

CLIENT INTAKE FORM (for Youth)

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

CODE ITEMS 1-6 WITHOUT QUESTIONING RESPONDENT:

[Card 1]

- | | | |
|---|-------------------------------|--------------------|
| 1. [I.D. Number for <u>Agency</u>] | _ _ | 1-2 |
| 2. [I.D. Number for <u>Client</u>] | _ _ _ _ _ _ | 3-8
9:1
10:b |
| 3. [Date of Admission to Program]..... | _ _ _ _ _ _
Mo Day Yr | 11-16 |
| 4. [Has this person ever been admitted as a regular client to this program before? (1= No, 2= Yes)] | _ | 17 |

IF YES, ASK:

- | | | |
|--|-------------------------------|-------|
| 4-A. What was his/her <u>old</u> Client I.D. Number?
(Enter "O" if client was not in the system before.)..... | _ _ _ _ _ _
Mo Day Yr | 18-23 |
| 4-B. When was he/she admitted the last time? | _ _ _ _ _ _
Mo Day Yr | 24-29 |
| 4-C. Was an Intake Form completed for this client the last time? (1= No, 2= Yes)..... | _ | 30 |
| 4-D. When was he/she terminated the last time?..... | _ _ _ _ _ _
Mo Day Yr | 31-36 |
| 4-E. Why was he/she terminated the last time? | _ | 37 |
1. Completed program
2. Quit or left before completing program
3. Other reason

5. [Sex (1= Male, 2= Female)]..... |_| 38

6. [Race-ethnicity (use code below)]..... |_| 39

- | | |
|--------------------------------|--------------------|
| 1. Black | 4. White |
| 2. Chicano or Mexican-American | 5. Other (specify) |
| 3. Other Hispanic | _____ |

READ ALOUD TO RESPONDENT:

In order to help me get to know and understand you better, I need to ask you some questions about your personal and family background and about some of your feelings and attitudes. As already explained to you when you signed the Statement of Consent form, all of the information you give me is strictly confidential and private; no one outside this program will be allowed to see any information that has your name on it except when you say it is okay. What you tell me will be used to make a plan for how we can help you, and also to study how well our program does in helping you and others we serve. I will read each question aloud to you and then mark your answer on this form. For some of the questions, I will read a special list of answers for you to choose from. Do you have any questions before we start?

BEGIN INTERVIEW HERE:

7. How old are you? |__|__| 40-41

8. When were you born? |__|__||__|__||__|__| 42-47
Mo Day Yr

9. Who suggested that you come to this program? (use code below)|__| 48

- | | |
|--|--|
| 1. No one (you decided to come on your own) | 6. Police |
| 2. Family or relative | 7. School official |
| 3. Friend | 8. Recruited by this
Prevention Program |
| 4. Judge or court (including court-related
juvenile agencies) | 9. Other (specify) |
| 5. Parole or probation officer | _____ |

20. Do your parents (those with whom you live) receive welfare (public assistance, AFDC, food stamps, social security, etc.)? (1= No, 2= Yes) |__| 63

21. Have your parents (those with whom you live) been working during the last year? (use code below for each parent)

Mother..... |__| 64

Father /__| 65

- 1. No, not working
- 2. Yes, working part-time (under 35 hours per week)
- 3. Yes, working full-time (35 or more hours per week)
- 4. Other (explain) _____

22. Did your parents (those with whom you live) complete high school (or get a G.E.D)? (use code below for each parent)

Mother..... |__| 66

Father..... |__| 67

- 1 = No
- 2 = Yes
- 3 = Don't know or not applicable

23. How often does your family (mother or father) usually go to church or religious services? (use code below) |__| 68

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

24. How often do you usually go to church or religious services? (use code below) |__| 69

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

SCHOOL AND EMPLOYMENT EXPERIENCE

25. What is your status in school -- which of the following? (use code below) |__| 70

- 1. Graduated (or G.E.D.)
- 2. Quit or dropped out
- 3. Suspended
- 4. Still in school (even if client is on summer vacation)
- 5. Other (specify) _____

LEGAL STATUS

32. Have the police ever stopped you or have you ever been turned over to the police for any reason? (1= No, 2= Yes).....|_| 15

IF NO, SKIP TO Q.37

IF YES, ASK Q.33-36

33. Have you ever been picked up or arrested by the police? (1= No, 2= Yes)|_| 16

IF YES, ASK:

33-A. What were the reasons? Were they ever for -- (1= No, 2= Yes for each category)

a. drinking alcohol?|_| 17

b. possession or use of illegal drugs?|_| 18

c. using spray paint or other solvents (public intoxication on inhalants)?|_| 19

d. theft or stealing things?|_| 20

e. driving violations?|_| 21

f. violence (such as fighting)?.....|_| 22

g. truancy (skipping school)?|_| 23

h. running away from home?|_| 24

i. vandalism?|_| 25

j. curfew violations?.....|_| 26

k. other reasons? (please specify).....|_| 27

33-B. How many times have you been picked up or arrested during --

a. your whole life?.....|_|_|_| 28-30

b. the last 2 months?|_|_| 31-32

34. Have you ever had to go to court? (1= No, 2= Yes)|_| 33

IF YES, ASK:

34-A. How many times during your whole life?.....|_|_|_| 34-36

34-B. How many times during the last 2 months?.....|_|_| 37-38

34-C. Have you ever been put on suspended sentence or probation? (1=No, 2=Yes)|_| 39

34-D. Have you ever been sentenced to a juvenile home or juvenile detention? (1= No, 2= Yes)|_| 40

35. Have you ever been assigned a probation officer or counselor? (1= No, 2= Yes).....|_| 41

IF YES, ASK:

35-A. Are you currently on probation (or assigned to a counselor)? (1= No, 2= Yes)|_| 42

36. Have you ever spent time in jail or prison? (1= No, 2= Yes).....|_| 43

IF YES, ASK:

36-A. How many days during your whole life?.....|_|_|_| 44-46

36-B. How many days during the past 2 months?|_|_| 47-48

36-C. Are you currently on parole? (1= No, 2= Yes)|_| 49

37. During the last 2 months, about how often have you been in trouble with your parents, school, or police for things you did (such as tearing something up, taking something that wasn't yours, fighting, using drugs, or other things)? (use code below)|_| 50

- 1. None
- 2. Once
- 3. About once a month
- 4. About once a week
- 5. Several times a week
- 6. Almost every day

38. Did you come to this program because of any problems with the law (including police, juvenile officers, court judges, etc.)? (1= No, 2= Yes).....|_| 51

IF YES, EXPLAIN REASON:

52-53

DRUG USE HISTORY

39. Have you ever smoked cigarettes? (1= No, 2= Yes)|___| 54

IF YES ASK:

39-A. How often have you smoked in the last 2 months? (use code below)|___| 55

- | | |
|---------------------------------|-------------------------------------|
| 1. <i>Almost every day</i> | 5. <i>About once a month</i> |
| 2. <i>Several times a week</i> | 6. <i>Once</i> |
| 3. <i>About once a week</i> | 7. <i>Not used in last 2 months</i> |
| 4. <i>Several times a month</i> | |

40. **HAND RESPONDENT DRUG LIST CARD:**

Which of the drugs listed on this card have you ever used or tried one or more times?
(1= No, 2= Yes for each drug)

- | | | |
|----------------------------|----------------------------|----------------------------------|
| a. Alcohol..... ___ 56 | d. Uppers ___ 59 | g. Psychedelics ___ 62 |
| b. Marijuana ___ 57 | e. Inhalants ___ 60 | h. Opiates..... ___ 63 |
| c. Downers..... ___ 58 | f. Cocaine..... ___ 61 | i. PCP, Angel Dust ___ 64 |

FOR DRUGS EVER USED, ASK:

40-A. On the average, how often have you used (DRUG NAME) during the last 2 months? (use code below for each drug)

- | | |
|---------------------------------|---------------------------------------|
| 1. <i>Almost every day</i> | 5. <i>About once a month</i> |
| 2. <i>Several times a week</i> | 6. <i>Once</i> |
| 3. <i>About once a week</i> | 7. <i>Not used in the last months</i> |
| 4. <i>Several times a month</i> | |

- | | | |
|----------------------------|----------------------------|----------------------------------|
| a. Alcohol..... ___ 65 | d. Uppers ___ 68 | g. Psychedelics ___ 71 |
| b. Marijuana ___ 66 | e. Inhalants ___ 69 | h. Opiates..... ___ 72 |
| c. Downers..... ___ 67 | f. Cocaine..... ___ 70 | i. PCP, Angel Dust ___ 73 |

41. How easy is it for you to get each of these different types of drugs?
(use code below for each drug)

- | | | |
|------------------------|--------------------------|----------------------|
| 1. <i>Always easy</i> | 3. <i>Sometimes easy</i> | 5. <i>Never easy</i> |
| 2. <i>Usually easy</i> | 4. <i>Seldom easy</i> | 6. <i>Don't know</i> |

- | | | |
|----------------------------|----------------------------|----------------------------------|
| a. Alcohol..... ___ 74 | d. Uppers ___ 77 | g. Psychedelics ___ 11 |
| b. Marijuana ___ 75 | e. Inhalants ___ 78 | h. Opiates..... ___ 12 |
| c. Downers..... ___ 76 | f. Cocaine..... ___ 79 | i. PCP, Angel Dust ___ 13 |

[Card 3]
1-8:ID
9:3
10:b

42. Has anyone in your family (including parents, brothers, and sisters living at home) used any of these drugs in the last 2 months? (1= No, 2= Yes for each drug)

- | | | | | | | | | |
|--------------------|--------------------------|----|--------------------|--------------------------|----|--------------------------|--------------------------|----|
| a. Alcohol..... | <input type="checkbox"/> | 14 | d. Uppers | <input type="checkbox"/> | 17 | g. Psychedelics | <input type="checkbox"/> | 20 |
| b. Marijuana | <input type="checkbox"/> | 15 | e. Inhalants | <input type="checkbox"/> | 18 | h. Opiates..... | <input type="checkbox"/> | 21 |
| c. Downers..... | <input type="checkbox"/> | 16 | f. Cocaine..... | <input type="checkbox"/> | 19 | i. PCP, Angel Dust | <input type="checkbox"/> | 22 |

42. Have any of your friends used any of these drugs in the last 2 months? (1= No, 2= Yes for each drug)

- | | | | | | | | | |
|--------------------|--------------------------|----|--------------------|--------------------------|----|--------------------------|--------------------------|----|
| a. Alcohol..... | <input type="checkbox"/> | 23 | d. Uppers | <input type="checkbox"/> | 26 | g. Psychedelics | <input type="checkbox"/> | 29 |
| b. Marijuana | <input type="checkbox"/> | 24 | e. Inhalants | <input type="checkbox"/> | 27 | h. Opiates..... | <input type="checkbox"/> | 30 |
| c. Downers..... | <input type="checkbox"/> | 25 | f. Cocaine..... | <input type="checkbox"/> | 28 | i. PCP, Angel Dust | <input type="checkbox"/> | 31 |

REFER TO ANSWERS ON QUESTION 40-A:

If alcohol was used (Item a= 1-6), ASK:

44. You said you used some alcohol during the last 2 months. About how many times did you get "drunk" from drinking alcohol or not be able to remember things that happened to you? (*record number*)..... 32-33

If other drugs were used (Items b to i= 1-6), ASK:

45. Not counting alcohol or cigarettes, where did you get the other drugs you have used in the last 2 months? (1= No, 2= Yes for each item)

- | | | |
|--|--------------------------|----|
| a. at home?..... | <input type="checkbox"/> | 34 |
| b. friends or relatives gave them to you?..... | <input type="checkbox"/> | 35 |
| c. bought them from friends or relatives?..... | <input type="checkbox"/> | 36 |
| d. bought them from someone else?..... | <input type="checkbox"/> | 37 |
| e. grew your own marijuana? | <input type="checkbox"/> | 38 |
| f. got them some other way? (<i>specify</i>) | <input type="checkbox"/> | 39 |

46. Did you ever use any drugs while -- (1= No, 2= Yes for each item)

- | | | |
|---|--------------------------|----|
| a. at school? | <input type="checkbox"/> | 40 |
| b. at parties? | <input type="checkbox"/> | 41 |
| c. you were alone?..... | <input type="checkbox"/> | 42 |
| d. you were with close friends?..... | <input type="checkbox"/> | 43 |
| e. you were with anyone in your family? | <input type="checkbox"/> | 44 |

ASK EVERYONE:

47. Do you expect or plan to spend time in the next few months with any friends or relatives who use drugs? (*use code below*) |__| 45

- 1. *Definitely not*
- 2. *Probably not*
- 3. *Maybe*
- 4. *Probably yes*
- 5. *Definitely yes*

48. Have you been in a drug abuse prevention or treatment program before? (*1= No, 2= Yes*) |__| 46

IF YES, EXPLAIN (*give dates, place, and reasons*):

..... |__|__| 47-48

This is the end of this part of the interview!

END OF CLIENT INTAKE INTERVIEW

SUMMARY OF CLIENT DIAGNOSIS

(to be completed by the client's counselor after the interview is completed)

49. What are the main problem areas in which this client needs help? (*1= No, 2= Yes for each category*)

- A. Use of marijuana..... |__| 49
- B. Use of inhalants..... |__| 50
- C. Use of other illegal drugs..... |__| 51
- D. Use of alcohol..... |__| 52
- E. School performance |__| 53
- F. Relations with parents and family ... |__| 54
- G. Relations with peers and friends..... |__| 55
- H. Self-esteem and personal identity..... |__| 56
- I. Criminal activities or legal involvement..... |__| 57
- J. Other (specify)..... |__| 58

