



**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 “TRANSFERS” TO TREATMENT:** Special instructions are necessary for defining the “last 6 months” and “last 30 days” before treatment for clients entering the program directly from 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 and birthdate?..... AGE: |\_\_| |\_\_| [51-52]

BIRTHDATE: |\_\_| |\_\_| || |\_\_| |\_\_| || |\_\_| |\_\_| [53-58]  
MO DAY YR

2. What is your race or ethnic background? [USE CODE FROM BELOW] ..... |\_\_| [59]

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

3. In what type of place were you living at the time that you entered this treatment program?..... |\_\_| [60]  
 [OR BEFORE ENTERING JAIL/PRISON FOR “TRANSFERS”]

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

4. How long had you been living there (at that place)? ..... |\_\_| |\_\_| |\_\_| [61-63]  
# MONTHS

5. Were you living with a spouse or primary partner?..... 0=No 1=Yes\* [64]

\*IF “YES”, ASK:

a. How long had you been living together?..... |\_\_| |\_\_| |\_\_| [65-67]  
# MONTHS

b. How happy were you with the relationship? [CIRCLE ANSWER]

0. Very <u>unhappy</u>	1. Somewhat <u>unhappy</u>	2. Not sure	3. Somewhat <u>happy</u>	4. Very <u>happy</u>	[68]
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[---:02;ID]

6. How many children do you have?.....|\_|\_|\* [13-14]  
# CHILDREN

\*IF "1" OR MORE, ASK:

a. How many have their primary residence with you? .....|\_|\_| [15-16]

b. How many receive financial support from you? .....|\_|\_| [17-18]  
NUMBER

**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.

7.<sup>a</sup> What were your relationships with your spouse/primary partner/children like in the last 6 months before entering treatment? [OR BEFORE JAIL/PRISON FOR "TRANSFERS"] Use this card and tell me how often you --

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. <u>got along</u> together? .....	0	1	2	3	4	[19]
b. really <u>enjoyed</u> being together? .....	0	1	2	3	4	[20]
c. <u>drank</u> together?.....	0	1	2	3	4	[21]
d. got <u>drunk</u> together?.....	0	1	2	3	4	[22]
e. used <u>other (illegal) drugs</u> together?.....	0	1	2	3	4	[23]
f. had serious talks about each other's <u>interests and needs</u> ?.....	0	1	2	3	4	[24]
g. <u>helped</u> each other with problems?.....	0	1	2	3	4	[25]
h. got <u>blamed or fussed at</u> about things you have done?.....	0	1	2	3	4	[26]
i. had <u>disagreements</u> ? .....	0	1	2	3	4	[27]
j. had <u>big arguments or fights</u> ?.....	0	1	2	3	4	[28]

8. And about how many hours per day (on average) did you usually spend in leisure or social activities with your spouse/primary partner/children? .....|\_|\_| [29-30]  
HOURS/DAY

9. How many times have you ever been married or living as married? .....|\_| [31]  
# TIMES

10. What is your current LEGAL marital status? .....|\_|\_\* [32]

- 1. Never married
- \*2. Legally married
- \*3. Living as married  
(including common law marriage)
- \*4. Separated
- \*5. Divorced
- \*6. Widowed

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

a. How long have you been (current marital status)? .....|\_|\_|\_|\_| [33-35]  
# MONTHS

NOTE TO INTERVIEWER: "Next Questions" in **SKIP PATTERNS** are designated with an underline. For example, this page contains a skip sequence from Q.11 to Q.14, on the condition that the response to Q.11 is "0."

11. Altogether, how many other people did you live with during the last 6 months before this treatment?  
[OR BEFORE JAIL/PRISON FOR "TRANSFERS";  
DO NOT COUNT MOST RECENT SPOUSE/PRIMARY PARTNER OR CHILDREN;  
IF LIVING IN A SHELTER, CODE '98'] .....|\_|\_|\_\* [36-37]  
# PEOPLE

**\*IF "0", SKIP TO Q.14**

12. During that time, did you ever live with --

	NO	YES	
a. your <u>parents</u> ? .....	0	1	[38]
b. other <u>relatives</u> ? .....	0	1	[39]
c. <u>friends</u> ? .....	0	1	[40]

13. During that time, did any of these people --

	NO	YES	
a. get <u>drunk frequently</u> (e.g., 2 or more times a month)? .....	0	1	[41]
b. use <u>drugs</u> other than alcohol? .....	0	1	[42]

14. How many years of school have you finished -- that is, what is the highest grade you completed? .....|\_|\_| [43-44]  
[DO NOT INCLUDE GED] GRADE

15. Have you --

	NO	YES	
a. graduated from <u>high school</u> ?	0	1	[45]
b. completed a <u>vocational or technical</u> training program?	0	1	[46]

**IF "GRADUATED HIGH SCHOOL", SKIP TO Q.16**

c. Have you completed your <u>GED</u> ?	0	1	[47]
d. Are you <u>currently working</u> on your GED or any type of vocational/technical training degree?	0	1	[48]

16.<sup>a</sup> When you were young and in elementary school (ages 6 to 10), how often did you --

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. sit still?	0	1	2	3	4	[49]
b. finish school work?	0	1	2	3	4	[50]
c. pay attention, concentrate?	0	1	2	3	4	[51]
d. wait patiently in lines, etc.?	0	1	2	3	4	[52]
e. understand and follow directions?	0	1	2	3	4	[53]
f. keep your things organized?	0	1	2	3	4	[54]
g. make friends?	0	1	2	3	4	[55]
h. get into trouble at school?	0	1	2	3	4	[56]
i. forget to do your homework?	0	1	2	3	4	[57]

17. When you were in elementary school (ages 6 to 10) were you --

	NO	YES	
a. <u>given medication</u> (such as Ritalin) to help you sit still or pay attention?	0	1	[58]
b. placed in a <u>special education class</u> ?	0	1	[59]

18. Do you have a current, valid driver's license?..... 0=No 1=Yes [60]

## OCCUPATION CODE LIST

- (01) Professional or technical (accountant, architect, engineer, lawyer or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer)
- (02) Manager and administrator (office manager, sales manager, school administrator, government official, small business owner)
- (03) Sales (sales representative, insurance agent, real estate broker, bond salesman, sales clerk or other sales people)
- (04) Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)
- (05) Craft and kindred (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)
- (06) Operative (checker, gas station attendant, shrimper, meat cutter/packer, laundry and dry-cleaning operative, welder, garage worker)
- (07) Transportation equipment operative (bus driver, cab driver or chauffeur, truck driver, deliveryman)
- (08) Nonfarm laborer (construction, freight handler, sanitation worker)
- (09) Private household worker (maid, butler, cook)
- (10) Service worker (cook, waiter, barber, janitor, practical nurse, beautician, police officer, fireman)
- (11) Farmer and farm manager
- (12) Farm laborer (foreman, picker)
- (20) Military service

19. Have you held a job anytime during the last 6 months before this treatment? .....|\_\_|\* [61]  
 [OR BEFORE JAIL/PRISON FOR "TRANSFERS"]

- 1. Not in labor force--homemaker, student, disabled, in jail, etc.
- 2. No, could not find a job or did not try
- \*3. Yes, usually at odd jobs (occasional or irregular work)
- \*4. Yes, usually at part-time jobs (under 35 hours per week)
- \*5. Yes, usually full-time at a steady job (35 hours or more per week)

\*IF "YES" (RESPONSE CODE 3, 4, OR 5), ASK:

a. Were you <u>employed</u> when you <u>entered</u> this treatment?..... __ * [62]			
1. No *2. Yes, working at <u>odd jobs</u> *3. Yes, working <u>part-time</u> at a steady job (under 35 hours per week) *4. Yes, working <u>full-time</u> at a steady job (35 hours or more per week)			
b. * <b>[IF "YES", ASK]:</b> <u>How long</u> had you worked at that <u>job</u> ?..... __ __  [63-64] <div style="text-align: right; margin-right: 20px;"># MONTHS</div>			
c. <u>How many days</u> did you work <u>in the last 30 days</u> before this treatment started? [OR BEFORE JAIL/PRISON FOR "TRANSFERS"] ..... __ __  [65-66] <div style="text-align: right; margin-right: 20px;"># DAYS</div>			
d. Altogether, <u>how many jobs</u> (i.e., different employers) have you had in the <u>last 6 months</u> before treatment? ..... __ __  [67-68] <div style="text-align: right; margin-right: 20px;"># JOBS</div>			
e. What <u>kind of work</u> did you usually do? [PROBE TO CODE OCCUPATION -- <b>RECORD CLIENT'S ACTUAL WORDS</b> ]: What was your job called? What were some of your duties?			
Where did you work? _____ <div style="text-align: center; margin-left: 150px;">NAME OF COMPANY</div>	<table border="1" style="width: 60px; height: 30px; margin: auto;"> <tr> <td style="width: 40px;"></td> <td style="width: 20px;"></td> </tr> </table> <div style="text-align: center; margin-top: 5px;">CODE</div>		
f. On the average, how many <u>days per week</u> did you work (during the last 6 months before treatment)?..... __  [71] <div style="text-align: right; margin-right: 20px;"># DAYS</div>			
g. And how many <u>hours per day</u> did you usually work?..... __ __  [72-73] <div style="text-align: right; margin-right: 20px;"># HOURS</div>			
h. About how much <u>take-home pay</u> did you usually earn <u>each week</u> ? [PROBE: IS THAT <u>PER WEEK</u> ? IF PAY WAS IRREGULAR, RECORD AMOUNT VERBATIM AND LEAVE "WEEKLY INCOME" SPACES BLANK.].....\$ _ _ _ _  [74-77] <div style="text-align: right; margin-right: 20px;">WEEKLY INCOME</div>			

[---:03:ID]

20. What is the longest time you have ever worked for the same employer? ..... |\_\_|\_\_|\_\_| [13-15]  
# MONTHS

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

In how many of those months did you get any money, food, shelter, etc. from --

- 
- (1) your job or employment?..... |\_\_| [16]
  - (2) your spouse or ex-spouse (including child support)?..... |\_\_| [17]
  - (3) a sexual partner (other than a spouse) or a friend?..... |\_\_| [18]
  - (4) your family? ..... |\_\_| [19]
  - (5) unemployment compensation (for being laid off or injured at work)?..... |\_\_| [20]
  - (6) welfare or public assistance (food stamps, housing assistance, AFDC, Medicaid, SSI)?..... |\_\_| [21]
  - (7) selling or trading sex (prostitution)? ..... |\_\_| [22]
  - (8) any other kind of illegal activities (other than prostitution)? ..... |\_\_| [23]
  - (9) jail/prison, residential treatment program, or hospital? ..... |\_\_| [24]
  - (10) anything else? (specify) \_\_\_\_\_ |\_\_| [25]  
# MONTHS
- 

22. Which one of these was your major (or largest) source of support during those 6 months? [SELECT ITEM NUMBER FROM LIST ABOVE]..... |\_\_|\_\_| [26-27]  
CODE #

23. Have you ever served on active duty in the Armed Forces? ..... 0=No 1=Yes\* [28]

\*IF “YES”, ASK:

- |   |
|---|
| a. How many <u>months</u> were you in the service?.....  __ __  [29-30]<br># MONTHS |
| b. Were you given an <u>honorable discharge</u> ?..... 0=No 1=Yes [31]              |



**PART B: FAMILY BACKGROUND**

Next, I want to get some information about your **FAMILY BACKGROUND** and relations.  
 First, let me ask some things about your parents.

1. Are your natural (biological) **PARENTS** currently alive?....MOTHER: 0=No 1=Yes 7=? [32]  
 FATHER: 0=No 1=Yes 7=? [33]
2. Were they ever divorced or separated from each other? ..... 0=No 1=Yes\* [34]  
 [IF NEVER LIVED TOGETHER "AS MARRIED", CIRCLE "YES"]

\*IF "YES", ASK:

a. <u>How old were you</u> when your parents got a divorce (or separated)? ..... [35-36] [IF BEFORE AGE 1, CODE "01"]	_ _	AGE
b. While living with your parents or stepparents, <u>how many times</u> did they ever divorce or separate?..... [37-38]	_ _	# TIMES

3. Which adults from the following list usually lived with you during the time you were ages 1 to 6, 7 to 12, and 13 to 17?  
 At each of these periods of your life, did you usually live with your --

ASK FOR ALL ADULTS LIVING IN HOME AT EACH AGE	<b>(1) Age 1 to 6?</b> <i>(pre-school years)</i>		<b>(2) Age 7 to 12?</b> <i>(early school years)</i>		<b>(3) Age 13 to 17?</b> <i>(teen-age years)</i>	
	NO	YES	NO	YES	NO	YES
a. <u>mother?</u> (i.e., natural/real) .....	0	1 [39]	0	1 [45]	0	1 [51]
<b>[IF "NO", ASK--stepmother?]</b> .....	0	1 [40]	0	1 [46]	0	1 [52]
b. <u>father?</u> (i.e., natural/real).....	0	1 [41]	0	1 [47]	0	1 [53]
<b>[IF "NO", ASK--stepfather?]</b> .....	0	1 [42]	0	1 [48]	0	1 [54]
c. <u>grandparents?</u> .....	0	1 [43]	0	1 [49]	0	1 [55]
d. <u>other parent figures?</u> .....	0	1 [44]	0	1 [50]	0	1 [56]
(including foster parents)						

4. While you were growing up, how often did you usually go to church or religious services?

0. Never (or very seldom)	1. A few times a year	2. Once or twice a month	3. Every week (or more often)	[57]
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5.<sup>a</sup> What were your mother and father like while you were growing up?  
**[OR IDENTIFY OTHER PARENTAL FIGURES FOR MOTHER AND FATHER]**

Using answers from this card, how often would you say your (mother/father) --

USE "ANSWER CARD A" -- ASK "MOTHER", THEN "FATHER"	<b>(1) MOTHER (NATURAL/STEP)</b>					<b>(2) FATHER (NATURAL/STEP)</b>				
	NEVER . . . . . ALWAYS					NEVER . . . . . ALWAYS				
a. <u>worked</u> on a job? .....	0	1	2	3	4 [58]	0	1	2	3	4 [13]
b. <u>supported</u> your family with money?.....	0	1	2	3	4 [59]	0	1	2	3	4 [14]
c. <u>spent enough time</u> with you?.....	0	1	2	3	4 [60]	0	1	2	3	4 [15]
d. <u>yelled</u> at you or had <u>loud arguments</u> with you?.....	0	1	2	3	4 [61]	0	1	2	3	4 [16]
e. <u>hit or spanked</u> you very hard? .....	0	1	2	3	4 [62]	0	1	2	3	4 [17]
f. made you <u>engage in</u> <u>sexual acts</u> against your will?.....	0	1	2	3	4 [63]	0	1	2	3	4 [18]
g. got <u>drunk</u> ?.....	0	1	2	3	4 [64]	0	1	2	3	4 [19]
h. used <u>other drugs</u> ? .....	0	1	2	3	4 [65]	0	1	2	3	4 [20]
i. did things <u>against the law</u> ?.....	0	1	2	3	4 [66]	0	1	2	3	4 [21]
j. spent time in <u>jail</u> or <u>prison</u> ? .....	0	1	2	3	4 [67]	0	1	2	3	4 [22]
k. <u>really loved</u> you? .....	0	1	2	3	4 [68]	0	1	2	3	4 [23]
l. was a very good parent? ....	0	1	2	3	4 [69]	0	1	2	3	4 [24]
m. was very strict?.....	0	1	2	3	4 [70]	0	1	2	3	4 [25]

6. Besides you, how many other children were in your family?.....   \* [26-27]  
 [DO NOT INCLUDE "SELF"] # CHILDREN

\*IF "1" OR MORE, ASK:

a. How many of them were your --	(1) older brothers? .....	<input type="text"/> <input type="text"/> <input type="text"/>	[28-29]
[INCLUDE STEP- AND HALF-SIBLINGS]	(2) older sisters? .....	<input type="text"/> <input type="text"/> <input type="text"/>	[30-31]
	(3) younger brothers? .....	<input type="text"/> <input type="text"/> <input type="text"/>	[32-33]
	(4) younger sisters? .....	<input type="text"/> <input type="text"/> <input type="text"/>	[34-35]

**I would like to get some information now about your family -- that is, parents, brothers/sisters, grandparents, aunts/uncles -- and your RELATIONSHIPS with them during the last 6 months before starting this treatment. [OR BEFORE JAIL/PRISON FOR “TRANSFERS”]**

7. How many of your family members did you usually stay in touch with by talking to or seeing regularly (such as every few months)? ..... |\_\_|\_\_| [36-37]

8. And about how many hours each day (on average) did you usually spend in leisure or social activities with them?.....|\_\_|\_\_| [38-39]  
HOURS/DAY

9.<sup>a</sup> What were your relationships with them like during those months?  
 Use this card and tell me how often you --

[USE “ANSWER CARD A”]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. <u>got along</u> together?.....	0	1	2	3	4	[40]
b. really <u>enjoyed</u> being together?.....	0	1	2	3	4	[41]
c. <u>drank</u> together? .....	0	1	2	3	4	[42]
d. got <u>drunk</u> together? .....	0	1	2	3	4	[43]
e. used <u>other (illegal) drugs</u> together? .....	0	1	2	3	4	[44]
f. had serious talks about each other's <u>interests and needs</u> ?.....	0	1	2	3	4	[45]
g. <u>helped</u> each other with problems?.....	0	1	2	3	4	[46]
h. got <u>blamed or fussed at</u> about things you have done?.....	0	1	2	3	4	[47]
i. had <u>disagreements</u> ?.....	0	1	2	3	4	[48]
j. had <u>big arguments or fights</u> ? .....	0	1	2	3	4	[49]

10. How often did you get money, food, shelter, or other help from your family in the last 6 months before entering treatment? [OR BEFORE JAIL/PRISON FOR “TRANSFERS”]

0. Never (or very seldom)	1. A few times	2. Once or twice a month	3. Every week (or more often)	[50]
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11. And how often did you go to church or religious services during those months? Was it --

0. Never (or very seldom)	1. A few times	2. Once or twice a month	3. Every week (or more often)	[51]
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12.<sup>a</sup> How often do you feel that religion is really important in your life? [USE “ANSWER CARD A”]

0. Never	1. Rarely	2. Sometimes	3. Often	4. Always	[52]
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**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 FOR “TRANSFERS”]

1. About how many different **friends** did you have during those months -- that is, people with whom you regularly hung out or spent your free time? ..... |\_\_|\_\_|\_\_|\* [53-54]  
# FRIENDS

\*IF “1” OR MORE, ASK:

a. How many of them do you consider to be “ <u>close friends</u> ” -- that is, someone you can <u>really depend on</u> ?.....  __ __ __  [55-56] NUMBER
b. How many of them <u>DID NOT use drugs</u> ?.....  __ __ __  [57-58] NUMBER
c. And how many of them do you think would still hang around with you <u>if YOU did not use drugs</u> ? .....  __ __ __  [59-60] NUMBER

- 2.<sup>a</sup> Describe your friends and the people you usually spent your time with during those 6 months. Use the card and tell me, in general, how often did they --

[USE “ANSWER CARD A”]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. have an <u>interest in working</u> ? .....	0	1	2	3	4	[61]
b. <u>work regularly</u> on a job?.....	0	1	2	3	4	[62]
c. feel <u>hopeful</u> about their <u>future</u> ? .....	0	1	2	3	4	[63]
d. <u>spend time</u> with their <u>families</u> ?.....	0	1	2	3	4	[64]
e. <u>like</u> being with their <u>families</u> ? .....	0	1	2	3	4	[65]
f. get into <u>loud arguments or fights</u> ? .....	0	1	2	3	4	[66]
g. get <u>drunk</u> ? .....	0	1	2	3	4	[67]
h. use <u>other (illegal) drugs</u> ? .....	0	1	2	3	4	[68]
i. trade, sell, or <u>deal drugs</u> ? .....	0	1	2	3	4	[69]
j. do other things <u>against the law</u> ? .....	0	1	2	3	4	[70]
k. spend time with “ <u>gangs</u> ”? .....	0	1	2	3	4	[71]
l. get <u>arrested</u> or have problems with the law? .....	0	1	2	3	4	[72]

3. How many HOURS each week (on average) did you generally spend with friends while doing drugs or involved in crime-related activities?..... |\_\_|\_\_|\_\_| [73-75]  
HOURS/WEEK

4.<sup>a</sup> How often would you say that you had friends who --

[---:05;ID]

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. looked to you as a <u>leader</u> ? .....	0	1	2	3	4	[13]
b. asked to <u>hear your ideas</u> ?.....	0	1	2	3	4	[14]
c. <u>laughed at or made fun</u> of you? .....	0	1	2	3	4	[15]
d. asked for <u>your advice</u> about their problems?.....	0	1	2	3	4	[16]
e. <u>caused problems</u> for you?.....	0	1	2	3	4	[17]
f. took <u>risks or chances</u> ?.....	0	1	2	3	4	[18]
g. did things that could get them into <u>trouble</u> ? .....	0	1	2	3	4	[19]
h. believed <u>drug use caused problems</u> ? .....	0	1	2	3	4	[20]
i. talked about reasons and ways to " <u>quit drugs</u> "? .....	0	1	2	3	4	[21]
j. thought drug <u>treatment</u> could be <u>helpful</u> ? .....	0	1	2	3	4	[22]

5. How often did you have arguments or fights with any of your friends?

- |                              |                   |                             |                                  |      |
|------------------------------|-------------------|-----------------------------|----------------------------------|------|
| 0. Never<br>(or very seldom) | 1. A few<br>times | 2. Once or twice<br>a month | 3. Every week<br>(or more often) | [23] |
|------------------------------|-------------------|-----------------------------|----------------------------------|------|

6. What did you usually do in your leisure time before entering treatment?

[DO NOT INCLUDE TIME SPENT AT WORK/SCHOOL OR IN DRUG/CRIME RELATED ACTIVITIES]

For example, how many HOURS EACH WEEK (on average) did you usually spend --

a. <u>watching T.V.</u> (or going to movies)? .....	__ __	[24-25]
b. <u>playing games</u> for <u>fun</u> (cards, dominoes, shooting pool)?.....	__ __	[26-27]
[DO NOT INCLUDE GAMBLING ACTIVITIES]		
c. doing <u>physical exercise</u> (playing ball, jogging, swimming)? .....	__ __	[28-29]
d. doing <u>hobbies</u> (fishing, cooking, handwork, crafts)? .....	__ __	[30-31]
e. <u>reading/writing</u> or <u>playing music</u> (listening to radio)? .....	__ __	[32-33]
f. Anything else? (specify) _____ .....	__ __	[34-35]
	# HOURS/WEEK	

7. Before entering this treatment program, had you ever been a gang member?

0=No 1=Yes\* [36]

\*IF "YES", ASK:

a. Are you currently a gang member? .....	0=No	1=Yes	[37]
---	------	-------	------

**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?.....|\_|\_|\_|\_\* [38-41]  
# ARRESTS

\*IF “1” OR MORE, ASK:

a.	About how many of these arrests were for things you did while <u>using drugs</u> or <u>trying to get drugs</u> ? .....	_ _ _ _	[42-45]
		# ARRESTS	
b.	How <u>old</u> were you the <u>first time</u> you were arrested?.....	_ _ _*	[46-47]
		AGE	
c.	*[IF “17” OR LESS, ASK:] How many times were you arrested <u>before you turned 18</u> ? .....	_ _ _ _	[48-51]
		# ARRESTS	
d. <sup>c</sup>	[HAND “CRIME CARD” TO RESPONDENT]: Look at this card and tell me how many times you were <b><u>EVER ARRESTED</u></b> for <u>each of the reasons</u> listed. [RECORD ANSWERS ON “CRIME CHART”]		

2. What about in the last 6 months before you started this treatment program?

[OR BEFORE JAIL/PRISON FOR “TRANSFERS”]

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 | [52] |
|---------|-------------------|---------------|-------------------|--------|------|

3. Altogether, how many TIMES were you arrested during that time?.....|\_|\_|\_|\_\* [53-55]  
# ARRESTS

\*IF “1” OR MORE, ASK:

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

4.<sup>c</sup> Now tell me about the last 30 days before entering this treatment.

[OR BEFORE JAIL/PRISON FOR “TRANSFERS”]

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. ....

|\_|\_|\_|\_\* [56-57]  
# DAYS

\*IF “1” OR MORE, ASK:

a. <sup>c</sup>	How many <u>different days</u> (in the last 30 days before treatment) were you involved in <u>each</u> category of <u>illegal activities</u> 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] ....|\_|\_|\_|\_\* [58-60]  
# 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
	[---;06;ID]		[---;07;ID]
[1]. <u>Public intoxication</u> from drinking alcohol?.....	_ _ _  [13-14]	_ _ _  [47-48]	_ _ _  [13-14]
[2]. <u>DWI</u> from drinking alcohol?.....	_ _ _  [15-16]	_ _ _  [49-50]	_ _ _  [15-16]
[3]. <u>Use of other illegal drugs</u> (possession of drug paraphernalia, public intoxication)?.....	_ _ _  [17-18]	_ _ _  [51-52]	_ _ _  [17-18]
[4]. <u>Sale, distribution, or manufacturing</u> <u>of any drugs</u> (not counting drug use or possession)?.....	_ _ _  [19-20]	_ _ _  [53-54]	_ _ _  [19-20]
[5]. <u>Forgery or fraud</u> (writing bad checks, running con games)?.....	_ _ _  [21-22]	_ _ _  [55-56]	_ _ _  [21-22]
[6]. <u>Fencing or buying/receiving</u> stolen property?.....	_ _ _  [23-24]	_ _ _  [57-58]	_ _ _  [23-24]
[7]. <u>Gambling</u> , running numbers, or bookmaking?.....	_ _ _  [25-26]	_ _ _  [59-60]	_ _ _  [25-26]
[8]. <u>Prostitution or pimping?</u> .....	_ _ _  [27-28]	_ _ _  [61-62]	_ _ _  [27-28]
[9]. <u>Burglary or auto theft?</u> .....	_ _ _  [29-30]	_ _ _  [63-64]	_ _ _  [29-30]
[10]. <u>Other theft</u> (larceny, shoplifting)? .....	_ _ _  [31-32]	_ _ _  [65-66]	_ _ _  [31-32]
[11]. <u>Robbery</u> (armed robbery, mugging)?..	_ _ _  [33-34]	_ _ _  [67-68]	_ _ _  [33-34]
[12]. <u>Violence against other persons</u> (homicide, aggravated assault, kidnapping, etc.)? [DO NOT INCLUDE "RAPE"].....	_ _ _  [35-36]	_ _ _  [69-70]	_ _ _  [35-36]
[13]. <u>Arson or weapons offenses?</u> .....	_ _ _  [37-38]	_ _ _  [71-72]	_ _ _  [37-38]
[14]. <u>Vandalism, vagrancy, loitering?</u> .....	_ _ _  [39-40]	_ _ _  [73-74]	_ _ _  [39-40]
[15]. <u>Sex offenses</u> (rape, aggravated sexual assault, indecent exposure)?.....	_ _ _  [41-42]	_ _ _  [75-76]	_ _ _  [41-42]
[16]. <u>Parole/probation violation?</u> .....	_ _ _  [43-44]	_ _ _  [77-78]	_ _ _  [43-44]
[17]. Others not listed? (specify) _____	_ _ _  [45-46]	_ _ _  [79-80]	_ _ _  [45-46]

**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]**

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

6. How many different TIMES during your whole life have you ever been in **JAIL, PRISON, OR JUVENILE LOCKUP**? .....|\_|\_|\_\* [47-49]  
 ["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? .....	_ _	[50-51]
	AGE	
b. Altogether, <u>how much time</u> have you ever spent in <u>jail, prison, or juvenile lock-up</u> ? [RECORD IN "MONTHS"].....	_ _ _	[52-54]
	# MONTHS	

7. Were you "transferred" here from jail or prison just before you started this treatment program?.....0=No 1=Yes\* [55]

\*IF "YES", ASK:

a. <u>Where</u> were you transferred from? _____			
b. <u>How long</u> had you been there? .....	_ _ _	[56-59]	
	# DAYS		
c. What were the <u>major charges</u> ? [RECORD VERBATIM AND CODE FOR TYPE FROM "CRIME CHART"]			
	<table border="1" style="width: 50px; height: 20px; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"> </td> </tr> </table>		[60-61]
	CODE #		

8. In the last 6 months before starting this treatment, [OR BEFORE JAIL/PRISON FOR "TRANSFERS"] how many TIMES were you in jail or prison? .....|\_|\_|\_|\_\* [62-64]  
 # TIMES

\*IF "1" OR MORE, ASK:

a. Altogether, on how many <u>DAYS</u> did you spend time in jail or prison during <u>those 6 months</u> ? .....	_ _ _	[65-67]
	# DAYS	
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? .....	_ _	[68-69]
	# DAYS	

9. What is your **CURRENT LEGAL STATUS**?.....|\_|\_\* [70]

- |                  |  |
|------------------|--|
| 0. None          | *3. On probation and parole            |
| *1. On probation | 4. Awaiting charge, trial, or sentence |
| *2. On parole    | 5. Other (specify) _____               |

\*IF "1", "2", OR "3", ASK:

a. When does your current ( <u>parole/probation</u> ) end?.....	_ _   _ _	[71-74]
[IF ON "LIFETIME PAROLE", CODE "12/90"; IF ON "PROBATION AND PAROLE", RECORD LATEST DATE]	MONTH YEAR	



**PART E: HEALTH AND PSYCHOLOGICAL STATUS**

[---:08;ID]

1. How many times in your life have you ever been hospitalized for health or medical problems, like a serious illness or injury? [INCLUDE O.D.'S AND D.T.'S, BUT NOT DRUG DETOX; EXCLUDE HOSPITAL STAYS FOR CHILDBIRTH] ..... |\_\_|\_\_|\* [13-14]  
# TIMES

\*IF "1" OR MORE, ASK:

a. How many times have you been hospitalized in the <u>last 6 months</u> ? .....  __ __  [15-16]
--

2. Do you currently have any serious health problems? ..... 0=No 1=Yes\* [17]  
a. \*[IF "YES", ASK] What are the main problems you have? [RECORD VERBATIM]

3. How many times in your life have you ever been treated for psychological or emotional problems? [INCLUDING EITHER INPATIENT OR OUTPATIENT TREATMENT; DO NOT INCLUDE ALCOHOL OR DRUG TREATMENTS]... |\_\_|\_\_|\* [18-19]  
# TIMES

\*IF "1" OR MORE, ASK:

a. How many times were you treated for these problems in the <u>last 6 months</u> before entering this treatment? .....  __ __  [20-21]
---

4. As far as you know, was either of your parents ever treated for psychological or emotional problems? ..... MOTHER: 0=No 1=Yes 7=? [22]  
FATHER: 0=No 1=Yes 7=? [23]

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

	No	Yes	
a. serious <u>depression</u> ?.....	0	1	[24]
b. serious <u>anxiety or tension</u> ?.....	0	1	[25]
c. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)? .....	0	1	[26]
d. trouble <u>understanding, concentrating, or remembering</u> ? .....	0	1	[27]
e. trouble controlling <u>violent behavior</u> ?.....	0	1	[28]
f. serious <u>thoughts of suicide</u> ? .....	0	1	[29]
g. attempts at <u>suicide</u> ?.....	0	1	[30]

6. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months?..... 0=No 1=Yes\* [31]  
a. \*[IF "YES"]: What? \_\_\_\_\_

7. Have you ever been abused --

	No	Yes	
a. <u>physically</u> (hit, slapped, beaten)?.....	0	1	[32]
b. <u>emotionally</u> (yelled at, threatened)?.....	0	1	[33]
c. <u>sexually</u> (raped, molested)? .....	0	1	[34]

**PART F: DRUG HISTORY**

1. Have you ever been a cigarette smoker?..... 0=No 1=Yes\* [35]

\*IF "YES", ASK:

a. How <u>old</u> were you when you first started <u>smoking</u> ?.....	__ __	[36-37]
	AGE	
b. Before entering treatment, about how many cigarettes were you usually <u>smoking each day</u> ?.....	__ __ *	[38-39]
	# PER DAY	
c. *[IF "0", ASK]: How long ago had you <u>quit</u> ? [RECORD MONTHS].....	__ __ __	[40-42]
	# MONTHS	

2. 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. <u>First</u> most serious?.....	__ __	[43-44]
b. <u>Second</u> most serious?.....	__ __	[45-46]
c. <u>Third</u> most serious?.....	__ __	[47-48]
	DRUG #	

3.<sup>d</sup> For each drug that you have EVER USED, 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 B" TO RESPONDENT]
a. <sup>b</sup> Using answers from this card, tell me how often during the <u>LAST 6 MONTHS</u> before starting this treatment [OR BEFORE JAIL/PRISON FOR "TRANSFERS"] you used ( <u>drug name</u> ). [RECORD RESPONSE IN "DRUG HISTORY CHART"]
b. <sup>b</sup> In the <u>LAST 30 DAYS</u> before entering this treatment, how often did you use ( <u>drug name</u> )? [OR BEFORE JAIL/PRISON FOR "TRANSFERS"] [RECORD RESPONSE IN "DRUG HISTORY CHART"; <u>DO NOT</u> USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]
<b>FOR <u>DRUGS USED THAT CAN BE INJECTED</u> (SEE CHART), ASK --</b>
c. How <u>old</u> were you the <u>first time you injected</u> ( <u>drug name</u> )? [RECORD AGE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE NEVER INJECTED]
d. <sup>b</sup> And how often in those <u>last 30 days</u> did you <u>INJECT</u> ( <u>drug name</u> )?

**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)	Q3. AGE 1ST USED	Q3a. LAST 6 MONTHS	Q3b. LAST 30 DAYS	Q3c. AGE 1ST INJ.	Q3d. INJ. LAST 30 DAYS
		[---;09;ID]			
(1) <u>Alcohol</u> .....	_____ [49-50]	____ [13]	____ [29]	N/A	N/A
(2) <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.).....	_____ [49-50]	____ [14]	____ [30]	N/A	N/A
(3) <u>Marijuana/Hashish</u> .....	_____ [53-54]	____ [15]	____ [31]	N/A	N/A
(4) <u>Hallucinogens/LSD/ Psychedelics/PCP/ Mushrooms/Peyote</u> .....	_____ [53-54]	____ [16]	____ [32]	N/A	N/A
(5) <u>Crack/Freebase</u> .....	_____ [53-54]	____ [17]	____ [33]	N/A	N/A
(6) <u>Cocaine</u> (by itself).....	_____ [59-60]	____ [18]	____ [34]	_____ [45-46]	____ [67]
(7) <u>Heroin and Cocaine</u> (mixed together).....	_____ [59-60]	____ [19]	____ [35]	_____ [45-46]	____ [68]
(8) <u>Heroin</u> (by itself).....	_____ [63-64]	____ [20]	____ [36]	_____ [49-50]	____ [69]
(9) <u>Street Methadone</u> (non-prescription).....	_____ [63-64]	____ [21]	____ [37]	_____ [49-50]	____ [70]
(10) <u>Other Opiates/Opium</u> <u>Morphine/Demerol</u> .....	_____ [65-66]	____ [22]	____ [38]	_____ [51-52]	____ [71]
(11) <u>Methamphetamine/ Speed/Ice/Ectasy</u> .....	_____ [67-68]	____ [23]	____ [39]	_____ [53-54]	____ [72]
(12) <u>Other Amphetamines/ Uppers/Diet Pills</u> .....	_____ [69-70]	____ [24]	____ [40]	_____ [55-56]	____ [73]
(13) <u>Librium/Valium/ Minor Tranquilizers</u> .....	_____ [71-72]	____ [25]	____ [41]	_____ [57-58]	____ [74]
(14) <u>Barbiturates</u> .....	_____ [75-76]	____ [26]	____ [42]	_____ [61-62]	____ [75]
(15) <u>Other Sedatives/ Hypnotics/Quaaludes</u> ...	_____ [77-78]	____ [27]	____ [43]	_____ [63-64]	____ [76]
(16) Other (specify) _____	_____ [79-80]	____ [28]	____ [44]	_____ [65-66]	____ [77]

**Tell me about your ALCOHOL USE before starting this treatment program.**

[BEFORE JAIL/PRISON FOR "TRANSFERS"]

[---;10;ID]

4. Altogether, on how many of those last 30 days did you drink any beer, wine, wine coolers, or hard liquor?.....  \* [13-14]  
 ["HARD LIQUOR" INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.] # DAYS

**\*IF ANY, ASK:**

a. On how many of those 30 days did you <u>drink any BEER</u> ?.....	<input type="text"/> <input type="text"/> *	[15-16]
	# DAYS	
(1) <b>*IF ANY, ASK:</b>		
How many <u>cans or bottles</u> of beer did you generally drink on each of those days? [RECORD VERBATIM, PROBE FOR SIZE OF CAN OR BOTTLE]		
	<input type="text"/>	[17-18]
	12-OZ CANS	
b. On how many days did you <u>drink any WINE</u> (or wine coolers)? .....	<input type="text"/> <input type="text"/> *	[19-20]
	# DAYS	
(1) <b>*IF ANY, ASK:</b>		
How much wine did you generally drink on each of those days? [PROBE FOR AMOUNT AND TYPE. INDICATE WHETHER WINE OR WINE COOLER]		
	<input type="text"/>	[21-22]
	OUNCES OF WINE	
c. On how many days did you <u>drink any HARD LIQUOR</u> , such as whiskey, rum, vodka, gin, etc.? .....	<input type="text"/> <input type="text"/> *	[23-24]
	# DAYS	
(1) <b>*IF ANY, ASK:</b>		
How many <u>drinks (or bottles)</u> 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]		
	<input type="text"/>	[25-26]
	OUNCES OF LIQUOR	
d. What about your <b>PATTERN</b> of <u>drinking</u> ? On how many of those days did you have a drink as soon as you <u>woke up in the morning</u> -- that is, before eating or going to work/school? .....	<input type="text"/> <input type="text"/>	[27-28]
	# DAYS	
e. On how many days did you have any <u>shakes or tremors</u> because you needed a drink? .....	<input type="text"/> <input type="text"/>	[29-30]
	# DAYS	
f. On how many days did you drink <u>more alcohol than you really intended or wanted to</u> ? .....	<input type="text"/> <input type="text"/>	[31-32]
	# DAYS	
g. On how many of those days did you ever have <u>3 or more drinks within a 1-hour period</u> ? .....	<input type="text"/> <input type="text"/>	[33-34]
(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	

**Think about the last 6 months before treatment, [OR BEFORE JAIL/PRISON FOR “TRANSFERS”] 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.**

5.<sup>a</sup> Use this card and 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.

USE “ANSWER CARD A” -- ASK ABOUT “ALCOHOL”, THEN “OTHER DRUGS”	(1) Alcohol Use					(2) Other Drug Use				
	NEVER	.....	ALWAYS			NEVER	.....	ALWAYS		
<b>How often did your (alcohol/drug) use affect --</b>										
a. <u>your physical</u> health? .....	0	1	2	3	4	0	1	2	3	4 [43]
					[35]					
b. <u>your relations with family or friends?</u> .....	0	1	2	3	4	0	1	2	3	4 [44]
					[36]					
c. <u>your general attitude or emotional health?</u> .....	0	1	2	3	4	0	1	2	3	4 [45]
					[37]					
d. <u>your attention and concentration?</u> .....	0	1	2	3	4	0	1	2	3	4 [46]
					[38]					
e. <u>going to work or finding a job?</u> .....	0	1	2	3	4	0	1	2	3	4 [47]
					[39]					
f. <u>money</u> and finances? .....	0	1	2	3	4	0	1	2	3	4 [48]
					[40]					
g. <u>fight</u> s or arguments? .....	0	1	2	3	4	0	1	2	3	4 [49]
					[41]					
h. <u>police</u> or legal trouble?.....	0	1	2	3	4	0	1	2	3	4 [50]
					[42]					

6. How many times have you ever overdosed on drugs?..... |\_\_|\_\_|\* [51-52]  
# TIMES

\*IF “1” OR MORE, ASK:

a. How long has it been since the <u>last time?</u> .....	__ __ __	[53-55]
	# MONTHS	
b. How many times have you <u>intentionally</u> overdosed on drugs? .....	__ __	[56-57]
	# TIMES	

7. Were any of the following people ever treated for alcohol or other drug use problems? .....

- a. Spouse/primary partner: 0=No 1=Yes 7=? [58]
- b. Either of your parents: 0=No 1=Yes 7=? [59]
- c. Close friends/family: 0=No 1=Yes 7=? [60]

8. Have any of them been treated in the last 6 months for alcohol or other drug use problems?.....

- a. Spouse/primary partner: 0=No 1=Yes 7=? [61]
- b. Either of your parents: 0=No 1=Yes 7=? [62]
- c. Close friends/family: 0=No 1=Yes 7=? [63]

9.<sup>a</sup> Tell me what do you think are some of the **MAIN REASONS** you have used alcohol or other drugs. You can use this card again for your answers.

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
<b>How often have you used alcohol or other drugs <u>because you felt</u> --</b>						[---;11;ID]
a. <u>happy</u> or excited? .....	0	1	2	3	4	[13]
b. <u>sick</u> with physical pain?..... [OTHER THAN WITHDRAWAL]	0	1	2	3	4	[14]
c. <u>bored</u> or lonely?.....	0	1	2	3	4	[15]
d. <u>sad</u> or depressed?.....	0	1	2	3	4	[16]
e. <u>mad</u> or angry?.....	0	1	2	3	4	[17]
f. <u>scared</u> or afraid? .....	0	1	2	3	4	[18]
<b>How often have you used alcohol or other drugs <u>to help you</u> --</b>						
g. <u>increase energy</u> or alertness? .....	0	1	2	3	4	[19]
h. find <u>new excitement</u> ?.....	0	1	2	3	4	[20]
i. <u>increase social confidence</u> and courage? ...	0	1	2	3	4	[21]
j. <u>act like</u> other people you know?.....	0	1	2	3	4	[22]
k. <u>have fun</u> and party with friends?.....	0	1	2	3	4	[23]
l. forget or <u>escape problems</u> ? .....	0	1	2	3	4	[24]
m. <u>relax</u> from pressures or stress?.....	0	1	2	3	4	[25]
<b>How often was your alcohol or other drug use <u>caused by</u> --</b>						
n. just being in certain <u>places or situations</u> that made you want them?.....	0	1	2	3	4	[26]
o. <u>pressures from others</u> to use them?.....	0	1	2	3	4	[27]
p. having <u>problems you can't solve</u> ?.....	0	1	2	3	4	[28]
q. drugs being so <u>easy to get</u> ?.....	0	1	2	3	4	[29]
r. your need to <u>feel high</u> ? .....	0	1	2	3	4	[30]

[NOTE TO INTERVIEWER: PROBE IF RESPONSES TO ALL ABOVE ARE NEVER]

10. How many **TIMES** have you ever quit alcohol or other drugs for at least 3 months or longer?.....|\_|\_|\* [31-32]  
# TIMES

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

a. How many times did you quit --	(1) on your own "cold turkey"? .....	_ _	[33-34]
	(2) in a <u>treatment program</u> ? .....	_ _	[35-36]
	(3) in <u>jail/prison</u> ? .....	_ _	[37-38]
	(4) some other way? (specify).....	_ _	[39-40]
		_____	# TIMES
b. What is the <u>longest time</u> you were ever able to stay "clean"? .....	_ _ _	[41-43]	
		_____	# MONTHS

11. 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] ..... |\_|\_|\_|\* [44-45]  
# TIMES

**\*IF "0", SKIP TO Q.14**

**\*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	Q11a. TIMES ENTERED	Q11b. AGE AT 1ST ADMISSIONS	Q11c. MONTHS TREATED
(1) <u>Inpatient treatment</u> (in a hospital setting)?.....	_ _  [46-47]	_ _  [58-59]	_ _ _  [13-15] [---;12;ID]
(2) <u>Residential/therapeutic community</u> ? .....	_ _  [48-49]	_ _  [60-61]	_ _ _  [16-18]
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?.....	_ _  [50-51]	_ _  [62-63]	_ _ _  [19-21]
(4) <u>Outpatient drug-free</u> ? .....	_ _  [52-53]	_ _  [64-65]	_ _ _  [22-24]
(5) <u>Outpatient methadone</u> ? .....	_ _  [54-55]	_ _  [66-67]	_ _ _  [25-27]
(6) <u>Other?</u> (specify) _____	_ _  [56-57]	_ _  [68-69]	_ _ _  [28-30]

**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]?

12. Before now, how long has it been since the last time you were in a treatment program for drug problems? How many months?..... |\_|\_|\_| [31-33]  
# MONTHS

13. And which treatment program was that? ..... |\_\_|\* [34]  
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:

14. Who was mainly responsible for you entering treatment here? ..... |\_\_| [35]

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

15. If you could have your choice, what type of treatment do YOU think would be best for you now? ..... |\_\_| [36]

- |                                      |                          |
|--------------------------------------|--------------------------|
| 0. No treatment is needed            | 3. Outpatient drug-free  |
| 1. Inpatient (e.g., hospital)        | 4. Outpatient methadone  |
| 2. Residential/therapeutic community | 5. Other (specify) _____ |

16. How many TIMES have you ever been in any kind of treatment program for drinking or alcohol problems? [DO NOT INCLUDE AA GROUPS]..... |\_\_| |\_\_|\* [37-38]  
# TIMES

\*IF "1" OR MORE, ASK:

a. How long ago was the last time you were in an alcohol treatment program? How many months? ..... |\_\_| |\_\_| |\_\_| [39-41]  
# MONTHS

17. Have you ever gone to self-help meetings like AA, NA, CA, etc.?..... 0=No 1=Yes\* [42]

\*IF "YES", ASK:

a. How old were you when you first went to a meeting?..... |\_\_| |\_\_| [43-44]  
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 [45]

c. Over how many months did you attend these meetings? ..... |\_\_| |\_\_| |\_\_| [46-48]  
# MONTHS

d.<sup>a</sup> How often do you find these meetings to be helpful? [REFER TO "ANSWER CARD A"]  
 0. Never      1. Rarely      2. Sometimes      3. Often      4. Always [49]

e. Did you attend any self-help group meetings in the last 30 days before this treatment?      0=No 1=Yes [50]



18. Do you think your **FAMILY OR FRIENDS** will support your treatment and recovery efforts?  
How much do you agree or disagree with the following statements?

[USE "ANSWER CARD E"]	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NOT SURE	AGREE SOMEWHAT	AGREE STRONGLY	N/A
-----------------------	-------------------	-------------------	----------	----------------	----------------	-----

**You will be encouraged in these efforts by your --**

a. spouse or primary partner? ..	0	1	2	3	4	8	[51]
b. children (18 and older)? .....	0	1	2	3	4	8	[52]
c. parents (mother or father)?...	0	1	2	3	4	8	[53]
d. brothers or sisters? .....	0	1	2	3	4	8	[54]
e. other close relatives?.....	0	1	2	3	4	8	[55]
f. friends?.....	0	1	2	3	4	8	[56]

19. Based on what you know about yourself and your situation, how much do you agree or disagree with the following statements?

[USE "ANSWER CARD E"]	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NOT SURE	AGREE SOMEWHAT	AGREE STRONGLY
-----------------------	-------------------	-------------------	----------	----------------	----------------

**You will --**

a. follow the <u>treatment rules</u> for this program?.....	0	1	2	3	4	[57]
b. <u>participate regularly</u> in all counseling sessions?.....	0	1	2	3	4	[58]
c. <u>complete this treatment</u> successfully?.....	0	1	2	3	4	[59]
d. <u>improve your life</u> because of this treatment?.....	0	1	2	3	4	[60]

**You will --**

e. have a <u>hard time quitting</u> alcohol and/or drugs? .....	0	1	2	3	4	[61]
f. be off of drugs <u>1 year from now</u> ?.....	0	1	2	3	4	[62]
g. be off of drugs <u>3 years from now</u> ? .....	0	1	2	3	4	[63]
h. have some <u>slips or relapses</u> during your recovery?.....	0	1	2	3	4	[64]

[---;13;ID]

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

\*IF "YES", ASK:

<p>a. What kind of insurance do you have? [RECORD VERBATIM]</p> <div style="text-align: right; margin-top: 100px;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">CODE</td> </tr> </table> </div>			CODE		[14-15]
CODE					

**I have a few questions about GAMBLING. This includes things like betting on sports, fights, or races; playing games like poker, bingo, or shooting dice for money, drugs, or other goods; and buying lottery tickets.**

21. Did you **gamble** any time during the 6 months before this treatment? ..... 0=No 1=Yes\* [16]  
 [OR BEFORE JAIL/PRISON FOR "TRANSFERS"]

\*IF "YES", ASK:

<p>a. How often did you <u>buy tickets</u> for the <u>State Lottery</u> (or similar lotteries)? .....  __  [17]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">0. Never</td> <td style="width: 50%;">3. About 1 time per week</td> </tr> <tr> <td>1. Only 1-3 times</td> <td>4. About 2-6 times per week</td> </tr> <tr> <td>2. About 1-3 times per month</td> <td>5. Every day</td> </tr> </table>	0. Never	3. About 1 time per week	1. Only 1-3 times	4. About 2-6 times per week	2. About 1-3 times per month	5. Every day			
0. Never	3. About 1 time per week								
1. Only 1-3 times	4. About 2-6 times per week								
2. About 1-3 times per month	5. Every day								
<p>b. How often did you <u>place bets</u> or <u>play in other gambling games</u> during those 6 months? [USE CODE ABOVE].....  __  [18]</p>									
<p>c. What is the <u>total value (in dollars)</u> of all the money or other goods you have gambled with during <u>those 6 months</u>?.....  __  [19]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">0. None</td> <td style="width: 50%;">4. \$501 to \$1000</td> </tr> <tr> <td>1. Under \$50</td> <td>5. \$1001 to \$2000</td> </tr> <tr> <td>2. \$50 to \$100</td> <td>6. \$2001 to \$5000</td> </tr> <tr> <td>3. \$101 to 500</td> <td>7. Over \$5000</td> </tr> </table>	0. None	4. \$501 to \$1000	1. Under \$50	5. \$1001 to \$2000	2. \$50 to \$100	6. \$2001 to \$5000	3. \$101 to 500	7. Over \$5000	
0. None	4. \$501 to \$1000								
1. Under \$50	5. \$1001 to \$2000								
2. \$50 to \$100	6. \$2001 to \$5000								
3. \$101 to 500	7. Over \$5000								
<p>d. How many <u>times</u> have you <u>wanted or decided to QUIT</u>, but later started <u>gambling again</u>?.....  __   __  [20-21]  <div style="text-align: right; margin-top: 5px;"># TIMES</div></p>									
<p>e. Do you think you <u>have a problem and need help</u> to control your gambling?..... 0=No 1=Yes [22]</p>									

**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.<sup>b</sup> In the **last 6 months** before entering this treatment,  
 [OR BEFORE JAIL/PRISON FOR “TRANSFERS”]  
 how often did you inject drugs with a needle? .....|\_|\_\* [23]  
 [USE “ANSWER CARD B”] CARD B

**\*IF “0”, SKIP TO Q.11**

- 2.<sup>b</sup> 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? .....|\_| [24]  
CARD B

- 3.<sup>b</sup> And how often did you use the same cooker, cotton, or  
rinse water that someone else had already used? .....|\_| [25]  
CARD B

[TAKE BACK “ANSWER CARD B”]

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? .....|\_|\_|\_| [26-28]  
# PEOPLE

5. In the **last 30 days** before this treatment,  
 [OR BEFORE JAIL/PRISON FOR “TRANSFERS”]  
 how many TIMES did you inject drugs with a needle? .....|\_|\_|\_|\_\* [29-31]  
# 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? .....|\_|\_|\_| [32-34]  
# TIMES

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?.....|\_|\_|\_| [35-37]  
# TIMES

8. And how many of the times that you injected drugs  
 were you with other people who were also injecting?.....|\_|\_|\_| [38-40]  
# 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. ....|\_|\_|\_| [41-43]  
# 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? .....|\_|\_|\_| [44-46]  
# TIMES

11. What about **SEX** in the **last 6 months** before entering this treatment?  
 [OR BEFORE JAIL/PRISON FOR "TRANSFERS"]

How many PEOPLE did you have sex with during that time?..... |\_\_|\_\_|\_\_| [47-49]  
 # 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	[50]
b. with someone who <u>shot drugs with needles</u> ? .....	0	1	2	3	4	[51]
c. trading, giving, or getting <u>sex for drugs, money, or gifts</u> ? .....	0	1	2	3	4	[52]

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

How many PEOPLE did you have any kind of sex with during that month (including vaginal, oral, or anal)? ..... |\_\_|\_\_|\_\_|\* [53-55]  
 # PEOPLE

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

14. How many of your partners were female and how many were male? .....

Female: |\_\_|\_\_|\_\_| [56-58]

Male: |\_\_|\_\_|\_\_| [59-61]

# PEOPLE

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

|\_\_|\_\_|\_\_| [62-64]  
 # TIMES

16. And how many times did you have sex without using a latex condom?..... |\_\_|\_\_|\_\_|\* [65-67]  
 # TIMES

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

\*IF "ONE OR MORE", ASK:

a. When you had sex <u>without using a condom</u> that month, how many <u>times</u> was it --	[---;14;ID]
1. with someone who is <u>not your spouse or primary partner</u> ? .....	__ __ __  [13-15]
2. with someone who <u>shot drugs with needles</u> ? .....	__ __ __  [16-18]
3. with someone who <u>sometimes smokes crack/cocaine</u> ? .....	__ __ __  [19-21]
4. while you or your partner were " <u>high</u> " on drugs or alcohol? .....	__ __ __  [22-24]
5. while trading (giving/getting) <u>sex for drugs, money, or gifts</u> ? .....	__ __ __  [25-27]
6. involving <u>vaginal</u> sex (penis to vagina)? .....	__ __ __  [28-30]
7. involving <u>oral</u> sex (mouth to penis/vagina)? .....	__ __ __  [31-33]
8. involving <u>anal</u> sex (penis to anus)? .....	__ __ __  [34-36]
	# TIMES

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)?.....|\_|\_|\_|\* [37-39]  
# PEOPLE

\*IF "1" OR MORE, ASK:

a. How many of them ever <u>shared a needle or works</u> with you?..... _ _	[40-41]
b. How many of them ever had <u>sex</u> with you?..... _ _	[42-43]
	# PEOPLE

**Finally, I want to ask about your attitudes and concerns about AIDS and the ways you can become infected.**

18.<sup>e</sup> Tell me how much do you agree or disagree with each of these statements.

[USE "ANSWER CARD E"]	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NOT SURE	AGREE SOMEWHAT	AGREE STRONGLY	
a. You believe that you could become <u>exposed</u> to the AIDS virus. ....	0	1	2	3	4	[44]
b. You think that you <u>really could</u> get AIDS. ....	0	1	2	3	4	[45]
c. You <u>want to make some changes now</u> that will reduce your AIDS risks. ....	0	1	2	3	4	[46]
d. You <u>need help</u> in dealing with your <u>drug use</u> . ....	0	1	2	3	4	[47]
e. You <u>need help</u> to change some of your <u>sex</u> activities. ....	0	1	2	3	4	[48]
f. You get <u>tired of the problems</u> caused by drugs. ....	0	1	2	3	4	[49]
g. You are going to <u>change</u> your <u>drug use activities</u> to avoid AIDS. ....	0	1	2	3	4	[50]
h. You are going to <u>change</u> your <u>sex activities</u> to avoid AIDS. ....	0	1	2	3	4	[51]
i. You already <u>know what you must do</u> to reduce your AIDS risks. ....	0	1	2	3	4	[52]
j. You <u>feel sure of yourself</u> in controlling your risky <u>drug use activities</u> . ....	0	1	2	3	4	[53]
k. You <u>feel sure of yourself</u> in controlling your risky <u>sex activities</u> . ....	0	1	2	3	4	[54]

**END OF THIS INTERVIEW--THANKS!!**

**PART H: INTERVIEWER COMMENTS:**  
**[TO BE COMPLETED AFTER THE INTERVIEW]**

1. **Time When Finished Interview:**..... [55-58]  
 [USE MILITARY TIME]      HR      MIN

2. **Number of Interview Sessions:** ..... [59]

3. **Total Length of Interview:** ..... [60-62]  
 MINUTES

4. **Weight [CIRCLE ANSWERS]:**  
 Emaciated.....1  
 Thin.....2  
 Average.....3  
 Obese.....4 [63]

5. **Any Signs of Client --**      NONE    SOME    A LOT  
 Drunkenness?.....0      1      2      [64]  
 Drug intoxication? .....0      1      2      [65]  
 Depression?.....0      1      2      [66]  
 Overly anxious?.....0      1      2      [67]  
 Thought disorders? ....0      1      2      [68]

[---;15;ID]

<b>This client was --</b>	<i>Disagree very much</i>	<i>Disagree mostly</i>	<i>Disagree a little</i>	<i>Not sure</i>	<i>Agree a little</i>	<i>Agree mostly</i>	<i>Agree very much</i>	
6. Easy to talk to? .....	1	2	3	4	5	6	7	[13]
7. Cooperative? .....	1	2	3	4	5	6	7	[14]
8. Motivated?.....	1	2	3	4	5	6	7	[15]
9. Self-confident? .....	1	2	3	4	5	6	7	[16]
10. Assertive?.....	1	2	3	4	5	6	7	[17]
11. Interested in treatment?.....	1	2	3	4	5	6	7	[18]
12. Thinking clearly?.....	1	2	3	4	5	6	7	[19]
13. Paying attention?.....	1	2	3	4	5	6	7	[20]
14. Clearly expressing thoughts/feelings?.....	1	2	3	4	5	6	7	[21]
15. Easily distracted?.....	1	2	3	4	5	6	7	[22]
16. Showing good memory and recall?.....	1	2	3	4	5	6	7	[23]
17. In good physical health? .....	1	2	3	4	5	6	7	[24]
18. In denial about problems?.....	1	2	3	4	5	6	7	[25]
19. Was honest when responding to the questions in this interview? .....	1	2	3	4	5	6	7	[26]

Name of Interviewer: _____ [27-30] <div style="text-align: right; margin-top: 5px;">ID#</div>
--

**PART I: CLIENT ASSESSMENT PROFILE**

**INSTRUCTIONS:** This page should be completed for each client immediately after the intake process to summarize the interviewer's clinical assessments. The ratings should indicate global severity of problems which need to be addressed through treatment (either at this agency or through referral). The rating scale ranges from "0" (no treatment necessary) to "9" (treatment needed for life-threatening situation); intermediate ratings of "4" or "5" identify symptoms of moderate intensity.

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

PROBLEM AREAS [CIRCLE ANSWER]	Ratings of Problems Needing Treatment/Counseling										
	NONE	MODERATE					SEVERE				
<u>Employment/Support</u> (A:14-15, 19-22).....	0	1	2	3	4	5	6	7	8	9	[31]
<u>Family Relations</u> (A:3-13; B:7-10).....	0	1	2	3	4	5	6	7	8	9	[32]
<u>Peer Relations</u> (C:1-7).....	0	1	2	3	4	5	6	7	8	9	[33]
<u>Legal/Criminality</u> (D:2-6,8-9).....	0	1	2	3	4	5	6	7	8	9	[34]
<u>Medical/Health</u> (E:1,2).....	0	1	2	3	4	5	6	7	8	9	[35]
<u>Psychological/Emotional</u> (E:3,5-7).....	0	1	2	3	4	5	6	7	8	9	[36]
<u>Alcohol Use</u> (F:2-5,16,17).....	0	1	2	3	4	5	6	7	8	9	[37]
<u>All Other Drug Use</u> (F:2,3,5,6,10-11).....	0	1	2	3	4	5	6	7	8	9	[38]
Heroin/Other Opiates.....	0	1	2	3	4	5	6	7	8	9	[39]
Cocaine/Speed/Amphetamines.....	0	1	2	3	4	5	6	7	8	9	[40]
Speedball (Heroin+Coc/Speed)....	0	1	2	3	4	5	6	7	8	9	[41]
Crack/Ice (smoked).....	0	1	2	3	4	5	6	7	8	9	[42]
Marijuana.....	0	1	2	3	4	5	6	7	8	9	[43]
Other Drug (.....)	0	1	2	3	4	5	6	7	8	9	[44]
<u>Gambling</u> (F:21).....	0	1	2	3	4	5	6	7	8	9	[45]
<u>AIDS-Risky Needle Use</u> (G:1-10).....	0	1	2	3	4	5	6	7	8	9	[46]
<u>AIDS-Risky Sex</u> (G:11-16).....	0	1	2	3	4	5	6	7	8	9	[47]
<u>Educational/Vocational Needs</u> (A:14-15).....	0	1	2	3	4	5	6	7	8	9	[48]