

BRIEF INTAKE INTERVIEW (TCU BI)

COMPLETE BEFORE INTERVIEW IS CONDUCTED:

[FORM 410; CARD 01]

1. TREATMENT PROGRAM I.D. #:	_ _ _ _	[6-8]
2. CLIENT I.D. #:	_ _ _ _ _ _ _	[9-14]
3. TODAY'S DATE:	_ _ _ _ _ _ _	[15-20]
	MO DAY YR	
4. NAME & I.D.# OF INTERVIEWER: _____	_ _ _ _	[21-22]
	ID#	
5. ASSIGNED COUNSELOR I.D. #:	_ _ _ _	[23-24]
	ID#	
6. LITERACY (Reads at 6th grade level):	0=No 1=Yes	[25]
7. ELIGIBILITY CRITERIA: [SPECIFY AS NEEDED]		
1.	0=No 1=Yes	[26]
2.	0=No 1=Yes	[27]
3.	0=No 1=Yes	[28]
4.	0=No 1=Yes	[29]
5.	0=No 1=Yes	[30]
6.	0=No 1=Yes	[31]
8. SPECIAL CODES:	_ _ _ _ _ _ _	[32-37]
9. SOURCE OF REFERRAL:	_ _	[38]
1. <i>None/self</i>		
2. <i>Family or friends</i>		
3. <i>Street outreach project</i>		
4. <i>Physician or health provider</i>		
5. <i>Other drug treatment program</i>		
6. <i>Employer (EAP)</i>		
7. <i>Parole, probation, court</i>		
8. <i>Other (specify)</i> _____		

A. BACKGROUND INFORMATION:

1. How old are you?

|_|_|_|_| [39-40]
AGE

2. What is your date of birth?

|_|_|_|_|_|_|_| [41-46]
MO DAY YR

3. What is your race or ethnic background? [ENTER # FOR ANSWER]

|_|_| [47]
#

1. <i>African American/Black</i>	5. <i>Other Hispanic</i>
2. <i>American Indian</i>	<i>(specify):</i> _____
3. <i>Asian/Pacific Islander</i>	6. <i>White (not of Hispanic origin)</i>
4. <i>Mexican American (Hispanic origin)</i>	7. <i>Other</i>
	<i>(specify):</i> _____

4. What is your gender?0=Female 1=Male [48]

5. Where have you been living or staying most of the time in the last month?|_| [49]
#

- 1. With family or other relatives
- 2. With group of friend(s) or non-family members (non-institutional)
- 3. Alone in own dwelling
- 4. Homeless
- 5. Hospital, rehabilitation facility, nursing home
- 6. Jail, prison, or other correctional facility
- 7. Other (specify): _____

6. What is your legal marital status?|_| [50]
#

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

7. How many years of school have you finished – that is, what is the highest grade you completed?|_|_* [51-52]
GRADE

a. ***[IF “12”]**: Did you get a regular high school diploma or GED?1=GED 2=Diploma [53]

8. Did you hold a job anytime during the last 30 days?|_|_* [54]
#

- 1. No
- 2. Yes, did odd jobs (occasional or irregular work)
- 3. Yes, held part-time jobs (under 35 hours per week)
- 4. Yes, held full-time job (35 hours or more per week)

***IF “NO”:**

a. Why were you <u>unemployed</u> ? _ _* [55] # <ul style="list-style-type: none">1. Did not try to find work2. Tried but couldn't find work3. Unable to work due to alcohol or drug problems4. Unable to work due to other health problems5. Needed at home6. Other (specify): _____

***IF “YES”:**

b. How many <u>days</u> did you work <u>in the last 30 days</u> ? _ _* [56-57] # DAYS
--

9. What was your total annual income last year from LEGAL sources?\$ |__|__|__|, |__|__|__| [13-18]
 ANNUAL INCOME

10. What kind of health insurance do you have?|__| [19]
 #

- 0. No insurance
- 1. Medicaid/Medicare
- 2. CHAMPUS
- 3. Private insurance – substance abuse coverage
- 4. Private insurance – no substance abuse coverage
- 5. Private insurance – don't know if have substance abuse coverage
- 6. Don't know

11. What is your current legal status?|__| [20]
 #

- 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 _____

12. Are you under strong pressures from any of the following sources to enter this drug treatment program? [CIRCLE # FOR ANSWER]

	NO	YES	
a. <u>Medical</u> authorities (doctors, health center)?	<u>0</u>	<u>1</u>	[21]
b. Your <u>family or friends</u> ?	<u>0</u>	<u>1</u>	[22]
c. Your <u>employer</u> ?	<u>0</u>	<u>1</u>	[23]
d. <u>Legal</u> authorities (police, judge, parole or probation officer)?	<u>0</u>	<u>1</u>	[24]
e. <u>Others</u> (specify): _____	<u>0</u>	<u>1</u>	[25]

13. Are you required by legal authorities to be in this drug treatment program – that is, by a judge, drug court, or probation department? [CIRCLE ANSWER] 0=No 1=Yes [26]

14. Why is it important for you to get treatment or counseling now

Do you need help with –

	NO	YES	
a. <u>medical</u> problems?	<u>0</u>	<u>1</u>	[27]
b. problems with <u>family or spouse</u> ?	<u>0</u>	<u>1</u>	[28]
c. other social problems with <u>friends or neighbors</u> ?	<u>0</u>	<u>1</u>	[29]
d. <u>employment or work-related</u> problems?	<u>0</u>	<u>1</u>	[30]
e. <u>legal</u> problems?	<u>0</u>	<u>1</u>	[31]
f. <u>emotional or psychological</u> problems?	<u>0</u>	<u>1</u>	[32]
g. use of <u>alcohol</u> ?	<u>0</u>	<u>1</u>	[33]
h. use of <u>heroin</u> (or other opiates)?	<u>0</u>	<u>1</u>	[34]
i. use of <u>cocaine</u> (or crack)?	<u>0</u>	<u>1</u>	[35]
j. use of <u>other drugs</u> ?	<u>0</u>	<u>1</u>	[36]

B. PSYCHOSOCIAL FUNCTIONING IN PAST 6 MONTHS:

1. What was your major (or largest) source of support during the past 6 months? | | [37]
#

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. <i>Job</i> 2. <i>Mate/spouse</i> 3. <i>Family or friends</i> 4. <i>Unemployment</i> | <ul style="list-style-type: none"> 5. <i>Welfare</i> 6. <i>Prostitution</i> 7. <i>Illegal activities</i> 8. <i>Others:</i> _____ |
|---|--|

2. What were your relationships with your family like during the last 6 months?
 This includes your parents, brothers/sisters, grandparents, aunts/uncles, and adult children.
 Tell me how often you –

	NEVER	SOME- TIMES	OFTEN	
a. <u>got along</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[38]
b. really <u>enjoyed</u> being together?	<u>0</u>	<u>1</u>	<u>2</u>	[39]
c. <u>drank</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[40]
d. got <u>drunk</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[41]
e. used <u>other (illegal) drugs</u> together?	<u>0</u>	<u>1</u>	<u>2</u>	[42]
f. had serious talks about each other's <u>interests and needs</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	[43]
g. <u>helped</u> each other with problems?	<u>0</u>	<u>1</u>	<u>2</u>	[44]
h. got <u>blamed or fussed at</u> about things YOU did or did not do?	<u>0</u>	<u>1</u>	<u>2</u>	[45]
i. had <u>disagreements</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	[46]
j. had <u>big arguments or fights</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	[47]

3. Describe your friends and the people you usually spent your time with during those 6 months. Tell me, in general, how often did they –

	NEVER	SOME- TIMES	OFTEN	
a. have an <u>interest in working</u> ?	0	1	2	[48]
b. <u>work regularly</u> on a job?	0	1	2	[49]
c. feel <u>hopeful</u> about their <u>future</u> ?	0	1	2	[50]
d. <u>spend time</u> with their <u>families</u> ?	0	1	2	[51]
e. <u>like</u> being with their <u>families</u> ?	0	1	2	[52]
f. get into <u>loud arguments or fights</u> ?	0	1	2	[53]
g. get <u>drunk</u> ?	0	1	2	[54]
h. use <u>other (illegal) drugs</u> ?	0	1	2	[55]
i. trade, sell, or <u>deal drugs</u> ?	0	1	2	[56]
j. do other things <u>against the law</u> ?	0	1	2	[57]
k. spend time with “ <u>gangs</u> ”?	0	1	2	[58]
l. get <u>arrested</u> or have problems with the law?	0	1	2	[59]

4. Altogether, how many TIMES in the last 6 months were you arrested? |__|__|__| [60-62]
ARRESTS

5. Not counting drug use, how many DAYS EACH WEEK were you usually involved during those months in any kind of activities that were against the law? |__| [63]
DAYS

6. In the past 6 months, about how much of your income or source of support came from some kind of illegal activity? [64]

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

7. How many times in your life have you ever been hospitalized for a serious illness or injury? |__|__|__|* [65-66]
TIMES

***IF “1” OR MORE:**

a. How many times have you been hospitalized in the last 6 months? |__|__|__| [67-68]
TIMES

8. Do you currently have any serious health problems?0=No 1=Yes* [13]

a. *[IF "YES"]: What are the main problems you have?

CODE 1	CODE 2	CODE 3

[14-19]

9. Not counting the effects from alcohol or other drug use, have you recently experienced –

	NEVER	SOME- TIMES	OFTEN	
a. serious <u>depression</u> ?	0	1	2	[20]
b. serious <u>anxiety or tension</u> ?	0	1	2	[21]
c. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1	2	[22]
d. trouble <u>understanding, concentrating, or remembering</u> ?	0	1	2	[23]
e. trouble controlling <u>violent behavior</u> ?	0	1	2	[24]
f. serious <u>thoughts of suicide</u> ?	0	1	2	[25]

10. Have you ever tried to commit suicide?0=No 1=Yes [26]

11. Have you taken any kind of prescribed medications in the last 6 months?0=No 1=Yes* [27]

a. *[IF "YES"]: Which ones?

CODE 1	CODE 2	CODE 3

[28-33]

12. Have you taken any prescribed medications for psychological or emotional problems in the last 6 months?0=No 1=Yes* [34]

a. *[IF "YES"]: Which ones?

CODE 1	CODE 2	CODE 3

[35-40]

C. DRUG USE BACKGROUND:

1. Have you ever used **alcohol** (beer, wine, or hard liquor)?0=No I=Yes* [41]

***IF "YES":**

a. How <u>old</u> were you when you <u>first started</u> drinking alcohol?	__ __	[42-43]			
	AGE				
b. About how often did you drink alcohol during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[44]

2. Have you ever used **marijuana**?0=No I=Yes* [45]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> marijuana?	__ __	[46-47]			
	AGE				
b. About how often did you use marijuana during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[48]

3. Have you ever used **opiates** (like heroin, morphine, or street methadone)?0=No I=Yes* [49]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> opiates?	__ __	[50-51]			
	AGE				
b. About how often did you use opiates during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[52]

4. Have you ever used **cocaine or crack**?0=No I=Yes* [53]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> cocaine or crack?	__ __	[54-55]			
	AGE				
b. About how often did you use cocaine or crack during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[56]

5. Have you *ever* used **speedballs** (heroin + cocaine)?0=No I=Yes* [57]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> speedballs?	__ __	[58-59]			
	AGE				
b. About how often did you use speedballs during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[60]

6. In the last 6 months, have you *ever* **injected** drugs with a needle?0=No I=Yes* [61]

***IF "YES":**

a. How <u>old</u> were you when you <u>first injected</u> drugs?	__ __	[62-63]			
	AGE				
b. About how often did you inject drugs during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[64]

7. Have you *ever* used **downers** (such as tranquilizers, barbiturates, other sedatives)?0=No I=Yes* [65]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> downers?	__ __	[66-67]			
	AGE				
b. About how often did you use downers during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[68]

8. Have you *ever* used **uppers** (such as methamphetamines, other amphetamines, or diet pills)?0=No I=Yes* [69]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> uppers?	__ __	[70-71]			
	AGE				
b. About how often did you use uppers during the <u>last 6 months</u> ?					
0. Never	1. A few times	2. Monthly	3. Weekly	4. Daily	[72]

9. Have you *ever* used **hallucinogens** (such as PCP, LSD, psychedelics, mushrooms, peyote etc.)?0=No I=Yes* [13]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> hallucinogens?	__ __	[14-15]
	AGE	
b. About how often did you use hallucinogens during the <u>last 6 months</u> ?		
0. Never	1. A few times	2. Monthly
3. Weekly	4. Daily	[16]

10. Have you *ever* used **inhalants** (such as glue, spray paint, toluene, liquid paper, etc.)?0=No I=Yes* [17]

***IF "YES":**

a. How <u>old</u> were you when you <u>first used</u> inhalants?	__ __	[18-19]
	AGE	
b. About how often did you use inhalants during the <u>last 6 months</u> ?		
0. Never	1. A few times	2. Monthly
3. Weekly	4. Daily	[20]

11. How often in the last 6 months 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?
 0. Never 1. A few times 2. Monthly 3. Weekly 4. Daily [21]

12. And how often in the last 6 months did you use the same cooker, cotton, or rinse water that someone else had already used?
 0. Never 1. A few times 2. Monthly 3. Weekly 4. Daily [22]

13. 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?|__|__|__| [23-25]
 # PEOPLE

14. During the last 6 months, how often did you have sex **without using a latex condom** –

	NEVER	A FEW TIMES	MONTHLY	WEEKLY	DAILY	
a. with someone who was <u>not your spouse or primary partner</u> ?	0	1	2	3	4	[26]
b. with someone who <u>shoots drugs with needles</u> ?	0	1	2	3	4	[27]
c. while trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?	0	1	2	3	4	[28]

D. DRUG USE PROBLEMS IN THE PAST YEAR:

The following questions are about your use of alcohol, cocaine, marijuana, and opiate drugs during this past year – that is, over the last 12 months. They are needed to help this program “document” the seriousness of your drug problem.

1. Have you used **any type of ALCOHOL** at all during the last 12 months (beer, wine, hard liquor, mixed drinks)?0=No* 1=Yes [29]

***IF “NO”, SKIP TO Q.24 (Page 12)**

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

2. Continue to drink even though you knew it was causing you trouble with your family or friends? 0 1 2 3 [30]
3. Do anything dangerous or anything that increased your chances of getting hurt while under the influence of alcohol? For example, while driving a car, operating machinery, or taking unnecessary risks? 0 1 2 3 [31]
4. Get arrested because of your drinking? 0 1 2 3 [32]
5. Get drunk when you were supposed to be doing something important, like working, going to school, or taking care of your home or family? 0 1 2 3 [33]
6. Find that your usual number of drinks had much less effect on you or that you had to drink more in order to get the effect you wanted? 0 1 2 3 [34]
7. Skip work or school, or not take care of family or other duties because of a hangover? 0 1 2 3 [35]
8. Start drinking even though you had decided not to? 0 1 2 3 [36]
9. Drink more or for a much longer period of time than you had intended to? 0 1 2 3 [37]
10. Want to – or try to – stop or cut down on your drinking but found you could not? 0 1 2 3 [38]

During the past year, how often did you –

<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>
--------------	--------------------	----------------	------------------------

- | | | | | | |
|---|----------|----------|----------|----------|------|
| 11. <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? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [39] |
| 12. <u>Give up or cut down on things</u> that are <u>important to you</u> like work, school, hobbies, or time with your family <u>in order to drink</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [40] |
| 13. <u>Continue to drink even though you knew it</u> was making you feel either <u>depressed</u> , or <u>uninterested in life</u> , or <u>suspicious and distrustful</u> of other people? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [41] |
| 14. <u>Continue to drink even though you knew</u> drinking was causing you a <u>health problem</u> or making a known health problem worse? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [42] |

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

- | | | | | | |
|---|----------|----------|----------|----------|------|
| 15. Have trouble <u>falling asleep</u> or staying asleep? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [43] |
| 16. Find yourself <u>shaking</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [44] |
| 17. Feel <u>depressed</u> , <u>irritable</u> , or <u>nervous</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [45] |
| 18. Feel <u>sick</u> to your stomach or vomit? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [46] |
| 19. Have a very bad <u>headache</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [47] |
| 20. Find yourself <u>sweating</u> or feel like your heart was racing? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [48] |
| 21. See, feel, or hear things that were <u>not really there</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [49] |
| 22. Have fits or <u>seizures</u> ? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [50] |
| 23. Take a drink or a drug to help you get over a <u>hangover</u> or to help you feel better? | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | [51] |

24. Have you used **ANY TYPE OF COCAINE** at all during the last 12 months (snorting, smoking crack, injection, “speedballs”)?0=No* 1=Yes [52]

***IF “NO”, SKIP TO Q.44 (Page 13)**

During this past year, how often did you –

	<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>	
25. <u>Continue to use cocaine</u> even though you <u>knew</u> it was causing you trouble with your <u>family or friends</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[53]
26. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of cocaine? For example, while driving a car, operating machinery, or taking unnecessary risks?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[54]
27. Get <u>arrested because</u> of your cocaine use?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[55]
28. 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?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[56]
29. 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?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[57]
30. <u>Use cocaine</u> or other drugs to help you <u>feel better when coming down</u> from cocaine?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[58]
31. <u>Start</u> using cocaine even though you had <u>decided not to</u> or promised yourself that you would not use it?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[59]
32. <u>Use cocaine</u> for a much longer time <u>than you had intended to</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[60]
33. <u>Want to – or try to – stop or cut down on</u> your cocaine use but <u>found you could not</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[61]
34. <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?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[62]
35. <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> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[63]

During this past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

36. Continue to use cocaine even though you knew it was making you feel either depressed, or uninterested in life, or paranoid and distrustful of other people? [410;05;ID]
0 *1* *2* *3* [13]
37. Continue to use cocaine even though you knew cocaine was causing you a health problem or making a known health problem worse?
0 *1* *2* *3* [14]

When the effects of cocaine were wearing off –

38. Did you ever feel very depressed? *0=No** *1=Yes* [15]

***IF “NO”, SKIP TO Q.44**

IF “YES”, DID YOU EVER –

- | | | | |
|--|-------------|--------------|------|
| 39. Feel extremely <u>tired</u> ? | <i>0=No</i> | <i>1=Yes</i> | [16] |
| 40. Have vivid or unpleasant <u>dreams</u> ? | <i>0=No</i> | <i>1=Yes</i> | [17] |
| 41. Sleep more than usual or have trouble <u>falling asleep</u> or <u>staying asleep</u> ? | <i>0=No</i> | <i>1=Yes</i> | [18] |
| 42. Have a greatly increased <u>appetite</u> ? | <i>0=No</i> | <i>1=Yes</i> | [19] |
| 43. Feel <u>agitated</u> or extremely anxious? | <i>0=No</i> | <i>1=Yes</i> | [20] |

44. Have you used **ANY TYPE OF MARIJUANA** at all during the last 12 months? *0=No** *1=Yes* [21]

***IF “NO”, SKIP TO Q.58 (Page 16)**

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

45. Continue to use marijuana even though you knew it was causing you trouble with your family or friends?
0 *1* *2* *3* [22]
46. Do anything dangerous or anything that increased your chances of getting hurt while under the influence of marijuana? For example, while driving a car, operating machinery, or taking unnecessary risks?
0 *1* *2* *3* [23]

During the past year, how often did you –

	<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>	
47. Get <u>arrested</u> because you had been using marijuana?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[24]
48. Get high on marijuana when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[25]
49. Find that your <u>usual amount</u> of marijuana had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[26]
50. <u>Skip work or school</u> , or <u>not take care of</u> your <u>family</u> or other <u>duties</u> so you could score or use marijuana?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[27]
51. <u>Start using</u> marijuana even though you had <u>decided not to</u> or <u>promised yourself that you would not use it</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[28]
52. <u>Use marijuana</u> for a much longer time than you had <u>intended to</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[29]
53. <u>Want to – or try to – stop or cut down on</u> your marijuana use but <u>found you could not</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[30]
54. <u>Spend so much time</u> using marijuana, scoring marijuana, or being hung-over from marijuana that you had <u>little time left for important things</u> like work, school, family, or friends?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[31]
55. <u>Give up or cut down on things</u> that are <u>important</u> to you like work, school, hobbies, or spending time with your family <u>in order to use marijuana or score marijuana</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[32]
56. <u>Continue</u> to use marijuana <u>even though you knew</u> it was making you feel either <u>depressed, anxious or nervous, paranoid and distrustful</u> of other people, <u>or harder to concentrate and remember things</u> ?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[33]
57. <u>Continue</u> to use marijuana <u>even though you knew</u> marijuana was causing you a <u>health problem</u> or making a known health problem worse?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	[34]

58. Have you used **ANY TYPE OF OPIATES** at all during the last 12 months (like heroin, morphine, or street methadone)?0=No* 1=Yes [35]

***IF "NO", STOP INTERVIEW HERE**

During the past year, how often did you –

	<i>NEVER</i>	<i>1 TIME ONLY</i>	<i>2 TIMES</i>	<i>3 OR MORE TIMES</i>	
59. <u>Continue to use opiates</u> even though you knew it was causing you trouble with your <u>family or friends</u> ?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[36]
60. <u>Do anything dangerous</u> or anything that increased your chances of <u>getting hurt while under the influence</u> of opiates? For example, while driving a car, operating machinery, or taking unnecessary risks?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[37]
61. Get <u>arrested</u> because you had been using opiates?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[38]
62. Get high on opiates when you were <u>supposed to be doing something important</u> like working, going to school, or taking care of your home or family?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[39]
63. Find that your <u>usual amount</u> of opiates had much <u>less effect</u> on you, or that you had to <u>use more</u> than usual to get the effect you wanted?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[40]
64. <u>Use opiates</u> or other drugs to help you <u>feel better when coming down</u> from opiates?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[41]
65. <u>Start</u> using opiates even though you had <u>decided not to</u> or promised yourself that you would not use it?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[42]
66. <u>Use opiates</u> for a much longer time than you had intended to?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[43]
67. <u>Want to – or try to – stop or cut down on</u> your opiate use but <u>found you could not</u> ?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[44]
68. <u>Spend so much time</u> using opiates, scoring opiates, or being hung-over from opiates that you had <u>little time left for important things</u> like work, school, family, or friends?	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	[45]

During the past year, how often did you –

	<i>1 TIME</i>	<i>2</i>	<i>3 OR MORE</i>
<i>NEVER</i>	<i>ONLY</i>	<i>TIMES</i>	<i>TIMES</i>

69. Give up or cut down on things that are important to you like work, school, hobbies, or spending time with your family in order to use opiates or score opiates? 0 1 2 3 [46]

70. Continue to use opiates even though you knew it was making you feel either depressed, or uninterested in life, or paranoid and distrustful of other people? 0 1 2 3 [47]

71. Continue to use opiates even though you knew that opiates were causing you a health problem or making a known health problem worse? 0 1 2 3 [48]

During the past year, when the effects of opiates were wearing off, how often did you –

72. Have trouble falling asleep or staying asleep? 0 1 2 3 [49]

73. Find your eyes were red or tearing? 0 1 2 3 [50]

74. Feel depressed, irritable, or nervous? 0 1 2 3 [51]

75. Feel sick to your stomach or vomit? 0 1 2 3 [52]

76. Have muscle aches? 0 1 2 3 [53]

77. Find yourself sweating or have goose flesh? 0 1 2 3 [54]

78. Feel hot as if you were running a fever? 0 1 2 3 [55]

79. Have diarrhea? 0 1 2 3 [56]

80. Finding yourself yawning often? 0 1 2 3 [57]

End of Interview