	Yes
a. a lot of physical <u>pain</u> or <u>discomfort</u> ?	0	1
b. serious <u>depression</u> ?	0	1
c. serious <u>anxiety</u> or <u>tension</u> ?	0	1
d. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1
e. trouble <u>understanding, concentrating, or remembering</u> ?	0	1
f. trouble controlling <u>violent behavior</u> ?	0	1
g. serious <u>thoughts of suicide</u> ?	0	1
h. attempts at <u>suicide</u> ?	0	1

4. IF “YES” TO ONE OR MORE ITEMS IN QUESTION 3, ASK:

<p>a. How much have you been bothered by these psychological or emotional problems in the <u>past 30 days</u>? __ </p> <p>1. <i>Not at all</i> 2. <i>Slightly</i> 3. <i>Moderately</i> 4. <i>Considerable</i> 5. <i>Extremely</i></p>

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5. During the 6 months before you entered this treatment
[OR BEFORE JAIL/PRISON]

	No	Yes
a. Were you attacked with a weapon, beaten, sexually abused, or emotionally abused?.....	0	1
b. Did you have an argument in which you physically or verbally threatened someone?	0	1

6. If female, how many times have you given birth? |__|__|*

*IF "EVER", ASK:

a. how many of these times was the baby born early or with health problems? __ __
--

7. How many times in your life have you been hospitalized for psychiatric problems? |__|__|

8. How many times in your life have you been hospitalized for other health problems? |__|__|

9. During the past 30 days, did you receive:

	No	Yes	If yes, altogether for how many nights
a. <u>Inpatient Treatment</u> for:			
1. Physical complaint.....	0	1	__ __ __
2. Mental or emotional difficulties	0	1	__ __ __
3. Alcohol or substance abuse	0	1	__ __ __
b. <u>Outpatient Treatment</u> for:			
1. Physical complaint.....	0	1	__ __ __
2. Mental or emotional difficulties	0	1	__ __ __
3. Alcohol or substance abuse	0	1	__ __ __
c. <u>Emergency Room Treatment</u> for:			
1. Physical complaint.....	0	1	__ __ __
2. Mental or emotional difficulties	0	1	__ __ __
3. Alcohol or substance abuse	0	1	__ __ __

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PART F: DRUG HISTORY

1. Look over this list of drugs and tell me which ones caused you the most serious problems before you entered this treatment.

[HAND "DRUG CARD" TO RESPONDENT, USE CODE NUMBERS FROM "DRUG HISTORY CHART"]

- a. First most serious? |__|__|
- b. Second most serious? |__|__|
- c. Third most serious? |__|__|
- DRUG #

- 2.^b For each drug that you have EVER USED (for non-medical use), tell me how old you were the first time you ever tried it (i.e., of your own choice).

[RECORD AGE AT FIRST USE IN "DRUG HISTORY CHART"; WRITE "0" FOR THOSE DRUGS NEVER USED]

FOR EACH SEPARATE DRUG USED, ASK:

[TAKE BACK "DRUG CARD" – HAND "ANSWER CARD C" TO RESPONDENT]

a.^c Using answers from this card, tell me how often during the LAST 6 MONTHS before starting this treatment [OR BEFORE JAIL/PRISON] you used (drug name). [RECORD RESPONSE IN "DRUG HISTORY CHART"]

b.^c In the LAST 30 DAYS before entering this treatment, how often did you use (drug name)? [OR BEFORE JAIL/PRISON]

[RECORD RESPONSE IN "DRUG HISTORY CHART"; DO NOT USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]

FOR DRUGS USED THAT CAN BE INJECTED (SEE CHART), ASK –

c. How old were you the first time you injected (drug name)? [RECORD AGE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE NEVER INJECTED]

d.^c And how often in those last 30 days did you INJECT (drug name)?

FREQUENCY OF USE CODES:

- | | | |
|---------------------------|------------------------------|----------------------------------|
| 0. Never/Not used | 3. About 2-3 times per MONTH | 6. About 1 time per DAY |
| 1. Only 1-3 times | 4. About 1 time per WEEK | 7. About 2-3 times per DAY |
| 2. About 1 time per MONTH | 5. About 2-6 times per WEEK | 8. About 4 or more times per DAY |

PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q2. AGE 1ST USED	Q2a. LAST 6 MONTHS	Q2b. LAST 30 DAYS	Q2c. AGE 1ST INJ.	Q2d. INJ. LAST 30 DAYS
(1) <u>Alcohol</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(2) <u>Tobacco</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(3) <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(4) <u>Marijuana/Hashish</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(5) <u>Hallucinogens/LSD/ Psychedelics/PCP/ Mushrooms/Peyote</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(6) <u>Crack/Freebase</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(7) <u>Cocaine</u> (by itself)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(8) <u>Heroin and Cocaine</u> (mixed together)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(9) <u>Heroin</u> (by itself)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(10) <u>Street Methadone</u> (non-prescription)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(11) <u>Other Opiates/Opium</u> <u>Morphine/Demerol/ Dilaudid/Percodan/ Viocodin/Oxycotin</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(12) <u>Methamphetamine/ Speed/Ice/Ecstasy/Crystal</u> .	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(13) <u>Other Amphetamines/ Uppers/Diet Pills</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(14) <u>Librium/Valium/ Minor Tranquilizers</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(15) <u>Barbiturates</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(16) <u>Other Sedatives/ Hypnotics/Quaaludes</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(17) <u>Non-prescription GHB</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(18) <u>Ketamine</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(19) <u>Other (specify)</u> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

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Tell me about your ALCOHOL USE in the last 30 days before starting this treatment program.
 [BEFORE JAIL/PRISON]

3. Altogether, on how many of those last 30 days did you
 drink any beer, wine, wine coolers, or hard liquor? |__|__|*
 [“HARD LIQUOR” INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.] # DAYS

***IF ANY, ASK:**

a. On how many of those 30 days did you drink any BEER? |__|__|*
 # DAYS

(1) ***IF ANY, ASK:**
 How many cans or bottles of beer did you
 generally drink on each of those days?
 [RECORD VERBATIM, PROBE FOR SIZE OF CAN OR BOTTLE]

b. On how many days did you drink any WINE (or wine coolers)? |__|__|*
 # DAYS

(1) ***IF ANY, ASK:**
 How much wine did you generally drink on each
 of those days? [PROBE FOR AMOUNT AND TYPE.
 INDICATE WHETHER WINE OR WINE COOLER]

c. On how many days did you drink any HARD LIQUOR,
 such as whiskey, rum, vodka, gin, etc.? |__|__|*
 # DAYS

(1) ***IF ANY, ASK:**
 How many drinks (or bottles) of hard liquor did
 you generally drink on each of those days? [USUALLY A “DRINK”
 IS 1.5 OZ. (SHOTGLASS) OF LIQUOR; RECORD VERBATIM,
 PROBE FOR AMOUNT AND TYPE OR PROOF OF LIQUOR]

d. What about your **PATTERN of drinking**? On how many of those days
 did you have a drink as soon as you woke up in the morning –
 that is, before eating or going to work/school? |__|__|
 # DAYS

e. On how many days did you have any shakes or tremors because
 you needed a drink? |__|__|
 # DAYS

f. On how many days did you drink more alcohol than you
really intended or wanted to? |__|__|
 # DAYS

g. On how many of those days did you ever have
3 or more drinks within a 1-hour period? |__|__|
 (A “drink” is equal to a 12-oz. bottle of beer, a mixed drink,
 a “shot” glass (1.5 oz.) of hard liquor, or a glass of wine.) # DAYS

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Think about the last 6 months before treatment [OR BEFORE JAIL/PRISON] and tell me how often your use of alcohol or other drugs caused **PROBLEMS for you. First, let's talk about alcohol, and then other drugs.**

4. Tell me how often you think drinking alcohol or using other drugs have led to problems in each of the following areas of your life.

ASK ABOUT "ALCOHOL", THEN "OTHER DRUGS"	<u>(1) Alcohol Use</u>					<u>(2) Other Drug Use</u>				
	STRONGLY DISAGREE	STRONGLY AGREE		STRONGLY DISAGREE	STRONGLY AGREE	
Your (alcohol/drug) use affected –										
a. <u>your physical health</u>	1	2	3	4	5	1	2	3	4	5
b. <u>your relations with family or friends</u>	1	2	3	4	5	1	2	3	4	5
c. <u>your general attitude or emotional health</u>	1	2	3	4	5	1	2	3	4	5
d. <u>your attention and concentration</u>	1	2	3	4	5	1	2	3	4	5
e. <u>going to work or finding a job</u>	1	2	3	4	5	1	2	3	4	5
f. <u>money and finances</u>	1	2	3	4	5	1	2	3	4	5
g. <u>fights or arguments</u>	1	2	3	4	5	1	2	3	4	5
h. <u>police or legal trouble</u>	1	2	3	4	5	1	2	3	4	5

5. How many times have you ever overdosed on drugs? |__|__|__|*
TIMES

*IF "1" OR MORE, ASK:

a. How long has it been since the <u>last time</u> ? __ __ __ # MONTHS
b. How many times have you <u>intentionally</u> overdosed on drugs? __ __ __ # TIMES

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6. How many **TIMES** have you ever quit alcohol or other drugs for at least 3 months or longer?|_|_|*
TIMES

***IF "1" OR MORE, ASK:**

a. How many times did you quit –	(1) on your own " <u>cold turkey</u> "?	_ _
	(2) in a <u>treatment program</u> ?	_ _
	(3) in <u>jail/prison</u> ?	_ _
	(4) some other way? (specify)	_ _
	# TIMES	
b. What is the <u>longest time</u> you were ever able to stay "clean"?		
	# MONTHS	

7. How many **TIMES** before now have you ever been in a drug abuse treatment program?
[DO NOT INCLUDE TREATMENTS THAT WERE ONLY FOR ALCOHOL PROBLEMS]|_|_|*
TIMES

***IF "0", SKIP TO Q.13**

***IF "1" OR MORE, ASK:**

a. What kinds of treatment? How many **TIMES** have you been in –
[RECORD ANSWERS IN "DRUG TREATMENT CHART"]

DRUG TREATMENT CHART

READ EACH ITEM, RECORD ANSWER	Q7a. TIMES ENTERED	Q7b. AGE AT 1ST ADMISSIONS	Q7c. MONTHS TREATED
(1) <u>Inpatient treatment</u> (in a hospital setting)?	_ _	_ _	_ _ _
(2) <u>Residential/therapeutic community</u> ?	_ _	_ _	_ _ _
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?	_ _	_ _	_ _ _
(4) Outpatient <u>drug-free</u> ?	_ _	_ _	_ _ _
(5) Outpatient <u>methadone</u> ?	_ _	_ _	_ _ _
(6) Other? (specify) _____	_ _	_ _	_ _ _

ASK b & c ONLY FOR TREATMENTS WITH "1" OR MORE ADMISSIONS:
[RECORD ANSWERS IN "DRUG TREATMENT CHART"]

b. How old were you the first time you entered [TYPE OF TREATMENT]?
c. Altogether, how many months have you been treated in [TYPE OF TREATMENT]?

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8. Before now, how long has it been since the last time you were in a treatment program for drug problems? How many months?|_|_|_|_|
MONTHS

9. And which treatment program was that?|_|_*
TYPE #

[RECORD CATEGORY NUMBER FROM "TREATMENT CHART" TO INDICATE TYPE OF LAST TREATMENT, AND WRITE VERBATIM THE NAME AND LOCATION OF LAST TREATMENT]

NAME AND LOCATION OF LAST TREATMENT:

10. Who was mainly responsible for you entering treatment here?|_|_|

- | | |
|----------------------------------|-----------------------------------|
| 1. Judge | 4. Other criminal justice officer |
| 2. Court officer | 5. Other (specify) |
| 3. Substance Abuse Referral unit | _____ |

11. How many TIMES have you ever been in any kind of treatment program for drinking or alcohol problems? [DO NOT INCLUDE AA GROUPS]|_|_|_|_*
TIMES

*IF "1" OR MORE, ASK:

a. How long ago was the last time you were in an alcohol treatment program? How many months?|_|_|_|_|
MONTHS

12. Have you ever gone to self-help meetings like AA, NA, CA, etc.? 0=No 1=Yes*

*IF "YES", ASK:

a. How old were you when you first went to a meeting?|_|_|_|_|
AGE

b. About how many meetings have you ever attended? Was it –
1. 1-5 2. 6-10 3. 11-25 4. 26-100 5. Over 100

c. Over how many months did you attend these meetings?|_|_|_|_|
MONTHS

d. Did you attend any self-help group meetings in the last 30 days before this treatment? 0=No 1=Yes

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13. Do you have any type of medical insurance? 0=No 1=Yes*

*IF "YES", ASK:

a. What kind of insurance do you have? [RECORD VERBATIM]

PART G: AIDS RISK ASSESSMENT

In this last set of questions, I need to get information about your drug use and sexual activities that could have exposed you to HIV, the virus that causes AIDS. A few questions are highly personal, but it is very important that you be open and honest in your answers.

1.^c In the **last 6 months** before entering this treatment,
 [OR BEFORE JAIL/PRISON]
 how often did you inject drugs with a needle?|_|_|*
 [USE "ANSWER CARD C"] CARD C

***IF "0", SKIP TO Q.11**

2.^c How often did you use needles or syringes that were "dirty" –
 that is, that someone else had used and were not sterilized or cleaned
 with bleach before you used them?|_|_|
CARD C

3.^c And how often did you use the same cooker, cotton, or
rinse water that someone else had already used?|_|_|
CARD C

[TAKE BACK "ANSWER CARD C"]

4. Altogether, how many PEOPLE did you
share the same works with during those 6 months?
 This means all the people who used the same needles or syringes,
 cooker, cotton, or rinse water before you did?|_|_|_|_|
PEOPLE

5. In the **last 30 days** before this treatment [OR BEFORE JAIL/PRISON],
 how many TIMES did you inject drugs with a needle?|_|_|_|_|*
TIMES

***IF "0", SKIP TO Q.11**

6. How many times did you inject with "dirty" needles or syringes –
 those that had already been used by someone else but not cleaned?|_|_|_|_|
TIMES

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7. How many of the times you injected in those 30 days did you use the same cooker, cotton, or rinse water that someone else had already used? |__|__|__|
TIMES

8. And how many of the times that you injected drugs were you with other people who were also injecting? |__|__|__|
TIMES

9. Altogether, how many PEOPLE did you share the same works with in those 30 days? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did. |__|__|__|
PEOPLE

10. How many TIMES did you give or loan your used needles or syringes to someone else, who then used them without cleaning them with bleach? |__|__|__|
TIMES

11. What about **SEX** (including vaginal, oral, or anal) in the **last 6 months** before entering this treatment? [OR BEFORE JAIL/PRISON]

How many PEOPLE did you have sex with during that time? |__|__|__|
PEOPLE

***IF "0", SKIP TO Q.17**

12. During those months, how often did you have sex **WITHOUT USING A CONDOM** while –

	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. with someone who was <u>not your spouse or primary partner</u> ?	0	1	2	3	4
b. with someone who <u>shot drugs with needles</u> ?	0	1	2	3	4
c. trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?	0	1	2	3	4

13. And what about **SEX** in the **last 30 days** before entering this treatment? [OR BEFORE JAIL/PRISON]

How many PEOPLE did you have any kind of sex with during that month (including vaginal, oral, or anal)? |__|__|__|*
PEOPLE

***IF "0", SKIP TO Q.17**

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14. How many of your partners were female and how many were male?Female:
 Male:
 # PEOPLE

15. Altogether, how many times did you have sex that month? [DO NOT INCLUDE MASTURBATION]
 # TIMES

16. And how many times did you have sex without using a latex condom? *
 # TIMES

***IF "0", SKIP TO Q.17**

*IF "ONE OR MORE", ASK:

<p>a. When you had sex <u>without using a condom</u> that month, how many <u>times</u> was it –</p> <hr/> <p>1. with someone who is <u>not your spouse or primary partner</u>?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. with someone who <u>shot drugs with needles</u>?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>3. with someone who <u>sometimes smokes crack/cocaine</u>?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>4. while you or your partner were "<u>high</u>" on drugs or alcohol?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>5. while trading (giving/getting) <u>sex</u> for drugs, money, or gifts?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>6. involving <u>vaginal</u> sex (penis to vagina)?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>7. involving <u>oral</u> sex (mouth to penis/vagina)?<input type="text"/> <input type="text"/> <input type="text"/></p> <p>8. involving <u>anal</u> sex (penis to anus)?<input type="text"/> <input type="text"/> <input type="text"/> # TIMES</p>
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17. How many PEOPLE have you known personally who have been infected with the AIDS virus (including those who now have AIDS or have died of AIDS)? *
 # PEOPLE

*IF "1" OR MORE, ASK:

<p>a. How many of them ever <u>shared a needle or works</u> with you? <input type="text"/> <input type="text"/></p> <p>b. How many of them ever had <u>sex</u> with you? <input type="text"/> <input type="text"/> # PEOPLE</p>
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END OF THIS INTERVIEW – THANKS!!



PART H: INTERVIEWER’S CLINICAL ASSESSMENTS

INSTRUCTIONS: This page should be completed immediately after the intake process to summarize the interviewer's clinical assessments. The ratings should indicate global severity of problems which may need to be addressed through programs or services (either at this agency or through referral). The rating scale ranges from “1” (low severity) to “7” (high severity); intermediate ratings of “3”, “4” or “5” identify symptoms of moderate severity.

[REFERENCE ITEMS FOR EACH PROBLEM-AREA RATING ARE IDENTIFIED IN PARENTHESES]

PROBLEM AREAS [CIRCLE ANSWER]	Ratings of Problems Severity						
	NONE	1	2	3	4	5	6
1. <u>Educational/Vocational</u> (A:9-10).....	1	2	3	4	5	6	7
2. <u>Employment/Support</u> (A:12-14).....	1	2	3	4	5	6	7
3. <u>Family Relations</u> (A:4-8; B:1).....	1	2	3	4	5	6	7
4. <u>Peer Relations</u> (C:1-2)	1	2	3	4	5	6	7
5. <u>Legal/Criminality</u> (D:2-10).....	1	2	3	4	5	6	7
6. <u>Medical/Health</u> (E:1,8-9).....	1	2	3	4	5	6	7
7. <u>Psychological/Emotional</u> (E:2-4,7,9).....	1	2	3	4	5	6	7
8. <u>Alcohol Use</u> (E:9; F:1-4,11)	1	2	3	4	5	6	7
9. <u>Illegal Drug Use</u> (F:1-2,4-5,6-7,13).....	1	2	3	4	5	6	7
a. <u>Heroin/Other Opiates</u> (F:Chart).....	1	2	3	4	5	6	7
b. <u>Cocaine/Crack</u> (F:Chart)	1	2	3	4	5	6	7
c. <u>Speedball (Heroin+Coc)</u> (F:Chart) ...	1	2	3	4	5	6	7
d. <u>Amphetamine/Speed</u> (F:Chart).....	1	2	3	4	5	6	7
e. <u>Marijuana</u> (F:Chart).....	1	2	3	4	5	6	7
f. <u>Other Drug</u> (_____) (F:Chart) ...	1	2	3	4	5	6	7
10. <u>AIDS Risk</u> (G:1-16).....	1	2	3	4	5	6	7
a. <u>AIDS-Risky Needle Use</u> (G:1-10) ...	1	2	3	4	5	6	7
b. <u>AIDS-Risky Sex</u> (G:10-16)	1	2	3	4	5	6	7