

INTAKE

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

CODE A-H WITHOUT QUESTIONING RESPONDENT:

[FORM 302; CARD 01]

A. SITE:	_ _	[6]		
B. CLIENT ID NUMBER:	_ _ _ _ _ _ _	[7-10]		
C. SOURCE OF REFERRAL:	_ _ _	[11-12]		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. Detoxification program 2. 12-step program/sponsor 3. Other drug or alcohol treatment provider 4. Alcohol or other drug prevention program 5. Central intake (e.g., Tarrant Council) 6. Maternal and Child Health agency/program 7. Battered women's shelter 8. Homeless shelter 9. Child and family services 10. Criminal justice system </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 11. Family community 12. Family member/friend 13. Family planning services 14. Private therapist 15. Medical/mental health public clinic 16. Managed care organization 17. Private physician/other health provider 18. Other health care provider 19. Self referral 20. Other (specify): _____ </td> </tr> </table>			<ul style="list-style-type: none"> 1. Detoxification program 2. 12-step program/sponsor 3. Other drug or alcohol treatment provider 4. Alcohol or other drug prevention program 5. Central intake (e.g., Tarrant Council) 6. Maternal and Child Health agency/program 7. Battered women's shelter 8. Homeless shelter 9. Child and family services 10. Criminal justice system 	<ul style="list-style-type: none"> 11. Family community 12. Family member/friend 13. Family planning services 14. Private therapist 15. Medical/mental health public clinic 16. Managed care organization 17. Private physician/other health provider 18. Other health care provider 19. Self referral 20. Other (specify): _____
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D. DATE OF THIS INTERVIEW:	_ _ _ _ _ _ _	[13-18]		
<div style="display: flex; justify-content: space-around; width: 100%;"> MO DAY YR </div>				
E. NAME OF INTERVIEWER: _____	_ _ _	[19-20]		
<div style="display: flex; justify-content: space-around; width: 100%;"> ID# </div>				
F. DATE OF ADMISSION:	_ _ _ _ _ _ _	[21-26]		
<div style="display: flex; justify-content: space-around; width: 100%;"> MO DAY YR </div>				
G. ASSIGNED COUNSELOR I.D.#:	_ _ _	[27-28]		
<div style="display: flex; justify-content: space-around; width: 100%;"> ID# </div>				
H. LIST CHILD IDs:	_ _ _ _ _ _ _	[29-44]		
<div style="display: flex; justify-content: space-around; width: 100%;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </div>				

READ ALOUD TO RESPONDENT:

This interview is part of the regular intake process for women entering this treatment program. It usually takes about an hour and a half 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 other psychoactive drugs including those taken with a doctor's prescription. Many of my questions will refer to the "last 6 months" or the "last 30 days" before you entered this treatment program. If you have recently been incarcerated, the time referred to is that immediately preceding incarceration.

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

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.*” To help the research staff, please feel free to write comments or explanations of answers in the margins next to questions. Also, always identify items 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: [45-46]

BIRTHDATE: | | [47-52]
MO DAY YR

2. What is your race or ethnic background? [USE CODE FROM BELOW] [53]

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

3. Where were you living at the time that you entered this treatment program? [USE CODE BELOW] [54]

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

4. How long had you been living there (at that place)? [55-57]
MONTHS

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.

5. Were you living with a spouse or primary partner?..... 0=No 1=Yes* [58]

*IF “YES”, ASK:

a. How long had you been living together?..... |__|__|__| [59-61]
MONTHS

b. How happy were you with the relationship? [CIRCLE ANSWER] [62]
0. *Very unhappy* 1. *Somewhat unhappy* 2. *Not sure* 3. *Somewhat happy* 4. *Very happy*

c. In the past 6 months, did your spouse/primary partner --

(1) get drunk frequently (e.g., 2 or more times a month)?..... 0=No 1=Yes [63]

(2) use drugs other than alcohol?..... 0=No 1=Yes [64]

(3) inject drugs? 0=No 1=Yes [65]

[302;02;ID]

6. How many children do you have?..... |__|__|* [11-12]
CHILDREN

*IF “1” OR MORE, ASK:

a. How many have their primary residence with you? |__|__| [13-14]

b. How many receive financial support from you? |__|__| [15-16]

c. How many are -- between the ages of 0-11 months?..... |__|__| [17-18]
between the ages of 1-3 years?..... |__|__| [19-20]
between the ages of 4-6 years?..... |__|__| [21-22]
between the ages of 7-10 years?..... |__|__| [23-24]
between the ages of 11-13 years?..... |__|__| [25-26]
between the ages of 14-17 years?..... |__|__| [27-28]
over 17 years? |__|__| [29-30]
NUMBER

7. Have any children that you’ve given birth to died?..... 0=No 1=Yes* [31]

*IF “YES”, ASK:

a. How many?..... |__|__| [32-33]

b. How many died within the first year after birth? |__|__| [34-35]

8. In the 30 days prior to admission to this program, how many of your children were --

- a. living with you?|_|_| [36-37]
- b. in foster care?|_|_| [38-39]
- c. living with their father?|_|_| [40-41]
- d. living with other relatives?|_|_| [42-43]
- e. in the hospital for extended care?|_|_| [44-45]
- f. in other living arrangements?|_|_| [46-47]

IF MINOR CHILDREN WERE NOT LIVING WITH THE CLIENT, ASK:

g. Have you visited with them in the last 30 days?	<i>0=No</i>	<i>1=Yes</i>	[48]
----------------------------------------------------------	-------------	--------------	------

9. How many children are now in this treatment program with you?|_|_| [49-50]

10. How many times in your life have you had a Child Protective Services (CPS) action taken against you?|_|_| [51-52]
PEOPLE

***IF "0", SKIP TO Q.16**

11. Have any of your children ever been removed from your care by Child Protective Services (CPS)?.....*0=No* *1=Yes** [53]

*IF "YES", ASK:

a. How many times?	_ _	[54-55]
	# TIMES	
b. For how long?	_ _	_ _
	YEARS	MONTHS
c. What were the circumstances?		
	_ _	[60-61]
	CODE	

12. How many of your children have ever been placed in a kinship foster home?.....|_|_| [62-63]

13. How many of your children have ever been placed in other foster care placements?.....|_|_| [64-65]

14. Has formal action ever been taken against you by the criminal justice system or CPS for child abuse or child neglect?.....*0=No* *1=Yes** [66]

*IF "YES": Was action taken for -- (circle one)

- 1. Abuse
- 2. Neglect
- 3. Both

15. Do you currently have a Child Protective Services (CPS) case open or active in family court?*0=No* *1=Yes* [67]



16. In the last 6 months, have you received assistance from any of the following government support systems with any of your children? [302;03;ID]
- a. Social Security?..... 0=No I=Yes [11]
 - b. Women, Infants, and Children (WIC)?..... 0=No I=Yes [12]
 - c. Aid for Dependent Children (AFDC)?..... 0=No I=Yes [13]
 - d. Early Childhood Interventions (ECI)?..... 0=No I=Yes [14]
 - e. Other (specify) _____

17. How many times have you ever been married or living as married? |__| [15]
TIMES

18. What is your current LEGAL marital status? |__|* [16]
- 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 <u>long</u> have you been (<u>current marital status</u>)? __ __ __ [17-19] # MONTHS

19. Altogether, how many other people did you live with during the last 6 months before this treatment?
[DO NOT COUNT MOST RECENT SPOUSE/PRIMARY PARTNER OR CHILDREN;
IF LIVING IN A GROUP SHELTER, CODE '98']..... |__| |__| |__|* [20-21]
PEOPLE

***IF "0", SKIP TO Q.22**

20. During that time, did you ever live with --
-
- a. your parents?..... 0=No I=Yes [22]
 - b. other relatives?..... 0=No I=Yes [23]
 - c. friends? 0=No I=Yes [24]
-

21. During that time, did any of these people --
-
- a. get drunk frequently (e.g., 2 or more times a month)?..... 0=No I=Yes [25]
 - b. use drugs other than alcohol? 0=No I=Yes [26]
 - c. inject drugs? 0=No I=Yes [27]
-

22. How many years of school have you finished -- that is, what is the highest grade you completed? |__| |__| [28-29]
[DO NOT INCLUDE GED] GRADE



23. Have you --

- a. graduated from high school?..... 0=No I=Yes [30]
- b. completed a vocational or technical training program?..... 0=No I=Yes [31]

IF “GRADUATED HIGH SCHOOL”, SKIP TO Q.24

- c. Have you completed your GED? 0=No I=Yes [32]
- d. Are you currently working on your GED or any type of vocational/technical training degree?..... 0=No I=Yes [33]

24. Do you have a current, valid driver's license?..... 0=No I=Yes [34] ←

25. Have you held a job anytime during the last 6 months before this treatment? |__| [35]

- 1. *Not in labor force-- “student”*
- 2. *Not in labor force-- “disabled”*
- 3. *Not in labor force-- “in jail”*
- 4. *No, needed at home to take care of other family members*
- **5. *No, could not find a job*
- *6. *Yes, usually at odd jobs (occasional or irregular work)*
- *7. *Yes, usually at part-time jobs (under 35 hours per week)*
- *8. *Yes, usually full-time at a steady job (35 hours or more per week)*

*IF “YES” (RESPONSE CODE 6, 7, OR 8), ASK:

a. Were you <u>employed</u> when you <u>entered</u> this treatment?..... __	[36]
<ul style="list-style-type: none"> 1. <i>No</i> *2. <i>Yes, working at odd jobs</i> *3. <i>Yes, working part-time at a steady job (under 35 hours per week)</i> *4. <i>Yes, working full-time at a steady job (35 hours or more per week)</i> 	
b. *[IF “YES”, ASK]: <u>How long</u> had you worked at that <u>job</u> ?..... __ __	[37-38]
# MONTHS	
c. <u>How many days</u> did you work <u>in the last 30 days</u> before this treatment started?..... __ __	[39-40]
# DAYS	
d. 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.] \$ __ __ __ __	[41-44]
WEEKLY INCOME	

**IF RESPONSE CODE 5, ASK:

e. How many jobs have you applied for during the <u>last 6 months</u> ? __ __ __	[45-47]
---------------------------------------------------------------------------------------------	---------

26. What were **all** the different sources of financial support you had during the last 6 months before entering this treatment?

In how many of those 6 months did you get any money, food, shelter, etc. from --

-
- (1) your job or employment?..... |__| [48]
 - (2) your spouse or ex-spouse (not including child support)? |__| [49]
 - (3) your spouse or ex-spouse (specifically for child support)?..... |__| [50]
 - (4) a sexual partner (other than a spouse) or a friend? |__| [51]
 - (5) your family? |__| [52]
 - (6) unemployment compensation (for being laid off or injured at work)? |__| [53]
 - (7) welfare or public assistance (food stamps, housing assistance, AFDC, Medicaid, SSI)?..... |__| [54]
 - (8) selling or trading sex (prostitution)? |__| [55]
 - (9) any other kind of illegal activities (other than prostitution)? |__| [56]
 - (10) jail/prison, residential treatment program, or hospital? |__| [57]
 - (11) anything else? (*specify*) _____ |__| [58]
- # MONTHS
-

27. Which one of these was your major (or largest) source of financial support during those 6 months? [SELECT ITEM NUMBER FROM LIST ABOVE].....|__| |__| [59-60]
CODE #

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 (or original) **PARENTS** currently alive?MOTHER: 0=No 1=Yes* 7=? [61]
-FATHER: 0=No 1=Yes* 7=? [62]

*IF "YES", ASK:

a. How often are you in contact with your mother?..... __	[63]
0. Never 1. A few times a year 2. Once or twice a month 3. Once or twice a week 4. Almost every day	
b. How often are you in contact with your father? __	[64]
0. Never 1. A few times a year 2. Once or twice a month 3. Once or twice a week 4. Almost every day	

[302;04;ID]

2. Were your natural (or original) parents divorced or separated from each other?..... 0=No 1=Yes* [11]
 [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)? __ __ [12-13] [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?..... __ __ [14-15] # TIMES

3. Which adults from the following list usually lived with you during the time you were ages 0 to 6, 7 to 12, and 13 to 17?

At each of these periods of your life, did you usually live with your --

	(1) Age 0 to 6? <i>(pre-school years)</i>		(2) Age 7 to 12? <i>(early school years)</i>		(3) Age 13 to 17? <i>(teen-age years)</i>	
ASK FOR ALL ADULTS LIVING IN HOME AT EACH AGE	NO	YES	NO	YES	NO	YES
a. <u>mother?</u> (i.e., natural/real)	0	1 [16]	0	1 [22]	0	1 [28]
[IF "NO", ASK--<u>stepmother?</u>]	0	1 [17]	0	1 [23]	0	1 [29]
b. <u>father?</u> (i.e., natural/real).....	0	1 [18]	0	1 [24]	0	1 [30]
[IF "NO", ASK--<u>stepfather?</u>]	0	1 [19]	0	1 [25]	0	1 [31]
c. <u>grandparents?</u>	0	1 [20]	0	1 [26]	0	1 [32]
d. <u>other parent figures?</u> (including foster parents)	0	1 [21]	0	1 [27]	0	1 [33]

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)* [34]

5.^a What were your mother and father like while you were growing up?
 [OR 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"	<u>(1) MOTHER (NATURAL/STEP)</u>					<u>(2) FATHER (NATURAL/STEP)</u>				
	NEVER				ALWAYS	NEVER				ALWAYS
a. worked on a <u>job</u> ?	0	1	2	3	4 [35]	0	1	2	3	4 [48]
b. <u>supported</u> your family with money?	0	1	2	3	4 [36]	0	1	2	3	4 [49]
c. spent <u>enough time</u> with you?	0	1	2	3	4 [37]	0	1	2	3	4 [50]
d. <u>yelled</u> at you or had <u>loud arguments</u> with you?	0	1	2	3	4 [38]	0	1	2	3	4 [51]
e. <u>hit or spanked</u> you very hard?	0	1	2	3	4 [39]	0	1	2	3	4 [52]
f. made you <u>engage in</u> <u>sexual acts</u> against your will?	0	1	2	3	4 [40]	0	1	2	3	4 [53]
g. got <u>drunk</u> ?	0	1	2	3	4 [41]	0	1	2	3	4 [54]
h. used <u>other drugs</u> ?	0	1	2	3	4 [42]	0	1	2	3	4 [55]
i. did things <u>against</u> <u>the law</u> ?	0	1	2	3	4 [43]	0	1	2	3	4 [56]
j. spent time in <u>jail or</u> <u>prison</u> ?	0	1	2	3	4 [44]	0	1	2	3	4 [57]
k. <u>really loved</u> you?	0	1	2	3	4 [45]	0	1	2	3	4 [58]
l. was a <u>very good</u> <u>parent</u> ?	0	1	2	3	4 [46]	0	1	2	3	4 [59]
m. was <u>very strict</u> ?	0	1	2	3	4 [47]	0	1	2	3	4 [60]

6. Were the parents
 you described your..... 1. *Natural mother* 2. *Stepmother* 3. *Other*
 1. *Natural father* 2. *Stepfather* 3. *Other* [61-62]

I would like to get some information now about your RELATIONSHIPS with extended family -- that is, parents, brothers/sisters, grandparents, aunts/uncles, adult children -- during the last 6 months before starting this treatment.

7. How many of your family members did you usually stay in touch with by talking to or seeing regularly (such as every few weeks)?|_|_| [63-64]
 NUMBER

8.^a What were your relationships with them like during the last 6 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	[65]
b. really <u>enjoyed</u> being together?.....	0	1	2	3	4	[66]
c. <u>drank</u> together?	0	1	2	3	4	[67]
d. got <u>drunk</u> together?	0	1	2	3	4	[68]
e. used <u>other (illegal) drugs</u> together?	0	1	2	3	4	[69]
f. had serious talks about each other's <u>interests and needs</u> ?	0	1	2	3	4	[70]
g. <u>helped</u> each other with problems?.....	0	1	2	3	4	[71]
h. got <u>blamed or fussed at</u> about things you did or did not do?	0	1	2	3	4	[72]
i. had <u>disagreements</u> ?.....	0	1	2	3	4	[73]
j. had <u>big arguments or fights</u> ?	0	1	2	3	4	[74]

9. And how often did you go to church or religious services during those months? Was it --

0. <i>Never (or very seldom)</i>	1. <i>A few times</i>	2. <i>Once or twice a month</i>	3. <i>Every week (or more often)</i>	[75]
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10.^a How often do you feel that religion is really important in your life? [USE "ANSWER CARD A"]

0. <i>Never</i>	1. <i>Rarely</i>	2. <i>Sometimes</i>	3. <i>Often</i>	4. <i>Always</i>	[76]
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PART C: ACCULTURATION (Marin, B. V. et al. Short Acculturation Scale, 1987)

[302:05:ID]

	ONLY SPANISH	SPANISH BETTER THAN ENGLISH	BOTH EQUALLY	ENGLISH BETTER THAN SPANISH	ONLY ENGLISH	
1. In general, what language(s) do you <u>read and speak</u> ?	0	1	2	3	4	[11]

	ONLY SPANISH	MORE SPANISH THAN ENGLISH	BOTH EQUALLY	MORE ENGLISH THAN SPANISH	ONLY ENGLISH	
2. What was the language(s) you used as a <u>child</u> ?	0	1	2	3	4	[12]
3. What language(s) do you usually <u>speak at home</u> ?	0	1	2	3	4	[13]
4. In which language(s) do you usually <u>think</u> ?	0	1	2	3	4	[14]
5. What language(s) do you usually <u>speak with your friends</u> ?	0	1	2	3	4	[15]
6. In what language(s) are the <u>TV programs</u> you usually watch?	0	1	2	3	4	[16]
7. In what language(s) are the <u>radio programs</u> you usually listen to?	0	1	2	3	4	[17]
8. In general, in what language(s) are the movies, TV, and radio programs you <u>prefer</u> to watch and listen to?	0	1	2	3	4	[18]

	ALL HISPANICS	MOSTLY HISPANIC	ABOUT HALF & HALF	MOSTLY NON-HISPANIC	ALL NON-HISPANIC	
9. Your <u>close friends</u> are:	0	1	2	3	4	[19]
10. You prefer going to <u>social gatherings/parties</u> at which the people are:	0	1	2	3	4	[20]
11. The persons you <u>visit</u> or who visit you are:	0	1	2	3	4	[21]
12. If you could choose your <u>children's friends</u> , you would want them to be:	0	1	2	3	4	[22]

PART D: PEER RELATIONS

Now I want to ask a few questions about the **FRIENDS** you had during the **6 months** before you entered this treatment.

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? |__|__|* [23-24]
FRIENDS

*IF "1" OR MORE, ASK:

a. How many of them do you consider to be "**close friends**" -- that is, someone you can really depend on?..... |__|__| [25-26]
NUMBER

b. How many of them DID NOT use drugs?..... |__|__| [27-28]
NUMBER

c. How many of them DID NOT use alcohol? _____

- 2.^a 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	[29]
b. <u>work regularly</u> on a job?.....	0	1	2	3	4	[30]
c. feel <u>hopeful</u> about their <u>future</u> ?	0	1	2	3	4	[31]
d. <u>spend time</u> with their <u>families</u> ?.....	0	1	2	3	4	[32]
e. <u>like</u> being with their <u>families</u> ?	0	1	2	3	4	[33]
f. get into <u>loud arguments or fights</u> ?	0	1	2	3	4	[34]
g. get <u>drunk</u> ?	0	1	2	3	4	[35]
h. use <u>other (illegal) drugs</u> ?	0	1	2	3	4	[36]
i. trade, sell, or <u>deal drugs</u> ?	0	1	2	3	4	[37]
j. do other things <u>against the law</u> ?	0	1	2	3	4	[38]
k. spend time with " <u>gangs</u> "?	0	1	2	3	4	[39]
l. get <u>arrested</u> or have problems with the law?	0	1	2	3	4	[40]

3.^a How often would you say the friends you spent your time with --

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. looked to you as a <u>leader</u> ?	0	1	2	3	4	[41]
b. asked to <u>hear your ideas</u> ?.....	0	1	2	3	4	[42]
c. <u>laughed at or made fun</u> of you?	0	1	2	3	4	[43]
d. asked for <u>your advice</u> about their problems?.....	0	1	2	3	4	[44]
e. <u>caused problems</u> for you?.....	0	1	2	3	4	[45]
f. took <u>risks or chances</u> ?.....	0	1	2	3	4	[46]
g. did things that could get them into <u>trouble</u> ?	0	1	2	3	4	[47]
h. believed <u>drug use caused problems</u> ?	0	1	2	3	4	[48]
i. talked about reasons and ways to " <u>quit drugs</u> "	0	1	2	3	4	[49]
j. thought drug <u>treatment</u> could be <u>helpful</u> ?	0	1	2	3	4	[50]

4. How often did you have arguments or fights (with friends, co-workers, etc.) in the last 6 months?

0. *Never* 1. *Only a few times* 2. *1-3 times a month* 3. *1-5 times a week* 4. *About every day* [51]

[HAND "RELATIONSHIP CARD" TO RESPONDENT]

5. Which of the following best describes your feelings?|____| [52]

1. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.
2. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.
3. I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.

PART E. 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. Have you ever been arrested?..... 0=No 1=Yes* [53]

*IF “YES”, ASK:

<p>a.^c [HAND “CRIME CARD” TO RESPONDENT]: Look at this card and tell me how many times you were <u>EVER ARRESTED</u> for <u>each of the reasons</u> listed. [RECORD ANSWERS ON “CRIME CHART”]</p>	[54-55]
<p>b. How <u>old</u> were you the <u>first time</u> you were arrested? _ _ <div style="text-align: right; margin-right: 100px;">AGE</div></p>	[54-55]

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

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 [56]

3.^c How many different TIMES in the 6 months before treatment were you arrested for each of the reasons listed on this card? [RECORD ANSWERS ON “CRIME CHART”]

4.^c 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. Have you been a member of a gang during the last year before entering this treatment? 0=No 1=Yes [57]

CRIME CHART

TYPE OF CRIMES (AND EXAMPLES OF EACH)	Q1a. TIMES ARRESTED-- EVER (LIFETIME)	Q3. TIMES ARRESTED-- LAST 6 MONTHS	Q4. DAYS OF THESE ACTIVITIES-- LAST 30 DAYS
[1]. <u>Public intoxication</u> from drinking alcohol?.....	_ _ _ [58-59]	_ _ _ [23-24]	NA
[2]. <u>DWI</u> from drinking alcohol?.....	_ _ _ [60-61]	_ _ _ [25-26]	NA
[3]. <u>Use of illegal drugs</u> (possession of drug paraphernalia, public intoxication)?.....	_ _ _ [62-63]	_ _ _ [27-28]	NA
[4]. <u>Sale, distribution, or manufacturing</u> <u>of any drugs</u> (not counting drug use or possession)?.....	_ _ _ [64-65]	_ _ _ [29-30]	_ _ _ [57-58]
[5]. <u>Forgery or fraud</u> (writing bad checks, running con games)?.....	_ _ _ [66-67]	_ _ _ [31-32]	_ _ _ [59-60]
[6]. <u>Fencing</u> or buying/receiving stolen property?.....	_ _ _ [68-69]	_ _ _ [33-34]	_ _ _ [61-62]
[7]. <u>Gambling</u> , running numbers, or bookmaking?.....	_ _ _ [70-71]	_ _ _ [35-36]	_ _ _ [63-64]
[8]. <u>Prostitution or pimping</u> ?.....	_ _ _ [72-73]	_ _ _ [37-38]	_ _ _ [65-66]
[9]. <u>Burglary or auto theft</u> ?.....	_ _ _ [74-75]	_ _ _ [39-40]	_ _ _ [67-68]
[10]. <u>Other theft</u> (larceny, shoplifting)?.....	_ _ _ [76-77]	_ _ _ [41-42]	_ _ _ [69-70]
[11]. <u>Robbery</u> (armed robbery, mugging)?.....	_ _ _ [78-79]	_ _ _ [43-44]	_ _ _ [71-72]
[12]. <u>Violence against other persons</u> (homicide, aggravated assault, kidnapping, etc.)? [DO NOT INCLUDE "RAPE"].....	_ _ _ [11-12] [302;06;ID]	_ _ _ [45-46]	_ _ _ [11-12] [302;07;ID]
[13]. <u>Arson or weapons offenses</u> ?.....	_ _ _ [13-14]	_ _ _ [47-48]	_ _ _ [13-14]
[14]. <u>Vandalism</u> , vagrancy, loitering?.....	_ _ _ [15-16]	_ _ _ [49-50]	_ _ _ [15-16]
[15]. <u>Sex offenses</u> (rape, aggravated sexual assault, indecent exposure)?.....	_ _ _ [17-18]	_ _ _ [51-52]	_ _ _ [17-18]
[16]. <u>Status violations</u> (probation/parole)?....	_ _ _ [19-20]	_ _ _ [53-54]	_ _ _ [19-20]
[17]. Others not listed? (specify) _____.....	_ _ _ [21-22]	_ _ _ [55-56]	_ _ _ [21-22]

**PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!
[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?** |__|__|__|* [23-25]
 ["IN JAIL OR PRISON" MEANS LOCKED BEHIND BARS] # TIMES

***IF "0", SKIP TO Q.8**

*IF "1" OR MORE, ASK:

a. How old were you the first time you were in jail, prison, or juvenile lock-up?.....	__ __ __ AGE	[26-27]
b. Altogether, how much time have you ever spent in jail, prison, or juvenile lock-up? [RECORD IN "MONTHS"]	__ __ __ # MONTHS	[28-30]

7. In the last 6 months before starting this treatment, how many TIMES were you in jail or prison? |__|__|__| [31-33]
 # TIMES

8. What is your **CURRENT LEGAL STATUS?**..... |__| [34] ←

- 0. None
- 1. On probation only
- 2. On parole only
- 3. On probation and parole
- 4. Awaiting charge, trial, or sentence
- 5. Outstanding warrant
- 6. Case pending
- 7. Other _____

9. Did you enter this treatment program to avoid incarceration? 0=No 1=Yes [35]

PART F: HEALTH AND PSYCHOLOGICAL STATUS

1. What kind of health insurance do you have for yourself?..... |__| [36]
 CODE #

- 1. *No insurance*
- 2. *Medicaid*
- 3. *Medicare*
- 4. *CHAMPUS*
- 5. *Private insurance - substance abuse coverage*
- 6. *Private insurance - no substance abuse coverage*
- 7. *Private insurance - don't know if covers substance abuse*
- 8. *Don't know*

2. What kind of health insurance do you have for your children?..... |__| [37]
 CODE #

- 1. *No insurance*
- 2. *Medicaid*
- 3. *Medicare*
- 4. *CHAMPUS*
- 5. *Private insurance - substance abuse coverage*
- 6. *Private insurance - no substance abuse coverage*
- 7. *Private insurance - don't know if covers substance abuse*
- 8. *Don't know*

3. 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]..... |__| |__| [38-39]
 # TIMES

*IF "1 OR MORE", ASK:

In the last 12 months, how many times was it related to the use of alcohol and/or any other drug (not counting cigarettes; overdose, alcohol/drug related problems, or trauma)?..... _____
 # TIMES

Now I'm going to ask you some questions about your current health.

FOR EACH SEPARATE HEALTH PROBLEM, ASK:

- a. Have you been **diagnosed** with (health problem)?
- b. Have you **received treatment**, or are you scheduled to receive treatment?

Physical Health Disorders	A. HEALTH PROBLEM			*B. TREATMENT			
	NO	YES*		NO	YES	PENDING	
1. Respiratory system/breathing problems (asthma, bronchitis, pneumonia, emphysema, shortness of breath, wheezing).....	0	1	[40]	0	1	2	[58]
2. Heart/circulatory system problems (high blood pressure, heart disease, heart murmur, palpitations, irregular heartbeats).....	0	1	[41]	0	1	2	[59]
3. Diabetes mellitus	0	1	[42]	0	1	2	[60]
4. Eating disorder	0	1	[43]	0	1	2	[61]
5. Hepatitis	0	1	[44]	0	1	2	[62]
6. Cirrhosis of the liver, jaundice, or kidney/liver problems.....	0	1	[45]	0	1	2	[63]
7. Nervous system disorders (seizures, epilepsy, migraines, convulsions, or blackouts).....	0	1	[46]	0	1	2	[64]
8. STD (gonorrhea, syphilis, chlamydia, herpes).....	0	1	[47]	0	1	2	[65]
9. Tuberculosis	0	1	[48]	0	1	2	[66]
10. Physical disability, (specify): _____	0	1	[49]	0	1	2	[67]
11. Physical trauma, (specify): _____	0	1	[50]	0	1	2	[68]
12. Other (if HIV+/AIDS, record as "immune disorder") (specify): _____	0	1	[51]	0	1	2	[69]
13. Special Code						9	[70]
Mental Health Disorders	A. HEALTH PROBLEM			*B. TREATMENT			
	NO	YES*		NO	YES	PENDING	
14. Antisocial personality disorder	0	1	[52]	0	1	2	[71]
15. Anxiety	0	1	[53]	0	1	2	[72]
16. Bipolar disorder	0	1	[54]	0	1	2	[73]
17. Depression.....	0	1	[55]	0	1	2	[74]
18. Psychological trauma.....	0	1	[56]	0	1	2	[75]
19. Other DSM-IV finding, (specify): _____	0	1	[57]	0	1	2	[76]
20. Special Code						9	[77]

[302;08;ID]

1. Are you currently pregnant?.....0=No 1=Yes* 7=Don't know [11]

*IF "YES", ASK:

a. What trimester of pregnancy are you in?..... 1=1st 2=2nd 3=3rd [12]

2. 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]|_|_| [13-14]
 # TIMES

3. As far as you know, was either one of your parents ever treated for psychological or emotional problems?.....MOTHER: 0=No 1=Yes 7=? [15]
 FATHER: 0=No 1=Yes 7=? [16]

4. Have you ever attempted suicide?0=No 1=Yes* [17]
 *IF "YES": a. Specify number of times _____

5. During childhood, were you ever --

a. physically abused (hit, slapped, beaten)?.....0=No 1=Yes* [18]
 b. emotionally abused (yelled at, threatened)?.....0=No 1=Yes* [19]
 c. sexually abused (raped, molested)?0=No 1=Yes* [20]

6. As an adult, have you ever been --

a. physically abused (hit, slapped, beaten)?.....0=No 1=Yes* [21]
 b. emotionally abused (yelled at, threatened)?.....0=No 1=Yes* [22]
 c. sexually abused (raped, molested)?0=No 1=Yes* [23]

7. Have you been the victim of incest (sexually abused by a relative) any time in the past?.....0=No 1=Yes [24]

8. Have you received counseling for abuse any time in the past?0=No 1=Yes [25]

PART G: DRUG HISTORY

1. How many different times in the 30 days before entering this treatment did you use nicotine?|_|_| [26-27]
TIMES

IF "1" OR MORE:

- a. About how many cigarettes do you currently smoke each day?|_|_| [28-29]
PER DAY

2. Look over this list of drugs and tell me which ones caused you the most serious problems during the 3 months before you entered this treatment.

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

- a. First most serious?.....|_|_| [30-31]
b. Second most serious?.....|_|_| [32-33]
c. Third most serious?.....|_|_| [34-35]
DRUG #
- 3.^d 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]

PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!

FOR EACH SEPARATE DRUG USED, ASK:

[TAKE BACK "DRUG CARD" -- HAND "ANSWER CARD B" TO RESPONDENT]

- a.^b Using answers from this card, tell me how often during the LAST 6 MONTHS before starting this treatment you used (drug name).
[RECORD RESPONSE IN "DRUG HISTORY CHART"]
- b.^b In the LAST 30 DAYS before entering this treatment, how often did you use (drug name)?
[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.^b And how often in these 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

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
1. <u>Alcohol</u>	<input type="text"/> <input type="text"/> [36-37]	[302;09;ID] <input type="text"/> [11]	<u>9</u> [29]	<input type="text"/> [47]	N/A
2. <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.).....	<input type="text"/> <input type="text"/> [38-39]	<input type="text"/> [12]	<u>9</u> [30]	<input type="text"/> [48]	N/A
3. <u>Marijuana</u> /Hashish.....	<input type="text"/> <input type="text"/> [40-41]	<input type="text"/> [13]	<u>9</u> [31]	<input type="text"/> [49]	N/A
4. <u>PCP</u>	<input type="text"/> <input type="text"/> [42-43]	<input type="text"/> [14]	<u>9</u> [32]	<input type="text"/> [50]	N/A
5. <u>Other hallucinogens</u> / LSD/Psychedelics/ Mushrooms/Peyote.....	<input type="text"/> <input type="text"/> [44-45]	<input type="text"/> [15]	<u>9</u> [33]	<input type="text"/> [51]	N/A
6. <u>Crack</u> /Freebase.....	<input type="text"/> <input type="text"/> [46-47]	<input type="text"/> [16]	<u>9</u> [34]	<input type="text"/> [52]	N/A
7. <u>Cocaine</u> (by itself)	<input type="text"/> <input type="text"/> [48-49]	<input type="text"/> [17]	<u>9</u> [35]	<input type="text"/> [53]	<input type="text"/> <input type="text"/> [11-12]
8. <u>Heroin and Cocaine</u> (mixed together).....	<input type="text"/> <input type="text"/> [50-51]	<input type="text"/> [18]	<u>9</u> [36]	<input type="text"/> <input type="text"/> [54-55]	<input type="text"/> <input type="text"/> [13-14]
9. <u>Heroin</u> (by itself)	<input type="text"/> <input type="text"/> [52-53]	<input type="text"/> [19]	<u>9</u> [37]	<input type="text"/> <input type="text"/> [56-57]	<input type="text"/> <input type="text"/> [15-16]
10. <u>Street Methadone</u> (non-prescription).....	<input type="text"/> <input type="text"/> [54-55]	<input type="text"/> [20]	<u>9</u> [38]	<input type="text"/> <input type="text"/> [58-59]	<input type="text"/> <input type="text"/> [17-18]
11. <u>Other Opiates</u> /Opium Morphine/Demerol/ Darvon	<input type="text"/> <input type="text"/> [56-57]	<input type="text"/> [21]	<u>9</u> [39]	<input type="text"/> <input type="text"/> [60-61]	<input type="text"/> <input type="text"/> [19-20]
12. <u>Methamphetamine</u> / Speed/Ice/Ecstasy	<input type="text"/> <input type="text"/> [58-59]	<input type="text"/> [22]	<u>9</u> [40]	<input type="text"/> <input type="text"/> [62-63]	<input type="text"/> <input type="text"/> [21-22]
13. <u>Other Amphetamines</u> / Uppers/Diet Pills	<input type="text"/> <input type="text"/> [60-61]	<input type="text"/> [23]	<u>9</u> [41]	<input type="text"/> <input type="text"/> [64-65]	<input type="text"/> <input type="text"/> [23-24]
14. <u>Benzodiazepine</u>	<input type="text"/> <input type="text"/> [62-63]	<input type="text"/> [24]	<u>9</u> [42]	<input type="text"/> <input type="text"/> [66-67]	<input type="text"/> <input type="text"/> [25-26]
15. <u>Other Minor</u> <u>Tranquilizers</u> /Xanax/ Valium.....	<input type="text"/> <input type="text"/> [64-65]	<input type="text"/> [25]	<u>9</u> [43]	<input type="text"/> <input type="text"/> [68-69]	<input type="text"/> <input type="text"/> [27-28]
16. <u>Barbiturates</u>	<input type="text"/> <input type="text"/> [66-67]	<input type="text"/> [26]	<u>9</u> [44]	<input type="text"/> <input type="text"/> [70-71]	<input type="text"/> <input type="text"/> [29-30]
17. <u>Other Sedatives</u> / <u>Hypnotics</u> /Quaaludes ...	<input type="text"/> <input type="text"/> [68-69]	<input type="text"/> [27]	<u>9</u> [45]	<input type="text"/> <input type="text"/> [72-73]	<input type="text"/> <input type="text"/> [31-32]
18. <u>Other (specify)</u>	<input type="text"/> <input type="text"/> [70-71]	<input type="text"/> [28]	<u>9</u> [46]	<input type="text"/> <input type="text"/> [74-75]	<input type="text"/> <input type="text"/> [33-34]

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

4. Altogether, on how many of the last 30 days did you drink any beer, wine, wine coolers, or hard liquor?..... |* [47-48]
 ["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"/> *	[49-50]
	# DAYS	
(1) *IF ANY, ASK: 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"/>	[51-52]
	12-OZ CANS	
b. On how many days did you <u>drink any WINE</u> (or wine coolers)?	<input type="text"/> <input type="text"/> *	[53-54]
	# 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]	<input type="text"/>	[55-56]
	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"/> *	[57-58]
	# DAYS	
(1) *IF ANY, ASK: 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"/>	[59-60]
	OUNCES OF LIQUOR	
d. What about your pattern of drinking? On how many days (out of the last 30) did you have a drink <u>as soon as you woke up in the morning</u> -- before eating or going to work/school?.....	<input type="text"/> <input type="text"/>	[61-62]
	# 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"/>	[63-64]
	# DAYS	
f. On how many days did you drink <u>more alcohol than you really intended</u> or wanted to?.....	<input type="text"/> <input type="text"/>	[65-66]
	# DAYS	
g. On how many days (out of the last 30) did you drink <u>5 or more drinks on any one occasion?</u>	<input type="text"/> <input type="text"/>	[67-68]
[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	
h. On how many days (out of the last 30) did you ever have <u>3 or more drinks within a 1-hour period?</u>	<input type="text"/> <input type="text"/>	[69-70]
	# DAYS	

Note to interviewer: As needed during the following questions, remind respondent to answer the questions based on what has happened during the past year.

Now I want to ask you some questions about your alcohol use during this past year -- that is, over the last 12 months.

[302;11;ID]

5. Have you used **any type of alcohol** at all during the last 12 months (beer, wine, hard liquor, mixed drinks)? 0=No* 1=Yes [11]

***IF "NO" SKIP TO Q.28**

[USE "ANSWER CARD E"]

During the past year, how often did you --	NEVER	ONE TIME ONLY	TWO OR MORE TIMES	OFTEN	
6. ^e <u>Continue to drink</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ?	0	1	2	3	[12]
7. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of alcohol? For example, while driving a car, operating machinery, or taking unnecessary risks?	0	1	2	3	[13]
8. Get <u>arrested because</u> of your drinking?.....	0	1	2	3	[14]
9. Get drunk when you were <u>supposed to be doing something important</u> , like working, going to school, or taking care of your home or family?	0	1	2	3	[15]
10. Find that your <u>usual number of drinks</u> had much <u>less effect</u> on you or that you had to <u>drink more</u> in order to get the effect you wanted?	0	1	2	3	[16]
11. <u>Skip work or school</u> , or not take care of family or other duties <u>because of a hangover</u> ?	0	1	2	3	[17]
12. <u>Start drinking</u> even though you had <u>decided not to</u> ?	0	1	2	3	[18]
13. <u>Drink more</u> or for a much <u>longer period</u> of time <u>than you had intended to</u> ?	0	1	2	3	[19]
14. <u>Want to -- or try to -- stop or cut down</u> on your drinking but <u>found you could not</u> ?	0	1	2	3	[20]
15. <u>Spend so much time</u> drinking or being sick from drinking that you had <u>little time left for important things</u> like work, school, family, or friends?	0	1	2	3	[21]



During the past year, how often did you --

	NEVER	ONE TIME ONLY	TWO OR MORE TIMES	OFTEN	
16. Give up or cut down on things that are <u>important to you</u> like work, school, hobbies, or time with your family <u>in order to drink</u> ?.....	0	1	2	3	[22]
17. <u>Continue</u> to drink <u>even though</u> you knew it was making you feel either <u>depressed</u> , or <u>uninterested</u> in life, or <u>suspicious</u> and <u>distrustful</u> of other people?.....	0	1	2	3	[23]
18. <u>Continue</u> to drink <u>even though</u> you knew drinking was causing you a <u>health problem</u> or making a known health problem worse?.....	0	1	2	3	[24]

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

	NEVER	ONE TIME ONLY	TWO OR MORE TIMES	OFTEN	
19. Have trouble <u>falling</u> asleep or staying asleep?	0	1	2	3	[25]
20. Find yourself <u>shaking</u> ?	0	1	2	3	[26]
21. Feel <u>depressed</u> , <u>irritable</u> , or <u>nervous</u> ?	0	1	2	3	[27]
22. Feel <u>sick</u> to your stomach or vomit?	0	1	2	3	[28]
23. Have a very bad <u>headache</u> ?	0	1	2	3	[29]
24. Find yourself <u>sweating</u> or feel like your heart was racing?.....	0	1	2	3	[30]
25. See, feel, or hear things that were <u>not really there</u> ?	0	1	2	3	[31]
26. Have fits or <u>seizures</u> ?	0	1	2	3	[32]
27. Take a drink or a drug to help you get over a <u>hangover</u> or to help you feel better?.....	0	1	2	3	[33]

Now I want to ask you some questions about your cocaine use during the past year -- that is, over the last 12 months.

28. Have you used <u>any type of cocaine</u> at all during the <u>last 12 months</u> (snorting, smoking crack, injection, "speedballs")?	0=No*	1=Yes	[34]
------------------------------------------------------------------------------------------------------------------------------------------------	-------	-------	------

***IF "NO", SKIP TO Q.43**

[USE ANSWER CARD E]

During this past year, how often did you --

	NEVER	ONE TIME ONLY	TWO OR MORE TIMES	OFTEN	
29. <u>Continue to use cocaine</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ?	0	1	2	3	[35]
30. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt</u> while under the <u>influence</u> of cocaine? For example, while driving a car, operating machinery, or taking unnecessary risks?	0	1	2	3	[36]
31. Get <u>arrested because</u> of your cocaine use?	0	1	2	3	[37]
32. Get high on cocaine when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family?	0	1	2	3	[38]

During this past year, how often did you --

	NEVER	ONE TIME ONLY	TWO OR MORE TIMES	OFTEN	
33. Find that your <u>usual amount</u> of cocaine had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?.....	0	1	2	3	[39]
34. <u>Use cocaine</u> or other drugs to help you <u>feel better when coming down</u> from cocaine?.....	0	1	2	3	[40]
35. <u>Start</u> using cocaine even though you had <u>decided not to</u> or promised yourself that you would not use it?	0	1	2	3	[41]
36. <u>Use cocaine</u> for a much longer time <u>than you had intended to</u> ?.....	0	1	2	3	[42]
37. <u>Want to -- or try to -- stop or cut down on</u> your cocaine use but <u>found you could not</u> ?.....	0	1	2	3	[43]



During this past year, how often did you --

	NEVER	ONE TIME ONLY	TWO OR MORE TIMES	OFTEN	
38. <u>Spend so much time</u> using cocaine, scoring cocaine, or being hung-over from cocaine that you had <u>little time left for important things</u> like work, school, family, or friends?.....	0	1	2	3	[44]
39. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use cocaine or score cocaine?</u>	0	1	2	3	[45]
40. <u>Continue</u> to use cocaine <u>even though you knew</u> it was making you feel either <u>depressed</u> , or <u>uninterested</u> in life, or <u>paranoid and distrustful</u> of other people?.....	0	1	2	3	[46]
41. <u>Continue</u> to use cocaine <u>even though you knew</u> cocaine was causing you a <u>health problem</u> or making a known health problem worse?.....	0	1	2	3	[47]

When the effects of cocaine were wearing off --

42. Did you ever feel very depressed? 0=No* 1=Yes [48]

***IF "NO", SKIP TO Q.43**

IF "YES", DID YOU EVER --

a. Feel extremely <u>tired</u> ?.....	0=No	1=Yes	[49]
b. Have vivid or unpleasant <u>dreams</u> ?.....	0=No	1=Yes	[50]
c. Sleep more than usual or have trouble <u>falling asleep</u> or <u>staying asleep</u> ?	0=No	1=Yes	[51]
d. Have a greatly increased <u>appetite</u> ?	0=No	1=Yes	[52]
e. Feel <u>agitated</u> or extremely anxious?.....	0=No	1=Yes	[53]



Think about the last 6 months before treatment and tell me how often your use of alcohol or other drugs led to PROBLEMS for you. First, let's talk about alcohol, and then other drugs.

43.^a Use this card and tell me how often you think drinking alcohol or using other drugs has to problems in each of the following areas of your life.

[USE "ANSWER CARD A" -- ASK ABOUT "ALCOHOL", THEN "OTHER DRUGS"]

How often did your (alcohol/drug) use affect --

	(1) Alcohol Use					(2) Other Drug Use				
	NEVER	ALWAYS	NEVER	ALWAYS
a. <u>your physical</u> health?	0	1	2	3	4 [54]	0	1	2	3	4 [62]
b. <u>your relations with family or friends?</u>	0	1	2	3	4 [55]	0	1	2	3	4 [63]
c. <u>your general attitude or emotional health?</u>	0	1	2	3	4 [56]	0	1	2	3	4 [64]
d. <u>your attention and concentration?</u>	0	1	2	3	4 [57]	0	1	2	3	4 [65]
e. <u>going to work or finding a job?</u>	0	1	2	3	4 [58]	0	1	2	3	4 [66]
f. <u>money and finances?</u>	0	1	2	3	4 [59]	0	1	2	3	4 [67]
g. <u>fight</u> s or arguments?	0	1	2	3	4 [60]	0	1	2	3	4 [68]
h. <u>police</u> or legal trouble?...	0	1	2	3	4 [61]	0	1	2	3	4 [69]

44. How many times have you ever overdosed on drugs?..... |__|__|* [70-71]
TIMES

*IF "1" OR MORE, ASK:

a. How many times have you ever intentionally overdosed on drugs?..... |__|__| [72-73]
TIMES

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

- a. Spouse/primary partner: 0=No 1=Yes 7=? [74]
- b. Either of your parents: 0=No 1=Yes 7=? [75]
- c. Close friends/family: 0=No 1=Yes 7=? [76]

46. 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=? [77]
- b. Either of your parents: 0=No 1=Yes 7=? [78]
- c. Close friends/family: 0=No 1=Yes 7=? [79]

[302;12;ID]

47. How many **TIMES** were you ever totally drug-free (including alcohol) for at least 3 months or longer?.....|_|_|* [11-12]
TIMES

*IF "1" OR MORE, ASK:

a. What is the longest time you were ever able to stay "clean" (from drugs and alcohol)?|_|_|_| [13-15]
MONTHS

48. How many **TIMES** before now have you ever been in a drug abuse treatment program?|_|_|* [16-17]
TIMES

***IF "0", SKIP TO Q.50**

*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)?.....	_ _ [18-19]	_ _ [30-31]	_ _ _ [42-44]
(2) <u>Residential/therapeutic community</u> ?.....	_ _ [20-21]	_ _ [32-33]	_ _ _ [45-47]
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?.....	_ _ [22-23]	_ _ [34-35]	_ _ _ [48-50]
(4) <u>Outpatient</u> ?..... IF "1 OR MORE" Circle one: 1=Drug Free 2=Methadone	_ _ [24-25]	_ _ [36-37]	_ _ _ [51-53]
(5) <u>Detoxification</u> ?.....	_ _ [26-27]	_ _ [38-39]	_ _ _ [54-56]
(6) <u>Other? (specify)</u> _____	_ _ [28-29]	_ _ [40-41]	_ _ _ [57-59]

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]?
- d. Have your children ever been in treatment with you before? 0=No I=Yes [60]
- e. Were you admitted to a program within the last year?..... 0=No I=Yes* [61]

*IF "YES"

f. Indicate which type of program. [RECORD CATEGORY NUMBER FROM "TREATMENT CHART" TO INDICATE TYPE OF LAST TREATMENT]|_| [62]
TYPE #





49. Before now, how long has it been since the last time you were in a treatment program for drug problems? How many months?.....|_|_|_| [63-65]
MONTHS

50. How many TIMES have you ever been in any kind of treatment program for drinking or alcohol problems? [DO NOT INCLUDE AA GROUPS].....|_|_|* [66-67]
TIMES

*IF "1" OR MORE, ASK:

a. How long ago was the last time you were in an alcohol treatment program? How many months?.....|_|_|_| [68-70]
MONTHS

51. Have you ever gone to AA (Alcoholics Anonymous), or to other self-help meetings for an **alcohol** problem? 0=No 1=Yes* [71]

*IF "YES", ASK:

a. 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 [72]

52. Have you ever gone to self-help meetings for **drug addiction**, like NA, CA, etc.? 0=No 1=Yes* [73]

*IF "YES", ASK:

a. 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 [74]

53.^f How much do you feel pressured from other people to enter this drug treatment program?
 What about --

[USE "ANSWER CARD F"]	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
						[302;13;ID]
a. medical authorities (doctors, health center)?.....	0	1	2	3	4	[11]
b. your family or friends?.....	0	1	2	3	4	[12]
c. your employer?	0	1	2	3	4	[13]
d. legal authorities (police, judge, parole or probation officer)?.....	0	1	2	3	4	[14]
e. <u>others</u> (specify): _____	0	1	2	3	4	[15]

54.^g 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?
 [IF QUESTION IS NOT APPLICABLE, WRITE "NA" BESIDE ITEM]

[USE "ANSWER CARD G"]	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NOT SURE	AGREE SOMEWHAT	AGREE STRONGLY	
You will be <u>encouraged</u> by your --						
a. spouse or primary partner?	0	1	2	3	4	[16]
b. children?	0	1	2	3	4	[17]
c. parents (mother or father)?.....	0	1	2	3	4	[18]
d. brothers or sisters?	0	1	2	3	4	[19]
e. other close relatives?.....	0	1	2	3	4	[20]
f. friends?	0	1	2	3	4	[21]

55. How long do you expect to stay in treatment?

1. Under 3 mos. 2. 4-6 mos. 3. 7-9 mos. 4. 10-12 mos. 5. 13-18 mos. [22]

56.^f While in this program, how *hard* will it be for you to --

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. <u>openly discuss</u> your personal issues with a counselor?.....	0	1	2	3	4	[23]
b. <u>accept personal responsibility</u> for problems you have?	0	1	2	3	4	[24]
c. <u>think seriously</u> about things in your life that need to change?.....	0	1	2	3	4	[25]
d. <u>take action</u> to solve personal problems?	0	1	2	3	4	[26]

57.^f How *likely* is it that you will --

	NOT AT ALL	SLIGHTLY	MODER- ATELY	CONSIDER- ABLY	EXTREMELY	
a. discuss your <u>innermost feelings</u> with a counselor?.....	0	1	2	3	4	[27]
b. want <u>individual</u> counseling?	0	1	2	3	4	[28]
c. want <u>group</u> counseling?	0	1	2	3	4	[29]
d. be active in <u>group counseling discussions</u> ?.....	0	1	2	3	4	[30]
e. <u>feel the need</u> to use drugs in the first few months of treatment?.....	0	1	2	3	4	[31]
f. have <u>drug use relapses</u> in the next few months?.....	0	1	2	3	4	[32]

PART H: 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.^b In the **last 6 months** before entering this treatment, how often did you inject drugs with a needle? |__| [33]
 [USE "ANSWER CARD B"]

***IF "0", SKIP TO Q.7**

2.^b 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? |__| [34]
 CARD B

[TAKE BACK "ANSWER CARD B"]

3. 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? |__| |__| |__| [35-37]
 # PEOPLE

4. In the **last 30 days** before this treatment, how many TIMES did you inject drugs with a needle? |__| |__| |__|* [38-40]
 # TIMES

***IF "0", SKIP TO Q.7**

5. How many times 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? |__| |__| |__| [41-43]
 # TIMES

6. 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. |__| |__| |__| [44-46]
 # PEOPLE



7. What about **SEX** in the **last 6 months** before entering this treatment?

How many PEOPLE did you have sex with during that time
(including vaginal, oral, or anal)? |__|__|__| [47-49]
PEOPLE

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

8. During those months, did you ever have sex
WITHOUT USING A CONDOM 0=No 1=Yes* [50]

*IF "YES", ASK:

How often did you have unprotected sex --	_____					[]
	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	[51]
b. with someone who <u>shoots drugs with needles</u> ?	0	1	2	3	4	[52]
c. trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?	0	1	2	3	4	[53]

9. And what about **SEX** in the **last 30 days** before entering this treatment?

How many PEOPLE did you have any kind of sex with
during that month (including vaginal, oral, or anal)? |__|__|__|* [54-56]
PEOPLE

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

10. Altogether, how many times did you have sex that month?
[DO NOT INCLUDE MASTURBATION] |__|__|__| [57-59]
TIMES

11. And how many times did you have sex without using a latex condom?..... |__|__|__| [60-62]
TIMES

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

12. When you had sex without using a condom that month, how many times was it --

a. with someone who is <u>not your spouse or primary partner</u> ?	__ __ __	[63-65]
b. with someone who <u>shoots drugs with needles</u> ?	__ __ __	[66-68]
c. with someone who <u>sometimes smokes crack/cocaine</u> ?	__ __ __	[69-71]
d. while you or your partner were " <u>high</u> " on drugs or alcohol?	__ __ __	[72-74]
e. while trading (giving/getting) <u>sex for drugs, money, or gifts</u> ?	__ __ __	[75-77]

TIMES



13. 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)?..... |__|__|__| [11-13]
 # PEOPLE

14. How many times have you been tested for the AIDS virus (HIV antibody test)?..... |__|__|* [14-15]
 # TIMES

*IF "1 OR MORE", ASK:

a. Have you ever tested positive?..... 0=No 1=Yes 2=Don't know	[16]
----------------------------------------------------------------------	------

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

15.^g Tell me how much do you agree or disagree with each of these statements.

[USE "ANSWER CARD G"]	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	[17]
b. You think that you <u>really could</u> get AIDS.	0	1	2	3	4	[18]
c. You <u>want to make some changes now</u> that will reduce your AIDS risks.	0	1	2	3	4	[19]
d. You are going to <u>change</u> your <u>drug use activities</u> to avoid AIDS.	0	1	2	3	4	[20]
e. You are going to <u>change</u> your <u>sex activities</u> to avoid AIDS.	0	1	2	3	4	[21]
f. You already <u>know what you must do</u> to reduce your AIDS risks.	0	1	2	3	4	[22]

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 "1" (no treatment necessary) to "7" (treatment needed for life-threatening situation); intermediate ratings of "3", "4" or "5" identify symptoms of moderate intensity.

PROBLEM AREAS [CIRCLE ANSWER]	<u>Ratings of Problems Needing Treatment/Counseling</u>							
	NONE					MODERATE	SEVERE	
1. <u>Educational/Vocational</u>	1	2	3	4	5	6	7	[23]
2. <u>Employment/Support</u>	1	2	3	4	5	6	7	[24]
3. <u>Family Relations</u>	1	2	3	4	5	6	7	[25]
4. <u>Peer Relations</u>	1	2	3	4	5	6	7	[26]
5. <u>Legal/Criminality</u>	1	2	3	4	5	6	7	[27]
6. <u>Medical/Health</u>	1	2	3	4	5	6	7	[28]
7. <u>Psychological/Emotional</u>	1	2	3	4	5	6	7	[29]
8. <u>Alcohol Use</u>	1	2	3	4	5	6	7	[30]
9. <u>All Illegal Drug Use</u>	1	2	3	4	5	6	7	[31]
10. <u>Heroin/Other Opiates</u>	1	2	3	4	5	6	7	[32]
11. <u>Cocaine/Crack</u>	1	2	3	4	5	6	7	[33]
12. <u>Speedball (Heroin+Coc)</u>	1	2	3	4	5	6	7	[34]
13. <u>Amphetamine/Speed</u>	1	2	3	4	5	6	7	[35]
14. <u>Marijuana</u>	1	2	3	4	5	6	7	[36]
15. <u>Other Drug (_____)</u>	1	2	3	4	5	6	7	[37]
16. <u>AIDS-Risky Needle Use</u>	1	2	3	4	5	6	7	[38]
17. <u>AIDS-Risky Sex</u>	1	2	3	4	5	6	7	[39]

SUMMARY COMMENTS:

J. ANCILLARY SERVICES RECOMMENDED

	NO	YES	
a. Medical services/tests.....	0	1	[40]
b. Psychological services/tests.....	0	1	[41]
c. Job/vocational training.....	0	1	[42]
d. Education	0	1	[43]
e. Legal assistance	0	1	[44]
f. Welfare/AFDC/food stamps/etc.....	0	1	[45]
g. Food/clothing	0	1	[46]
h. Anger resolution.....	0	1	[47]
i. Rape & trauma	0	1	[48]

	NO	YES	
j. Parenting & family	0	1	[49]
k. Alcoholics Anonymous (AA).....	0	1	[50]
l. Narcotics/Cocaine Anonymous (NA/CA)	0	1	[51]
m. Contacts with parole/ probation officer.....	0	1	[52]
n. Contacts with court/judges	0	1	[53]
o. Contacts with housing agencies.....	0	1	[54]
p. Contacts with CPS	0	1	[55]

Indicate Client’s Strengths:

Indicate Client’s Challenges:

Signature of Qualified Credentialed Person

Date

TCU/FC CLIENT INTAKE TRAILER

[302;15;ID]

1. Which of the following most accurately describes the place where you lived before entering treatment?.....|_|_| [11]

- 1. Own house/condominium
- 2. Rented house/condominium
- 3. Apartment rented by self
- 4. Apartment, shared rent
- 5. With family or other relatives (not paying rent)
- 6. With friend(s) or non-family members (not paying rent)
- 7. Public housing
- 8. Other (specify) _____

2. During the past 12 months, with whom did you live the longest?.....|_|_| [12-13]

- 1. No one, lived alone
- 2. Spouse
- 3. Domestic partner or significant other
- 4. Children
- 5. Spouse and children
- 6. Domestic partner/significant other and children
- 7. Parents/siblings (excludes foster care)
- 8. Parents/siblings (excludes foster care) and children
- 9. Other relatives
- 10. Other relatives and children
- 11. Foster care
- 12. Other non-relatives (specify) _____
- 13. Other non-relatives and children (specify non-relatives) _____

3. During the 2 years before entering this residential treatment, were you ever homeless (living on streets, in homeless shelter, sleeping in empty buildings, etc.)? 0=No 1=Yes* [14]

*IF "YES", ASK:

a. For how many months total were you homeless during that time?|_|_| [15-16]
MONTHS

b. How many children did you have with you?|_|_| [17-18]
CHILDREN

4. How many of your minor children are in your custody (include step, adopted or foster)?.....|_|_|* [19-20]
 NUMBER

*IF "1 OR MORE", ASK:

a. How many are in your <u>legal custody only</u> (mother has legal custody but child does not live with her)?.....	_ _	[21-22]
	NUMBER	
b. How many are in your <u>physical custody only</u> (mother does NOT have legal custody, but child is living with her)?	_ _	[23-24]
	NUMBER	
c. How many are in your custody both <u>legally and physically</u> (mother has legal custody and child is living with her)?.....	_ _	[25-26]
	NUMBER	

5. Now I'm going to ask you some additional questions about your current health.

FOR EACH SEPARATE HEALTH PROBLEM, ASK:

a. Have you been diagnosed with (<u>health problem</u>)?
b. Have you received treatment , or are you scheduled to receive treatment?

Physical Health Disorders	<u>a. HEALTH PROBLEM</u>			<u>b. TREATMENT</u>		
	NO	YES*		NO	YES	PENDING
1. Digestive system/stomach problems (ulcers, colitis, vomiting, persistent diarrhea, heartburn)	0	1	[27]	0	1	2 [33]
2. Bone/muscle problems (paralysis, bursitis, arthritis)	0	1	[28]	0	1	2 [34]
3. Gynecological problems (ovarian cysts, severe bleeding, severe cramps, endometriosis, fibroids, breast lumps, or pain)	0	1	[29]	0	1	2 [35]
Mental Health Disorders	<u>a. HEALTH PROBLEM</u>			<u>b. TREATMENT</u>		
	NO	YES*		NO	YES	PENDING
4. Schizophrenia	0	1	[30]	0	1	2 [36]
5. Paranoid psychosis	0	1	[31]	0	1	2 [37]
6. Cognitive delay.....	0	1	[32]	0	1	2 [38]

6. When you were growing up, how often did your mother/step/foster mother –

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. Psychologically/emotionally abuse you?.....	0	1	2	3	4	[39]
b. Physically abuse you?.....	0	1	2	3	4	[40]
c. Physically neglect you?.....	0	1	2	3	4	[41]

7. When you were growing up, how often did your father/step/foster father –

[USE "ANSWER CARD A"]	NEVER	RARELY	SOME-TIMES	OFTEN	ALWAYS	
a. Psychologically/emotionally abuse you?.....	0	1	2	3	4	[42]
b. Physically abuse you?.....	0	1	2	3	4	[43]
c. Physically neglect you?.....	0	1	2	3	4	[44]

8. Have you ever experienced --

a. Emotional neglect?.....	0=No	1=Yes	[45]
b. Physical neglect?.....	0=No	1=Yes	[46]
c. Abandonment by one or more parent (voluntary or involuntary)?.....	0=No	1=Yes	[47]
d. Being a witness to violence?.....	0=No	1=Yes	[48]
e. Sexual abuse by a non-relative?.....	0=No	1=Yes	[49]

9. Were any of the following people ever treated for alcohol or other drug use problems?
If "YES", ask: Are they currently in recovery?

	<u>A. EVER TREATED</u>			<u>*B. IN RECOVERY</u>		
	NO	YES*		NO	YES	
a. Mother/Stepmother.....	0	1*	[50]	0	1	[55]
b. Father/Stepfather.....	0	1*	[51]	0	1	[56]
c. 1 or more sibling(s):.....	0	1*	[52]	0	1	[57]
d. 1 or more child(ren).....	0	1*	[53]	0	1	[58]
e. 1 or more close friend(s).....	0	1*	[54]	0	1	[59]

10. Have you ever been a cigarette smoker?0=No 1=Yes* [60]

*IF 'YES', ASK:

a. How old were you when you first started smoking?	__ __	[61-62]
	# YEARS	
b. If you no longer smoke, how many months ago did you quit?.....	__ __	[63-64]
	# MONTHS	

**Ask the following only if client has had 1 or more
PRIOR SUBSTANCE ABUSE TREATMENT episodes**

11. Did you successfully complete your last treatment episode? 0=No* 1=Yes [65]

*IF 'NO', ASK:

a. What was the primary reason for not completing treatment?.....	__	[66]
<ol style="list-style-type: none"> 1. Transferred into this residential treatment program 2. Had a problem with the program and left 3. Couldn't afford to continue treatment and left 4. Left because family needed you 5. Discharged by facility for non-compliance 6. Left against medical advice 7. Incarcerated/placed in detention 8. Hospitalized for physical health 9. Hospitalized for mental health 10. Moved out of area 11. Other (specify) _____ 		

12. How was your last treatment episode paid for?

- a. Health insurance?.....0=No 1=Yes [67]
- b. Your own savings or earnings?.....0=No 1=Yes [68]
- c. Family members paid?.....0=No 1=Yes [69]
- d. Your employer paid?0=No 1=Yes [70]
- e. Medicaid or Medicare?0=No 1=Yes [71]
- f. Treatment was free?.....0=No 1=Yes [72]
- g. Other (specify) _____

End of This Interview--Thanks!