

**California Drug and Alcohol
Treatment Assessment
(CALDATA), 1991-1993**

*California Department of Alcohol and Drug
Programs*

Participant Abstraction Records and
Questionnaires

Terms of Use

The terms of use for this study can be found at:

<http://datafiles.samhsa.gov/terms-use-nid3422>

I. ADMISSION AND DEMOGRAPHIC INFORMATION

1. THIS QUESTION INTENTIONALLY OMITTED

2. |__|__| |__|__| |__|__| **DATE OF ADMISSION (ENTER IN PLR. Q.18)**
Mo Da Yr

(Q2_MO)(Q2_DA)(Q2_YR)

98. Unknown/not mentioned

3. |__|__|__| **WAITING TIME FOR ADMISSION INTO PROGRAM (# OF DAYS)**
Days

98. Unknown/not mentioned

4. |__|__|__| **PLANNED LENGTH OF TREATMENT SERVICES MENTIONED IN TREATMENT PLAN**
Days

98. Unknown/not mentioned

5. PRIMARY REFERRAL SOURCE (CODE ONE)

- | | |
|---------------------------------------|--|
| 01. Self | 09. Criminal justice/legal system (judge, parole officer, legal advisor) |
| 02. Family | 10. Private physician |
| 03. Friend/acquaintance | 11. Community mental health center |
| 04. Clergy | 12. Other health professional or provider/hospital |
| 05. School | 13. Another alcohol/drug abuse treatment program |
| 06. Social service agency | 14. Other (SPECIFY)_____ |
| 07. Employee Assistance Program (EAP) | 98. Unknown/not mentioned |
| 08. Employer (other than EAP) | |

6. PRIMARY SOURCE OF PAYMENT FOR THESE TREATMENT SERVICES (CODE ONE)

- | | |
|---|--------------------------------|
| 01. No payment; public subsidy | 09. DOD |
| 02. No payment; philanthropy | 10. CHAMPUS |
| 03. No payment; not otherwise specified | 11. VA |
| 04. Self-pay | 12. Social services |
| 05. HMO or other pre-paid plan | 13. Public housing/home relief |
| 06. Private health insurance | 14. Other (SPECIFY):_____ |
| 07. Medicaid/Medi-Cal | 97. Not permitted to abstract |
| 08. Medicare | 98. Unknown/not mentioned |

7. SECONDARY SOURCE OF PAYMENT FOR THESE TREATMENT SERVICES (CODE ONE)

- | | |
|---|--------------------------------|
| 01. No payment; public subsidy | 09. DOD |
| 02. No payment; philanthropy | 10. CHAMPUS |
| 03. No payment; not otherwise specified | 11. VA |
| 04. Self-pay | 12. Social services |
| 05. HMO or other pre-paid plan | 13. Public housing/home relief |
| 06. Private health insurance | 14. Other (SPECIFY):_____ |
| 07. Medicaid/Medi-Cal | 97. Not permitted to abstract |
| 08. Medicare | 98. Unknown/not mentioned |

8. |__|__| |__|__| |__|__| DATE TREATMENT SERVICES BEGAN
Mo Da Yr

(Q8_MO)(Q8_DA)(Q8_YR)

98. Unknown/not mentioned

9. |__|__| |__|__| |__|__| DATE OF BIRTH (ENTER IN PLR, Q.6)
Mo Da Yr

(Q9_MO)(Q9_DA)(Q9_YR)

98. Unknown/not mentioned

10. |__|__| AGE AT ADMISSION (IN YEARS)

98. Unknown/not mentioned

11. GENDER (ENTER IN PLR, Q.7)

- 1. Male
- 2. Female
- 8. Unknown/not mentioned

12. RACE (ENTER IN PLR, Q.8)

- | | |
|-----------------------------|---------------------------|
| 1. White | 10. Hawaiian |
| 2. Black (African-American) | 11. Japanese |
| 3. Native American | 12. Korean |
| 4. Alaskan Native | 13. Laotian |
| 5. Asian Indian | 14. Samoan |
| 6. Cambodian | 15. Vietnamese |
| 7. Chinese | 16. Other Asian |
| 8. Filipino | 17. Other (SPECIFY) _____ |
| 9. Guamanian | 18. Unknown/not mentioned |

13. ETHNICITY (ENTER IN PLR, Q.9)

- | | |
|---------------------------|--------------------------|
| 1. Hispanic or Latino | 3. Other (SPECIFY)_____ |
| 2. Not of hispanic origin | 8. Unknown/not mentioned |

14. MARITAL STATUS AT ADMISSION (CODE ONE)

- 1. Never married
- 2. Married/common law
- 3. Widowed
- 4. Separated/divorced
- 5. Single
- 6. Other (SPECIFY)_____
- 8. Unknown/not mentioned

15. HAVE CHILD/CHILDREN AT ADMISSION

- 1. Yes
- 2. No (GO TO Q.17)
- 8. Unknown/not mentioned (GO TO Q.17)

16. LIVING WITH OWN CHILD/CHILDREN AT ADMISSION

- 1. Yes
- 2. No
- 8. Unknown/not mentioned

17. LIVING ARRANGEMENT AT ADMISSION

- 1. No stable arrangement (include homeless, shelters)
- 2. With partner/spouse (GO TO Q.18)
- 3. With parent(s) (GO TO Q.18)
- 4. With other family (GO TO Q.18)
- 5. With unrelated other(s) (GO TO Q.18)
- 6. With children but no other adult (GO TO Q.18)
- 7. Alone (GO TO Q.18)
- 8. Controlled environment (GO TO Q.18)
- 9. Other (SPECIFY)_____ (GO TO Q.18)
- 98. Unknown/not mentioned (GO TO Q.18)

17A. PERIOD WITHOUT STABLE LIVING ARRANGEMENTS

- 1. Less than 1 month
- 2. 1 month to a year
- 3. 1 year or more
- 98. Unknown/not mentioned

18. EDUCATION AT ADMISSION (CODE HIGHEST LEVEL MENTIONED)

- 1. Less than 8 years
- 2. 8-11 Years
- 3. Less than high school graduate, not otherwise specified
- 4. High school graduate/GED
- 5. Some college
- 6. College graduate
- 7. Postgraduate
- 8. Other (SPECIFY)_____
- 98. Unknown/not mentioned

19. STUDENT AT ADMISSION

- 1. Yes
- 2. No
- 8. Unknown/not mentioned

20. EMPLOYMENT AT ADMISSION (CODE ONE)

- | | |
|--|--|
| 1. Full-time (35 hrs/wk or more) | 6. Unemployed, disabled |
| 2. Part-time (less than 35 hrs/wk) | 7. Unemployed, not otherwise specified |
| 3. Employed, not otherwise specified | 8. Other (SPECIFY) _____ |
| 4. Keeping house, not otherwise employed | 98. Unknown/not mentioned |
| 5. Unemployed, retired | |

21. USUAL (OR LAST) OCCUPATION

SPECIFY _____

II. CRIMINAL JUSTICE SYSTEM INFORMATION
--

22. DWI/DUI PRIOR TO ADMISSION

- | | |
|--------|------------------------------|
| 1. Yes | 7. Not permitted to abstract |
| 2. No | 8. Unknown/not mentioned |

23. OTHER ARRESTS PRIOR TO ADMISSION

- | | |
|------------------------------|------------------------------|
| 1. Yes, within past year | 7. Not permitted to abstract |
| 2. Yes, more than a year ago | 8. Unknown/not mentioned |
| 3. No | |

24. PRISON OR JAIL RECORD PRIOR TO ADMISSION (ENTER DATES, PLACES IN PLR, Q.21)

- | | |
|--------------------|---|
| 1. Yes | 7. Not permitted to abstract (GO TO Q.25) |
| 2. No (GO TO Q.25) | 8. Unknown/not mentioned (GO TO Q.25) |

24A. TOTAL LENGTH OF PRISON OR JAIL STAYS PRIOR TO ADMISSION

- | | |
|----------------------|---------------------------|
| 1. Less than 1 month | 3. 1 year or more |
| 2. 1 month to a year | 98. Unknown/not mentioned |

25. RECEIVING DRUG TREATMENT AS A CONDITION OF PROBATION OR PAROLE?

- | | |
|--------|------------------------------|
| 1. Yes | 7. Not permitted to abstract |
| 2. No | 8. Unknown/not mentioned |

III. MEDICAL INFORMATION

26. NUMBER OF ACUTE MEDICAL HOSPITALIZATIONS IN YEAR PRIOR TO ADMISSION (NOT INCLUDING PSYCHIATRIC HOSPITALIZATIONS)

|__| |__| (ENTER 00 FOR NONE AND GO TO Q.27)
Number

98. Unknown/not mentioned

26A. TOTAL LENGTH OF ACUTE MEDICAL HOSPITALIZATIONS IN YEAR PRIOR TO ADMISSION (NOT INCLUDING PSYCHIATRIC HOSPITALIZATIONS)

_____ ENTER NUMBER OF DAYS, IF KNOWN

98. Unknown/not mentioned

27. CHRONIC MEDICAL CONDITIONS AT ADMISSION?

1. Yes (ANSWER A) →

2. No

8. Unknown/not mentioned

<p>A. SPECIFY _____</p> <p>_____</p> <p>_____</p> <p>98. Unknown/not mentioned</p>
--

28. HISTORY OF PSYCHOLOGICAL DISORDERS AT ADMISSION (OTHER THAN DRUG/ALCOHOL RELATED PROBLEMS)

1. Yes

2. No (GO TO Q.30)

8. Unknown/not mentioned (GO TO Q.30)

28A. NUMBER OF LIFETIME PSYCHIATRIC HOSPITALIZATIONS

_____ ENTER NUMBER OF HOSPITALIZATIONS, IF KNOWN

98. Unknown/not mentioned

28B. TOTAL TIME SPENT IN PSYCHIATRIC HOSPITALIZATIONS

1. Less than 1 month

3. 1 year or more

2. 1 month to a year

98. Unknown/not mentioned

29. SUBSTANCE ABUSE/MENTAL ILLNESS (DUAL DIAGNOSIS) PARTICIPANT AT ADMISSION?

1. Yes (SPECIFY _____)

2. No

8. Unknown/not mentioned

30. PREGNANCY STATUS AT ADMISSION AS STATED IN RECORD

1. Not applicable, client is male

3. Pregnant

2. Not pregnant

8. Unknown/not mentioned

31. PRESENTING PROBLEM AT ADMISSION

- 1. Single drug abuse only (excluding alcohol)
- 2. Polydrug abuse only (excluding alcohol)
- 3. Alcohol abuse only
- 4. Alcohol abuse and abuse of one other drug combined
- 5. Alcohol abuse and abuse of two or more other drugs
- 6. Other (SPECIFY) _____
- 8. Unknown/not mentioned

32. PRINCIPAL TREATMENT FOCUS

- 1. Single drug abuse only (excluding alcohol)
- 2. Polydrug abuse only (excluding alcohol)
- 3. Alcohol abuse only
- 4. Alcohol and other drug abuse combined
- 5. Other (SPECIFY) _____
- 8. Unknown/not mentioned

33. A. SPECIFY PRIMARY PROBLEM (COPY VERBATIM):

B. LIST OTHER PROBLEMS OR DIAGNOSES:

98. Unknown/not mentioned

34. HIV STATUS AS DETERMINED FROM MEDICAL TESTING

- 1. Negative
- 2. Positive (ANSWER A) →
- 3. Suspected
- 4. Other (SPECIFY) _____
- 7. Not permitted to abstract
- 8. Unknown/not mentioned

<p>A. HAS AIDS?</p> <ul style="list-style-type: none">1. Yes2. No8. Unable to determine
--

34.1 HIV STATUS AS REPORTED/KNOWN BY PARTICIPANT

- 1. Negative
- 2. Positive (ANSWER A) →
- 3. Suspected
- 4. Other (SPECIFY) _____
- 7. Not permitted to abstract
- 8. Unknown/not mentioned

<p>A. HAS AIDS?</p> <ul style="list-style-type: none">1. Yes2. No8. Unable to determine
--

IV. ALCOHOL AND OTHER DRUG HISTORY

FOR EACH SUBSTANCE LISTED, CODE COL. A; IF "YES" TO A, COMPLETE B AND C.
 CODES FOR A & B: YES=1 NO=2 UNKNOWN/NOT MENTIONED=8
 CODE FOR C: 98 = DK AGE; OTHERWISE, ROUND TO NEAREST YEAR

	A.	B.	C.
	EVER USED (Q _ EVER)	USED IN LAST 30 DAYS (Q _ USED)	AGE (IN YRS.) AT FIRST USE (Q _ AGE)
35. Cocaine (Exclude crack)	1 2 8	1 2 8	|_|_|
36. Crack	1 2 8	1 2 8	|_|_|
37. Heroin	1 2 8	1 2 8	|_|_|
38. Non-treatment methadone	1 2 8	1 2 8	|_|_|
39. Other opiates/synthetics	1 2 8	1 2 8	|_|_|
40. Barbiturates	1 2 8	1 2 8	|_|_|
41. Benzodiazepines	1 2 8	1 2 8	|_|_|
42. Other sedatives/hypnotics	1 2 8	1 2 8	|_|_|
43. Methamphetamines	1 2 8	1 2 8	|_|_|
44. Other amphetamines	1 2 8	1 2 8	|_|_|
45. Marijuana/hashish/THC	1 2 8	1 2 8	|_|_|
46. PCP	1 2 8	1 2 8	|_|_|
47. LSD of other hallucinogens	1 2 8	1 2 8	|_|_|
48. Inhalants	1 2 8	1 2 8	|_|_|
49. Over-the-counter (SPECIFY) _____	1 2 8	1 2 8	|_|_|
50. Alcohol	1 2 8	1 2 8	|_|_|
51. Other (SPECIFY) _____	1 2 8	1 2 8	|_|_|

52. |_|_| DRUG OF CHOICE SPECIFIED AT ADMISSION (ENTER QUESTION NUMBER OF DRUG OF CHOICE FROM TABLE ABOVE)

01. No drug of choice 98. Unknown/Not mentioned

53. EVER USED NEEDLES

1. Yes (ANSWER A) 2. No (GO TO Q. 54) 8. Unknown/not mentioned (GO TO Q. 54)

A. INTRAVENOUS DRUG USER AT ADMISSION

1. Yes (ANSWER B) 2. No (GO TO Q.54) 8. Unknown/not mentioned (GO TO Q.54)

B. FREQUENCY OF INTRAVENOUS DRUG USE AT ADMISSION

1. Daily 3. Sporadically
 2. Regularly but not daily 8. Unknown/not mentioned

DRUG OR ALCOHOL ABUSE TESTING DURING SAMPLE EPISODE?

1. Yes (COMPLETE TABLE BELOW)
2. No (LEAVE TABLE BLANK; GO TO Q.57)
8. Unknown/not mentioned (LEAVE TABLE BLANK; GO TO Q.57)

DRUG OR ALCOHOL ABUSE TESTING TABLE		
Type of Test	CODE FIRST TEST (Q54 _ TST1)	CODE LAST TEST (Q54 _ TST2)
	1 = Urine (SPECIFY) _____ 2 = Serum/Blood _____ 3 = Other _____ 8 = Unknown/not mentioned _____	1 = Urine (SPECIFY) _____ 2 = Serum/Blood _____ 3 = Other _____ 8 = Unknown/not mentioned _____
Date of Results	|_|_|_|-|_|_|-|_|_| Mo Da Yr (Q54_MO1) (Q54_DA1) (Q54_YR1)	|_|_|_|-|_|_|-|_|_| Mo Da Yr (Q54_MO2) (Q54_DA2) (Q54_YR2)
	TEST RESULTS (ONLY INDICATE DRUGS THAT TESTED POSITIVE ENTER "1" FOR EACH DRUG THAT TESTED POSITIVE, LEAVE BLANK IF NEGATIVE OR NOT APPLICABLE)	
54a. Cocaine (Including crack)	|_|	|_|
54b. Heroin	|_|	|_|
54c. Non-treatment methadone	|_|	|_|
54d. Other opiates/synthetics	|_|	|_|
54e. Barbiturates	|_|	|_|
54f. Benzodiazepines	|_|	|_|
54g. Other sedatives/hypnotics	|_|	|_|
54h. Methamphetamines	|_|	|_|
54i. Other amphetamines	|_|	|_|
54j. Marijuana/hashish/THC	|_|	|_|
54k. PCP	|_|	|_|
54l. LSD or other hallucinogens	|_|	|_|
54m. Inhalants	|_|	|_|
54n. Alcohol	|_|	|_|
54o. Other (SPECIFY)	|_|	|_|

55. |_|_|_| TOTAL NUMBER OF TESTS WHILE IN TREATMENT SERVICES ACCORDING TO RECORD

_____|_____|_____| TOTAL (OF Q.55 NUMBER) OF POSITIVE TESTS ACCORDING TO RECORD (POSITIVE TEST = POSITIVE RESULT FOR ONE OR MORE SUBSTANCES IN ONE SPECIMEN)

998. Unknown/not mentioned

V. ALCOHOL AND DRUG TREATMENT SERVICES HISTORY

57. |__|_|_____| TOTAL NUMBER OF TREATMENT SERVICES EPISODES (FOR ANY DRUG OR ALCOHOL ABUSE) PRIOR TO SAMPLE EPISODE

N/A. No prior treatment service episodes (GO TO Q. 59)

98. Unknown/not mentioned (GO TO Q. 59)

A. |__|_|_____| NUMBER OF YEARS OVER WHICH TREATMENT SERVICE EPISODES WERE REPORTED

N/A. Less than six months

98. Unknown/not mentioned

58. PAST TREATMENT SERVICES EPISODES (FOR ANY DRUG OR ALCOHOL SUBSTANCE ABUSE) PRIOR TO SAMPLE EPISODE (ENTER PROGRAM NAMES, DATES, IN PLR, Q.20)

1. Yes (COMPLETE TABLE BELOW; RECORD ADDITIONAL EPISODES IN COMMENTS.)

2. No (LEAVE TABLE BLANK; GO TO Q.59)

8. Unknown/not mentioned (LEAVE TABLE BLANK; GO TO Q.59)

PAST TREATMENT SERVICES EPISODES				
	REASON FOR TREATMENT SERVICES (DRUG TYPE)		FACILITY (Q58 _ FAC)	REASON FOR DISCHARGE (Q58 _ RES)
	Primary (Q58 _ PRI)	Secondary (Q58 _ SEC)		
58a.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58b.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58c.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58d.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58e.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58f.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58g.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58h.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58i.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58j.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58k.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58l.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58m.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|
58n.	|__|_|_____|	|__|_|_____|	|__|_|	|__|_|

VI. TREATMENT SERVICES INFORMATION FOR SAMPLE EPISODE

**FOR EACH SERVICE, REFER TO CODES LISTED BELOW, AND CODE COLUMN A.
FOR CODES 2-5 AT A, CODE B AND C.**

	A.	B.	C.
	SERVICE GIVEN (Q59 _ SER)	FACILITY (Q59 _ FAC)	NO. OF ENCOUNTERS (998=UNKNOWN) (Q59 _ NO)
59.	Individual counseling	1 2 8	|_|_|_|
60.	Group counseling	1 2 8	|_|_|_|
61.	Family counseling	1 2 8	|_|_|_|
62.	Drug/alcohol education/counseling	1 2 8	|_|_|_|
63.	Employment counseling	1 2 8	
64.	Job training	1 2 8	
65.	Educational classes	1 2 8	
66.	Detoxification - residential	1 2 8	
66.1	Detoxification - ambulatory	1 2 8	
67.	Activity groups	1 2 8	
68.	Self-help groups (include AA and NA)	1 2 8	
69	Day care for children	1 2 8	
69.1	Day Treatment	1 2 8	
69.2	Case Management	1 2 8	
69.3	Acupuncture	1 2 8	
69.4	Sober living	1 2 8	

SERVICE GIVEN CODES

1. Not given
2. Actually given, completed
3. Actually given, not completed by administration choice
4. Actually given, not completed by client choice
5. Actually given, not completed, but not mentioned by whose choice
6. Planned or recommended, can't confirm if actually given
8. Unknown/not mentioned

FACILITY CODES

1. Here
2. Elsewhere
8. Unknown/not mentioned

VII. DISCHARGE INFORMATION

76. REASON FOR DISCHARGE

- 1. Participant deceased (ANSWER A AND B)
- 2. Completed planned treatment services (GO TO Q.77)
- 3. Did not complete treatment services; referred to another program (GO TO Q.77)
- 4. Did not complete treatment services by administration choice (SPECIFY REASON IN C)
- 5. Did not complete treatment services by participant choice (SPECIFY REASON IN C)
- 6. Did not complete treatment services, not mentioned by whose choice (SPECIFY REASON IN C)
- 7. Incarcerated (GO TO Q.77)
- 8. Other (SPECIFY REASON IN C)
- 98. Unknown/not mentioned (GO TO Q.77)

A. |__|__|_|-|__|__|_|-|__|__|_ DATE OF DEATH
 Mo Day Yr
 (Q76 _ MO) (Q76 _ DA) (Q76 _ YR)
 98. Unknown/not mentioned

B. CAUSE OF DEATH: _____
 98. Unknown/not mentioned

(GO TO SECTION VIII)

C. SPECIFY REASON		
01	Completed treatment plan/graduated from program	07 Became incarcerated
02	Kicked out of program by staff/involuntary discharge	08 Logistical problems/too difficult to get there, child care, conflict on job
03	Did not want to be there in the first place	09 Couldn't afford it
04	Treatment not successful/kept doing drugs/discouraged	10 Pressure from family and friends to end treatment
05	Transferred to another program because dissatisfied	11 Left the area
06	Changes in eligibility/program had to reduce size	12 Other (SPECIFY) _____
		98 UNKNOWN/NOT MENTIONED

77. |__|__|_|-|__|__|_|-|__|__|_ DATE OF DISCHARGE (ENTER IN PLR, Q.19)
 Mo Day Yr
 (Q77 _ MO) (Q77 _ DA) (Q77 _ YR)
 98. Unknown/not mentioned

78. |__|__|_|-|__|__|_|-|__|__| DATE OF LAST TREATMENT BEFORE SAMPLE EPISODE DISCHARGE
Mo Day Yr

(Q78 _ MO) (Q78 _ DA) (Q78 _ YR)

98. Unknown/not mentioned

79. DRUG OR ALCOHOL ABUSE/MENTAL ILLNESS (DUAL DIAGNOSIS) PARTICIPANT AT DISCHARGE (E.G., DEPRESSION, SCHIZOPHRENIA)

1. Yes (SPECIFY) _____

2. No

8. Unknown/not mentioned

80. AFTER-CARE PLAN STATED IN RECORD

1. Yes

2. No (GO TO Q.82)

8. Unknown/not mentioned (GO TO Q.82)

81. SERVICES IN AFTER-CARE PLAN

1. Services specified (CODE LIST BELOW)

8. Unknown/not mentioned (LEAVE LIST BLANK; GO TO Q.82)

FOR EACH SERVICE LISTED, CODE 1= YES, 2= NO, 8= UNKNOWN/NOT MENTIONED

81a. |__| Individual counseling

81b. |__| Group counseling

81c. |__| Family counseling

81d. |__| Drug/alcohol education/counseling

81e. |__| Employment counseling

81f. |__| Job training

81g. |__| Educational classes

81h. |__| Activity groups

81i. |__| Self-help groups (include AA and NA)

81j. |__| Alumni group/reunion

81k. |__| Day treatment

81l. |__| Case management

81m. |__| Acupuncture

81n. |__| Sober living

81o. |__| Detoxification - residential

81p. |__| Detoxification - ambulatory

81q. |__| Other (SPECIFY) _____

**82. FURTHER TREATMENT SERVICES TO WHICH PARTICIPANT WAS REFERRED AFTER DISCHARGE
(ENTER IN PLR, Q.16)**

- 1. No treatment services
- 2. Hospital inpatient
- 3. Residential
- 4. Outpatient/methadone maintenance
- 5. Other outpatient
- 6. Other (SPECIFY) _____
- 8. Unknown/not mentioned

VIII. CHARGE DATA FOR SAMPLE EPISODE

83. BILLED CHARGES FOR THIS TREATMENT SERVICE EPISODE

- 1. Yes (SPECIFY DOLLAR AMOUNT AND CHARGE CODE IN A)
- 2. No (ANSWER B)
- 3. Other (SPECIFY) _____ (ANSWER B)
- 7. Not permitted to abstract (ANSWER B)
- 8. Unknown/not mentioned (ANSWER B)

A. \$|__|__|__|__|__| DOLLAR AMOUNT

CHARGE CODE:

- 1. Full amount billed
- 2. Sliding fee amount
- 3. Reduced amount: |__|__| % of full bill charged
- 4. Other (SPECIFY) _____
- 7. Not permitted to abstract
- 8. Unknown/not mentioned

B. WAS THIS A FUNDED SLOT?

- 1. Yes (SPECIFY: Funded by? _____)
- 2. No
- 8. Unknown/not mentioned

RECORD END TIME ON FRONT COVER. NOW COMPLETE PARTICIPANT LOCATING RECORD (PLR.)

CALIFORNIA OUTCOMES STUDY

Sponsored by
HEALTH AND WELFARE AGENCY
STATE OF CALIFORNIA

Conducted by
National Opinion Research Center
at the University of Chicago

PARTICIPANT QUESTIONNAIRE

**ANNOTATED
VERSION**

Date of Interview **DINTMO**___/**DINTDAY**___ 19 **DINTYR**_____

Time Started **DHRSTART**_:_**DMINSTAR**__ am/pm **DBEGAMPM**

Time Finished **DHREND**_:_**DMINEND**__ am/pm **DENDAMPM**

Interview Status

Partial Complete	60	Spanish In-person (complete or partial complete)	63
In-person Complete	61	Spanish Phone (complete or partial complete)	64
Phone Complete	62		

The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. The confidentiality of this information is protected by United States Code, Title 42, Sections 241(d) and 290ee-3. This research was reviewed and approved by the Committee on Protection of Human Subjects of the Health and Welfare Agency, State of California, Project No. 92-08-05.

National Opinion Research Center
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Chicago, Illinois 60637

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1-800-995-8494

PRE-INTERVIEW CALENDAR CONSTRUCTION AND INTERVIEW CORRECTIONS

1. TO CONSTRUCT SAMPLE EPISODE SEGMENT, REFER TO Q.18 AND Q.19 OF THE PLR. (1) ENTER THE ADMISSION AND DISCHARGE MONTHS BELOW. (2) DRAW A LINE ACROSS ROW A ON THE CALENDAR FROM ADMISSION MONTH THROUGH DISCHARGE MONTH, AND WRITE PROGRAM NAME/CITY ABOVE THE LINE. (3) DRAW A LINE THAT OUTLINES ALL THE CALENDAR MONTHS THAT COMPRISE THE SAMPLE EPISODE. (REMEMBER, THERE MAY BE MULTIPLE ADMISSIONS TO THE PROGRAM.) WRITE SEGMENT 2 ON THE CALENDAR.

A. DQ1A1MO19DQ1A1YR = ADMISSION MONTH Mo Yr
B. DQ1B1MO19DQ1B1YR =DISCHARGE MONTH Mo Yr

CORRECTED DATES:
A. DQ1A2MO19DQ1A2YR = ADMISSION MONTH Mo Yr
B. DQ1B2MO19DQ1B2YR =DISCHARGE MONTH Mo Yr

TO CONSTRUCT PRE-SAMPLE EPISODE SEGMENT

2. THIS SEGMENT IS FOR THE 12 MONTHS BEFORE THE SAMPLE EPISODE SEGMENT. TO CONSTRUCT THE SEGMENT: (1) ENTER THE START AND END MONTHS BELOW. (2) DRAW A LINE THROUGH ALL THE MONTHS IN SEGMENT ON ROW A AND WRITE SEGMENT 1 ABOVE THE LINE. (3) DRAW A LINE THAT OUTLINES ALL THE CALENDAR MONTHS THAT COMPRISE SEGMENT 1.

A. DQ2A1MO 19 DQ2A1YR = START MONTH Mo Yr
B. DQ2B1MO 19 DQ2B1YR = END MONTH Mo Yr

CORRECTED DATES:
A. DQ2A2MO 19 DQ2A2YR = START MONTH Mo Yr
B. DQ2B2MO 19 DQ2B2YR = END MONTH Mo Yr

TO CONSTRUCT POST-SAMPLE EPISODE SEGMENT

3. THIS SEGMENT IS FOR THE TIME ELAPSED SINCE THE LAST MONTH OF THE SAMPLE EPISODE. TO CONSTRUCT THE SEGMENT: (1) ENTER THE START AND END MONTHS BELOW. (2) DRAW A LINE THROUGH ALL THE MONTHS IN SEGMENT IN ROW A AND WRITE SEGMENT 3 ABOVE THE LINE. (3) DRAW A LINE THAT OUTLINES ALL THE CALENDAR MONTHS THAT COMPRISE SEGMENT 3.

A. DQ3A1MO 19 DQ3A1YR = START MONTH Mo Yr
B. DQ3B1MO 19 DQ3B1YR = END MONTH Mo Yr

CORRECTED DATES:
A. DQ3A2MO 19 DQ3A2YR = START MONTH Mo Yr
B. DQ3B2MO 19 DQ3B2YR = END MONTH Mo Yr

4. DOES Q.21 ON THE PLR CONTAIN ANY INCARCERATION HISTORY?

YES 1
 NO 2 (SKIP TO SECTION A)

A. HOW MANY INCARCERATIONS ARE LISTED?

5. ENTER PLACE AND DATES FOR EACH INCARCERATION:

A. PLACE NAME	B. ADMISSION DATE	C. RELEASE DATE
(1) _____ _____	____ 19 ____ Mo Yr	____ 19 ____ Mo Yr
(2) _____ _____	____ 19 ____ Mo Yr	____ 19 ____ Mo Yr
(3) _____ _____	____ 19 ____ Mo Yr	____ 19 ____ Mo Yr
(4) _____ _____	____ 19 ____ Mo Yr	____ 19 ____ Mo Yr

6. DID ANY INCARCERATION BEGIN OR END DURING THE 12 MONTHS BEFORE THE SAMPLE EPISODE?

YES 1 (RECORD ON CALENDAR ON
 ROW C. DRAW A LINE
 THROUGH MONTHS OF EACH
 TIME, AND WRITE NAME OF
 PLACE ABOVE LINE)

NO 2 (SECTION A)

INTERVIEWER'S INTRODUCTORY SCRIPT

Hello, I am (YOUR NAME), an interviewer with the National Opinion Research Center affiliated with the University of Chicago. (SHOW ID CARD) We are conducting a public health survey. Are you (RESPONDENT'S FULL NAME)?

PROBE AS NEEDED TO CONFIRM RESPONDENT'S IDENTITY WITHOUT SPECIFYING ANY DETAILS FROM FACE SHEET OR CALENDAR ABOUT RESPONDENT'S HISTORY OR ABOUT THE TOPIC OF THE COS. AFTER CONFIRMING THE RESPONDENT'S IDENTITY AND ASSURING PRIVACY, CONTINUE:

NORC is a survey research center that has conducted research studies about issues and problems of concern to all Americans for more than 50 years. The University of Chicago's Institutional Review Board has oversight over all research conducted by NORC, and will not permit NORC to conduct any survey that invades the confidentiality or privacy of individuals.

I am contacting you in relation to the California Outcomes Study, a survey NORC is conducting for the Department of Alcohol and Drug Programs. For this study, under U.S. Public Health guidelines, NORC has gathered some information about your treatment for a substance abuse problem in the time period between (DATES) at (SPECIFY FACILITY NAME FROM FACESHEET).

Understanding drug treatment and discovering what works to help drug users is an important goal for the Department of Alcohol and Drug Programs. The California Outcomes Study is designed to collect information that will answer questions about the outcome of treatment for many people.

We hope you can participate in this important survey and want to assure you that, under guidelines of the U.S. Public Health Service and by U.S. law, there are important protections for your confidentiality and privacy. Information that identifies individuals in treatment is disclosed only for research purposes and is never known beyond employees actively engaged in the research. As an NORC employee, I also have signed NORC'S pledge of confidentiality that I will never disclose respondents' identity or information they give in response to survey questions.

Here is a Consent Form that explains the study in more detail. **(SHOW CONSENT FORM TO RESPONDENT AND READ IT ALOUD AS THE RESPONDENT READS IT)** I would be happy to answer any questions you might have. I would then like to conduct an interview at your convenience.

SECTION A. CALENDAR

TIME SEGMENT VERIFICATION

Before I start the interview, I would like to explain to you that we will be talking about your life in very specific periods or blocks of time. We are using a calendar to help you remember what was going on in your life during each time period.

To help me prepare the calendar with information that is relevant to your life, first I want to verify information that we have from our records. Then I will ask you for some other information about your life, and record that on the calendar.

A1. Before we begin the interview, first I'd like to verify some information. **(POINT TO MONTH OF ADMISSION FOR SAMPLE EPISODE ON CALENDAR)**. First, my records show that you (entered treatment at/came to) **(PROGRAM NAME)** in **(MONTH OF ADMISSION FOR SAMPLE EPISODE)**. As best as you can remember, is that right?

Yes 1 **(A2)**
No 2

DK

A1a. **(POINT TO MONTH OF ADMISSION FOR SAMPLE EPISODE ON CALENDAR)**. Looking at **(MONTH OF ADMISSION FOR SAMPLE EPISODE)** on the calendar, when would you say you (entered treatment at/came to) **(PROGRAM NAME)**? **RECORD AND PROBE FOR MONTH AND YEAR. (REMEMBER THAT MAY BE MULTIPLE TIMES)**.

_____ 19 _____ = NEW MONTH OF ADMISSION FOR SAMPLE EPISODE
Mo Yr

A2. **(POINT TO MONTH OF DISCHARGE FOR SAMPLE EPISODE ON CALENDAR.)** For the time that started **(ADMISSION MONTH)**, my records show that you (stopped going to treatment at/last went to) **(PROGRAM NAME)** in **(MONTH OF DISCHARGE FOR SAMPLE EPISODE)**. As best as you can remember, is that right?

Yes 1 **(A3)**
No 2

DK

A2a. **(POINT TO MONTH OF DISCHARGE FOR SAMPLE EPISODE ON CALENDAR)**. Looking at **(MONTH OF DISCHARGE)** on the calendar, when would you say you stopped going to treatment at **(PROGRAM NAME)** (that time)? **RECORD AND PROBE FOR MONTH AND YEAR. (REMEMBER THAT THERE MAY BE MULTIPLE TIMES TO THE PROVIDER)**.

_____ 19 _____ = NEW MONTH OF DISCHARGE FROM SAMPLE EPISODE
Mo Yr

A3. **IF AFTER PROBING AND VERIFICATION, NEW DATES ARE ESTABLISHED, COMPLETE SAMPLE EPISODE CONSTRUCTION ON SPARE CALENDAR. CONSTRUCT NEW PRE-SAMPLE EPISODE AND**

MARITAL STATUS

A4. The first questions are about whether you've been married, widowed, separated or divorced, or if you've lived with someone in a marriage-like relationship. First, have you ever been married?

DQA4

Yes 1 (A5)
 No 2

A4a. Have you ever lived with someone in a marriage-like relationship?

DQA4a

Yes 1
 No 2 (A8)

A5. When did you first (get married/start living with someone in a marriage-like relationship)? Just give me the month and year.

_____ 19 _____
 Month Year

DA5MO DA5YR

	(1) First	(2) Next	(3) Next	(4) Next
A6. What was the (first/next) change in your marital status after that?	DA6_1	DA6_2	DA6_3	DA6_4
NO CHANGE	1 (A8)	1 (A8)	1 (A8)	1 (A8)
Married	2	2	2	2
Living with someone in a marriage-like relationship	3	3	3	3
Widowed	4	4	4	4
Separated	5	5	5	5
Divorced	6	6	6	6
A7. In what month and year (were you married/widowed/separated/divorced) (did you begin living with someone in a marriage-like relationship) (that time)?	_____ 19 _____ Mo Yr DA7_1MO DA7_1YR (NEXT COL)	_____ 19 _____ Mo Yr DA7_2MO DA7_2YR (NEXT COL)	_____ 19 _____ Mo Yr DA7_3MO DA7_3YR (NEXT COL)	_____ 19 _____ Mo Yr DA7_4MO DA7_4YR (NEXT COL)

(5) Next	(6) Next	(7) Next	(8) Next	(9) Next	(10) Next	
DA6_5 1 (A8)	DA6_6 1 (A8)	DA6_7 1 (A8)	DA6_8 1 (A8)	DA6_9 1 (A8)	DA6_10 1 (A8)	
2	2	2	2	2	2	Married
3	3	3	3	3	3	Live With
4	4	4	4	4	4	Widowed
5	5	5	5	5	5	Separated
6	6	6	6	6	6	Divorced
____ 19 ____ Mo Yr DA7_5MO DA7_5YR (NEXT COL)	____ 19 ____ Mo Yr DA7_6MO DA7_6YR (NEXT COL)	____ 19 ____ Mo Yr DA7_7MO DA7_7YR (NEXT COL)	____ 19 ____ Mo Yr DA7_8MO DA7_8YR (NEXT COL)	____ 19 ____ Mo Yr DA7_9MO DA7_9YR (NEXT COL)	____ 19 ____ Mo Yr DA7_10MO DA7_10YR (A8)	

A8. DRAW A LINE ACROSS ROW B ON CALENDAR. ENTER MARITAL STATUS AND STATUS CHANGES (M, L, W, S, D) ON ROW B OF CALENDAR IN APPROPRIATE MONTH. FOR STATUS/CHANGES PRIOR TO CALENDAR PERIOD, ENTER LAST ONE IN FIRST MONTH OF ROW B.

A9. The next questions are about being under supervision by the court, the sheriff, or the department of corrections, that is, prison, jail, probation, detention, or parole. CHECK ROW C ON THE CALENDAR FOR INCARCERATIONS DURING SEGMENT 1. IF ANY BEGAN OR ENDED DURING THAT PERIOD, ADD: According to my records, you were in [PLACE(S)] at some time during (MONTHS). I have some questions about that and about other court supervision.

A10. During (START MONTH SEGMENT 1), were you on probation, detention, parole, (in prison), or in jail including California Youth Authority Supervision or Facility for more than one day?
 Yes 1 DA_10
 No 2 (A12)

A10a. What kind of supervision (by the court, the sheriff, or the department of corrections), were you under during (MONTHS)? **RECORD VERBATIM AND CODE.**

.....
 INCARCERATION 1 DA10a
 PAROLE 2
 PROBATION 3
 ELECTRONIC SURVEILLANCE 5
 OTHER SUPERVISION 6

A11. When did (STATUS) begin? Just give me the month and year.

_____ 19 _____ DA11_MO DA11_YR

	(1) First	(2) Next	(3) Next	(4) Next
A12. Did your situation change after that? PROBE FOR CHANGES OF MORE THAN 1 DAY.	Yes. 1 DA12_1 No ... 2 (A15)	Yes. 1 DA12_2 No .. 2 (A15)	Yes. 1 DA12_3 No .. 2 (A15)	Yes. 1 DA12_4 No ... 2 (A15)
A13. What was that change? (READ CATEGORIES IF NEEDED).	DA13_1	DA13_2	DA13_3	DA13_4
NO SUPERVISION	1	1	1	1
Incarceration	2	2	2	2
Parole	3	3	3	3
Probation	4	4	4	4
Electronic Surveillance	6	6	6	6
Other supervision	7	7	7	7
A14. In what month and year did that (STATUS) begin?	_____ 19 _____ Mo Yr DA14_MO1 DA14_YR1 (NEXT COL)	_____ 19 _____ Mo Yr DA14_MO2 DA14_YR2 (NEXT COL)	_____ 19 _____ Mo Yr DA14_MO3 DA14_YR3 (NEXT COL)	_____ 19 _____ Mo Yr DA14_MO4 DA14_YR4 (NEXT COL)

(5) Next	(6) Next	(7) Next	(8) Next	(9) Next	(10) Next
Yes. 1 DA12_5 No . . 2 (A15)	Yes. 1 DA12_6 No . . 2 (A15)	Yes. 1 DA12_7 No . . 2 (A15)	Yes. 1 DA12_8 No . . 2 (A15)	Yes. 1 DA12_9 No . . 2 (A15)	Yes. 1 DA12_10 No . . 2 (A15)
DA13_5	DA13_6	DA13_7	DA13_8	DA13_9	DA13_10
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
6	6	6	6	6	6
7	7	7	7	7	7
___ 19 ___ Mo Yr DA14_MO5 DA14_YR5 (NEXT COL)	___ 19 ___ Mo Yr DA14_MO6 DA14_YR6 (NEXT COL)	___ 19 ___ Mo Yr DA14_MO7 DA14_YR7 (NEXT COL)	___ 19 ___ Mo Yr DA14_MO8 DA14_YR8 (NEXT COL)	___ 19 ___ Mo Yr DA14_MO9 DA14_YR9 (NEXT COL)	___ 19 ___ Mo Yr DA14MO10 DA14YR10 (A15)

NO SUPERVISION
INCARCERATION
PAROLE
PROBATION
ELECTRONIC SURVEILLANCE
OTHER

A15. DRAW A LINE ACROSS ROW C ON CALENDAR FOR CORRECTIONAL STATUS. ENTER STATUS CHANGES (NS, I, P, PR, ES, O) ON ROW C OF CALENDAR IN APPROPRIATE MONTH.

INSTRUCTIONS FOR USING THE CALENDAR DURING THE INTERVIEW

SHOW R THE CALENDAR, AND SAY:

The outlined portions are for three time periods: The year before you started treatment at (PROGRAM), the treatment period, and the time since you left treatment through the present month. Row A shows the three time periods. Row B shows your marital status. Row C shows your legal status. Row D is there for us to use if other key events from your life are relevant, or help you recall what was going on in your life during a particular period. Before we talk about the three time periods, I want to ask you some background questions about your life.

SECTION B. BACKGROUND

B1. CODE WITHOUT ASKING. VERIFY, IF NEEDED, BY ASKING:
 I am required to ask--are you male or female"?" **DB1**

- Male 1
- Female 2

B2. What is your date of birth? RECORD MONTH, DAY AND YEAR. **DB2MO DB2YR**

_____/_____/19_____
 MO DAY YR

B3. So you are (AGE COMPUTED FROM B2) years old? **DB3**

- Yes 1
- No 2 **(REASK B2)**

B4. Were you born in the United States? IF R BORN ON A U.S. MILITARY BASE/LOCATION, CODE "1."

DB4

- Yes 1 **(B5)**
- No 2

B4a. Which country were you born in? RECORD VERBATIM. **DB4a**

- Canada 1
- Mexico 2
- Other Latin American country 3
- Asian/Pacific Island/
Pacific Rim 4
- European country 5
- African country 6

B5. Was your natural mother born in the United States? **DB5**

- Yes 1
- No 2 DK

B6. Was your natural father born in the United States? **DB6**

- Yes 1
- No 2 DK

B7. Are you of Mexican, Puerto Rican, Cuban or any other Spanish-speaking background? **DB7**

- Yes 1
- No 2 DK

B8. What best describes you? Are you... **READ CATEGORIES AND CODE ONE.**

DB8

- Alaskan Native, 1
- Native American, 2
- Asian or Pacific Islander, 3
- Black or African-American, or 4
- White? 5
- MIXTURE 6
- OTHER 7

B9. (As you were growing up, did/Do) you speak any language besides English with the people you (lived/live) with?

DB9

- Yes 1
- No 2 **(B10)**

B9a. What language (was/is) that? **CODE ONE.**

DB9a

- SPANISH ONLY 1
- OTHER LANGUAGE(S) ONLY 2
- BOTH SPANISH AND OTHER LANGUAGE(S) 3

B10. Would you say your ability to read (English) is... **READ CATEGORIES AND CODE ONE.**

DB10

- Excellent, 1
- Good, 2
- Fair, or 3
- Poor? 4

B11. Are you now in school, or receiving any job or skills training? (This includes vocational or technical schools, colleges, or working for your high school diploma).

DB11

- Yes 1
- No 2
- NEVER ATTENDED SCHOOL 3 **(B15)**

B12. Do you have a high school diploma or a GED? (**CODE ONE**)

DB12

- Yes, diploma 1
- Yes, GED 2
- No 3 **(B13)**
- NEVER ATTENDED SCHOOL 4 **(B15)**

B12a. In what year did you receive your (high school diploma/GED)?

19 _____

DB12a

B13. What is the highest grade or year of school you ever attended, even if you did not complete that grade? **CODE ONE ONLY.**

DB13

- 1st Grade 01
- 2nd Grade 02
- 3rd Grade 03
- 4th Grade 04
- 5th Grade 05
- 6th Grade 06
- 7th Grade 07
- 8th Grade 08
- 9th Grade 09
- 10th Grade 10
- 11th Grade 11
- 12th Grade 12
- 1 Year College/Technical School 13
- 2 Years College/Technical School 14
- 3 Years College/Technical School 15
- 4 Years College/Technical School 16
- Graduate/Professional School 17
- NEVER ATTENDED SCHOOL 18 **(B15)**

B14. (Were you ever/Have you ever been) expelled or suspended from school for more than a day?

DB14

- Yes 1
- No 2 **(B15)**

B14a. Were you expelled or suspended from school more than one time?

DB14a

- Yes 1
- No 2

B15. Have you ever belonged to a street gang?

DB15

- Yes 1
- No 2

SECTION C: HISTORY OF DRUG AND ALCOHOL USE

<p style="text-align: center;">C1.</p> <p>Next, I would like to ask you about your past use of street drugs, and your use of prescribed medicines to get high or for other <u>nonmedical effects</u>. (SHOWCARD) Before (START MONTH SEGMENT 1), did you ever use (DRUG TYPE) five times or more? READ AND CODE a-l.</p>	<p style="text-align: center;">C3.</p> <p>About how old were you the <u>first</u> time you tried (DRUG USED)? PROBE IF NEEDED.</p>																																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 5px;">a. Inhalants DC1a</td> <td style="width: 25%; padding: 5px;">Yes 1 No 2</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">b. Marijuana/Hashish DC1b</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3b _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">c. Crack DC1c</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3c _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">d. Cocaine powder DC1d</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3d _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">e. PCP or angel dust DC1e</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">f. Hallucinogens or Psychedelics/LSD etc. DC1f</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">g. Heroin DC1g</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3g _____ DK</td> </tr> <tr> <td style="padding: 5px;">h. Illegal Methadone DC1h</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">i. Other Narcotics DC1i</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">j. Methamphetamines DC1j</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3j _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">k. Downers DC1k</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3k _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">l. Other (SPECIFY) DC1l 12= Other prescription drug 13= Alcohol 14= Ritalin or Preludin _____ DC1lVB</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">DC3l _____ Years Old DK</td> </tr> </table>	a. Inhalants DC1a	Yes 1 No 2		b. Marijuana/Hashish DC1b	Yes 1 No 2	DC3b _____ Years Old DK	c. Crack DC1c	Yes 1 No 2	DC3c _____ Years Old DK	d. Cocaine powder DC1d	Yes 1 No 2	DC3d _____ Years Old DK	e. PCP or angel dust DC1e	Yes 1 No 2		f. Hallucinogens or Psychedelics/LSD etc. DC1f	Yes 1 No 2		g. Heroin DC1g	Yes 1 No 2	DC3g _____ DK	h. Illegal Methadone DC1h	Yes 1 No 2		i. Other Narcotics DC1i	Yes 1 No 2		j. Methamphetamines DC1j	Yes 1 No 2	DC3j _____ Years Old DK	k. Downers DC1k	Yes 1 No 2	DC3k _____ Years Old DK	l. Other (SPECIFY) DC1l 12= Other prescription drug 13= Alcohol 14= Ritalin or Preludin _____ DC1lVB	Yes 1 No 2	DC3l _____ Years Old DK	
a. Inhalants DC1a	Yes 1 No 2																																				
b. Marijuana/Hashish DC1b	Yes 1 No 2	DC3b _____ Years Old DK																																			
c. Crack DC1c	Yes 1 No 2	DC3c _____ Years Old DK																																			
d. Cocaine powder DC1d	Yes 1 No 2	DC3d _____ Years Old DK																																			
e. PCP or angel dust DC1e	Yes 1 No 2																																				
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j. Methamphetamines DC1j	Yes 1 No 2	DC3j _____ Years Old DK																																			
k. Downers DC1k	Yes 1 No 2	DC3k _____ Years Old DK																																			
l. Other (SPECIFY) DC1l 12= Other prescription drug 13= Alcohol 14= Ritalin or Preludin _____ DC1lVB	Yes 1 No 2	DC3l _____ Years Old DK																																			
<p>C2. WAS AT LEAST ONE DRUG TYPE CODED "1" AT C1? DC2</p> <p style="text-align: center;">YES... 1 (ASK C3-C4 FOR EACH DRUG CODED "1")</p> <p style="text-align: center;">NO... 2 (C5)</p>																																					

C4.						
Before (START DATE SEGMENT 1), in the month you used (DRUG) the most, about how many days did you use (DRUG)? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.						
	1 day	2-5 days	6-10 days	11-20 days	More than 20 days	DK
a.	1	2	3	4	5	DK DC4_a
b.	1	2	3	4	5	DK DC4_b
c.	1	2	3	4	5	DK DC4_c
d.	1	2	3	4	5	DK DC4_d
e.	1	2	3	4	5	DK DC4_e
f.	1	2	3	4	5	DK DC4_f
g.	1	2	3	4	5	DK DC4_g
h.	1	2	3	4	5	DK DC4_h
i.	1	2	3	4	5	DK DC4_i
j.	1	2	3	4	5	DK DC4_j
k.	1	2	3	4	5	DK DC4_k
l.	1	2	3	4	5	DK DC4_l

C5. Before (START MONTH SEGMENT 1), what was the main drug or drug combination, including alcohol, that you used? USE SHOWCARD: REVIEW CATEGORIES CODED AT C1 AS NEEDED. CODE ALL THAT APPLY.

Inhalants 1 DC5m1

Marijuana/Hashish	2	DC5m2
Crack	3	DC5m3
Cocaine Powder	4	DC5m4
PCP or angel dust	5	DC5m5
Hallucinogens or Psychedelics, LSD, etc	6	DC5m6
Heroin	7	DC5m7
Illegal methadone	8	DC5m8
Other narcotics	9	DC5m9
Methamphetamines	10	DC5m10
Downers	11	DC5m11
Other drugs	12	DC5m12
Alcohol	13	DC5m13
Ritalin or Preludin	14	DC5m14

C6. The first time you tried (**DRUGS CODED AT C5**), were you with . . . **READ AND CODE EACH CHOICE. IF a-g ARE CODED "2", ASK: Were you with anyone the first time you tried (DRUGS CODED AT C5)? IF YES, REASK CATEGORIES.**

	<u>Yes</u>	<u>No</u>	
a. Friends, not including a boyfriend or a girlfriend?	1	2	DC6_a
b. Boyfriend or girlfriend?	1	2	DC6_b
c. Spouse or partner?	1	2	DC6_c
d. Brothers and/or sisters?	1	2	DC6_d
e. Parents?	1	2	DC6_e
f. Other family members?	1	2	DC6_f
g. Someone else?	1	2	DC6_g
h. NO ONE	1		DC6_h

- C7. Before (**START MONTH SEGMENT 1**), did you ever go to the hospital because of a drug overdose? **DC7**
- Yes 1
- No 2 DK
- C8. Before (**START MONTH SEGMENT 1**) did you ever go to anyone for professional help or treatment for using drugs? **DC8**
- Yes 1
- No 2 (C9)
- C8a. How many times did you go for professional help before (**START MONTH SEGMENT 1**)? **ENTER NUMBER. PROBE FOR ESTIMATE.**
- _____ Number of times **DC8_a**
- C9. Before (**START MONTH SEGMENT 1**), did you ever, even one time, use a needle to inject drugs to get high or for other non-medical effects? **DC9**
- Yes 1 (C10)
- No 2
- C9a. Did someone else ever use a needle to inject you with drugs for you to get high or for other non-medical effects before (**START MONTH SEGMENT**)? **DC9_a**
- Yes 1
- No 2 DK

C10. Now I would like to ask about your use of alcoholic beverages. By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks. Before **(START MONTH SEGMENT 1)**, did you ever have a drink of alcohol? By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.

Yes 1 **DC10**
 No 2 **(SECTION D)**

C10a. Before **(START MONTH SEGMENT 1)**, think about the month you were drinking the most. How many days did you drink that month? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

One day 2 **DC10_a**
 2-5 days 3
 6-10 days 4
 11-20 days 5
 More than 20 days 6

DK (C14)

	(1) Beer/Malt Liquor	(2) Wine/Wine Coolers	(3) Liquor
C11. Still think about the month you were drinking the most. On a typical drinking day, did you drink any (TYPE) ?	Yes 1 DC11_1 No 2 (NEXT TYPE)	Yes 1 DC11_2 No 2 (NEXT TYPE)	Yes 1 DC11_3 No 2 (C14)
C12. On a typical drinking day, about how much (TYPE) did you <u>usually</u> drink? ENTER AMOUNT AND CODE.	<u>DC12_1</u> amount C12a. CODE: DC12_a1 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 _____ RECODED (NEXT TYPE)	<u>DC12_2</u> amount C12a. CODE: DC12_a2 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 _____ RECODED (NEXT TYPE)	<u>DC12_3</u> amount C12a. CODE: DC12_a3 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) _____ (C14)
C13. What size (bottle/can) was that (in ounces)? RECORD VERBATIM.	_____ MC13_1VB	_____ MC13_2VB	

C14. Before (START MONTH SEGMENT 1), did you ever go to the hospital because of your drinking?

Yes 1 **DC14**
No 2

C15. Before, (START MONTH SEGMENT 1), did you ever go to anyone for professional help for your drinking?

DC15
Yes 1
No 2 (C16)

C15a. How many times did you go for professional help for your drinking? **RECORD NUMBER.**

DC15a
_____ times

C16. Before (START MONTH SEGMENT 1), did you ever attend any . . .

	<u>Yes</u>	<u>No</u>	
a. Alcoholics Anonymous meetings	1	2	DC16a
b. Narcotics Anonymous meetings	1	2	DC16b
c. Cocaine Anonymous meetings	1	2	DC16c

<p>C17. IS ANY ITEM CODED "1" AT C16?</p> <p>DC17</p> <p>YES 1</p> <p>NO 2 (SECTION D)</p>
--

C17a. Before (START MONTH SEGMENT 1), did you attend five or more of any of these meetings?

DC17a
Yes 1
No 2

SECTION D. MENTAL AND PHYSICAL HEALTH HISTORY

Now I would like to ask you a few questions about any problems you ever had with emotions, nerves, or your mental health during your life before **(START MONTH SEGMENT 1)**.

D1. Before **(START MONTH/YEAR OF SEGMENT 1)**, did you ever have at least 2 weeks when you felt very sad, blue or depressed, and you lost interest or pleasure in things you usually cared about? **DD1**

Yes 1

No 2 **(D2)**

D1a. Were all, some, or none of these times a direct result of your alcohol/drug use? **DD1a**

All 1 **(D2)**

Some 2

None 3

D1b. How old were you when you first felt like this when it was not the result of alcohol or drugs? **DD1b**

_____ years old

D2. Before **(START MONTH SEGMENT 1)**, did you ever attempt suicide? **DD2**

Yes 1

No 2 **(D3)**

D2a. How many times did you attempt suicide before **(START MONTH SEGMENT 1)**? **DD2a**

_____ times

D2b. Were all, some, or none of those attempts the result of the effects of drugs or alcohol? **DD2b**

All 1

Some 2

None 3

D3. Before (**START MONTH SEGMENT 1**), did you ever have trouble controlling your temper or violent behavior? **DD3**

- Yes 1
- No 2 (**D4**)

D3a. Were all, some, or none of the times you had trouble controlling your temper or violent behavior the result of alcohol or drug use? **DD3a**

- All 1
- Some 2
- None 3

D4. Before (**START MONTH SEGMENT 1**), did you have hallucinations or delusions, that is, did you see or hear things that no one else could see or hear or did you think that someone else controlled your thoughts? **DD4**

- Yes 1
- No 2 (**D5**)

D4a. Were all, some, or none of these hallucinations a direct result of your alcohol or drug use? **DD4a**

- All 1
- Some 2
- None 3

D5. Before (**START MONTH SEGMENT 1**), did you ever stay overnight in a hospital or clinic for treatment of your emotions, nerves, or mental health that wasn't the result of drugs or alcohol use? **DD5**

- Yes 1
- No 2 (**D7**)

D5a. How old were you the first time you stayed overnight in a hospital or clinic somewhere for treatment of these problems? **DD5a**

_____ years old

D6. Before (**START MONTH SEGMENT 1**), how many times did you ever stay overnight in a hospital or clinic for treatment of your emotions, nerves, or your mental health? **DD6**

_____ Number of Times

D7. Next, I want to ask you some questions about some physical health problems you may have had. I'm going to read a list of illnesses or conditions that can cause a person pain, limit a person's activities, or cause other health problems. Before (**START MONTH SEGMENT 1**), did you have any problems with . . .

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
a. a serious breathing condition, such as bronchitis or tuberculosis?	1	2	DK	DD7a
b. a serious heart or blood condition, including high blood pressure, or anemia?	1	2	DK	DD7b
c. hepatitis or yellow jaundice?	1	2	DK	DD7c
d. a serious internal condition, such as stomach ulcers, sugar diabetes, or kidney or liver problems?	1	2	DK	DD7d
e. a serious bone or muscle condition, such as being paralyzed, bad arthritis, limping, or bursitis?	1	2	DK	DD7e
f. a serious nerve condition, such as convulsions, epilepsy, or migraine headaches? Please do not include any mental health problems	1	2	DK	DD7f
g. FEMALE R ONLY: Miscarriage, Toxemia, bad Pap smear, or other serious female condition?	1	2	DK	DD7g
h. syphilis, gonorrhea, or genital herpes, or any other sexually transmitted disease other than AIDS?	1	2	DK	DD7h

D8. Before (**START MONTH SEGMENT 1**), did you ever have a blood test for the AIDS virus? **DD8**
 Yes 1
 No 2 (**D10**)

D8a. Do you know the results of that (last) test? **DD8a**
 Yes 1
 No 2

D9. Before (**START MONTH SEGMENT 1**), did a doctor or other health professional tell you that you were
 HIV positive or had the AIDS virus? **DD9**
 Yes 1 (**RECORD "A" IN ROW D OF
 THE CALENDAR, IN THE
 MONTH JUST BEFORE
 SEGMENT 1 STARTS. THEN
 ASK D10.**)
 No 2

D10. Before (**START MONTH SEGMENT 1**), were you ever hospitalized for physical health problems? Do not
 include a normal pregnancy, treatment for alcohol or drug use, or detox. **DD10**
 Yes 1
 No 2 (**SECTION E**)

D10a. How many times? **DD10a**
 _____ Number of Times DK RF

SECTION E. ILLEGAL ACTIVITIES HISTORY

Now I would like to ask about any involvement with the police, courts, and illegal activities. Let me remind you that this information will remain confidential and you can refuse to answer any questions.

E1. Before (**START MONTH SEGMENT 1**), were you ever arrested? **DE1**

Yes 1

No 2 **(E2)**

E1a. About how many times were you arrested before (**START MONTH SEGMENT 1**)? **DE1a**

_____ Number of Times

E1b. How old were you the first time you were arrested? **DE1b**

_____ Years old

E1c. What was/were the main charge(s) you were arrested for? **RECORD VERBATIM AND CODE ALL THAT APPLY ON CODE LIST.**

<p><u>DRUG OFFENSES</u></p> <p>Drug Possession 1 DE1cm1</p> <p>Drug Sale or manufacturing 2 DE1cm2</p> <p><u>VIOLENT OFFENSES</u></p> <p>Armed robbery, Robbery by force 3 DE1cm3</p> <p>Aggravated assault, Assault with the intent to kill, Other serious intent 4 DE1cm4</p> <p>Forcible rape, Statutory Rape, Sexual assault 5 DE1cm5</p> <p>Murder, Manslaughter, Homicide 6 DE1cm6</p> <p>Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 7 DE1cm7</p>	<p><u>PROPERTY OFFENSES</u></p> <p>Forgery, Passing bad checks, Credit card fraud 8 DE1cm8</p> <p>Motor Vehicle theft 9 DE1cm9</p> <p>Breaking and entering, Burglary 10 DE1cm10</p> <p>Pimping, procuring 11 DE1cm11</p> <p>Other theft (Larceny, Pick pocketing, Purse snatching, Mugging, Receiving, Possession of stolen goods, Shoplifting) 12 DE1cm12</p> <p><u>PUBLIC ORDER OFFENSES</u></p> <p>Driving while intoxicated (DWI), Driving under the influence (DUI) 13 DE1cm13</p> <p>Prostitution, solicitation 14 DE1cm14</p> <p>Violation of parole 15 DE1cm15</p> <p>Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 16 DE1cm16</p> <p>CANNOT CODE CHARGE 17 DE1cm17</p>
--	---

E2. Before (START MONTH SEGMENT 1), did you ever . . . (IF R WAS 18 YEARS OR OLDER AT START MONTH OF SEGMENT 1, ADD: Include any involvement you had <u>before and after</u> you were 18 years old.		E3. About how old were you when you first did this?
b. Steal a vehicle (car, truck, van or motorcycle)? DE2b	Yes 1 No 2 RF	
c. Sell drugs or help someone else sell drugs, including cutting, weighing, packaging or making drugs? DE2c	Yes 1 (E3) No 2 RF	DE3c _____ years old
d. Have sex for money or drugs (prostitution)? DE2d	Yes 1 No 2 RF	
f. Pass bad checks, forge checks, or use a stolen credit card? DE2f	Yes 1 No 2 RF	
g. Break into a house, a business, or a vehicle to take someone else's money or property? DE2g	Yes 1 (E3) No 2 RF	DE3g _____ years old
h. Use a weapon or physical force against someone to steal money or property from them? DE2h	Yes 1 (E3) No 2 RF	DE3h _____ years old
i. Set fire to a house, building, or vehicle? DE2i	Yes 1 No 2 RF	
j. Threaten or attack someone with a weapon? DE2j	Yes 1 (E3) No 2 RF	DE3j _____ years old
k. Force someone to have sex or to do any kind of sex act against their will? DE2k	Yes 1 No 2 RF	
l. Kill someone, other than by accident? DE2l	Yes 1 No 2 RF	

<p>n. Do anything else against the law that I didn't ask about? (SPECIFY)</p> <p>CODE ONE DE2n</p> <p>1= Drug Possession</p> <p>7= Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting)</p> <p>11= Pimping, procuring</p> <p>12= Other theft (Larceny, Pick pocketing, Purse snatching, Mugging, Receiving, Possession of stolen goods, Shoplifting)</p> <p>13= Driving while intoxicated (DWI, Driving under the influence (DUI))</p> <p>15= Violation of parole</p> <p>16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway)</p> <p>17= Cannot Code Charge</p> <p style="text-align: right;">DE2nCODE</p>	<p>Yes 1</p> <p>No 2 RF</p>
---	--

E4. Did you ever support yourself mainly from illegal activity (hustling, dealing, fraud, etc.) for a least one year before (**START MONTH SEGMENT 1**)? **DE4**

Yes 1

No 2 RF DK

E5. The next questions are about any times you may have been attacked with a weapon or seriously hit or beaten. Before (**START MONTH SEGMENT 1**) were you ever attacked with a weapon such as a knife or a gun? **DE5**

Yes 1

No 2 RF DK

E6. Before (**START MONTH SEGMENT 1**), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more? **DE6**

Yes 1

No 2 RF DK

SECTION F. LIVING ARRANGEMENTS

Next, I would like to ask you about your past living arrangements.

- F1. Before (**START MONTH OF SEGMENT 1**), how old were you when you last lived with your mother, including your natural mother, stepmother, foster mother, or adoptive mother? **RECORD "0" IF NEVER LIVED WITH MOTHER.**

DF1

_____ years old

- F2. Before (**START MONTH OF SEGMENT 1**), how old were you when you last lived with your father, including your natural father, stepfather, foster father, or adoptive father? **RECORD "0" IF NEVER LIVED WITH FATHER.**

DF2

_____ years old

- F3. (Before you were 18 years old, did/Have) the courts or a social service agency ever (arrange/arranged) a place for you to live?

DF3

Yes 1

No 2

- F4. (Before you were 18 years old, did/Have) you ever run away from home or the place you usually (lived/live)?

DF4

Yes 1

No 2 (F5)

- F4a. Altogether, how many times did you run away?

DF4a

_____ Times

- F5. (At any time before you were 18 years old, were you/Have you ever been) asked to leave home by a parent or guardian?

DF5

Yes 1

No 2

IF RESPONDENT 15 OR YOUNGER, GO TO SECTION H.

- F6. Altogether, how many natural children did you have before (**START MONTH OF SEGMENT 1**)?

DF6

_____ Number of children

- F7. At anytime before (**START MONTH OF SEGMENT 1**) did you lose custody (of any of your natural children under age 18, or) of any (other) children you were raising, including adopted children and foster children? By custody, I mean being legally in charge of a child.

DF7

Yes 1

No 2

SECTION G. EMPLOYMENT HISTORY

G1. The next questions are about your employment. Before (**START MONTH SEGMENT 1**), were you ever employed full-time, that is, did you ever work 35 hours or more a week? (Do not count any job that involved illegal activity.)

DG1

Yes 1
 No 2 (**G5**)

G2. Before (**START MONTH SEGMENT 1**), what was the longest time you had any one job where you worked 35 hours a week or more?

DG2

Less than one year 1
 1-2 years 2
 More than 2 years but less than 5 years 3
 Five years or more 4

G3. What kind of work did you do at the full-time job that you had the longest? That is, what was your job title or what was your job called? **RECORD VERBATIM AND ENTER CODE.**

DG3

- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
- 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
- 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
- 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
- 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
- 6 Laborer; (Ex. Construction worker, maintenance worker)
- 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
- 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
- 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
- 10 Farmer or Farm Manager
- 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
- 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
- 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
- 14 Other
- 15 UNABLE TO CODE
- 16 Military

G4. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.**

DG4

\$ _____.

G4a. CODE:	Per hour 1		
	Every week 2		
	Every two weeks 3		DG4a
	Per month 4		
	Per year 5		
	OTHER (SPECIFY) _____ RECODED 6	RF	DK
	Day 7		
	Unit/Product 8		
	Unit/Service 9		
	Room & Board 10		

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G5. Before (**START MONTH SEGMENT 1**), did you ever have a part-time job? **DG5**

Yes 1

No 2 **(G8)**

G5a. Before (**START MONTH SEGMENT 1**), what was the longest time you had any one part-time job? **DG5a**

Less than one year 1

1-2 years 2

More than 2 years but less than 5 years 3

Five years or more 4

G6. What kind of work did you do at the part-time job that you had the longest? That is, what was your job title or what was your job called? **RECORD VERBATIM AND ENTER CODE FROM CODE LIST.** **DG6**

G7. Before taxes, what was your highest wage, salary, or rate of pay at that part-time job? **RECORD DOLLARS AND CENTS AND CODE.** **DG7**

\$ _____.

G7a. CODE:

Per hour 1

Every week 2

Every two weeks 3

Per month 4 **DG7a**

Per year 5

OTHER (SPECIFY) _____ **RECODED** _____ 6 RF DK

Day 7

Unit/Product 8

Unit/Service 9

Room & Board 10

G8. Before (**START MONTH OF SEGMENT 1**), what is the longest period of time that you were unemployed, not counting years when you were in school full-time (or in jail)? **DG8**

Less than one year 1

1-2 years 2

More than 2 years but less than 5 years 3

Five years or more 4

NEVER WORKED 5

SECTION H. SEGMENT 1 (PRE-SAMPLE EPISODE SEGMENT)

Next, I would like to ask what was going on in your life during the year before you went to (PROGRAM) in (MONTH). **GO TO FIRST SEGMENT OUTLINED IN CALENDAR; THE 12 MONTH PERIOD PRIOR TO THE SAMPLED EPISODE SEGMENT.** You may find it helpful to refer to the calendar when answering the questions. This period of time is from _____ through _____.

H1a. CHECK ROW C OF THE CALENDAR. WERE THERE ANY INCARCERATIONS DURING THE SEGMENT 1 PERIOD? **DH1a**

YES 1
NO 2 (H6)

H1b. HOW MANY INCARCERATIONS ARE ON THE CALENDAR FOR SEGMENT 1?

DH1b

_____ **Number of Incarceration**

ASK H2-H5 FOR EACH INCARCERATION. USE CODE LIST BELOW TO CODE H3.

DRUG OFFENSES

Drug Possession 1
Drug Sale or manufacturing 2

VIOLENT OFFENSES

Armed robbery, Robbery by force 3
Aggravated assault,
Assault with the intent to kill,
Other serious intent 4
Forcible rape, Statutory Rape, Sexual assault 5
Murder, Manslaughter, Homicide 6
Other violent offenses (Arson, Damage
to or destruction of property,
Vandalism, Simple assault, Fighting) 7

PROPERTY OFFENSES

Forgery, Passing bad checks, Credit card fraud 8
Motor Vehicle theft 9
Breaking and entering, Burglary 10
Pimping, procuring 11
Other theft (Larceny, Pick pocketing,
Purse snatching, Mugging, Receiving,
Possession of stolen goods, Shoplifting) 12

PUBLIC ORDER OFFENSES

Driving while intoxicated (DWI),
Driving under the influence (DUI) 13
Prostitution, solicitation 14
Violation of parole 15
Other public order offenses (Bookmaking,
Numbers, Gambling, Curfew violation,
Truancy, Being a runaway) 16
CANNOT CODE CHARGE 17

	PLACE 1 DH2_1	PLACE 2 DH2_2
<p>H2. The next questions are about (PLACE/ PRISON/JAIL) you told me about earlier. CODE WITHOUT ASKING IF KNOWN FROM CALENDAR. OTHERWISE ASK: Was (PLACE NAME) the place you went to in (MONTH/YEAR) a . . . RECORD VERBATIM AND CODE.</p>	<p>Juvenile hall or county camp, 1</p> <p>a youth authority facility 2</p> <p>a jail, 3</p> <p>a prison, or 4</p> <p>some other place? 5</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Juvenile hall or county camp, 1</p> <p>a youth authority facility, 2</p> <p>a jail, 3</p> <p>a prison, or 4</p> <p>some other place? 5</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>H3. What was the main charge that you were sentenced for then? RECORD VERBATIM AND CODE FROM CODE LIST. PROBE AS NEEDED USING LIST.</p>	<p><input type="checkbox"/> _____</p> <p style="text-align: right;">DH3_1</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> _____</p> <p style="text-align: right;">DH3_2</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>H4. During the time when you were in (PLACE), were any drug or alcohol treatment programs offered there, not counting Narcotics Anonymous, Cocaine Anonymous, or Alcoholics Anonymous?</p>	<p style="text-align: right;">DH4_1</p> <p>Yes 1</p> <p>No 2</p> <p style="text-align: center;">(NEXT PLACE OR H6)</p>	<p style="text-align: right;">DH4_2</p> <p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">(H6)</p>
<p>H5. Did you participate in any of the drug or alcohol treatment programs offered, not counting NA, CA, or AA?</p>	<p style="text-align: right;">DH5_1</p> <p>Yes 1</p> <p>No 2</p>	<p style="text-align: right;">DH5_2</p> <p>Yes 1</p> <p>No 2</p>

(NEXT PLACE OR H6)

(H6)

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H6. CHECK ROW C OF THE CALENDAR. WAS PAROLE OR PROBATION STATUS NOTED DURING SEGMENT 1 PERIOD?

DH6

YES 1 **(IF MORE THAN ONE, ASK H7 ABOUT THE LAST ONE. IF ON PAROLE AND PROBATION SIMULTANEOUSLY ASK ABOUT THE ONE WITH THE HIGHEST NUMBER OF CONTACTS.)**

NO 2 **(H9)**

H7. During **(MONTHS)** did you report to or have any contact with your (probation/parole) officer? **DH7**

Yes 1

No 2 **(H9)**

H7a. During **(MONTHS)** how often did you have contact with or report to your (probation/parole) officer?
ENTER NUMBER AND CODE. **DH7a**

_____ # of times

H7b. CODE: Per Month 1 **DH7b**

Per Year 2

H8. During **(MONTHS)** were urine tests required as a condition of (probation/parole)? **DH8**

Yes 1

No 2 **(H9)**

H8a. How many times per month were these tests required? **DH8a**

_____ # of times per month

H9. CHECK ROW C OF THE CALENDAR. HOW MANY MONTHS WAS R INCARCERATED DURING SEGMENT 1?

DH9

0-9 MONTHS INCARCERATED 1

10-12 MONTHS INCARCERATED 2 (H43)

H10.

Next, I would like to ask some questions about your use of drugs from the street and your use of prescription drugs to get high or for other non-medical effects, and your use of alcohol. **(SHOWCARD)** During **(MONTHS)** did you use **(DRUG)** five times or more? **READ AND CODE a-m. THEN ASK H11-H12 FOR EACH DRUG CODED "1" AT H10.**

a. Inhalants	DH10a	Yes 1 No 2
b. Marijuana/Hashish	DH10b	Yes 1 No 2
c. Crack	DH10c	Yes 1 No 2
d. Cocaine powder	DH10d	Yes 1 No 2
e. PCP or angel dust	DH10e	Yes 1 No 2
f. Hallucinogens or Psychedelics/LSD etc.	DH10f	Yes 1 No 2
g. Heroin	DH10g	Yes 1 No 2
h. Illegal Methadone	DH10h	Yes 1 No 2
i. Other Narcotics	DH10i	Yes 1 No 2
j. Methamphetamines	DH10j	Yes 1 No 2
k. Downers	DH10k	Yes 1 No 2
l. Other drug (SPECIFY) 12= Other Prescription Drug 14= Ritalin or Preludin _____	DH10l DH10lVB	Yes 1 No 2
m. Alcohol	DH10m	Yes 1 No 2

	H11.						H12.					
	Now, please look at the calendar and think about the month when you used (DRUG) the most during (MONTHS). About how many days did you use (DRUG) then? CODE; PROBE WITH CATEGORIES IF NEEDED.						During (MONTHS), how many months were you not using (DRUG)? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.					
	1 day	2-5 days	6-10 days	More 11-20 days	than 20	DK	USED EVERY MONTH	1-3 months	4-6 months	7-9 months	Over 9 months	DK
a.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11a						DH12a					
b.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11b						DH12b					
c.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11c						DH12c					
d.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11d						DH12d					
e.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11e						DH12e					
f.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11f						DH12f					
g.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11g						DH12g					
h.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11h						DH12h					
i.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11i						DH12i					
j.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11j						DH12j					
k.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11k						DH12k					
l.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11l						DH12l					
m.	1	2	3	4	5	DK	1	2	3	4	5	DK
	DH11m						DH12m					

- H13. During (MONTHS), did you ever go to a hospital because of a drug overdose? **DH13**
- Yes 1
- No 2
- H14. During (MONTHS), did you even one time, use a needle to inject drugs to get high or for other non-medical effects? **DH14**
- Yes 1 (H16)
- No 2
- H15. During (MONTHS), did someone else ever use a needle to inject you with drugs for you to get high or for other non-medical effects? **DH15**
- Yes 1
- No 2 (H17)
- H16. During (MONTHS), when you used a needle to inject drugs to get high, about how often did you use it after someone else? Was that ... (READ CHOICES AND CODE ONE) **DH16**
- Never, 1 (H17)
- Less than half of the time, 2
- Half of the time, 3
- More than half of the time, or 4
- Every time? 5
- RF (H17)
- DK (H17)
- H16a. During (MONTHS), when you used a needle after someone else, about how often did you clean it with bleach before you used it? Would you say ... **DH16a**
- Never 1
- Less than half of the time, 2
- Half of the time, 3
- More than half of the time, or 4
- Every time? 5 RF DK

H17. WAS ALCOHOL CODED "1" AT H10? **DH17**

YES 1 (H19)

NO 2

H18. Now I would like to ask about your use of alcoholic beverages. (By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks.) During (MONTHS), did you ever have a drink of alcohol? (By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.)

DH18

Yes 1
 No 2 (H24)

H19. During (MONTHS), think about the month you were drinking the most. How many days did you drink during that month?
CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.

DH19

One day 1
 2-5 days 2
 6-10 days 3
 11-20 days 4
 More than 20 days 5

DK RF

	(1) Beer/Malt Liquor	(2) Wine/Wine Coolers	(3) Liquor
H20. Still think about the month you were drinking the most. On a typical drinking day, did you drink any (TYPE)?	Yes 1 DH20_1 No 2 (NEXT TYPE)	Yes 1 DH20_2 No 2 (NEXT TYPE)	Yes 1 DH20_3 No 2 (H23)
H21. On a typical drinking day, about how much (TYPE) did you usually drink? ENTER AMOUNT AND CODE.	___DH21_1___ amount H21a. CODE: DH21_a1 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 _____ RECODED (NEXT TYPE)	___DH21_2___ amount H21a. CODE: DH21_a2 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 _____ RECODED (NEXT TYPE)	___DH21_3___ amount H21a. CODE: DH21_a3 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) _____ (H23)
H22. What size (bottle/can) was that (in ounces)? RECORD VERBATIM.	_____ DH22_1 _____	_____ DH22_2 _____	

H23. During (MONTHS), were you ever in a hospital because of your drinking? **DH23**

Yes 1

No 2

H24. Now I have some questions about your past living arrangements.
 During (MONTHS), did you ever for at least two nights in a row have no place to stay except for a homeless shelter or street? **DH24**

Yes 1

No 2 (H26)

H25. How long were you in a shelter or on the street during (MONTHS)? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.** **DH25**

Less than 1 month 1

1-3 months 2

4-6 months 3

7-9 months 4

10-12 months 5

HOMELESS/ON THE STREET ENTIRE TIME 6 (H31)

H26. During (MONTHS), did you live in your own apartment or house at any time, either renting or buying, including living with parents or guardians? **DH26**

Yes 1

No 2 (H27)

H26a. During (MONTHS), how long did you live there? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.** **DH26a**

Less than 1 month 1

1-3 months 2

4-6 months 3

7-9 months 4

10-12 months 5

H27.		H28.
During (MONTHS), please tell me if you lived with any of the following people at any time. Did you live with . . .		During (MONTHS), what is the longest time you lived with PERSON? READ CHOICES ONLY AS PROBE.
CODE "1" WITHOUT ASKING, IF KNOWN. a. Your (wife/husband) or someone who was like a spouse or partner?	DH27a Yes 1 (H28) No 2	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 DH28a DK
b. Your mother, including your natural mother, stepmother, foster mother, or adoptive mother?	DH27b Yes 1 (H28) No 2	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 DH28b DK
c. Your father, including your natural father, stepfather, foster father, or adoptive father?	DH27c Yes 1 (H28) No 2	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 DH28c DK
CODE "3" WITHOUT ASKING, IF KNOWN. d. Children of yours who were <u>18 years or older</u> ?	DH27d Yes 1 (H28) No 2 R HAD NO CHILDREN . 3 (H31)	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 DH28d DK
e. Children <u>under 18 years old</u> who were your natural children or who you were raising as your own?	DH27e Yes 1 No 2 (H31) R HAD NO CHILDREN . 3 (H31)	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 DH28e DK

H29. During (MONTHS), how many children under 18 years old were you raising and living with, including natural children, adopted children, and foster children? **ENTER NUMBER OF CHILDREN. IF NONE, CODE "0."**

DH29

0. NONE (H31)

_____ Number of Children

H30. During (MONTHS), did you lose custody of any children you were raising? By custody, I mean being legally in charge of a child.

DH30

Yes 1

No 2

H31. Now, I am going to ask about types of alcohol or drug treatment that include professional help such as doctors or counselors. During (MONTHS), did you receive treatment or counseling for drinking or using drugs?

DH31

Yes 1

No 2 (H32)

H31a. What kind of treatment was that? **RECORD VERBATIM AND CODE.**

DH31a

_____ Inpatient 1

Residential 2

Outpatient (non-methadone) 3

Methadone 4

H32. During (MONTHS), did you ever attend any ...

Yes

No

a. Alcoholics Anonymous meetings? 1 2

DH32a

b. Narcotics Anonymous meetings? 1 2

DH32b

c. Cocaine Anonymous meetings? 1 2

DH32c

H32a. IS ANY ITEM CODED "1" AT H32?

DH32a_1

YES 1

NO 2 (H33)

H32b. During (MONTHS), did you attend five or more of any of these meetings?

DH32b_1

Yes 1

No 2

H33. During (MONTHS), did you ever have at least two weeks when you felt very sad, blue, or depressed, and you lost interest or pleasure in things you usually cared about?

DH33

Yes 1

No 2 (H34)

DK (H34)

H33a. During (**MONTHS**), were all, some, or none of these times caused by drugs or alcohol you took? **DH33a**

All of the times 1

Some of the times 2

None of the times 3 (**H34**)

H33b. During (**MONTHS**), did you have any times like this that were not caused by drugs or alcohol you took? **DH33b**

Yes 1

No 2

H34. During (**MONTHS**) did you ever attempt suicide? **DH34**

Yes 1 (**H35**)

No 2

H34a. During those 12 months, did you ever think seriously about committing suicide? **DH34a**

Yes 1

No 2

H35. During (**MONTHS**), did you see a doctor, nurse, counselor or social worker for problems with your emotions, nerves, or mental health? **DH35**

Yes 1

No 2 (**H36**)

H35a. How many times was that? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.** **DH35a**

1-5 times 1

6-10 times 2

11-30 times 3

31 times or more 4 DK

H36. During (**MONTHS**), did you stay overnight in a hospital or clinic for treatment of problems with your emotions, nerves, or mental health? **DH36**

Yes 1

No 2

H37. Now I would like to ask about your involvement with the police, the courts, and illegal activities. During (MONTHS), did you ever . . .		H38. During (MONTHS), how many different times did you do that? CODE R'S RESPONSE. 1 2-5 6-20 21-100 More Time Times Times Times than 100					H39. What drugs were you dealing or selling during (MONTHS)? CODE ALL THAT APPLY.
a. Drive a vehicle (car, truck, van or motorcycle) while you were drunk or high?	Yes .. 1 (H38) No 2 RF DH37a	DH38a 1 2 3 4 5					
b. Steal a vehicle (car, truck, van or motorcycle)?	Yes .. 1 (H38) No 2 RF DH37b	DH38b 1 2 3 4 5					
c. Sell drugs or help someone else sell drugs, including cutting, weighing, packaging or making drugs?	Yes .. 1 (H38) No 2 RF DH37c	DH38c 1 2 3 4 5					
d. Have sex for money or drugs (prostitution)?	Yes .. 1 (H38) No 2 RF DH37d	DH38d 1 2 3 4 5					
e. Take something from a store without paying for it, that is, shoplifted?	Yes .. 1 (H38) No 2 RF DH37e	DH38e 1 2 3 4 5					

<p>g. Break into a house, a business, or a vehicle to take someone else's money or property?</p>	<p>Yes . . 1 (H38) No 2 RF DH37g</p>	<p style="text-align: center;">DH38g</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>h. Use a weapon or physical force against someone to steal money or property from them?</p>	<p>Yes . . 1 (H38) No 2 RF DH37h</p>	<p style="text-align: center;">DH38h</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>m. Do any other things to make money that are against the law?</p>	<p>Yes . . 1 (H38) No 2 RF DH37m</p>	<p style="text-align: center;">DH38m</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>n. Do any thing else against the law that I didn't ask about? (SPECIFY) CODE ONE. 1= Drug Possession 4= Aggravated assault, Assault with the intent to kill, Other serious intent 5= Forcible rape, Statutory Rape, Sexual assault 6= Murder, Manslaughter, Homicide 7= Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 15= Violation of parole 16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 17= Cannot Code Charge</p> <hr/> <p style="text-align: center;">DM37nVB</p>	<p>Yes . . 1 (H38) No 2 RF DH37n</p>	<p style="text-align: center;">DH38n</p> <p style="text-align: center;">1 2 3 4 5</p>

H40. WAS ANY ACTIVITY CODED "1" AT H37?		DH40
YES		1
NO		2 (H43)

H41. During (**MONTHS**), how many months were you doing any of the activities we just talked about? **DH41**

_____ Number of Months

H41a. In a typical week, during (**MONTHS**), about how much money would you say you earned from these activities? **DH41a**

\$ _____. 00 per week

H42. **CODE WITHOUT ASKING, IF KNOWN.** During (**MONTHS**), were you ever arrested and booked or taken into custody? **DH42**

Yes 1

No 2 (**H43**)

H42a. About how many times were you arrested and booked (or taken into custody) during (**MONTHS**)? **DH42a**

_____ Number of Times

H42b. What was/were the main charge(s)? **RECORD VERBATIM AND CODE ALL THAT APPLY.**

DRUG OFFENSES

- Drug Possession 1 **DH42bm1**
- Drug Sale or manufacturing 2 **DH42bm2**

VIOLENT OFFENSES

- Armed robbery, Robbery by force 3 **DH42bm3**
- Aggravated assault,
Assault with the intent to kill,
Other serious intent 4 **DH42bm4**
- Forcible rape, Statutory Rape, Sexual assault 5 **DH42bm5**
- Murder, Manslaughter, Homicide 6 **DH42bm6**
- Other violent offenses (Arson, Damage
to or destruction of property,
Vandalism, Simple assault, Fighting) 7 **DH42bm7**

PROPERTY OFFENSES

- Forgery, Passing bad checks, Credit card fraud 8 **DH42bm8**
- Motor Vehicle theft 9 **DH42bm9**
- Breaking and entering, Burglary 10 **DH42bm10**
- Pimping, procuring 11 **DH42bm11**
- Other theft (Larceny, Pick pocketing,
Purse snatching, Mugging, Receiving,
Possession of stolen goods, Shoplifting) 12 **DH42bm12**

PUBLIC ORDER OFFENSES

- Driving while intoxicated (DWI),
Driving under the influence (DUI) 13 **DH42bm13**
- Prostitution, solicitation 14 **DH42bm14**
- Violation of parole 15 **DH42bm15**
- Other public order offenses (Bookmaking,
Numbers, Gambling, Curfew violation,
Truancy, Being a runaway) 16 **DH42bm16**
- CANNOT CODE CHARGE 17 **DH42bm17**

H43. During (**MONTHS**), were you ever attacked with a weapon such as a knife or a gun?

DH43

- Yes 1
- No 2 RF DK

H44. During (**MONTHS**), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more?

DH44

Yes 1
No 2 RF DK

H45. IS "1" CODED AT H43 OR H44?		DH45
YES	1	
NO	2 (H47)	

H46. During (MONTHS), how many times were you attacked with a weapon or seriously hit or beaten? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

DH46

One time 1
2-5 times 2
6-10 times 3
11-20 times 4
21-100 times 5
More than 100 times 6 RF DK

H47. The next questions are about your physical health. During (MONTHS), would you say your health was . . .

DH47

Excellent, 1
Good, 2
Fair, or 3
Poor? 4

H48. During (MONTHS), did you have any illness or condition that caused you pain, limited your activities, or caused you problems at work (or in school)?

DH48

Yes 1
No 2 (H49i)

H49.	During (MONTHS), did you have <u>any</u> problems with . . .	<u>Yes</u>	<u>No</u>	<u>DK</u>	
	b. a heart or blood condition,	1	2	DK	DH49b
	c. hepatitis or yellow jaundice?	1	2	DK	DH49c
	d. an internal condition, such as ulcers, diabetes, or kidney or liver problems?	1	2	DK	DH49d
	e. a bone or muscle condition,	1	2	DK	DH49e
	f. a nerve condition, such as convulsions, or migraines?	1	2	DK	DH49f
	g. FEMALE R ONLY: miscarriage, toxemia, bad Pap smear or other serious female condition?	1	2	DK	DH49g
	h. any sexually transmitted disease other than AIDS?	1	2	DK	DH49h

**i. CHECK ROW D OF THE CALENDAR. HAVE YOU ALREADY ENTERED "A" ON ROW D?
DH49i**

YES 1 (ASK H49j)

NO 2 (H50)

j. any AIDS-related condition? 1(**H52**) 2(**H52**) DK(**H52**) **DH49j**

H50. During (**MONTHS**), did you have a blood test for AIDS? **DH50**

Yes 1

No 2 (**H52**)

H50a. Did you find out the results of that test? **DH50a**

Yes 1

No 2

H51. During (**MONTHS**), did a doctor or other health professional tell you that you were HIV-positive or had the AIDS virus? **DH51**

Yes 1 (**RECORD "A" IN ROW D OF THE CALENDAR, IN THE LAST MONTH OF SEGMENT 1. THEN ASK H52**)

No 2

H52. During (MONTHS), about how many times did you see a doctor for a physical illness, condition or injury? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

DH52

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER SAW A DOCTOR 4

H53. During (MONTHS), how many times did you go to a hospital emergency room but did not stay overnight? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

DH53

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER WENT 4

H54. During (MONTHS), did you ever go to a hospital for at least 24 hours for a physical illness, condition or injury?

DH54

- Yes 1
- No 2 (H55)

H54a. During (MONTHS), about how many nights did you spend in the hospital for a physical illness, condition, or injury?

DH54a

_____ nights DK

H55. **FEMALE R ONLY:** Now, I am going to ask about pregnancy and giving birth. During (MONTHS), were you pregnant at any time?

DH55

- Yes 1
- No 2 (H56)

H55a. Did you give birth to a live baby?

DH55a

- Yes 1
- No 2

H56. During (MONTHS), about how many different people did you have sex with, even if only one time? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

DH56

- NONE 1 (H57)
- One 2
- 2-9 3
- 10-25 4
- 26-100 5
- More than 100 6 RF DK

H56a. During those 12 months, did you have sex with someone so they would give you money, drugs, clothes or a place to sleep?

DH56a

Yes 1
 No 2 RF DK

<p>H57. CHECK ROW C OF THE CALENDAR. HOW MANY MONTHS WAS R INCARCERATED DURING SEGMENT 1?</p> <p style="text-align: center;">DH57</p> <p>0-9 MONTHS 1</p> <p>10-12 MONTHS 2 (SECTION K)</p>

H58. Next, I would like to ask about how you supported yourself during (MONTHS), that is, how you got the money that you used to live on. During (MONTHS), did you get most of your support from illegal activities that you did?

DH58

Yes 1
 No 2 (H59)
 RF (H59)

H58a. During (MONTHS), when you were getting most of your support from illegal activities, what did you do most of the time to get money? **CODE ALL THAT APPLY.**

Drug dealing	1	DH58am1
Prostitution	2	DH58am2
Motor vehicle theft	3	DH58am3
Shoplifting	4	DH58am4
Breaking and entering, Burglary	5	DH58am5
Armed robbery, Robbery by force	6	DH58am6
Other property crime: Moonshining, boot legging, running liquor, pimping, procuring, forgery, Passing bad checks, credit card fraud, bookmaking, numbers, gambling, receiving, possession of stolen goods, other theft (larceny, pick pocketing, purse snatching, mugging)	7	DH58am7
Violent crime for pay: Arson, aggravated assault, other serious assault, murder	8	DH58am8
OTHER ILLEGAL ACTIVITY	9	RF DK DH58am9

H59. The next questions are about your employment. During (MONTHS), were you employed full-time at any time, that is, did you work 35 hours or more a week at any job? (Do not count any job that involved illegal activity.)

DH59

Yes 1
 No 2 (H63)

H60. During (MONTHS), how many months did you work full-time?

DH60

_____ number of months

H61. What kind of work did you do at your longest full-time job? That is, what was your job title or what was your job called?
RECORD VERBATIM AND ENTER CODE.

DH61

- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
- 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
- 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
- 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
- 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
- 6 Laborer; (Ex. Construction worker, maintenance worker)
- 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
- 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
- 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
- 10 Farmer or Farm Manager
- 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
- 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
- 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
- 14 Other
- 15 UNABLE TO CODE
- 16 Military

H62. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.**

DH62

\$ _____

- H62a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** _____ RF _____ ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

DH62a

H63. During (MONTHS), did you have a part-time job at any time?

DH63

- Yes 1
- No 2 (H66)

H64. During (MONTHS), how many months did you work part-time? **DH64**
 _____ number of months

H65. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest during (MONTHS)? **RECORD DOLLARS AND CENTS AND CODE.** **DH65**
 \$ _____.

- H65a. CODE: **DH65a**
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) RECODED RF ~~D6~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

H66. **CODE WITHOUT ASKING, IF KNOWN.** During (MONTHS), did anyone you lived with (help with/pay your) expenses, such as housing, food, clothing, medical costs, (and/or) transportation? **DH66**

- Yes 1
- No 2 **(H67)**
- RF **(H67)**

H66a. During (MONTHS), would you say that this help with your living expenses paid for less than half, half or more, or all of your living expenses? **DH66a**

- Less than half 1
- Half or more 2
- All 3

H67.		H68.
<p>Now, I will ask about (other) sources of income you may have had during (MONTHS). (Please do <u>not</u> include income from illegal activities) (or help you received with living expenses from someone you lived with.)</p> <p>During (MONTHS), did you ever <u>personally</u> get any income from . . .</p>		<p>During (MONTHS), <u>before taxes</u>, about how much income did you personally get from (INCOME SOURCE). IF YOU CODE "3", SKIP TO THE NEXT INCOME SOURCE. RECORD DOLLAR AMOUNT. ROUND TO NEAREST DOLLAR.</p>
<p>a. CODE WITHOUT ASKING IF KNOWN. Your wages or salary, including tips, (from all jobs or businesses)?</p>	<p>Yes 1 (H68) No 2 RF DH67a DK</p>	<p>DH68aa \$ _____ .00 RF DK (H68a) (1) CODE: per wk . . . 1 per mo . . . 2 DH68a1 Total . . . 3 (H68a) (2) _____ Number (wks/mos) DH68a2WK DH68a2MO</p>
<p>b. (Money/Other money) from a (spouse, partner, or other) family member who was <u>not</u> living with you? (Not including the help we've already talked about).</p>	<p>Yes 1 (H68) No 2 RF DH67b DK</p>	<p>DH68bb \$ _____ .00 RF DK (H68b) (1) CODE: per wk . . . 1 per mo . . . 2 DH68b1 Total . . . 3 (H68b) (2) _____ Number (wks/mos) DH68b2WK DH68b2MO</p>
<p>c. Welfare, including General Assistance, or Relief or Aid to Dependent Children or to Families with Dependent Children?</p>	<p>Yes 1 (H68) No 2 RF DH67c DK</p>	<p>DH68cc \$ _____ .00 RF DK (H68c) (1) CODE: per wk . . . 1 per mo . . . 2 DH68c1 Total . . . 3 (H68c) (2) _____ Number (wks/mos) DH68c2WK DH68c2MO</p>
<p>d. Unemployment compensation, disability pay, or SSI?</p>	<p>Yes 1 (H68) No 2 RF DH67d DK</p>	<p>DH68dd \$ _____ .00 RF DK (H68d) (1) CODE: per wk . . . 1 per mo . . . 2 DH68d1 Total . . . 3 (H68d) (2) _____ Number (wks/mos) DH68d2WK DH68d2MO</p>
<p>e. Social Security, pension, annuity, or interest from savings?</p>	<p>Yes 1 (H68) No 2 RF DH67e DK</p>	<p>DH68ee \$ _____ .00 RF DK (H68e) (1) CODE: per wk . . . 1 per mo . . . 2 DH68e1 Total . . . 3 (H68e) (2) _____ Number (wks/mos) DH68e2WK DH68e2MO</p>
<p>f. Alimony or child support?</p>	<p>Yes 1 (H68) No 2 RF DH67f DK</p>	<p>DH68ff \$ _____ .00 RF DK (H68f) (1) CODE: per wk . . . 1 per mo . . . 2 DH68f1 Total . . . 3 (H68f) (2) _____ Number (wks/mos) DH68f2WK DH68f2MO</p>

<p>g. Any other sources I haven't asked about? (SPECIFY)</p> <p>1= Food Stamps, rent vouchers 2= Recycling (cans, bottles, newspapers) 3= Inheritances, trusts, prizes, settlements, etc.) 4= Other sources of income</p> <p>_____ DH67gVB _____</p>	<p>Yes 1 (H68) No 2</p> <p>RF</p> <p>DH67g DK</p>	<p>DH68gg</p> <p>\$ _____ .00 RF DK</p> <p>(H68g) (1) CODE: per wk . . . 1 per mo . . . 2</p> <p>DH68g1 Total . . . 3</p> <p>(H68g) (2) _____ Number (wks/mos) DH68g2WK DH68g2MO</p>
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SECTION K. SEGMENT SAMPLE EPISODE SEGMENT)

Next, I would like to ask what was going on in your life during the time you were in **(PROGRAM)**. **GO TO SECOND SEGMENT OUTLINED IN CALENDAR, THE SAMPLED EPISODE SEGMENT.** You may find it helpful to refer to the calendar when answering the questions. This period of time is from _____ 19_____ through _____ 19_____.

K1. CHECK ROW C OF THE CALENDAR. WAS PAROLE OR PROBATION STATUS NOTED DURING SEGMENT 2 PERIOD?

DK1

YES 1 (IF MORE THAN ONE, ASK K2 ABOUT THE LAST ONE. IF ON PAROLE AND PROBATION SIMULTANEOUSLY, ASK ABOUT THE ONE WITH THE HIGHEST NUMBER OF CONTACTS.)

NO 2 (K4)

K2. During **(MONTHS)** did you report to or have any contact with your (probation/parole) officer ? **DK2**

Yes 1

No 2 (K3)

K2a. During **(MONTHS)**, how often did you have contact with or report to your (probation/parole) officer? **DK2a**
ENTER NUMBER AND CODE.

_____ # of times

K2b. CODE: Per Month 1 **DK2b**

Per Year 2

K3. During **(MONTHS)**, were urine tests required as a condition of probation/parole? **DK3**

Yes 1

No 2 (K4)

K3a. How many times per month were these tests required? **DK3a**

_____ # of times per month

K4. (SHOWCARD). During (MONTHS) when you went to (PROGRAM), which drug or drug combination, including alcohol, was the reason you went there? **CODE ALL THAT APPLY.**

Inhalants	1	DK4m1
Marijuana/hashish	2	DK4m2
Crack	3	DK4m3
Cocaine powder	4	DK4m4
PCP or angel dust	5	DK4m5
Hallucinogens or Psychedelics/LSD	6	DK4m6
Heroin	7	DK4m7
Illegal Methadone	8	DK4m8
Other Narcotics	9	DK4m9
Methamphetamines	10	DK4m10
Downers	11	DK4m11
Other drug	12	DK4m12
(SPECIFY) _____ RECODED _____		
Alcohol	13	DK4m13
Ritalin or Preludin	14	DK4m14
No Drugs	15	DK4m15

K5. During (MONTHS) how important would you say each of the following people was in getting you to go to treatment or counseling at (PROGRAM). Was (your/a) . . . very important, somewhat important, or not important (in getting you to go there)?

	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not</u> <u>Important</u>	
a. (Wife/husband or other) family member	1	2	3	DK5a
b. Friend or associate (co-worker)	1	2	3	DK5b
c. Employer	1	2	3	DK5c
d. UNDER AGE 18 R ONLY: Teacher, school counselor, or someone else at school	1	2	3	DK5d
e. Nurse, doctor, social worker, or somebody like that	1	2	3	DK5e
f. Probation or parole officer, judge, attorney, or somebody like that	1	2	3	DK5f
g. Anyone else	1	2	3	DK5g
Other SPECIFY (God, self) _____				DK5gVB

K6. What were the most important reasons you had for going to treatment or counseling at (PROGRAM NAME), during (MONTHS). **CODE ALL THAT APPLY. PROBE UNTIL NO OTHER REASONS GIVEN. ONLY IF NECESSARY, ASK:** What other reason was important to you?

<u>DRUG AVAILABILITY</u> -- difficulties obtaining drugs or "good" drugs	1	DK6m1
<u>FINANCIAL</u> -- couldn't afford to stay on drugs, lost an income source	2	DK6m2
<u>PRESSURE FROM</u> criminal justice system, attorney, etc.	3	DK6m3
<u>PRESSURE TO</u> improve/save close relationship, with spouse, partner, parent	4	DK6m4
<u>PRESSURE FROM</u> school teacher, minister, coach, etc.	5	DK6m5
<u>JOB</u> -- to get, keep or improve job situation	6	DK6m6
<u>PARENTING ISSUES</u> -- get or keep custody or become better parent	7	DK6m7
<u>HEALTH ISSUES</u> -- too ill to continue; drugs or related diseases are hurting or threaten own health, unborn baby, others	8	DK6m8
<u>DESIRE FOR SERVICES</u> -- want to become eligible for some type of services	9	DK6m9
<u>GENERAL PERSONAL MOTIVE</u> -- "tired", "disgusted", "want to change", improve lifestyle, "save" self	10	DK6m10
<u>OTHER REASON</u>	11	DK6m11

DK

- K7. Next I'm going to ask about staff persons that you usually saw for counseling or treatment at **(PROGRAM)** during **(MONTHS)**. Think about the staff person that you talked to the most: In general, how much did you and that person agree about things you might need to change in your life in order to stay drug free or alcohol free, such as changing the place you lived, changing your friends, going back to school or getting a new job? Would you say you agreed ... **DK7**
- Very much, 1
- Somewhat, or 2
- Not at all? 3
- K7a. In general, how well do you feel that person understood the problems you might have had with alcohol or drugs? Would you say ... **DK7a**
- Very much, 1
- Somewhat, or 2
- Not at all ? 3
- K8. What is the main reason or reasons you stopped treatment in **(END MONTH)**? **CODE ALL THAT APPLY. IF NECESSARY, ASK:** What other reason did you have?
- Completed treatment plan, graduated from program 1 **DK8m1**
- Dropped from program by staff, involuntary discharge 2 **DK8m2**
- Did not want to be there in first place 3 **DK8m3**
- Treatment not successful, kept doing drugs, discouraged 4 **DK8m4**
- Transferred to another program because dissatisfied 5 **DK8m5**
- Changes in eligibility, program had to reduce size 6 **DK8m6**
- Became incarcerated 7 **DK8m7**
- Logistical problems, too difficult to get there, child care, conflict on job 8 **DK8m8**
- Couldn't afford it 9 **DK8m9**
- Pressure from family and friends to end treatment 10 **DK8m10**
- Left the area 11 **DK8m11**
- Other (**SPECIFY**)_____ **RECODED**_____ 12 **DK8m12**
- NO REASON GIVEN 13 **DK8m13**
- Needed hospitalization 14 **DK8m14**

K9. WAS TREATMENT 1 MONTH OR LESS?	DK9
YES	1
NO	2 (K13)

K10. During (MONTHS), how helpful to you was the treatment or counseling you received at (PROGRAM)? Would you say .

Very helpful,	1	DK10
Somewhat helpful, or	2	
Not at all helpful	3	

K11. During (MONTHS), did the treatment or counseling you received at (PROGRAM) help you . . .

	<u>Yes</u>	<u>No</u>	
a. Get off drugs?	1	2	DK11a
b. Stop drinking?	1	2	DK11b
c. Improve your health?	1	2	DK11c
d. Get help with emotional problems?	1	2	DK11d
e. Get a job?	1	2	DK11e
f. With financial problems?	1	2	DK11f
g. Get housing?	1	2	DK11g
h. Get training and education?	1	2	DK11h
i. Stop committing crimes?	1	2	DK11i
j. With legal problems?	1	2	DK11j
k. Improve your family relationships?	1	2	DK11k
l. With anything else?	1	2	DK11l
SPECIFY _____ (Communication)			DK11lVB

K12. During (MONTHS), did you receive any counseling or attend any classes at (or arranged by) (PROGRAM) to help you plan your future; including how to handle problems after you left treatment?

Yes	1	DK12
No	2	

SKIP TO SECTION M

K13. During (MONTHS), did you use any alcohol or any drugs, including injecting drugs, even one time to get high or for other non-medical effects?

DK13

- Yes 1
- No 2 (K22)

K13a. **SHOWCARD.** During (MONTHS), which drug or drug combination, including alcohol, did you use most often? **CODE ALL THAT APPLY.**

- Inhalants 1 **DK13am1**
- Marijuana/Hashish 2 **DK13am2**
- Crack 3 **DK13am3**
- Cocaine Powder 4 **DK13am4**
- PCP or angel dust 5 **DK13am5**
- Hallucinogen or Psychedelics/LSD 6 **DK13am6**
- Heroin 7 **DK13am7**
- Illegal Methadone 8 **DK13am8**
- Other Narcotics 9 **DK13am9**
- Methamphetamines 10 **DK13am10**
- Downers 11 **DK13am11**
- Other drug 12 **DK13am12**
- Alcohol 13 **DK13am13**
- Ritalin or Preludin 14 **DK13am14**

K13b. Looking at the calendar, during (MONTHS), about how many days in a typical month did you use (drugs) (or) (alcohol) to get high or for other non-medical effects? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

DK13b

- One or two days 1
- 3-10 days 2
- 11-20 days 3
- 21 days or more 4 **DK**

K14. During (MONTHS), did you ever use a needle to inject drugs to get high or for other non-medical effects?

DK14

- Yes 1
- No 2 (K16)

K14a. Looking at the calendar, during (MONTHS), about how many days did you inject drugs to get high or for other non-medical effects in a typical month? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

- One or two days 1 **DK14a**
- 3-10 days 2
- 11-20 days 3
- 21 days or more 4 **DK**

K15. Did you receive any counseling or classes for safe needle use, or dangers of needle sharing?

DK15

- Yes 1
- No 2

K16. WAS ALCOHOL CODED AT K13a?

DK16

- YES** 1 (**K18**)
- NO** 2

K17. Now I would like to ask about your use of alcoholic beverages. (By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks.) During (**MONTHS**), did you ever have a drink of alcohol? (By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.)

DK17

- Yes 1
- No 2 (**K22**)

K18. During (**MONTHS**), think about the month you were drinking the most. How many days did you drink during that month? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

DK18

- One day 1
- 2-5 days 2
- 6-10 days 3
- 11-20 days 4
- More than 20 days 5 DK RF

	(1) Beer/Malt Liquor	(2) Wine/Wine Coolers	(3) Liquor
K19. Still think about the month you were drinking the most. On a typical drinking day, did you drink any (TYPE)?	Yes 1 DK19_1 No 2 (NEXT TYPE)	Yes 1 DK19_2 No 2 (NEXT TYPE)	Yes 1 DK19_3 No 2 (K22)
K20. In the month you were drinking the most then, on a typical day, when you were drinking, about how much (TYPE) did you usually drink? ENTER AMOUNT AND CODE.	<p>_____ DK20_1 _____ amount</p> <p>K20a. CODE: DK20a_1</p> <p>Bottles 1</p> <p>Cans 2</p> <p>Glasses 3 (NEXT TYPE)</p> <p>Six packs 4 (NEXT TYPE)</p> <p>1/2 Pints 5 (NEXT TYPE)</p> <p>Pints 6 (NEXT TYPE)</p> <p>Quarts 7 (NEXT TYPE)</p> <p>Fifths 8 (NEXT TYPE)</p> <p>Drinks 9 (NEXT TYPE)</p> <p>Shots 10 (NEXT TYPE)</p> <p>Other (SPECIFY) ... 11</p> <p>_____ RECODED _____ (NEXT TYPE)</p>	<p>_____ DK20_2 _____ amount</p> <p>K20a. CODE: DK20_a2</p> <p>Bottles 1</p> <p>Cans 2</p> <p>Glasses 3 (NEXT TYPE)</p> <p>Six packs 4 (NEXT TYPE)</p> <p>1/2 Pints 5 (NEXT TYPE)</p> <p>Pints 6 (NEXT TYPE)</p> <p>Quarts 7 (NEXT TYPE)</p> <p>Fifths 8 (NEXT TYPE)</p> <p>Drinks 9 (NEXT TYPE)</p> <p>Shots 10 (NEXT TYPE)</p> <p>Other (SPECIFY) ... 11</p> <p>_____ RECODED _____ (NEXT TYPE)</p>	<p>_____ DK20_3 _____ amount</p> <p>K20a. CODE: DK20_a3</p> <p>Bottles 1</p> <p>Cans 2</p> <p>Glasses 3 (NEXT TYPE)</p> <p>Six packs 4 (NEXT TYPE)</p> <p>1/2 Pints 5 (NEXT TYPE)</p> <p>Pints 6 (NEXT TYPE)</p> <p>Quarts 7 (NEXT TYPE)</p> <p>Fifths 8 (NEXT TYPE)</p> <p>Drinks 9 (NEXT TYPE)</p> <p>Shots 10</p> <p>(K22)</p>
K21. What size (bottle/can) was that (in ounces)? RECORD VERBATIM.	_____ DK21_1 _____	_____ DK21_2 _____	

K22. During (MONTHS), did you take any medicines prescribed for you by a doctor for drug or alcohol problems, such as desipramine or antabuse?

DK22

- Yes 1
- No 2 (K23)

K22a. What prescription medicines did you take for drug or alcohol problems? **RECORD VERBATIM AND CODE ALL THAT APPLY.**

- Alcohol 1 DK22am1
- Analgesics [Propoxyphene-N (Darvon-N), propoxyphene (Darvon), oxycodone (Percodan), codeine or other pain medications] 2 DK22am2
- Antabuse 3 DK22am3
- Antacids 4 DK22am4
- Antianxiety Medications[Chlordiazepoxide (Librium), diazepam (Valium), alprazolam (Xanax), flurazepam (Dalmane), or other benzodiazepines;] [Chlorpromazine (Thorazine), trifluoperazine (Stelazine) thioridazine (Mellaril), or other anti-psychotics] 5 DK22am5
- Anticonvulsants 6 DK22am6
- Antidepressants [Amtriptyline (Elavil), Desipramine, or any other antidepressants] 7 DK22am7
- Antimanics [Lithium carbonate (Lithium), carbamazepine (Tegretol), valproic acid (Valproate), or other anti-manics] 8 DK22am8
- Methadone 9 DK22am9
- Multivitamins 10 DK22am10
- Narcotic Antagonists [Buprenorphine (Buprenex) Naltrexone (Trexan), Naloxone, or other narcotic antagonists] 11 DK22am11
- Sedatives [Pentobarbital (Nembutal), secobarbital (Seconal), Tuinal, or other barbiturates; Chloral hydrate or other sedatives or hypnotics] 12 DK22am12
- Other 13 DK22am13

<p>K22b. WAS SAMPLE SEGMENT A METHADONE PROGRAM?</p> <p style="text-align: right;">DK22b</p> <p>YES 1</p> <p>NO 2 (K23)</p>

K22c. During (MONTHS), in general, would you say that the doses of methadone you were prescribed were too high, the right amount, or too low?

DK22c

Too high 1

The right amount 2

Too low 3

DK

K23. During (MONTHS), did you ever attend any . . .

	<u>Yes</u>	<u>No</u>	
a. Alcoholics Anonymous Meetings	1	2	DK23a
b. Narcotics Anonymous Meetings	1	2	DK23b
c. Cocaine Anonymous Meetings	1	2	DK23c

<p>K23a. IS ANY ITEM CODED "1" AT K23?</p> <p style="text-align: right;">DK23a1</p> <p>YES 1</p> <p>NO 2 (K24)</p>
--

K23b. During (MONTHS), did you attend five or more of any of these meetings?

DK23b1

Yes 1

No 2

K24.		K25.					K26.	
Now I would like to ask about any involvement with the police, the courts, and illegal activities. During (MONTHS), did you ever . . .		During (MONTHS), how many different times did you do that? CODE R'S RESPONSE.					What drugs were you dealing or selling during (MONTHS)? CODE ALL THAT APPLY.	
		1	2-5	6-20	21-100	More		
		Time	Times	Times	Times	than 100		
c.	Sell drugs yourself or helped someone else sell drugs, including cutting, weighting, packaging or manufacturing drugs?	Yes . . 1 (K25)	DK25c					Inhalants 1 DK26cm1
		No 2	1	2	3	4	5	Marijuana/Hash 2 DK26cm2
		RF						Crack 3 DK26cm3
		DK24c						Cocaine powder 4 DK26cm4
								PCP/angel dust 5 DK26cm5
								Hallucinogen or Psychedelics/LSD 6 DK26cm6
								Heroin 7 DK26cm7
								Illegal Methadone 8 DK26cm8
								Other Narcotics 9 DK26cm9
								Methamphetamines 10 DK26cm10
								Downers 11 DK26cm11
								Other drug 12 DK26cm12
								Alcohol 13 DK26cm13
								Ritalin or Preludin 14 DK26cm14
d.	Have sex for money or drugs (prostitution)?	Yes . . 1 (K25)	DK25d					
		No 2	1	2	3	4	5	
		RF						
		DK24d						
g.	Break into a house, a business, or a vehicle to take someone else's money or property?	Yes . . 1 (K25)	DK25g					
		No 2	1	2	3	4	5	
		RF						
		DK24g						
h.	Use a weapon or physical force against someone to steal money or property from them?	Yes . . 1 (K25)	DK25h					
		No 2	1	2	3	4	5	
		RF						
		DK24h						

<p>n. Do anything else against the law? SPECIFY</p> <p>1= Drug Possession 4= Aggravated assault, Assault with the intent to kill, Other serious intent 5= Forcible rape, Statutory Rape, Sexual assault 6= Murder, Manslaughter, Homicide 7= Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 8= Forgery, Passing bad checks, Credit card fraud 9= Motor Vehicle theft 10= Breaking and entering, Burglary 11= Pimping, procuring 12= Other theft (Larceny, Pick pocketing, Purse snatching, Mugging, Receiving, Possession of stolen goods, Shoplifting) 13= Driving while intoxicated (DWI) Driving under the influence (DUI) 15= Violation of parole 16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 17= Cannot Code Charge</p> <p>_____</p> <p>_____</p> <p>DK24nVB</p>	<p>Yes . 1 (K25) No . . . 2</p> <p>RF DK24n</p>	<p style="text-align: center;">DK25n</p> <p style="text-align: center;">1 2 3 4 5</p>
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<p>K27. WAS ANY ACTIVITY CODED "1" AT K24?</p> <p style="text-align: right;">DK27</p> <p>YES 1</p> <p>NO 2 (K29)</p>

K28. How many months were you doing any of the activities we just talked about?

DK28

_____ Number of months

- K29. During (**MONTHS**), did you get help from or arranged by (**PROGRAM**) with any criminal charges against you, such as seeing a lawyer? **DK29**
- Yes 1
- No 2
- K30. During (**MONTHS**), were you ever attacked with a weapon such as a knife or a gun? **DK30**
- Yes 1
- No 2 DK RF
- K31. During (**MONTHS**), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more? **DK31**
- Yes 1
- No 2
- K32. During (**MONTHS**), in general, was your health excellent, good, fair, or poor? **DK32**
- Excellent 1
- Good 2
- Fair 3
- Poor 4
- K33. During (**MONTHS**), did you go to a hospital for more than 24 hours for a physical illness, condition or injury? **DK33**
- Yes. 1
- No. 2
- K34. During (**MONTHS**), did (**PROGRAM**) itself provide any medical care besides an admission physical? **DK34**
- Yes 1
- No 2
- K35. During (**MONTHS**), did you receive any counseling or treatment at (or arranged by) (**PROGRAM**) for problems with your emotions, nerves, or mental health? **DK35**
- Yes. 1
- No 2

K36. CHECK ROW D OF THE CALENDAR. HAVE YOU ALREADY ENTERED "A" ON ROW D? **DK36**

YES 1

NO 2 (K37)

K36a. During (MONTHS), did you have any condition that was an AIDS-related problem? **DK36a**

Yes 1 (K38)

No 2 (K38)

K37. During (MONTHS), did you have a blood test for AIDS? **DK37**

Yes 1

No 2 (K38) RF (K38)

K37a. Did you find out the results of that test? **DK37a**

Yes 1

No 2

K37b. During (MONTHS), did a doctor or other health professional tell you that you had AIDS or the AIDS virus? **DK37b**

Yes 1 (RECORD "A" IN ROW D OF CALENDAR IN THE LAST MONTH OF SEGMENT 2. THEN ASK K38).

No 2

K38. During (MONTHS), did you receive any counseling or attend any classes at (arranged by) (PROGRAM) to learn about ways not to get or spread AIDS? **DK38**

Yes 1

No 2

K39. The next questions I will be asking are about having sex. During (MONTHS), about how many different people did you have sex with, even if only one time? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.** **DK39**

NONE 1 (K40)

One 2

2-9 3

10-25 4

26-100 5

More than 100 6 DK RF

K39a. During (MONTHS), did you have sex with someone so they would give you money, drugs, clothes, or a place to sleep? **DK39a**

Yes 1

No 2 DK RF

- K40. **FEMALE R ONLY:** Now, I am going to ask about pregnancy and giving birth. During (**MONTHS**), were you pregnant at any time? **DK40**
- Yes 1
- No 2 (**K41**)
- K40a. During (**MONTHS**), did you ever give birth to a live baby? **DK40a**
- Yes 1
- No 2
- K41. During (**MONTHS**), how many children under 18 years old were you raising and living with including natural children, adopted children, foster children. **RECORD NUMBER OF CHILDREN. IF KNOWN TO BE NONE, CIRCLE "0."** **DK41**
0. NONE (**K43**)
- _____ Number of Children
- K41a. During (**MONTHS**), did you lose custody of any children you were raising? **DK41a**
- Yes 1
- No 2 (**K43**)
- K41b. Did you get custody back during (**MONTHS**)? **DK41b**
- Yes 1
- No 2
- K42. During (**MONTHS**), did you receive any kind of counseling or attend any classes at (or arranged by) (**PROGRAM**) for problems you may have had raising children or to help you to become a better parent? **DK42**
- Yes 1
- No 2
- K43. Now I have some questions about education and employment. During (**MONTHS**), did you attend school or take any classes (or lessons to get a GED or a high school, technical school, or college diploma)? **DK43**
- Yes 1
- No 2
- K44. During (**MONTHS**), were you employed full-time at any time? **DK44**
- Yes 1
- No 2 (**K47**)
- K44a. How many months of that period were you working full-time? **DK44a**
- _____ Number of Months

K45. What kind of work did you do at your longest full-time job during (MONTHS)? That is, what was your job title or what was your job called? **RECORD VERBATIM AND ENTER CODE.**

DK45

-
-
- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
 - 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
 - 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
 - 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
 - 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
 - 6 Laborer; (Ex. Construction worker, maintenance worker)
 - 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
 - 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
 - 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
 - 10 Farmer or Farm Manager
 - 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
 - 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
 - 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
 - 14 Other
 - 15 UNABLE TO CODE
 - 16 Military

K46. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.**

DK46

\$ _____.

- K46a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** RF ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

DK46a

K47. During (MONTHS), did you have a part-time job at any time?

DK47

- Yes 1
- No 2 **(K49)**

K47a. How many months were you working part-time?

DK47a

_____ Number of Months

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K48. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest during (MONTHS)? **RECORD DOLLARS AND CENTS AND CODE.**

DK48

\$ _____.

- K48a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** _____ 6
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

DK48a

RF DK

K49. During (MONTHS), did you get any classes or lessons at (or arranged by) (PROGRAM) to help you get a job, hold a job, or improve your job skills?

DK49

- Yes 1
- No 2

SECTION M. SEGMENT 3 (POST-SAMPLE EPISODE SEGMENT)

Next, I would like to ask you about what was happening in your life since you left treatment. GO TO THE SEGMENT OUTLINED ON CALENDAR; THE TIME AFTER THE SAMPLE EPISODE TO THE INTERVIEW DATE. You may find it helpful to refer to the calendar when answering the questions. This period of time is from _____ to _____.

M1a. CHECK ROW C OF THE CALENDAR. WERE THERE ANY INCARCERATIONS DURING THE SEGMENT 3 PERIOD?

DM1a

YES 1

NO 2 (M6)

M1b. HOW MANY INCARCERATIONS ARE ON THE CALENDAR FOR SEGMENT 3?

DM1b

_____ Number of Incarcerations

ASK M2-M5 FOR EACH INCARCERATION. USE CODE LIST BELOW TO CODE M3.

DRUG OFFENSES

Drug Possession 1

Drug Sale or manufacturing 2

VIOLENT OFFENSES

Armed robbery, Robbery by force 3

Aggravated assault,
Assault with the intent to kill,
Other serious intent 4

Forcible rape, Statutory Rape, Sexual assault 5

Murder, Manslaughter, Homicide 6

Other violent offenses (Arson, Damage
to or destruction of property,
Vandalism, Simple assault, Fighting) 7

PROPERTY OFFENSES

Forgery, Passing bad checks, Credit card fraud 8

Motor Vehicle theft 9

Breaking and entering, Burglary 10

Pimping, procuring 11

Other theft (Larceny, Pick pocketing,
Purse snatching, Mugging, Receiving,
Possession of stolen goods, Shoplifting) 12

PUBLIC ORDER OFFENSES

Driving while intoxicated (DWI),
Driving under the influence (DUI) 13

Prostitution, solicitation 14

Violation of parole 15

Other public order offenses (Bookmaking,
Numbers, Gambling, Curfew violation,
Truancy, Being a runaway) 16

CANNOT CODE CHARGE 17

	PLACE 1 DM2_1	PLACE 2 DM2_2
<p>M2. The next questions are about (PLACE/PRISON/JAIL) you told me about earlier. CODE WITHOUT ASKING IF KNOWN FROM CALENDAR. OTHERWISE ASK: Was (PLACE NAME) the place you went to in (MONTH/YEAR) a . . . RECORD VERBATIM AND CODE.</p>	<p>Juvenile hall or county camp, 1 a youth authority facility 2 a jail, 3 a prison, or 4 some other place? 5 _____ _____ _____</p>	<p>Juvenile hall or county camp, 1 a youth authority facility, 2 a jail, 3 a prison, or 4 some other place? 5 _____ _____ _____</p>
<p>M3. What was the main charge that you were sentenced for then? RECORD VERBATIM AND CODE FROM CODE LIST. PROBE AS NEEDED USING LIST.</p>	<p><input type="checkbox"/> _____ DM3_1 _____ _____</p>	<p><input type="checkbox"/> _____ DM3_2 _____ _____</p>
<p>M4. During the time when you were in (PLACE), were any drug or alcohol treatment programs offered there, not counting Narcotics Anonymous, Cocaine Anonymous, or Alcoholics Anonymous?</p>	<p style="text-align: right;">DM4_1</p> <p>Yes 1 No 2 (NEXT PLACE OR M6)</p>	<p style="text-align: right;">DM4_2</p> <p>Yes 1 No 2 (M6)</p>
<p>M5. Did you participate in any of the drug or alcohol treatment programs offered, not counting NA, CA, or AA?</p>	<p style="text-align: right;">DM5_1</p> <p>Yes 1 No 2</p>	<p style="text-align: right;">DM5_2</p> <p>Yes 1 No 2</p>

(NEXT PLACE OR M6)

(M6)

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M6. CHECK ROW C OF THE CALENDAR. WAS PAROLE OR PROBATION STATUS NOTED DURING SEGMENT 3 PERIOD?

DM6

YES 1 (IF MORE THAN ONE, ASK M7 ABOUT THE LAST ONE. IF ON PAROLE AND PROBATION SIMULTANEOUSLY, ASK ABOUT THE ONE WITH THE HIGHEST NUMBER OF CONTACTS.)

NO 2 (M9)

M7. Did you report to or have any contact with your (probation/parole) officer since (MONTH)? **DM7**

Yes 1

No 2 (M9)

M7a. How often did you have contact with or report to your (probation/parole) officer since (MONTH)? **DM7a**
ENTER NUMBER AND CODE.

_____ # of times

M7b. CODE: Per Month 1 **DM7b**
Per Year 2

M8. Were urine tests required as a condition of probation/parole since (MONTH)? **DM8**

Yes 1

No 2 (M9)

M8a. How many times per month were these tests required? **DM8a**

_____ # of times per month

M9. CHECK ROW C OF THE CALENDAR. WAS R LIVING IN THE COMMUNITY (NOT INCARCERATED) FOR 3 MONTHS OR MORE OF SEGMENT 3?

DM9

YES 1

NO 2 (M42)

M10. Next, I would like to ask some questions about your use of drugs from the street and your use of prescription drugs to get high for non-medical effects, and your use of alcohol since (MONTH). Since (MONTH), did you use (DRUG TYPE) five times or more? READ AND CODE a-m.		M11. Now, please look at the calendar. Since (MONTH). In the month you used (DRUG) the most, about how many days did you use it? CODE; PROBE WITH CATEGORIES AS NEEDED. More 1 day 2-5 days 6-10 days 11-20 days than 20 DK					
a. Inhalants DM10a	Yes 1 No 2	DM11a 1 2 3 4 5 DK					
b. Marijuana/Hashish DM10b	Yes 1 No 2	DM11b 1 2 3 4 5 DK					
c. Crack DM10c	Yes 1 No 2	DM11c 1 2 3 4 5 DK					
d. Cocaine powder DM10d	Yes 1 No 2	DM11d 1 2 3 4 5 DK					
e. PCP or angel dust DM10e	Yes 1 No 2	DM11e 1 2 3 4 5 DK					
f. Hallucinogens or Psychedelics/LSD DM10f	Yes 1 No 2	DM11f 1 2 3 4 5 DK					
g. Heroin DM10g	Yes 1 No 2	DM11g 1 2 3 4 5 DK					
h. Illegal Methadone DM10h	Yes 1 No 2	DM11h 1 2 3 4 5 DK					
i. Other Narcotics DM10i	Yes 1 No 2	DM11i 1 2 3 4 5 DK					
j. Methamphetamines DM10j	Yes 1 No 2	DM11j 1 2 3 4 5 DK					
k. Downers DM10k	Yes 1 No 2	DM11k 1 2 3 4 5 DK					
l. Other drug (SPECIFY) 12= Other Prescription Drug 14= Ritalin or Preludin DM10l DM10lVB	Yes 1 No 2	DM11l 1 2 3 4 5 DK					
m. Alcohol DM10m	Yes 1 No 2	DM11m 1 2 3 4 5 DK					
M10a. WAS AT LEAST ONE DRUG TYPE CODED "1" AT M10?							
YES 1 (ASK M11-M13 FOR EACH DRUG CODED "1" AT M10) NO 2 (M15)						DM10a1	

		M12.					M13.							
		Since (MONTH), how many months were you not using (DRUG)? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.					Again, looking at the calendar, since (DATE 30 DAYS AGO), about how many days did you use (DRUG)? CODE; PROBE WITH CATEGORIES IF NEEDED.							
		USED												
		EVERY	1-3	4-6	7-9	OVER 9	0	1	2-5	6-10	More	11-20	than 20	days
		MONTH	months	months	months	months	days	days	days	days	days	DK	DK	days
a.		DM12a					DM13a							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
b.		DM12b					DM13b							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
c.		DM12c					DM13c							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
d.		DM12d					DM13d							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
e.		DM12e					DM13e							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
f.		DM12f					DM13f							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
g.		DM12g					DM13g							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
h.		DM12h					DM13h							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
i.		DM12i					DM13i							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
j.		DM12j					DM13j							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
k.		DM12k					DM13k							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
l.		DM12l					DM13l							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
m.		DM12m					DM13m							
		1	2	3	4	5	DK	1	2	3	4	5	6	DK

M14a. IS ALCOHOL THE ONLY "1" CODE AT M10)	DM14a
YES 1 (M15)	
NO 2	

M14b. During the last 30 days, how much money would you say you spent on the drugs you used to get high or for other non-medical effects? **RECORD DOLLAR AMOUNT AND ROUND TO NEAREST DOLLAR. PROBE FOR R's BEST ESTIMATE. IF NECESSARY, ASK:** How much cash did you spend?

DM14b

\$ _____ .00 RF DK

M15. Since (MONTH), did you ever go to the hospital because of a drug overdose?

DM15

Yes 1
No 2 (M16)

M15a. Since (MONTH), how many times did you go to the hospital because of a drug overdose?
CODE R's RESPONSE.

DM15a

One time 1
2-3 times 2
4-10 times 3
More than 10 times 4

M16. Since (MONTH), did you ever, even one time, use a needle to inject drugs to get high or for other non-medical effects.

DM16

Yes 1 (M17)
No 2

M16a. Did someone else use a needle to inject you with drugs to get high or for other non-medical effects?

DM16a

Yes 1
No 2 (M19)

M17. Since (MONTH), during the month you used needles the most, about how many days did you inject drugs to get high or for other non-medical effects? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED**

DM17

One day 1
2-5 days 2
6-10 days 3
11-20 days 4
more than 20 days? 5 RF DK

M18. Since (MONTH), when you used a needle to inject drugs to get high, about how often did you use it after someone else? Would you say never, less than half of the time, half of the time, more than half of the time, or every time?

DM18

Never 1 (M19)
Less than half of the time 2
Half of the time 3
More than half of the time 4
Every time 5 RF DK

M18a. Since (**MONTH**), when you used a needle after someone else, about how often did you clean it with bleach before you used it? Would you say . . .

DM18a

- Never, 1
- Less than half of the time, 2
- Half of the time, 3
- More than half of the time, 4
- Every time? 5 RF DK

M19. WAS ALCOHOL CODED "1" at M10? **DM19**

YES 1 (M21)

NO 2

M20. Now I would like to ask about your use of alcoholic beverages. (By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks.) Since (**MONTH**), did you ever have a drink of alcohol? (By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.)

DM20

- Yes 1
- No 2 (M27)

M21. During the last 30 days, did you drink any alcohol?

DM21

- Yes 1
- No 2

M22. Since (**MONTH**), think about the month you were drinking the most. About how many days did you drink during that month? **CODE R's RESPONSE.**

DM22

- One day 1
- 2-5 days 2
- 6-10 days 3
- 11-20 days or 4
- More than 20 days 5

DK RF

INFORMATION FOR M28 NOT INCLUDED IN DATA FILE.

<p style="text-align: center;">M28.</p> <p>Where did you receive treatment or help the (first/next) time since (MONTH)? RECORD NAME AND CITY.</p>	<p style="text-align: center;">M28a.</p> <p>What kind of treatment or help did you receive there? RECORD VERBATIM AND CODE ALL THAT APPLY.</p>
<p>1. _____ _____ _____</p> <p style="text-align: right;">(M28a)</p>	<p>_____</p> <p>Inpatient 1 DM28a1m1</p> <p>Residential 2 DM28a1m2</p> <p>Outpatient (non-methadone) 3 DM28a1m3</p> <p>Methadone 4 DM28a1m4</p>
<p>2. _____ _____ _____</p> <p style="text-align: right;">(M28a)</p>	<p>_____</p> <p>Inpatient 1 DM28a2m1</p> <p>Residential 2 DM28a2m2</p> <p>Outpatient (non-methadone) 3 DM28a2m3</p> <p>Methadone 4 DM28a2m4</p>
<p>3. _____ _____ _____</p> <p style="text-align: right;">(M28a)</p>	<p>_____</p> <p>Inpatient 1 DM28a3m1</p> <p>Residential 2 DM28a3m2</p> <p>Outpatient (non-methadone) 3 DM28a3m3</p> <p>Methadone 4 DM28a3m4</p>
<p>4. _____ _____ _____</p> <p style="text-align: right;">(M28a)</p>	<p>_____</p> <p>Inpatient 1 DM28a4m1</p> <p>Residential 2 DM28a4m2</p> <p>Outpatient (non-methadone) 3 DM28a4m3</p> <p>Methadone 4 DM28a4m4</p>

M28b. Are you in treatment now?

- Yes 1
- No 2

DM28b

M29. Since (MONTH), did you ever attend any . . .

Yes No

- a. Alcohol Anonymous meetings? 1 2 **DM29a**
- b. Narcotics Anonymous meetings? 1 2 **DM29b**
- c. Cocaine Anonymous meetings? 1 2 **DM29c**

M29a. IS ANY ITEM CODED "1" AT M29? **DM29a1**

YES 1

NO 2 (M30)

M29b. Since (MONTH), have you been to five or more of any of these meetings?

DM29b1

- Yes 1
- No 2

M29c. When did you last attend one of these meetings?

_____ 19 _____
Mo Yr

DM29cMO DM29cYR

M30. Since (MONTH), did you ever have at least two weeks when you felt very sad, blue, or depressed, and you lost interest or pleasure in things you usually cared about?

DM30

- Yes 1
- No 2 (M31)
- DK (M31)

M30a. Since (MONTH), were all, some, or none of the these times caused by drugs or alcohol you took?

DM30a

- All of the times 1
- Some of the times 2
- None of the times 3 (M31)

M30b. Since (MONTH), did you have any times like this that were not caused by drugs or alcohol you took?

DM30b

- Yes 1
- No 2

M31. Since (MONTH), did you ever attempt suicide?

DM31

- Yes 1 (M32)
- No 2

M31a. Since (MONTH), did you ever think seriously about committing suicide?

DM31a

- Yes 1
- No 2

M32. Since (MONTH), did you see a doctor, nurse, counselor or social worker for problems with your emotions, nerves, or mental health?

DM32

- Yes 1
- No 2 (M33)

M32a. How many times was that? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

DM32a

- 1-5 times 1
- 6-10 times 2
- 11-30 times 3
- 31 times or more 4 DK

M33. Since (MONTH), did you stay overnight in a hospital or clinic for treatment of problems with your emotions, nerves, or mental health?

DM33

- Yes 1
- No 2

M34.		M35.					M36.
Now I would like to ask about your involvement with the police, the courts, and illegal activities. Since (MONTH), did you ever . . .		Since (MONTH), about how many different times did you do that? CODE R'S RESPONSE. 1 2-5 6-20 21-100 More Time Times Times Times than 100					What drugs were you dealing or selling since (MONTH)? CODE ALL THAT APPLY.
c. Sell drugs or help someone else sell drugs, including cutting, weighing, packaging or making drugs?	Yes . . . 1 (M35) No 2 RF DM34c	DM35c 1 2 3 4 5					Inhalants 1 DM36cm1 Marijuana/Hash 2 DM36cm2 Crack 3 DM36cm3 Cocaine powder 4 DM36cm4 PCP/angel dust 5 DM36cm5 Hallucinogen or Psychedelics/LSD . . . 6 DM36cm6 Heroin 7 DM36cm7 Illegal Methadone . . . 8 DM36cm8 Other Narcotics 9 DM36cm9 Methamphetamines . 10 DM36cm10 Downers 11 DM36cm11 Other drug 12 DM36cm12 Alcohol 13 DM36cm13 Ritalin or Preludin . . 14 DM36cm14
d. Have sex for money or drugs (prostitution)?	Yes . . . 1 (M35) No 2 RF DM34d	DM35d 1 2 3 4 5					
g. Break into a house, a business, or a vehicle to take someone else's money or property?	Yes . . . 1 (M35) No 2 RF DM34g	DM35g 1 2 3 4 5					
h. Use a weapon or physical force against someone to steal money or property from them?	Yes . . . 1 (M35) No 2 RF DM34h	DM35h 1 2 3 4 5					

n. Do anything else against the law? (SPECIFY) CODE ONE 1= Drug Possession 4= Aggravated assault, Assault with the intent to kill, Other serious intent 5= Forcible rape, Statutory Rape, Sexual assault 6= Murder, Manslaughter, Homicide 7= Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 8= Forgery, Passing bad checks, Credit card fraud 9= Motor Vehicle theft 11= Pimping, procuring 12= Other theft (Larceny, Pick pocketing, Purse snatching, Mugging, Receiving, Possession of stolen goods, Shoplifting) 13= Driving while intoxicated (DWI) Driving under the influence (DUI) 15= Violation of parole 16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 17= Cannot Code Charge _____	Yes ... 1 (M35) No 2 RF DM34n	DM35n				
		1	2	3	4	5
DM34nVB						

M37. WAS ANY ACTIVITY CODED "1" AT M34?		DM37
YES	1	
NO	2 (M39)	

M38. During (MONTHS), how many months were you doing any of the activities we just talked about?

_____ Number of months

DM38

M39. **CODE WITHOUT ASKING, IF KNOWN.** Since (MONTH), were you ever arrested and booked or taken into custody? **DM39**

Yes 1

No 2 (M41)

M40. Since (MONTH), how many times altogether were you arrested and booked or taken into custody? **CODE R's RESPONSE. PROBE FOR BEST ESTIMATE.** **DM40**

One time 1

2-3 times 2

4-10 times 3

More than 10 times 4 RF DK

M41. Right now, do you have any (other) criminal charges or criminal cases against you, including a conviction that you are awaiting sentencing for? **DM41**

Yes 1

No 2 RF DK

M42. Since (MONTH), were you ever attacked with a weapon such as a knife or a gun? **DM42**

Yes 1

No 2

M42a. Since (MONTH), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more? **DM42a**

Yes 1

No 2 RF DK

M43. IS "1" CODED AT M42 OR M42a? **DM43**

YES 1

NO 2 (M45)

M44. Since (MONTH), how many times were you attacked with a weapon or seriously hit or beaten? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.** **DM44**

One time 1

2-5 times 2

6-10 times 3

11-20 times 4

21-100 times 5

More than 100 times 6 RF DK

M45. The next questions are about your physical health. Would you say your health is . . . DM45

Excellent, 1

Good, 2

Fair, or 3

Poor? 4

M46. Do you have any illness or condition that causes you pain, limits your activities, or causes you problems at work (or in school)? DM46

Yes 1

No 2 (M47i)

M47. Since (MONTH), have you had any problems with . . . Yes No DK

b. a heart or blood condition, 1 2 DK DM47b

c. hepatitis or yellow jaundice? 1 2 DK DM47c

d. an internal condition, such as ulcers, diabetes, or kidney or liver problems? 1 2 DK DM47d

e. a bone or muscle condition, 1 2 DK DM47e

f. a nerve condition, such as convulsions, or migraines? 1 2 DK DM47f

g. **FEMALE R ONLY:** miscarriage, toxemia, bad Pap smear or other serious female condition? 1 2 DK DM47g

h. any sexually transmitted disease other than AIDS? 1 2 DK DM47h

i. **CHECK ROW D OF THE CALENDAR. HAVE YOU ALREADY ENTERED "A" ON ROW D?** DM47i

YES 1 (M47j)

NO, AND AT LEAST ONE "YES" AT M47 2 (M48)

NO, AND NO "YES" AT M47 3 (M49)

j. any AIDS-related condition? 1 2 DK DM47j

M48. Did you have any of these problems in the last 30 days? DM48

Yes 1

No 2

M48a. IS M47i CODED "1"?

YES 1 (M51) DM48a

NO 2

M49. Since (MONTH), have you had a blood test for AIDS? DM49

Yes 1

No 2 (M51)

M49a. Do you know the results of that test?

DM49a

- Yes 1
- No 2

M50. Since (MONTH), has a doctor or other health professional told you that you are HIV-positive or have the AIDS virus?

DM50

- Yes 1
- No 2

M51. Since (MONTH), how many times did you see a doctor for a physical illness, condition or injury? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

DM51

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER SAW A DOCTOR 4

M52. Since (MONTH), how many times did you go to a hospital emergency room but did not stay overnight? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

DM52

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER WENT 4

M53. Since (MONTH), did you ever go to a hospital for at least 24 hours for a physical illness, condition or injury?

DM53

- Yes 1
- No 2 (M54)

M53a. Since (MONTH), about how many nights did you spend in the hospital for a physical illness, condition, or injury?

DM53a

_____ nights DK

M54. **FEMALE R ONLY:** Since (MONTH), have you been pregnant at any time?

DM54

- Yes 1
- No 2 (M55)

M54a. Did you give birth to a live baby?

DM54a

- Yes 1
- No 2

M55. Since (MONTH), about how many different people have you had sex with, even if only one time? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.** **DM55**

NONE 1 (M56)

One 2

2-9 3

10-25 4

26-100 5

More than 100 6 RF DK

M55a. Since (MONTH), have you had sex with someone so they would give you money, drugs, clothes or a place to sleep? **DM55a**

Yes 1

No 2 RF DK

M56. CHECK ROW C OF THE CALENDAR. WAS R LIVING IN THE COMMUNITY (NOT INCARCERATED) FOR 3 MONTHS OR MORE OF SEGMENT 3?

DM56

YES 1

NO 2 (SECTION P)

M57. Now I have some questions about your past living arrangements. Since (MONTH), did you ever for at least two nights in a row have no place to stay except for a homeless shelter or street? **DM57**

Yes 1

No 2 (M59)

M58. How long were you in a shelter or on the street since (MONTH)? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.** **DM58**

Less than 1 month 1

1-3 months 2

4-6 months 3

7-9 months 4

10-12 months 5

HOMELESS/ON THE STREET ENTIRE TIME 6 (M60)

M59. Since (MONTH), did you live in your own apartment or house at any time, either renting or buying, including living with parents or guardians? **DM59**

Yes 1

No 2 (M60)

M59a. Since (MONTH), how long did you live there? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

DM59a

- Less than 1 month 1
- 1-3 months 2
- 4-6 months 3
- 7-9 months 4
- 10-12 months 5

M60. **CODE WITHOUT ASKING, IF KNOWN.** Since (MONTH), how many children under 18 years old were you raising and living with, including natural children, adopted children, and foster children? **ENTER NUMBER OF CHILDREN. IF NONE, CODE "0."**

DM60

- 0. NONE (M63)
- _____ Number of Children

M61. Since (MONTH), did you lose custody of any children you were raising? By custody, I mean being legally in charge of a child.

DM61

- Yes 1
- No 2 (M63)

M62. Did you ever get custody back since (MONTH)?

DM62

- Yes 1
- No 2

M63. Next, I would like to ask about how you support yourself, that is, how you got the money that you used to live on. Since (MONTH), did you get most of your support from illegal activities that you did?

DM63

- Yes 1
- No 2 (M64)

RF (M64)

M63a. Since (MONTH), when you were getting most of your support from illegal activities, what did you do most of the time to get money? **CODE ALL THAT APPLY.**

- Drug dealing 1 DM63am1
- Prostitution 2 DM63am2
- Motor vehicle theft 3 DM63am3
- Shoplifting 4 DM63am4
- Breaking and entering, Burglary 5 DM63am5
- Armed robbery, Robbery by force 6 DM63am6
- Other property crime: Moonshining, boot legging, running liquor, pimping, procuring, forgery, Passing bad checks, credit card fraud, bookmaking, numbers, gambling, receiving, possession of stolen goods, other theft (larceny, pick pocketing, purse snatching, mugging) 7 DM63am7
- Violent crime for pay: Arson, aggravated assault, other serious assault, murder 8 DM63am8
- OTHER ILLEGAL ACTIVITY 9 RF DK DM63am9

M63b. Since (MONTH), in a typical week, how much money would you say you earned/earn from crimes?

DM63b

_____ .00 per week

M64. Now I have some questions about education and employment. Since (MONTH), did you attend (school or take any classes or lessons to get a GED, or a high school, technical school, or college diploma)?

DM64

Yes 1

No 2

M65. Since (MONTH), have you been employed full-time at any time, that is, did you work 35 hours or more a week at any job? (Do not count any job that involved illegal activity.)

DM65

Yes 1

No 2 (M69)

M66. Since (MONTH), how many months have you worked full-time?

DM66

_____ Number of months

M67. What kind of work did you do at your longest full-time job? That is, what was your job title or what was your job called?

RECORD VERBATIM AND ENTER CODE.

DM67



- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
- 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
- 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
- 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
- 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
- 6 Laborer; (Ex. Construction worker, maintenance worker)
- 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
- 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
- 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
- 10 Farmer or Farm Manager
- 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
- 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
- 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
- 14 Other
- 15 UNABLE TO CODE
- 16 Military

M68. Before taxes, what (was your highest/is your) wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.**

DM68

\$ _____.

- M68a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** RF ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

DM68a

M69. Since (MONTH), have you had a part-time job at any time

DM69

- Yes 1
- No 2 (M72)

M70. Since (MONTH), how many months have you worked part-time?

DM70

_____ Number of months

M71. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest since (MONTH)? **RECORD DOLLARS AND CENTS AND CODE.**

DM71

\$ _____.

- M71a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** RF ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

DM71a

M72. **CODE WITHOUT ASKING, IF KNOWN.** Since (MONTH), has anyone you lived with (helped with/paid your) expenses, such as housing, food, clothing, medical costs, (and/or) transportation?

DM72

- Yes 1
- No 2 (M73)

RF (M73)

M72a. Since (MONTH), would you say that this help with your living expenses has paid for less than half, half or more, or all of your living expenses?

DM72a

- Less than half 1
- Half or more 2
- All 3

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M73.		M74.	
<p>Now, I will ask about (other) sources of income you may have had since (MONTH). (Please do <u>not</u> include income from illegal activities) (or) (help you received with living expenses from someone you lived with)? Since (MONTH), did you ever personally get any income from . . .</p>		<p>Since (MONTHS) before taxes, about how much income did you personally get from (INCOME SOURCE)? IF YOU CODED "3", SKIP TO THE NEXT INCOME SOURCE. RECORD DOLLAR AMOUNT. ROUND TO NEAREST DOLLAR.</p>	
<p>a. CODE WITHOUT ASKING. Your wages or salary, including tips, from all jobs or businesses?</p>	<p>Yes 1 (M74) No 2 RF DM73a DK</p>	<p>DM74a \$ _____ .00 RF DK (M74a) (1) CODE: per wk . . . 1 per mo . . . 2 DM74aa Total . . . 3 (M74a) (2) _____ Number (wks/mos) DM74aWK DM74aMO</p>	
<p>b. (Money/Other money) from a (spouse, partner, or other) family member who was <u>not</u> living with you? (Not including the help we've already talked about).</p>	<p>Yes 1 (M74) No 2 RF DM73b DK</p>	<p>DM74b \$ _____ .00 RF DK (M74b) (1) CODE: per wk . . . 1 per mo . . . 2 DM74bb Total . . . 3 (M74b) (2) _____ Number (wks/mos) DM74bWK DM74bMO</p>	
<p>c. Welfare, including General Assistance, or Relief or Aid to Dependent Children or to Families with Dependent Children?</p>	<p>Yes 1 (M74) No 2 RF DM73c DK</p>	<p>DM74c \$ _____ .00 RF DK (M74c) (1) CODE: per wk . . . 1 per mo . . . 2 DM74cc Total . . . 3 (M74c) (2) _____ Number (wks/mos) DM74cWK DM74cMO</p>	
<p>d. Unemployment compensation, disability pay, or SSI?</p>	<p>Yes 1 (M74) No 2 RF DM73d DK</p>	<p>DM74d \$ _____ .00 RF DK (M74d) (1) CODE: per wk . . . 1 per mo . . . 2 DM74dd Total . . . 3 (M74d) (2) _____ Number (wks/mos) DM74dWK DM74dMO</p>	
<p>e. Social Security, pension, annuity, or interest from savings?</p>	<p>Yes 1 (M74) No 2 RF DM73e DK</p>	<p>DM74e \$ _____ .00 RF DK (M74e) (1) CODE: per wk . . . 1 per mo . . . 2 DM74ee Total . . . 3 (M74e) (2) _____ Number (wks/mos) DM74eWK DM74eMO</p>	
<p>f. Alimony or child support?</p>	<p>Yes 1 (M74) No 2 RF DM73f DK</p>	<p>DM74f \$ _____ .00 RF DK (M74f) (1) CODE: per wk . . . 1 per mo . . . 2 DM74ff Total . . . 3 (M74f) (2) _____ Number (wks/mos) DM74fWK DM74fMO</p>	

<p>g. Any other sources I haven't asked about? (SPECIFY)</p> <p>1= Food Stamps, rent vouchers 2= Recycling (cans, bottles, newspapers) 3= Inheritances, trusts, prices, settlements, etc.) 4= Other sources of income</p> <p>_____</p> <p>DM73gCOD</p>	<p>Yes 1 (M74) No 2</p> <p>RF</p> <p>DM73g DK</p>	<p>DM74g</p> <p>\$ _____ .00 RF DK</p> <p>(M74g) (1) CODE: per wk . . . 1 per mo . . . 2</p> <p>DM74gg Total . . . 3</p> <p>(M74g) (2) _____ Number (wks/mos)</p> <p>DM74gWK DM74gMO</p>
---	--	--

SECTION P. PARTICIPANT LOCATING INFORMATION

Thank you for your time. We may be contacting you again to see how things are going for you. (**ASK FOR LOCATING INFORMATION FOR R AND TWO CONTACTS.**)

ALL INFORMATION IN SECTION P NOT INCLUDED IN DATA FILE.

SECTION R: INTERVIEWER REPORT

(FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER THE INTERVIEW HAS BEEN COMPLETED.)

R1. Did any interruption occur during the interview?

DR1

- Yes 1 **(R1a)**
- No 2 **(R2)**

R1a. What was the nature of the interruption(s)? **DESCRIBE IN DETAIL:**

R2. Did it appear that R was under the influence of drugs or alcohol?

DR2

- Yes, strongly 1
- Yes, moderately 2
- Yes, slightly 3
- No 4

R3. What was R's speech pattern?

DR3

- Coherent 1 **(R4)**
- Not completely coherent 2 **(R3a)**
- Definitely not coherent 3 **(R3a)**

R3a. What do you think accounted for this lack of coherence?

R4. Respondent was:

DR4

- Black, non-Spanish surname 1
- Spanish surname 2
- Non-black, non-Spanish surname (other white) 3
- Other (**SPECIFY**) _____ 4

R5. Where was the interview conducted?

DR5

- R's place of residence 1
- A residence of friend or relative of R 2
- Premises of treatment program 3
- Institution (**SPECIFY**) RECODE 4
- Other (**SPECIFY**) RECODE 5
- Restaurant/Bar/Fast Food Places 6
- Jail/Prison/Correctional Facility 7
- Place of work/Office/Relatives' place
of work 8
- Park/Other outside place 9
- Alcohol/Other Drug Treatment/Rehab Center 10
- Shelter/Mission 11
- Interviewer's car/Parking lot 12
- Hospital/Clinic 13
- Shopping Mall/Area (Inside/Outside) 14
- Libraries/Schools/Colleges 15
- Telephone 16
- Health Clubs/Recreational Facilities 17
- Unable to code - Institutions 18
- Unable to code - Other 19

R6. Interest of R during interview:

DR6

- Very interested 1
- Somewhat interested 2
- Uninterested 3

R7. Was any other person present during the interview?

DR7

- Yes, most of the time 1
- Yes, part of the time 2
- No 3

R8. How honest do you feel R's answers were?

DR8

- Extremely honest 1
- Honest 2
- Somewhat honest 3
- Not very honest 4
- Difficult to tell 5

CALIFORNIA OUTCOMES STUDY

Sponsored by
HEALTH AND WELFARE AGENCY
STATE OF CALIFORNIA

PARTICIPANT QUESTIONNAIRE CONTINUING METHADONE MAINTENANCE

**ANNOTATED
VERSION**

Date of Interview **MINTMO/MINTDAY19MINTYEAR**

Time Started **MHRSTART:MMINSTAR** am/pm **MBEGAMPM**

Time Finished **MHREND:MMINEND** am/pm **MENDAMPM**

Interview Status

Partial Complete	60	Spanish In-person (complete or partial complete)	63
In-person Complete	61	Spanish Phone (complete or partial complete)	64
Phone Complete	62		

The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. The confidentiality of this information is protected by United States Code, Title 42, Sections 241(d) and 290ee-3. This research was reviewed and approved by the Committee on Protection of Human Subjects of the Health and Welfare Agency, State of California, Project No. 92-08-05.

**National Opinion Research Center
at the University of Chicago
1155 East 60th Street
Chicago, Illinois 60637**

**MAILING ADDRESS for the CALIFORNIA OUTCOMES STUDY:
301 N. Lake Avenue, Suite 330
Pasadena, California 91101
1-800-995-8494**

PRE-INTERVIEW CALENDAR CONSTRUCTION AND INTERVIEW CORRECTIONS

1. TO CONSTRUCT THE METHADONE MAINTENANCE SAMPLE EPISODE SEGMENT, REFER TO Q.18 OF THE PLR. (1) ENTER THE ADMISSION AND CURRENT MONTHS BELOW. (2) DRAW A LINE ACROSS ROW A ON THE CALENDAR FROM ADMISSION MONTH THROUGH CURRENT MONTH, AND WRITE PROGRAM NAME/CITY ABOVE THE LINE. (3) DRAW A LINE THAT OUTLINES ALL THE CALENDAR MONTHS THAT COMPRISE THE SAMPLE EPISODE. (REMEMBER, THERE MAY BE MULTIPLE ADMISSIONS TO THE PROGRAM.) WRITE SEGMENT 2 ON THE CALENDAR.

A.MQ1A1MO 19 MQ1A1YR =ADMISSION MONTH Mo Yr

CORRECTED DATES:
A.MQ1A2MO 19 MQ1A2YR =ADMISSION MONTH Mo Yr

B.MQ1B1MO 19 MQ1B1YR = CURRENT MONTH Mo Yr
--

B.MQ1B2MO 19 MQ1B2YR = CURRENT MONTH Mo Yr
--

TO CONSTRUCT PRE-SAMPLE EPISODE SEGMENT

2. THIS SEGMENT IS FOR THE 12 MONTHS BEFORE THE SAMPLE EPISODE SEGMENT. TO CONSTRUCT THE SEGMENT: (1) ENTER THE START AND END MONTHS BELOW. (2) DRAW A LINE THROUGH ALL THE MONTHS IN SEGMENT ON ROW A AND WRITE SEGMENT 1 ABOVE THE LINE. (3) DRAW A LINE THAT OUTLINES ALL THE CALENDAR MONTHS THAT COMPRISE SEGMENT 1.

A.MQ2A1MO 19 MQ2A1YR = START MONTH Mo Yr
--

CORRECTED DATES:
A.MQ2A2MO 19 MQ2A2YR = START MONTH Mo Yr

B.MQ2B1MO 19 MQ2B1YR = END MONTH Mo Yr
--

B.MQ2B2MO 19 MQ2B2YR = END MONTH Mo Yr
--

TO CONSTRUCT THE METHADONE MAINTENANCE STATUS SEGMENT

- 3a. IF THE METHADONE MAINTENANCE TREATMENT IN THE SAMPLE EPISODE IS LESS THAN 18 MONTHS, THIS SEGMENT ALSO COVERS THE ENTIRE TREATMENT PERIOD AND IS THE SAME AS SEGMENT 2. WRITE SEGMENT 3 ABOVE THE SAME SEGMENT LINE IN ROW D AND ABOVE SAME OUTLINED MONTHS AS SEGMENT 2.
- 3b. IF THE METHADONE MAINTENANCE TREATMENT IS 18 MONTHS OR LONGER, THIS SEGMENT COVERS THE 12 MONTHS PRIOR TO THE INTERVIEW MONTH, INCLUDING THE INTERVIEW MONTH AS THE 12TH MONTH: (1) ENTER THE START AND CURRENT MONTHS BELOW. (2) DRAW A LINE THROUGH ALL THE MONTHS IN SEGMENT IN ROW A AND WRITE SEGMENT 3 ABOVE THE LINE. (3) DRAW A LINE THAT OUTLINES ALL THE CALENDAR MONTHS THAT COMPRISE SEGMENT 3.

A.MQ3A1MO 19 MQ3A1YR = START MONTH Mo Yr
--

CORRECTED DATES:
A.MQ3A2MO 19 MQ3A2YR = START MONTH Mo Yr

B.MQ3B1MO 19 MQ3B1YR = CURRENT MONTH Mo Yr
--

B.MQ3B2MO 19 MQ3B2YR = CURRENT MONTH Mo Yr
--

4. DOES Q.21 ON THE PLR CONTAIN ANY INCARCERATION HISTORY?

YES 1
 NO 2 (SKIP TO SECTION A)

A. HOW MANY INCARCERATIONS ARE LISTED?

5. ENTER PLACE AND DATES FOR EACH INCARCERATION:

A. PLACE NAME	B. ADMISSION DATE	C. RELEASE DATE
(1) _____ _____	_____ 19_____ Mo Yr	_____ 19_____ Mo Yr
(2) _____ _____	_____ 19_____ Mo Yr	_____ 19_____ Mo Yr
(3) _____ _____	_____ 19_____ Mo Yr	_____ 19_____ Mo Yr
(4) _____ _____	_____ 19_____ Mo Yr	_____ 19_____ Mo Yr

6. DID ANY INCARCERATION BEGIN OR END DURING THE 12 MONTHS BEFORE THE SAMPLE EPISODE?

YES 1 (RECORD ON CALENDAR ON
 ROW C. DRAW A LINE
 THROUGH MONTHS OF EACH
 TIME, AND WRITE NAME OF
 PLACE ABOVE LINE)

NO 2 (SECTION A)

INTERVIEWER'S INTRODUCTORY SCRIPT

Hello, I am (YOUR NAME), an interviewer with the National Opinion Research Center affiliated with the University of Chicago. (SHOW ID CARD) We are conducting a public health survey. Are you (RESPONDENT'S FULL NAME)?

PROBE AS NEEDED TO CONFIRM RESPONDENT'S IDENTITY WITHOUT SPECIFYING ANY DETAILS FROM FACE SHEET OR CALENDAR ABOUT RESPONDENT'S HISTORY OR ABOUT THE TOPIC OF THE COS. AFTER CONFIRMING THE RESPONDENT'S IDENTITY AND ASSURING PRIVACY, CONTINUE:

NORC is a survey research center that has conducted research studies about issues and problems of concern to all Americans for more than 50 years. The University of Chicago's Institutional Review Board has oversight over all research conducted by NORC, and will not permit NORC to conduct any survey that invades the confidentiality or privacy of individuals.

I am contacting you in relation to the California Outcomes Study, a survey NORC is conducting for the Department of Alcohol and Drug Programs. For this study, under U.S. Public Health guidelines, NORC has gathered some information about your treatment for a substance abuse problem in the time period between (DATES) at (SPECIFY FACILITY NAME FROM FACESHEET).

Understanding drug treatment and discovering what works to help drug users is an important goal for the Department of Alcohol and Drug Programs. The California Outcomes Study is designed to collect information that will answer questions about the outcome of treatment for many people.

We hope you can participate in this important survey and want to assure you that, under guidelines of the U.S. Public Health Service and by U.S. law, there are important protections for your confidentiality and privacy. Information that identifies individuals in treatment is disclosed only for research purposes and is never known beyond employees actively engaged in the research. As an NORC employee, I also have signed NORC'S pledge of confidentiality that I will never disclose respondents' identity or information they give in response to survey questions.

Here is a Consent Form that explains the study in more detail. **(SHOW CONSENT FORM TO RESPONDENT AND READ IT ALOUD AS THE RESPONDENT READS IT)** I would be happy to answer any questions you might have. I would then like to conduct an interview at your convenience.

SECTION A. CALENDAR

TIME SEGMENT VERIFICATION

Before I start the interview, I would like to explain to you that we will be talking about your life in very specific periods or blocks of time. We are using a calendar to help you remember what was going on in your life during each time period.

To help me prepare the calendar with information that is relevant to your life, first I want to verify information that we have from our records. Then I will ask you for some other information about your life, and record that on the calendar.

A1. Before we begin the interview, first I'd like to verify some information. **(POINT TO MONTH OF ADMISSION FOR SAMPLE EPISODE ON CALENDAR)**. First, my records show that you (entered treatment at/came to) **(PROGRAM NAME)** in **(MONTH OF ADMISSION FOR SAMPLE EPISODE)**. As best as you can remember, is that right?

Yes 1 **(A2)**
No 2

DK

A1a. **(POINT TO MONTH OF ADMISSION FOR SAMPLE EPISODE ON CALENDAR)**. Looking at **(MONTH OF ADMISSION FOR SAMPLE EPISODE)** on the calendar, when would you say you (entered treatment at/came to) **(PROGRAM NAME)**? **RECORD AND PROBE FOR MONTH AND YEAR. (REMEMBER THAT MAY BE MULTIPLE TIMES)**.

_____ 19 _____ = NEW MONTH OF ADMISSION FOR SAMPLE EPISODE
Mo Yr

A2. For the time that started **(ADMISSION MONTH)**, my records show that you are continuing treatment at **(PROGRAM NAME)**. Is that right?

Yes 1 **(A4)**
No 2

DK

A2a. Looking at the calendar, when would you say you stopped going to treatment at **(PROGRAM NAME)** (that time)? **RECORD AND PROBE FOR MONTH AND YEAR. (REMEMBER THAT THERE MAY BE MULTIPLE TIMES TO THE PROVIDER)**.

_____ 19 _____ = NEW MONTH OF DISCHARGE FROM SAMPLE EPISODE
Mo Yr

A3. IF DISCHARGE DATE IS LESS THAN 30 DAYS AGO, CONTINUE WITH THE METHADONE MAINTENANCE QUESTIONNAIRE. IF DISCHARGE DATE IS 30 DAYS OR MORE AGO, USE THE PARTICIPANT QUESTIONNAIRE AND CORRESPONDING CALENDAR CONSTRUCTION. IF AFTER PROBING AND VERIFICATION, NEW DATES ARE ESTABLISHED, COMPLETE SAMPLE EPISODE CONSTRUCTION ON SPARE CALENDAR. THEN CONSTRUCT NEW PRE-SAMPLE EPISODE AND

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MARITAL STATUS

A4. The first questions are about whether you've been married, widowed, separated or divorced, or if you've lived with someone in a marriage-like relationship. First, have you ever been married?

MA4

Yes 1 (A5)
 No 2

A4a. Have you ever lived with someone in a marriage-like relationship?

MA4a

Yes 1
 No 2 (A8)

A5. When did you first (get married/start living with someone in a marriage-like relationship)? Just give me the month and year.

_____ 19 _____
 Month Year

MA5MO MA5YR

	(1) First	(2) Next	(3) Next	(4) Next
A6. What was the (first/next) change in your marital status after that?	MA6_1	MA6_2	MA6_3	MA6_4
NO CHANGE	1 (A8)	1 (A8)	1 (A8)	1 (A8)
Married	2	2	2	2
Living with someone in a marriage-like relationship	3	3	3	3
Widowed	4	4	4	4
Separated	5	5	5	5
Divorced	6	6	6	6
A7. In what month and year (were you married/widowed/separated/divorced) (did you begin living with someone in a marriage-like relationship) (that time)?	_____ 19 _____ Mo Yr MA7_1MO MA7_1YR (NEXT COL)	_____ 19 _____ Mo Yr MA7_2MO MA7_2YR (NEXT COL)	_____ 19 _____ Mo Yr MA7_3MO MA7_3YR (NEXT COL)	_____ 19 _____ Mo Yr MA7_4MO MA7_4YR (NEXT COL)

(5) Next	(6) Next	(7) Next	(8) Next	(9) Next	(10) Next	
MA6_5 1 (A8)	MA6_6 1 (A8)	MA6_7 1 (A8)	MA6_8 1 (A8)	MA6_9 1 (A8)	MA6_10 1 (A8)	
2	2	2	2	2	2	Married
3	3	3	3	3	3	Live With
4	4	4	4	4	4	Widowed
5	5	5	5	5	5	Separated
6	6	6	6	6	6	Divorced
____ 19 ____ Mo Yr MA7_5MO MA7_5YR (NEXT COL)	____ 19 ____ Mo Yr MA7_6MO MA7_6YR (NEXT COL)	____ 19 ____ Mo Yr MA7_7MO MA7_7YR (NEXT COL)	____ 19 ____ Mo Yr MA7_8MO MA7_8YR (NEXT COL)	____ 19 ____ Mo Yr MA7_9MO MA7_9YR (NEXT COL)	____ 19 ____ Mo Yr MA7_10MO MA7_10YR (A8)	

A8. DRAW A LINE ACROSS ROW B ON CALENDAR. ENTER MARITAL STATUS AND STATUS CHANGES (M, L, W, S, D) ON ROW B OF CALENDAR IN APPROPRIATE MONTH. FOR STATUS/CHANGES PRIOR TO CALENDAR PERIOD, ENTER LAST ONE IN FIRST MONTH OF ROW B.

A9. The next questions are about being under supervision by the court, the sheriff, or the department of corrections, that is, prison, jail, probation, detention, or parole. CHECK ROW C ON THE CALENDAR FOR INCARCERATIONS DURING SEGMENT 1. IF ANY BEGAN OR ENDED DURING THAT PERIOD, ADD: According to my records, you were in [PLACE(S)] at some time during (MONTHS). I have some questions about that and about other court supervision.

A10. During (START MONTH SEGMENT 1), were you on probation, detention, parole, (in prison), or in jail (including (all forms) Youth Authority Supervision or facility) for more than one day?

MA_10

Yes 1
 No 2 (A12)

A10a. What kind of supervision (by the court, the sheriff, or the department of corrections), were you under during (MONTHS)? **RECORD VERBATIM AND CODE.**

INCARCERATION 1 MA_10a
 PAROLE 2
 PROBATION 3
 ELECTRONIC SURVEILLANCE 4
 OTHER SUPERVISION 5

A11. When did (STATUS) begin? Just give me the month and year.

_____ 19 _____

MA11_MO MA11_YR

	(1) First	(2) Next	(3) Next	(4) Next
A12. Did your situation change after that? PROBE FOR CHANGES OF MORE THAN 1 DAY.	Yes ... 1 MA12_1 No ... 2 (A15)	Yes ... 1 MA12_2 No ... 2 (A15)	Yes ... 1 MA12_3 No ... 2 (A15)	Yes ... 1 MA12_4 No ... 2 (A15)
A13. What was that change? (READ CATEGORIES IF NEEDED).	MA13_1	MA13_2	MA13_3	MA13_4
NO SUPERVISION	1	1	1	1
Incarceration	2	2	2	2
Parole	3	3	3	3
Probation	4	4	4	4
Electronic Surveillance	5	5	5	5
Other supervision	6	6	6	6
A14. In what month and year did that (STATUS) begin?	_____ 19 _____ Mo Yr MA14_MO1 MA14_YR1 (NEXT COL)	_____ 19 _____ Mo Yr MA14_MO2 MA14_YR2 (NEXT COL)	_____ 19 _____ Mo Yr MA14_MO3 MA14_YR3 (NEXT COL)	_____ 19 _____ Mo Yr MA14_MO4 MA14_YR4 (NEXT COL)

(5) Next	(6) Next	(7) Next	(8) Next	(9) Next	(10) Next
Yes ... 1 MA12_5 No . 2 (A15)	Yes ... 1 MA12_6 No . 2 (A15)	Yes ... 1 MA12_7 No . 2 (A15)	Yes ... 1 MA12_8 No . 2 (A15)	Yes ... 1 MA12_9 No . 2 (A15)	Yes ... 1 MA12_10 No . 2 (A15)
MA13_5	MA13_6	MA13_7	MA13_8	MA13_9	MA13_10
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
___ 19 ___ Mo Yr MA14_MO5 MA14_YR5 (NEXT COL)	___ 19 ___ Mo Yr MA14_MO6 MA14_YR6 (NEXT COL)	___ 19 ___ Mo Yr MA14_MO7 MA14_YR7 (NEXT COL)	___ 19 ___ Mo Yr MA14_MO8 MA14_YR8 (NEXT COL)	___ 19 ___ Mo Yr MA14_MO9 MA14_YR9 (NEXT COL)	___ 19 ___ Mo Yr MA14MO10 MA14YR10 (A15)

NO SUPERVISION
 INCARCERATION
 PAROLE
 PROBATION
 ELECTRONIC SURVEILLANCE
 OTHER

A15. DRAW A LINE ACROSS ROW C ON CALENDAR FOR CORRECTIONAL STATUS. ENTER STATUS CHANGES (NS, I, P, PR, ES, O) ON ROW C OF CALENDAR IN APPROPRIATE MONTH.

INSTRUCTIONS FOR USING THE CALENDAR DURING THE INTERVIEW

IF TREATMENT IS LESS THAN 18 MONTHS:

SHOW R THE CALENDAR, AND SAY:

The outlined portions are for two time periods: The year before you started treatment at (PROGRAM), and the treatment period through the present month. Row A shows the two time periods. Row B shows your marital status. Row C shows your legal status. Row D is there for us to use if other key events from your life are relevant, or help you recall what was going on in your life during a particular period. Before we talk about the three time periods, I want to ask you some background questions about your life.

IF TREATMENT IS 18 MONTHS OR LONGER:

SHOW R THE CALENDAR, AND SAY:

The outlined portions are for three time periods: The year before you started treatment, the entire treatment period, and the last 12 months of your treatment through the present month. Row A shows the three time periods. Row B shows your marital status. Row C shows your legal status. Row D is there for us to use if other key events from your life are relevant, or help you recall what was going on in your life during a particular period. Before we talk about the three time periods, I want to ask you some background questions about your life.

SECTION B. BACKGROUND

B1. CODE WITHOUT ASKING. VERIFY, IF NEEDED, BY ASKING:
I am required to ask--are you male or female"?

- MB1**
- Male 1
- Female 2

B2. What is your date of birth? RECORD MONTH, DAY AND YEAR.

MB2MO MB2YR

_____/_____/19_____
MO DAY YR

B3. So you are (AGE COMPUTED FROM B2) years old?

- MB3**
- Yes 1
- No 2 (REASK B2)

B4. Were you born in the United States? IF BORN ON A U.S. MILITARY BASE/LOCATION, CODE "1."

- MB4**
- Yes 1 (B5)
- No 2

B4a. Which country were you born in? RECORD VERBATIM.

- MB4a**
- Canada 1
- Mexico 2
- Other Latin American country 3
- Asian/Pacific Island/
Pacific Rim 4
- European country 5
- African country 6

B5. Was your natural mother born in the United States?

- MB5**
- Yes 1
- No 2 DK

B6. Was your natural father born in the United States?

- MB6**
- Yes 1
- No 2 DK

B7. Are you of Mexican, Puerto Rican, Cuban or any other Spanish-speaking background?

- MB7**
- Yes 1
- No 2 DK

B8. What best describes you? Are you... **READ CATEGORIES AND CODE ONE.**

MB8

- Alaskan Native, 1
- Native American, 2
- Asian or Pacific Islander, 3
- Black or African-American, or 4
- White? 5
- MIXTURE 6
- OTHER 7

B9. (As you were growing up, did/Do) you speak any language besides English with the people you (lived/live) with? **MB9**

- Yes 1
- No 2 **(B10)**

B9a. What language (was/is) that? **CODE ONE.**

MB9a

- SPANISH ONLY 1
- OTHER LANGUAGE(S) ONLY 2
- BOTH SPANISH AND OTHER
LANGUAGE(S) 3

B10. Would you say your ability to read (English) is ... **READ CATEGORIES AND CODE ONE.**

MB10

- Excellent, 1
- Good, 2
- Fair, or 3
- Poor? 4

B11. Are you now in school, or receiving any job or skills training? (This includes vocational or technical schools, colleges, or working for your high school diploma).

MB11

- Yes 1
- No 2
- NEVER ATTENDED SCHOOL 3 **(B15)**

B12. Do you have a high school diploma or a GED? (**CODE ONE**)

MB12

- Yes, diploma 1
- Yes, GED 2
- No 3 **(B13)**
- NEVER ATTENDED SCHOOL 4 **(B15)**

B12a. In what year did you receive your (high school diploma/GED)?

MB12a

19 _____

B13. What is the highest grade or year of school you ever attended, even if you did not complete that

grade? **CODE ONE ONLY.**

	MB13
1st Grade	01
2nd Grade	02
3rd Grade	03
4th Grade	04
5th Grade	05
6th Grade	06
7th Grade	07
8th Grade	08
9th Grade	09
10th Grade	10
11th Grade	11
12th Grade	12
1 Year College/Technical School	13
2 Years College/Technical School	14
3 Years College/Technical School	15
4 Years College/Technical School	16
Graduate/Professional School	17
NEVER ATTENDED SCHOOL	18 (B15)

B14. (Were you ever/Have you ever been) expelled or suspended from school for more than a day?

	MB14
Yes	1
No	2 (B15)

B14a. Were you expelled or suspended from school more than one time?

	MB14a
Yes	1
No	2

B15. Have you ever belonged to a street gang?

	MB15
Yes	1
No	2

SECTION C: HISTORY OF DRUG AND ALCOHOL USE

<p style="text-align: center;">C1.</p> <p>Next, I would like to ask you about your past use of street drugs, and your use of prescribed medicines to get high or for other <u>nonmedical effects</u>. (SHOWCARD) Before (START MONTH SEGMENT 1), did you ever use (DRUG TYPE) five times or more? READ AND CODE a-l.</p>	<p style="text-align: center;">C3.</p> <p>About how old were you the <u>first</u> time you tried (DRUG USED)? PROBE IF NEEDED.</p>																																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Inhalants MC1a</td> <td style="width: 30%; padding: 5px;">Yes 1 No 2</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">b. Marijuana/Hashish MC1b</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3b _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">c. Crack MC1c</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3c _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">d. Cocaine powder MC1d</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3d _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">e. PCP or angel dust MC1e</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">f. Hallucinogens or Psychedelics/LSD etc. MC1f</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">g. Heroin MC1g</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3g _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">h. Illegal Methadone MC1h</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">i. Other Narcotics MC1i</td> <td style="padding: 5px;">Yes 1 No 2</td> <td></td> </tr> <tr> <td style="padding: 5px;">j. Methamphetamines MC1j</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3j _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">k. Downers MC1k</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3k _____ Years Old DK</td> </tr> <tr> <td style="padding: 5px;">l. Other (SPECIFY) MC1l 12= Other prescription drug 13= Alcohol 14= Ritalin or Preludin MC1lVB</td> <td style="padding: 5px;">Yes 1 No 2</td> <td style="padding: 5px;">MC3l _____ Years Old DK</td> </tr> </table>	a. Inhalants MC1a	Yes 1 No 2		b. Marijuana/Hashish MC1b	Yes 1 No 2	MC3b _____ Years Old DK	c. Crack MC1c	Yes 1 No 2	MC3c _____ Years Old DK	d. Cocaine powder MC1d	Yes 1 No 2	MC3d _____ Years Old DK	e. PCP or angel dust MC1e	Yes 1 No 2		f. Hallucinogens or Psychedelics/LSD etc. MC1f	Yes 1 No 2		g. Heroin MC1g	Yes 1 No 2	MC3g _____ Years Old DK	h. Illegal Methadone MC1h	Yes 1 No 2		i. Other Narcotics MC1i	Yes 1 No 2		j. Methamphetamines MC1j	Yes 1 No 2	MC3j _____ Years Old DK	k. Downers MC1k	Yes 1 No 2	MC3k _____ Years Old DK	l. Other (SPECIFY) MC1l 12= Other prescription drug 13= Alcohol 14= Ritalin or Preludin MC1lVB	Yes 1 No 2	MC3l _____ Years Old DK	
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<p>C2. WAS AT LEAST ONE DRUG TYPE CODED "1" AT C1? MC2</p> <p style="text-align: center;">YES.... 1 (ASK C3-C4 FOR EACH DRUG CODED "1") NO 2 (C5)</p>																																					

C4.

Before (**START DATE SEGMENT 1**), in the month you used (**DRUG**) the most, about how many days did you use (**DRUG**)? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

	1 day	2-5 days	6-10 days	11-20 days	More than 20 days	DK	
a.	1	2	3	4	5	DK	MC4_a
b.	1	2	3	4	5	DK	MC4_b
c.	1	2	3	4	5	DK	MC4_c
d.	1	2	3	4	5	DK	MC4_d
e.	1	2	3	4	5	DK	MC4_e
f.	1	2	3	4	5	DK	MC4_f
g.	1	2	3	4	5	DK	MC4_g
h.	1	2	3	4	5	DK	MC4_h
i.	1	2	3	4	5	DK	MC4_i
j.	1	2	3	4	5	DK	MC4_j
k.	1	2	3	4	5	DK	MC4_k
l.	1	2	3	4	5	DK	MC4_l

C5. Before (START MONTH SEGMENT 1), what was the main drug or drug combination, including alcohol, that you used? **USE SHOWCARD: REVIEW CATEGORIES CODED AT C1 AS NEEDED. CODE ALL THAT APPLY.**

Inhalants	1	MC5m1
Marijuana/Hashish	2	MC5m2
Crack	3	MC5m3
Cocaine Powder	4	MC5m4
PCP or angel dust	5	MC5m5
Hallucinogens or Psychedelics, LSD, etc	6	MC5m6
Heroin	7	MC5m7
Illegal methadone	8	MC5m8
Other narcotics	9	MC5m9
Methamphetamines	10	MC5m10
Downers	11	MC5m11
Other drugs	12	MC5m12
Alcohol	13	MC5m13
Ritalin or Preludin	14	MC5m14

C6. The first time you tried (DRUGS CODED AT C5), were you with . . . **READ AND CODE EACH CHOICE. IF a-g ARE CODED "2", ASK: Were you with anyone the first time you tried (DRUGS CODED AT C5)? IF YES, REASK CATEGORIES.**

	<u>Yes</u>	<u>No</u>	
a. Friends, not including a boyfriend or a girlfriend?	1	2	MC6_a
b. Boyfriend or girlfriend?	1	2	MC6_b
c. Spouse or partner?	1	2	MC6_c
d. Brothers and/or sisters?	1	2	MC6_d
e. Parents?	1	2	MC6_e
f. Other family members?	1	2	MC6_f
g. Someone else?	1	2	MC6_g
h. NO ONE	1		MC6_h

C7. Before (START MONTH SEGMENT 1), did you ever go to the hospital because of a drug overdose?

MC7

Yes 1
No 2 DK

C8. Before (START MONTH SEGMENT 1) did you ever go to anyone for professional help or treatment for using drugs?

MC8

Yes 1
No 2 (C9)

C8a. How many times did you go for professional help before (START MONTH SEGMENT 1)? **ENTER NUMBER. PROBE FOR ESTIMATE.**

MC8_a

_____ Number of times

C9. Before (START MONTH SEGMENT 1), did you ever, even one time, use a needle to inject drugs to get high or for other non-medical effects?

MC9

Yes 1 (C10)
No 2

C9a. Did someone else ever use a needle to inject you with drugs for you to get high or for other non-medical effects before (START MONTH SEGMENT)?

MC9_a

Yes 1
No 2 DK

C10. Now I would like to ask about your use of alcoholic beverages. By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks. Before (**START MONTH SEGMENT 1**), did you ever have a drink of alcohol? By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.

Yes 1 **MC10**
 No 2 (**SECTION D**)

C10a. Before (**START MONTH SEGMENT 1**), think about the month you were drinking the most. How many days did you drink that month? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

One day 2 **MC10_a**
 2-5 days 3
 6-10 days 4
 11-20 days 5
 More than 20 days 6

DK (C14)

	(1) Beer/Malt Liquor	(2) Wine/Wine Coolers	(3) Liquor
C11. Still think about the month you were drinking the most. On a typical drinking day, did you drink any (TYPE)?	Yes 1 MC11_1 No 2 (NEXT TYPE)	Yes 1 MC11_2 No 2 (NEXT TYPE)	Yes 1 MC11_3 No 2 (C14)
C12. On a typical drinking day, about how much (TYPE) did you <u>usually</u> drink? ENTER AMOUNT AND CODE.	<u>MC12_1</u> amount C12a. CODE: MC12_a1 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 <u>RECODED</u> (NEXT TYPE)	<u>MC12_2</u> amount C12a. CODE: MC12_a2 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 <u>RECODED</u> (NEXT TYPE)	<u>MC12_3</u> amount C12a. CODE: MC12_a3 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (C14)
C13. What size (bottle/can) was that (in ounces)? RECORD VERBATIM.	<u>MC13_1VB</u>	<u>MC13_2VB</u>	

C14. Before (**START MONTH SEGMENT 1**), did you ever go to the hospital because of your drinking?
MC14
 Yes 1
 No 2

C15. Before, (**START MONTH SEGMENT 1**), did you ever go to anyone for professional help for your drinking?
MC15
 Yes 1
 No 2 (**C16**)

C15a. How many times did you go for professional help for your drinking? **RECORD NUMBER.**
MC15a
 _____ times

C16. Before (**START MONTH SEGMENT 1**), did you ever attend any ...

	<u>Yes</u>	<u>No</u>	
a. Alcoholics Anonymous meetings	1	2	MC16a
b. Narcotics Anonymous meetings	1	2	MC16b
c. Cocaine Anonymous meetings	1	2	MC16c

C17. IS ANY ITEM CODED "1" AT C16? **MC17**

YES 1

NO 2 (**SECTION D**)

C17a. Before (**START MONTH SEGMENT 1**), did you attend five or more of any of these meetings?
MC17a
 Yes 1
 No 2

SECTION D. MENTAL AND PHYSICAL HEALTH HISTORY

Now I would like to ask you a few questions about any problems you ever had with emotions, nerves, or your mental health during your life before (**START MONTH SEGMENT 1**).

- D1. Before (**START MONTH/YEAR OF SEGMENT 1**), did you ever have at least 2 weeks when you felt very sad, blue or depressed, and you lost interest or pleasure in things you usually cared about?

MD1

Yes 1

No 2 (**D2**)

- D1a. Were all, some, or none of these times a direct result of your alcohol/drug use?

MD1a

All 1 (**D2**)

Some 2

None 3

- D1b. How old were you when you first felt like this when it was not the result of alcohol or drugs?

MD1b

_____ years old

- D2. Before (**START MONTH SEGMENT 1**), did you ever attempt suicide?

MD2

Yes 1

No 2 (**D3**)

- D2a. How many times did you attempt suicide before (**START MONTH SEGMENT 1**)?

MD2a

_____ times

- D2b. Were all, some, or none of those attempts the result of the effects of drugs or alcohol?

MD2b

All 1

Some 2

None 3

D3. Before (**START MONTH SEGMENT 1**), did you ever have trouble controlling your temper or violent behavior?

MD3

Yes 1

No 2 **(D4)**

D3a. Were all, some, or none of the times you had trouble controlling your temper or violent behavior the result of alcohol or drug use?

MD3a

All 1

Some 2

None 3

D4. Before (**START MONTH SEGMENT 1**), did you have hallucinations or delusions, that is, did you see or hear things that no one else could see or hear or did you think that someone else controlled your thoughts?

MD4

Yes 1

No 2 **(D5)**

D4a. Were all, some, or none of these hallucinations a direct result of your alcohol or drug use?

MD4a

All 1

Some 2

None 3

D5. Before (**START MONTH SEGMENT 1**), did you ever stay overnight in a hospital or clinic for treatment of your emotions, nerves, or mental health that wasn't the result of drugs or alcohol use?

MD5

Yes 1

No 2 **(D6)**

D5a. How old were you the first time you stayed overnight in a hospital or clinic somewhere for treatment of these problems?

MD5a

_____ years old

D6. Before (**START MONTH SEGMENT 1**), how many times did you ever stay overnight in a hospital or clinic for treatment of your emotions, nerves, or your mental health?

MD6

_____ Number of Times

D7. Next, I want to ask you some questions about some physical health problems you may have had. I'm going to read a list of illnesses or conditions that can cause a person pain, limit a person's activities, or cause other health problems. Before (**START MONTH SEGMENT 1**), did you have any problems with . . .

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
a. a serious breathing condition, such as bronchitis or tuberculosis?	1	. . . 2	. . . . DK	MD7a
b. a serious heart or blood condition, including high blood pressure, or anemia?	1	. . . 2	. . . . DK	MD7b
c. hepatitis or yellow jaundice?	1	. . . 2	. . . . DK	MD7c
d. a serious internal condition, such as stomach ulcers, sugar diabetes, or kidney or liver problems?	1	. . . 2	. . . . DK	MD7d
e. a serious bone or muscle condition, such as being paralyzed, bad arthritis, limping, or bursitis?	1	. . . 2	. . . . DK	MD7e
f. a serious nerve condition, such as convulsions, epilepsy, or migraine headaches? Please do not include any mental health problems	1	. . . 2	. . . . DK	MD7f
g. FEMALE R ONLY: Miscarriage, Toxemia, bad Pap smear, or other serious female condition?	1	. . . 2	. . . . DK	MD7g
h. syphilis, gonorrhea, or genital herpes, or any other sexually transmitted disease other than AIDS?	1	. . . 2	. . . . DK	MD7h

D8. Before (**START MONTH SEGMENT 1**), did you ever have a blood test for the AIDS virus?

MD8	
Yes	1
No	2 (D10)

D8a. Do you know the results of that (last) test?

MD8a	
Yes	1
No	2

D9. Before (**START MONTH SEGMENT 1**), did a doctor or other health professional tell you that you were HIV positive or had the AIDS virus?

MD9	
Yes	1 (RECORD "A" IN ROW D OF THE CALENDAR, IN THE MONTH JUST BEFORE SEGMENT 1 STARTS. THEN ASK D10.)
No	2

D10. Before (**START MONTH SEGMENT 1**), were you ever hospitalized for physical health problems? Do not include a normal pregnancy, treatment for alcohol or drug use, or detox.

MD10	
Yes	1
No	2 (SECTION E)

D10a. How many times?

_____ Number of Times	MD10a
	DK RF

SECTION E. ILLEGAL ACTIVITIES HISTORY

Now I would like to ask about any involvement with the police, courts, and illegal activities. Let me remind you that this information will remain confidential and you can refuse to answer any questions.

E1. Before (**START MONTH SEGMENT 1**), were you ever arrested?

- ME1**
- Yes 1
- No 2 (**E2**)

E1a. About how many times were you arrested before (**START MONTH SEGMENT 1**)?

ME1a

_____ Number of Times

E1b. How old were you the first time you were arrested?

ME1b

_____ Years old

E1c. What was/were the main charge(s) you were arrested for? **RECORD VERBATIM AND CODE ALL THAT APPLY ON CODE LIST ON NEXT PAGE.**

<p><u>DRUG OFFENSES</u></p> <p>Drug Possession 1 ME1cm1</p> <p>Drug Sale or manufacturing 2 ME1cm2</p> <p><u>VIOLENT OFFENSES</u></p> <p>Armed robbery, Robbery by force 3 ME1cm3</p> <p>Aggravated assault, Assault with the intent to kill, Other serious intent 4 ME1cm4</p> <p>Forcible rape, Statutory Rape, Sexual assault 5 ME1cm5</p> <p>Murder, Manslaughter, Homicide 6 ME1cm6</p> <p>Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 7 ME1cm7</p>	<p><u>PROPERTY OFFENSES</u></p> <p>Forgery, Passing bad checks, Credit card fraud 8 ME1cm8</p> <p>Motor Vehicle theft 9 ME1cm9</p> <p>Breaking and entering, Burglary 10 ME1cm10</p> <p>Pimping, procuring 11 ME1cm11</p> <p>Other theft (Larceny, Pick pocketing, Purse snatching, Mugging, Receiving, Possession of stolen goods, Shoplifting) 12 ME1cm12</p> <p><u>PUBLIC ORDER OFFENSES</u></p> <p>Driving while intoxicated (DWI), Driving under the influence (DUI) 13 ME1cm13</p> <p>Prostitution, solicitation 14 ME1cm14</p> <p>Violation of parole 15 ME1cm15</p> <p>Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 16 ME1cm16</p> <p>CANNOT CODE CHARGE 17 ME1cm17</p>
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E2. Before (START MONTH SEGMENT 1), did you ever . . . (IF R WAS 18 YEARS OR OLDER AT START MONTH OF SEGMENT 1, ADD: Include any involvement you had <u>before and after</u> you were 18 years old.		E3. About how old were you when you first did this?
b. Steal a vehicle (car, truck, van or motorcycle)? ME2b	Yes 1 No 2 RF	
c. Sell drugs or help someone else sell drugs, including cutting, weighing, packaging or making drugs? ME2c	Yes 1 (E3) No 2 RF	<u>ME3c</u> years old
d. Have sex for money or drugs (prostitution)? ME2d	Yes 1 No 2 RF	
f. Pass bad checks, forge checks, or use a stolen credit card? ME2f	Yes 1 No 2 RF	
g. Break into a house, a business, or a vehicle to take someone else's money or property? ME2g	Yes 1 (E3) No 2 RF	<u>ME3g</u> years old
h. Use a weapon or physical force against someone to steal money or property from them? ME2h	Yes 1 (E3) No 2 RF	<u>ME3h</u> years old
i. Set fire to a house, building, or vehicle? ME2i	Yes 1 No 2 RF	
j. Threaten or attack someone with a weapon? ME2j	Yes 1 (E3) No 2 RF	<u>ME3j</u> years old
k. Force someone to have sex or to do any kind of sex act against their will? ME2k	Yes 1 No 2 RF	
l. Kill someone, other than by accident? ME2l	Yes 1 No 2 RF	

<p>n. Do anything else against the law that I didn't ask about? (SPECIFY)</p> <p>CODE ONE</p> <p>1= Drug Possession</p> <p>7= Other violent offenses (Arson, Damage or destruction to property, Vandalism, Simple Assault, Fighting)</p> <p>11= Pimping, Procuring</p> <p>12= Other theft (Larceny, Pick pocketing, Purse snatching, Mugging, Receiving, Possession of stolen goods, Shoplifting)</p> <p>13= Driving while intoxicated (DWI), Driving under the influence (DUI)</p> <p>15= Violation of parole</p> <p>16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway)</p> <p>17= Cannot code charge ME2n</p> <hr/> <p style="text-align: center;">ME2nCODE</p>	<p>Yes 1</p> <p>No 2 RF</p>
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E4. Did you ever support yourself mainly from illegal activity (hustling, dealing, fraud, etc.) for a least one year before (**START MONTH SEGMENT 1**)?

ME4

Yes 1

No 2 RF DK

E5. The next questions are about any times you may have been attacked with a weapon or seriously hit or beaten. Before (**START MONTH SEGMENT 1**) were you ever attacked with a weapon such as a knife or a gun?

ME5

Yes 1

No 2 RF DK

E6. Before (**START MONTH SEGMENT 1**), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more?

ME6

Yes 1

No 2 RF DK

SECTION F. LIVING ARRANGEMENTS

Next, I would like to ask you about your past living arrangements.

- F1. Before (**START MONTH OF SEGMENT 1**), how old were you when you last lived with your mother, including your natural mother, stepmother, foster mother, or adoptive mother? **RECORD "0" IF NEVER LIVED WITH MOTHER.**

MF1

_____ years old

- F2. Before (**START MONTH OF SEGMENT 1**), how old were you when you last lived with your father, including your natural father, stepfather, foster father, or adoptive father? **RECORD "0" IF NEVER LIVED WITH FATHER.**

MF2

_____ years old

- F3. (Before you were 18 years old, did/Have) the courts or a social service agency ever (arrange/arranged) a place for you to live?

MF3

Yes 1

No 2

- F4. (Before you were 18 years old, did/Have) you ever run away from home or the place you usually (lived/live)?

MF4

Yes 1

No 2 (F5)

- F4a. Altogether, how many times did you run away?

MF4a

_____ Times

- F5. (At any time before you were 18 years old, were you/Have you ever been) asked to leave home by a parent or guardian?

MF5

Yes 1

No 2

IF RESPONDENT 15 OR YOUNGER, GO TO SECTION H.

- F6. Altogether, how many natural children did you have before (**START MONTH OF SEGMENT 1**)?

MF6

_____ Number of children

- F7. At anytime before (**START MONTH OF SEGMENT 1**) did you lose custody (of any of your natural children under age 18, or) of any (other) children you were raising, including adopted children and foster children? By custody, I mean being legally in charge of a child.

MF7

Yes 1

No 2

SECTION G. EMPLOYMENT HISTORY

G1. The next questions are about your employment. Before (**START MONTH SEGMENT 1**), were you ever employed full-time, that is, did you ever work 35 hours or more a week? (Do not count any job that involved illegal activity.)

MG1

Yes 1
 No 2 **(G5)**

G2. Before (**START MONTH SEGMENT 1**), what was the longest time you had any one job where you worked 35 hours a week or more?

MG2

Less than one year 1
 1-2 years 2
 More than 2 years but less than 5 years 3
 Five years or more 4

G3. What kind of work did you do at the full-time job that you had the longest? That is, what was your job title or what was your job called? **RECORD VERBATIM AND ENTER CODE.**

MG3

- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
- 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
- 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
- 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
- 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
- 6 Laborer; (Ex. Construction worker, maintenance worker)
- 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
- 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
- 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
- 10 Farmer or Farm Manager
- 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
- 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
- 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
- 14 Other
- 15 UNABLE TO CODE
- 16 Military

G4. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.**

\$ _____ **MG4**

G4a. CODE:	Per hour 1		
	Every week 2		
	Every two weeks 3		
	Per month 4		
	Per year 5		MG4a
	OTHER (SPECIFY) _____ RECODED 6	RF	DK
	Day 7		
	Unit/Product 8		
	Unit/Service 9		
	Room & Board 10		

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G5. Before (START MONTH SEGMENT 1), did you ever have a part-time job?

MG5

Yes 1

No 2 (G8)

G5a. Before (START MONTH SEGMENT 1), what was the longest time you had any one part-time job?

MG5a

Less than one year 1

1-2 years 2

More than 2 years but less than 5 years 3

Five years or more 4

G6. What kind of work did you do at the part-time job that you had the longest? That is, what was your job title or what was your job called? **RECORD VERBATIM AND ENTER CODE FROM CODE LIST.**

MG6

G7. Before taxes, what was your highest wage, salary, or rate of pay at that part-time job? **RECORD DOLLARS AND CENTS AND CODE.**

\$ _____.

MG7

G7a. CODE: Per hour 1

Every week 2

Every two weeks 3

Per month 4

Per year 5

MG7a

OTHER (SPECIFY) _____ **RECODED** _____ 6

RF

DK

Day 7

Unit/Product 8

Unit/Service 9

Room & Board 10

G8. Before (START MONTH OF SEGMENT 1), what is the longest period of time that you were unemployed, not counting years when you were in school full-time (or in jail)?

MG8

Less than one year 1

1-2 years 2

More than 2 years but less than 5 years 3

Five years or more 4

NEVER WORKED 5

SECTION H. SEGMENT 1 (PRE-SAMPLE EPISODE SEGMENT)

Next, I would like to ask what was going on in your life during the year before you went to **(PROGRAM)** in **(MONTH)**. **GO TO FIRST SEGMENT OUTLINED IN CALENDAR; THE 12 MONTH PERIOD PRIOR TO THE SAMPLED EPISODE SEGMENT.** You may find it helpful to refer to the calendar when answering the questions. This period of time is from _____ through _____.

H1a. CHECK ROW C OF THE CALENDAR. WERE THERE ANY INCARCERATIONS DURING THE SEGMENT 1 PERIOD?

MH1a

YES **1**

NO **2 (H6)**

HOW MANY INCARCERATIONS ARE ON THE CALENDAR FOR SEGMENT 1?

MH1b

_____ **Number of Incarceration**

ASK H2-H5 FOR EACH INCARCERATION. USE CODE LIST BELOW TO CODE H3.

DRUG OFFENSES

- Drug Possession 1
- Drug Sale or manufacturing 2

VIOLENT OFFENSES

- Armed robbery, Robbery by force 3
- Aggravated assault,
Assault with the intent to kill,
Other serious intent 4
- Forcible rape, Statutory Rape, Sexual assault 5
- Murder, Manslaughter, Homicide 6
- Other violent offenses (Arson, Damage
to or destruction of property,
Vandalism, Simple assault, Fighting) 7

PROPERTY OFFENSES

- Forgery, Passing bad checks, Credit card fraud 8
- Motor Vehicle theft 9
- Breaking and entering, Burglary 10
- Pimping, procuring 11
- Other theft (Larceny, Pick pocketing,
Purse snatching, Mugging, Receiving,
Possession of stolen goods, Shoplifting) 12

PUBLIC ORDER OFFENSES

- Driving while intoxicated (DWI),
Driving under the influence (DUI) 13
- Prostitution, solicitation 14
- Violation of parole 15
- Other public order offenses (Bookmaking,
Numbers, Gambling, Curfew violation,
Truancy, Being a runaway) 16
- CANNOT CODE CHARGE 17

	PLACE 1 MH2_1	PLACE 2 MH2_2
<p>H2. The next questions are about (PLACE/ PRISON/JAIL) you told me about earlier. CODE WITHOUT ASKING IF KNOWN FROM CALENDAR. OTHERWISE ASK: Was (PLACE NAME) the place you went to in (MONTH/YEAR) a . . . RECORD VERBATIM AND CODE.</p>	<p>Juvenile hall or county camp, 1</p> <p>a youth authority facility 2</p> <p>a jail, 3</p> <p>a prison, or 4</p> <p>some other place? 5</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Juvenile hall or county camp, 1</p> <p>a youth authority facility, 2</p> <p>a jail, 3</p> <p>a prison, or 4</p> <p>some other place? 5</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>H3. What was the main charge that you were sentenced for then? RECORD VERBATIM AND CODE FROM CODE LIST. PROBE AS NEEDED USING LIST.</p>	<p><input type="checkbox"/> _____ MH3_1</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> _____ MH3_2</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>H4. During the time when you were in (PLACE), were any drug or alcohol treatment programs offered there, not counting Narcotics Anonymous, Cocaine Anonymous, or Alcoholics Anonymous?</p>	<p style="text-align: right;">MH4_1</p> <p>Yes 1</p> <p>No 2</p> <p style="text-align: center;">(NEXT PLACE OR H6)</p>	<p style="text-align: right;">MH4_2</p> <p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">(H6)</p>
<p>H5. Did you participate in any of the drug or alcohol treatment programs offered, not counting NA, CA, or AA?</p>	<p style="text-align: right;">MH5_1</p> <p>Yes 1</p> <p>No 2</p>	<p style="text-align: right;">MH5_2</p> <p>Yes 1</p> <p>No 2</p>

(NEXT PLACE OR H6)

(H6)

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H6. CHECK ROW C OF THE CALENDAR. WAS PAROLE OR PROBATION STATUS NOTED DURING SEGMENT 1 PERIOD? **MH6**

YES 1 (IF MORE THAN ONE, ASK H7 ABOUT THE LAST ONE. IF ON PAROLE AND PROBATION SIMULTANEOUSLY ASK ABOUT THE ONE WITH THE HIGHEST NUMBER OF CONTACTS.)

NO 2 (H9)

H7. During (MONTHS) did you report to or have any contact with your (probation/parole) officer? **MH7**

Yes 1
 No 2 (H9)

H7a. During (MONTHS) how often did you have contact with or report to your (probation/parole) officer? **ENTER NUMBER AND CODE.** **MH7a**

_____ # of times

H7b. CODE: Per Month 1 **MH7b**
 Per Year 2

H8. During (MONTHS) were urine tests required as a condition of (probation/parole)? **MH8**

Yes 1
 No 2 (H9)

H8a. How many times per month were these tests required? **MH8a**

_____ # of times per month

H9. CHECK ROW C OF THE CALENDAR. HOW MANY MONTHS WAS R INCARCERATED DURING SEGMENT 1? **MH9**

0-9 MONTHS INCARCERATED 1
 10-12 MONTHS INCARCERATED 2 (H43)

H10.

Next, I would like to ask some questions about your use of drugs from the street and your use of prescription drugs to get high or for other non-medical effects, and your use of alcohol. **(SHOWCARD)** During **(MONTHS)** did you use **(DRUG)** five times or more?
READ AND CODE a-m. THEN ASK H11-H12 FOR EACH DRUG CODED "1" AT H10.

a. Inhalants	MH10a	Yes 1 No 2
b. Marijuana/Hashish	MH10b	Yes 1 No 2
c. Crack	MH10c	Yes 1 No 2
d. Cocaine powder	MH10d	Yes 1 No 2
e. PCP or angel dust	MH10e	Yes 1 No 2
f. Hallucinogens or Psychedelics/LSD etc.	MH10f	Yes 1 No 2
g. Heroin	MH10g	Yes 1 No 2
h. Illegal Methadone	MH10h	Yes 1 No 2
i. Other Narcotics	MH10i	Yes 1 No 2
j. Methamphetamines	MH10j	Yes 1 No 2
k. Downers	MH10k	Yes 1 No 2
l. Other drug (SPECIFY)	MH10l 12= Other prescription drug 14= Ritalin or Preludin MH10IVB	Yes 1 No 2
m. Alcohol	MH10m	Yes 1 No 2

	H11.						H12.					
	Now, please look at the calendar and think about the month when you used (DRUG) the most during (MONTHS). About how many days did you use (DRUG) then? CODE; PROBE WITH CATEGORIES IF NEEDED.						During (MONTHS), how many months were you not using (DRUG)? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.					
	1 day	2-5 days	6-10 days	More 11-20 days	than 20	DK	USED EVERY MONTH	1-3 months	4-6 months	7-9 months	Over 9 months	DK
a.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11a						MH12a					
b.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11b						MH12b					
c.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11c						MH12c					
d.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11d						MH12d					
e.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11e						MH12e					
f.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11f						MH12f					
g.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11g						MH12g					
h.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11h						MH12h					
i.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11i						MH12i					
j.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11j						MH12j					
k.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11k						MH12k					
l.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11l						MH12l					
m.	1	2	3	4	5	DK	1	2	3	4	5	DK
	MH11m						MH12m					

H13. During (MONTHS), did you ever go to a hospital because of a drug overdose?

MH13

Yes 1

No 2

H14. During (MONTHS), did you even one time, use a needle to inject drugs to get high or for other non-medical effects?

MH14

Yes 1 (H16)

No 2

H15. During (MONTHS), did someone else ever use a needle to inject you with drugs for you to get high or for other non-medical effects?

MH15

Yes 1

No 2 (H17)

H16. During (MONTHS), when you used a needle to inject drugs to get high, about how often did you use it after someone else? Was that ... (READ CHOICES AND CODE ONE)

MH16

Never, 1 (H17)

Less than half of the time, 2

Half of the time, 3

More than half of the time, or 4

Every time? 5

RF (H17)

DK (H17)

H16a. During (MONTHS), when you used a needle after someone else, about how often did you clean it with bleach before you used it? Would you say ...

MH16a

Never 1

Less than half of the time, 2

Half of the time, 3

More than half of the time, or 4

Every time? 5 RF DK

H17. WAS ALCOHOL CODED "1" AT H10?

MH17

YES 1 (H19)

NO 2

- Yes 1
- No 2

H24. Now I have some questions about your past living arrangements.
 During (MONTHS), did you ever for at least two nights in a row have no place to stay except for a homeless shelter or street?

MH24

- Yes 1
- No 2 (H26)

H25. How long were you in a shelter or on the street during (MONTHS)? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.

MH25

- Less than 1 month 1
- 1-3 months 2
- 4-6 months 3
- 7-9 months 4
- 10-12 months 5
- HOMELESS/ON THE STREET ENTIRE TIME 6 (H31)

H26. During (MONTHS), did you live in your own apartment or house at any time, either renting or buying, including living with parents or guardians?

MH26

- Yes 1
- No 2 (H27)

H26a. During (MONTHS), how long did you live there? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.

MH26a

- Less than 1 month 1
- 1-3 months 2
- 4-6 months 3
- 7-9 months 4
- 10-12 months 5

H27.		H28.
During (MONTHS), please tell me if you lived with any of the following people at any time. Did you live with . . .		During (MONTHS), what is the longest time you lived with PERSON? READ CHOICES ONLY AS PROBE.
CODE "1" WITHOUT ASKING, IF KNOWN. a. Your (wife/husband) or someone who was like a spouse or partner?	MH27a Yes 1 (H28) No 2	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 MH28a DK
b. Your mother, including your natural mother, stepmother, foster mother, or adoptive mother?	MH27b Yes 1 (H28) No 2	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 MH28b DK
c. Your father, including your natural father, stepfather, foster father, or adoptive father?	MH27c Yes 1 (H28) No 2	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 MH28c DK
CODE "3" WITHOUT ASKING, IF KNOWN. d. Children of yours who were <u>18 years or older</u> ?	MH27d Yes 1 (H28) No 2 R HAD NO CHILDREN . 3 (H31)	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 MH28d DK
e. Children <u>under 18 years old</u> who were your natural children or who you were raising as your own?	MH27e Yes 1 No 2 (H31) R HAD NO CHILDREN . 3 (H31)	Less than 1 month 1 1-3 months 2 4-6 months 3 7-9 months 4 10-12 months 5 MH28e DK

H29. During (MONTHS), how many children under 18 years old were you raising and living with, including natural children, adopted children, and foster children? **ENTER NUMBER OF CHILDREN. IF NONE, CODE "0."**

0. NONE (H31) MH29
_____ Number of Children

H30. During (MONTHS), did you lose custody of any children you were raising? By custody, I mean being legally in charge of a child. MH30

Yes 1
No 2

H31. Now, I am going to ask about types of alcohol or drug treatment that include professional help such as doctors or counselors. During (MONTHS), did you receive treatment or counseling for drinking or using drugs? MH31

Yes 1
No 2 (H32)

H31a. What kind of treatment was that? **RECORD VERBATIM AND CODE.** MH31a

Inpatient 1
Residential 2
Outpatient (non-methadone) 3
Methadone 4

H31b. During (MONTHS), how many times did you enter treatment? MH31b
_____ Number of Times

H32. During (MONTHS), did you ever attend any ... MH32a

	<u>Yes</u>	<u>No</u>	
a. Alcoholics Anonymous meetings?	1	2	MH32a
b. Narcotics Anonymous meetings?	1	2	MH32b
c. Cocaine Anonymous meetings?	1	2	MH32c

H32a. IS ANY ITEM CODED "1" AT H32? MH32a_1

YES 1

NO 2 (H33)

H32b. During (MONTHS), did you attend five or more of any of these meetings? MH32b_1

Yes 1
No 2

H33. During (MONTHS), did you ever have at least two weeks when you felt very sad, blue, or depressed, and you lost interest or pleasure in things you usually cared about? MH33

Yes 1
No 2 (H34)
DK (H34)

H33a. During (MONTHS), were all, some, or none of these times caused by drugs or alcohol you took?

MH33a

- All of the times 1
- Some of the times 2
- None of the times 3 (H34)

H33b. During (MONTHS), did you have any times like this that were not caused by drugs or alcohol you took?

MH33b

- Yes 1
- No 2

H34. During (MONTHS) did you ever attempt suicide?

MH34

- Yes 1 (H35)
- No 2

H34a. During those 12 months, did you ever think seriously about committing suicide?

MH34a

- Yes 1
- No 2

H35. During (MONTHS), did you see a doctor, nurse, counselor or social worker for problems with your emotions, nerves, or mental health?

MH35

- Yes 1
- No 2 (H36)

H35a. How many times was that? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

MH35a

- 1-5 times 1
- 6-10 times 2
- 11-30 times 3
- 31 times or more 4 DK

H36. During (MONTHS), did you stay overnight in a hospital or clinic for treatment of problems with your emotions, nerves, or mental health?

MH36

- Yes 1
- No 2

<p style="text-align: center;">H37.</p> <p>Now I would like to ask about your involvement with the police, the courts, and illegal activities. During (MONTHS), did you ever . . .</p>	<p style="text-align: center;">H38.</p> <p>During (MONTHS), how many different times did you do that? CODE R'S RESPONSE.</p> <p style="text-align: center;">1 2-5 6-20 21-100 More Time Times Times Times than 100</p>	<p style="text-align: center;">H39.</p> <p>What drugs were you dealing or selling during (MONTHS)? CODE ALL THAT APPLY.</p>	
<p>a. Drive a vehicle (car, truck, van or motorcycle) while you were drunk or high?</p>	<p>Yes . . 1 (H38) No 2</p> <p style="text-align: center;">RF MH37a</p>	<p style="text-align: center;">MH38a</p> <p style="text-align: center;">1 2 3 4 5</p>	
<p>b. Steal a vehicle (car, truck, van or motorcycle)?</p>	<p>Yes . . 1 (H38) No 2</p> <p style="text-align: center;">RF MH37b</p>	<p style="text-align: center;">MH38b</p> <p style="text-align: center;">1 2 3 4 5</p>	
<p>c. Sell drugs or help someone else sell drugs, including cutting, weighing, packaging or making drugs?</p>	<p>Yes . . 1 (H38) No 2</p> <p style="text-align: center;">RF MH37c</p>	<p style="text-align: center;">MH38c</p> <p style="text-align: center;">1 2 3 4 5</p>	
<p>d. Have sex for money or drugs (prostitution)?</p>	<p>Yes . . 1 (H38) No 2</p> <p style="text-align: center;">RF MH37d</p>	<p style="text-align: center;">MH38d</p> <p style="text-align: center;">1 2 3 4 5</p>	
<p>e. Take something from a store without paying for it, that is, shoplifted?</p>	<p>Yes . . 1 (H38) No 2</p> <p style="text-align: center;">RF MH37e</p>	<p style="text-align: center;">MH38e</p> <p style="text-align: center;">1 2 3 4 5</p>	

<p>g. Break into a house, a business, or a vehicle to take someone else's money or property?</p>	<p>Yes . . 1 (H38) No 2 RF MH37g</p>	<p style="text-align: center;">MH38g</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>h. Use a weapon or physical force against someone to steal money or property from them?</p>	<p>Yes . . 1 (H38) No 2 RF MH37h</p>	<p style="text-align: center;">MH38h</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>m. Do any other things to make money that are against the law?</p>	<p>Yes . . 1 (H38) No 2 RF MH37m</p>	<p style="text-align: center;">MH38m</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>n. Do any thing else against the law that I didn't ask about? (SPECIFY) CODE ONE 1= Drug Possession 4= Aggravated assault, Assault with the intent to kill, Other serious intent 5= Forcible rape, Statutory Rape, Sexual assault 6= Murder, Manslaughter, Homicide 7= Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 15= Violation of parole 16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 17= Cannot code charge MH37nVB</p>	<p>Yes . . 1 (H38) No 2 RF MH37n</p>	<p style="text-align: center;">MH38n</p> <p style="text-align: center;">1 2 3 4 5</p>

H40. WAS ANY ACTIVITY CODED "1" AT H37?

MH40

YES 1

NO 2 (H43)

H41. During (MONTHS), how many months were you doing any of the activities we just talked about?

MH41

_____ Number of Months

H41a. In a typical week, during (MONTHS), about how much money would you say you earned from these activities?

\$ _____.00 per week

MH41a

H42. **CODE WITHOUT ASKING, IF KNOWN.** During (MONTHS), were you ever arrested and booked or taken into custody?

MH42

Yes 1

No 2 (H43)

H42a. About how many times were you arrested and booked (or taken into custody) during (MONTHS)?

_____ Number of Times

MH42a

H42b. What was/were the main charge(s)? **RECORD VERBATIM AND CODE ALL THAT APPLY.**

DRUG OFFENSES

- Drug Possession 1 MH42bm1
- Drug Sale or manufacturing 2 MH42bm2

VIOLENT OFFENSES

- Armed robbery, Robbery by force 3 MH42bm3
- Aggravated assault,
Assault with the intent to kill,
Other serious intent 4 MH42bm4
- Forcible rape, Statutory Rape, Sexual assault 5 MH42bm5
- Murder, Manslaughter, Homicide 6 MH42bm6
- Other violent offenses (Arson, Damage
to or destruction of property,
Vandalism, Simple assault, Fighting) 7 MH42bm7

PROPERTY OFFENSES

- Forgery, Passing bad checks, Credit card fraud 8 MH42bm8
- Motor Vehicle theft 9 MH42bm9
- Breaking and entering, Burglary 10 MH42bm10
- Pimping, procuring 11 MH42bm11
- Other theft (Larceny, Pick pocketing,
Purse snatching, Mugging, Receiving,
Possession of stolen goods, Shoplifting) 12 MH42bm12

PUBLIC ORDER OFFENSES

- Driving while intoxicated (DWI),
Driving under the influence (DUI) 13 MH42bm13
- Prostitution, solicitation 14 MH42bm14
- Violation of parole 15 MH42bm15
- Other public order offenses (Bookmaking,
Numbers, Gambling, Curfew violation,
Truancy, Being a runaway) 16 MH42bm16
- CANNOT CODE CHARGE 17 MH42bm17

H43. During (**MONTHS**), were you ever attacked with a weapon such as a knife or a gun?

MH43

- Yes 1
- No 2 RF DK

H44. During (**MONTHS**), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more?

MH44

Yes 1

No 2 RF DK

H45. IS "1" CODED AT H43 OR H44?

MH45

YES 1

NO 2 (H47)

H46. During (MONTHS), how many times were you attacked with a weapon or seriously hit or beaten? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

MH46

One time 1

2-5 times 2

6-10 times 3

11-20 times 4

21-100 times 5

More than 100 times 6 RF DK

H47. The next questions are about your physical health. During (MONTHS), would you say your health was . . .

MH47

Excellent, 1

Good, 2

Fair, or 3

Poor? 4

H48. During (MONTHS), did you have any illness or condition that caused you pain, limited your activities, or caused you problems at work (or in school)?

MH48

Yes 1

No 2 (H49i)

- H49. During (MONTHS), did you have any problems with . . .
- | | <u>Yes</u> | <u>No</u> | <u>DK</u> | |
|--|------------|-----------|-----------|--------------|
| b. a heart or blood condition, | 1 | 2 | DK | MH49b |
| c. hepatitis or yellow jaundice? | 1 | 2 | DK | MH49c |
| d. an internal condition, such as ulcers, diabetes,
or kidney or liver problems? | 1 | 2 | DK | MH49d |
| e. a bone or muscle condition, | 1 | 2 | DK | MH49e |
| f. a nerve condition, such as convulsions,
or migraines? | 1 | 2 | DK | MH49f |
| g. FEMALE R ONLY: miscarriage, toxemia,
bad Pap smear or other serious female condition? | 1 | 2 | DK | MH49g |
| h. any sexually transmitted disease other than AIDS? | 1 | 2 | DK | MH49h |

i. CHECK ROW D OF THE CALENDAR. HAVE YOU ALREADY ENTERED "A" ON ROW D?
MH49i

YES 1 (ASK H49j)

NO 2 (H50)

- j. any AIDS-related condition? 1(H52) 2(H52) DK (H52) **MH49j**

- H50. During (MONTHS), did you have a blood test for AIDS? **MH50**
- Yes 1
- No 2 (H52)

- H50a. Did you find out the results of that test? **MH50a**
- Yes 1
- No 2

- H51. During (MONTHS), did a doctor or other health professional tell you that you were HIV-positive or had the AIDS virus? **MH51**
- Yes 1 **(RECORD "A" IN ROW D OF THE CALENDAR, IN THE LAST MONTH OF SEGMENT 1. THEN ASK H52)**
- No 2

H52. During (MONTHS), about how many times did you see a doctor for a physical illness, condition or injury? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

MH52

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER SAW A DOCTOR 4

H53. During (MONTHS), how many times did you go to a hospital emergency room but did not stay overnight? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

MH53

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER WENT 4

H54. During (MONTHS), did you ever go to a hospital for at least 24 hours for a physical illness, condition or injury?

MH54

- Yes 1
- No 2 (H55)

H54a. During (MONTHS), about how many nights did you spend in the hospital for a physical illness, condition, or injury?

_____ nights DK **MH54a**

H55. **FEMALE R ONLY:** Now, I am going to ask about pregnancy and giving birth. During (MONTHS), were you pregnant at any time?

MH55

- Yes 1
- No 2 (H56)

H55a. Did you give birth to a live baby?

MH55a

- Yes 1
- No 2

H56. During (MONTHS), about how many different people did you have sex with, even if only one time? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

MH56

- NONE 1 (H57)
- One 2
- 2-9 3
- 10-25 4
- 26-100 5
- More than 100 6 RF DK

H56a. During those 12 months, did you have sex with someone so they would give you money, drugs, clothes or a place to sleep?

MH56a

- Yes 1
- No 2 RF DK

H57. CHECK ROW C OF THE CALENDAR. HOW MANY MONTHS WAS R INCARCERATED DURING SEGMENT 1?	
	MH57
0-9 MONTHS	1
10-12 MONTHS	2 (SECTION K)

H58. Next, I would like to ask about how you supported yourself during (MONTHS), that is, how you got the money that you used to live on. During (MONTHS), did you get most of your support from illegal activities that you did?

MH58

- Yes 1
 - No 2 (H59)
- RF (H59)

H58a. During (MONTHS), when you were getting most of your support from illegal activities, what did you do most of the time to get money? **CODE ALL THAT APPLY.**

- Drug dealing 1 **MH58am1**
 - Prostitution 2 **MH58am2**
 - Motor vehicle theft 3 **MH58am3**
 - Shoplifting 4 **MH58am4**
 - Breaking and entering, Burglary 5 **MH58am5**
 - Armed robbery, Robbery by force 6 **MH58am6**
 - Other property crime: Moonshining, boot legging,
running liquor, pimping, procuring, forgery,
Passing bad checks, credit card fraud,
bookmaking, numbers, gambling, receiving,
possession of stolen goods, other theft (larceny,
pick pocketing, purse snatching, mugging) 7 **MH58am7**
 - Violent crime for pay: Arson, aggravated assault,
other serious assault, murder 8 **MH58am8**
 - OTHER ILLEGAL ACTIVITY 9 **MH58am9**
- RF DK

H59. The next questions are about your employment. During (MONTHS), were you employed full-time at any time, that is, did you work 35 hours or more a week at any job? (Do not count any job that involved illegal activity.)

MH59

- Yes 1
- No 2 (H63)

H60. During (MONTHS), how many months did you work full-time? MH60
 _____ number of months

H61. What kind of work did you do at your longest full-time job? That is, what was your job title or what was your job called? **RECORD VERBATIM AND ENTER CODE.**

_____ MH61

- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
- 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
- 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
- 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
- 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
- 6 Laborer; (Ex. Construction worker, maintenance worker)
- 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
- 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
- 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
- 10 Farmer or Farm Manager
- 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
- 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
- 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
- 14 Other
- 15 UNABLE TO CODE
- 16 Military

H62. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.** MH62
 \$ _____

- H62a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3 MH62a
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) RECODED RF ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

H63. During (MONTHS), did you have a part-time job at any time? MH63

- Yes 1
- No 2 (H66)

H64. During (MONTHS), how many months did you work part-time? MH64
 _____ number of months

H65. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest during (MONTHS)? **RECORD DOLLARS AND CENTS AND CODE.**

MH65

\$ _____.

- H65a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** _____ 6
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

MH65a

RF DK

H66. **CODE WITHOUT ASKING, IF KNOWN.** During (MONTHS), did anyone you lived with (help with/pay your) expenses, such as housing, food, clothing, medical costs, (and/or) transportation?

MH66

- Yes 1
- No 2 (H67)
- RF (H67)

H66a. During (MONTHS), would you say that this help with your living expenses paid for less than half, half or more, or all of your living expenses?

MH66a

- Less than half 1
- Half or more 2
- All 3

H67.		H68.
<p>Now, I will ask about (other) sources of income you may have had during (MONTHS). (Please do <u>not</u> include income from illegal activities) (or help you received with living expenses from someone you lived with.)</p> <p>During (MONTHS), did you ever <u>personally</u> get any income from . . .</p>		<p>During (MONTHS), <u>before taxes</u>, about how much income did you personally get from (INCOME SOURCE). IF YOU CODE "3", SKIP TO NEXT INCOME SOURCE. RECORD DOLLAR AMOUNT. ROUND TO NEAREST DOLLAR.</p>
<p>a. CODE WITHOUT ASKING IF KNOWN. Your wages or salary, including tips, (from all jobs or businesses)?</p>	<p>Yes 1 (H68) No 2 RF MH67a DK</p>	<p>MH68aa \$ _____ .00 RF DK (H68a) (1) CODE: per wk . . . 1 per mo . . . 2 MH68a1 Total . . . 3 (H68a) (2) _____ MH68a2WK MH68a2MO</p>
<p>b. (Money/Other money) from a (spouse, partner, or other) family member who was <u>not</u> living with you? (Not including the help we've already talked about).</p>	<p>Yes 1 (H68) No 2 RF MH67b DK</p>	<p>MH68bb \$ _____ .00 RF DK (H68b) (1) CODE: per wk . . . 1 per mo . . . 2 MH68b1 Total . . . 3 (H68b) (2) _____ Number (wks/mos) MH68b2WK MH68b2MO</p>
<p>c. Welfare, including General Assistance, or Relief or Aid to Dependent Children or to Families with Dependent Children?</p>	<p>Yes 1 (H68) No 2 RF MH67c DK</p>	<p>MH68cc \$ _____ .00 RF DK (H68c) (1) CODE: per wk . . . 1 per mo . . . 2 MH68c1 Total . . . 3 (H68c) (2) _____ Number (wks/mos) MH68c2WK MH68c2MO</p>
<p>d. Unemployment compensation, disability pay, or SSI?</p>	<p>Yes 1 (H68) No 2 RF MH67d DK</p>	<p>MH68dd \$ _____ .00 RF DK (H68d) (1) CODE: per wk . . . 1 per mo . . . 2 MH68d1 Total . . . 3 (H68d) (2) _____ Number (wks/mos) MH68d2WK MH68d2MO</p>
<p>e. Social Security, pension, annuity, or interest from savings?</p>	<p>Yes 1 (H68) No 2 RF MH67e DK</p>	<p>MH68ee \$ _____ .00 RF DK (H68e) (1) CODE: per wk . . . 1 per mo . . . 2 MH68e1 Total . . . 3 (H68e) (2) _____ Number (wks/mos) MH68e2WK MH68e2MO</p>
<p>f. Alimony or child support?</p>	<p>Yes 1 (H68) No 2 RF MH67f DK</p>	<p>MH68ff \$ _____ .00 RF DK (H68f) (1) CODE: per wk . . . 1 per mo . . . 2 MH68f1 Total . . . 3 (H68f) (2) _____ Number (wks/mos) MH68f2WK MH68f2MO</p>

<p>g. Any other sources I haven't asked about? (SPECIFY)</p> <p>1=Food stamps, rent vouchers 2=Recycling (cans, bottles, newspapers) 3=Inheritances, trusts, prizes settlements, etc. 4=Other sources of income</p> <p>_____ MH67gVB _____</p>	<p>Yes 1 (H68) No 2</p> <p>RF</p> <p>MH67g DK</p>	<p>MH68gg</p> <p>\$ _____ .00 RF DK</p> <p>(H68g) (1) CODE: per wk . . . 1 per mo . . . 2</p> <p>MH68g1 Total . . . 3</p> <p>(H68g) (2) _____ Number (wks/mos) MH68g2WK MH68g2MO</p>
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SECTION K. SEGMENT 2 (METHADONE MAINTENANCE TREATMENT)

Next, I would like to ask what was going on in your life during the time you were in **(PROGRAM)**. **GO TO SECOND SEGMENT OUTLINED IN CALENDAR, THE SAMPLED EPISODE SEGMENT.** You may find it helpful to refer to the calendar when answering the questions. This period of time is from _____ 19_____ through _____ 19_____. Some questions will refer to the last 12 months.

K1. CHECK ROW C OF THE CALENDAR. WAS PAROLE OR PROBATION STATUS NOTED DURING SEGMENT 2 PERIOD?

MK1

YES 1 (IF MORE THAN ONE, ASK K2 ABOUT THE LAST ONE. IF ON PAROLE AND PROBATION SIMULTANEOUSLY, ASK ABOUT THE ONE WITH THE HIGHEST NUMBER OF CONTACTS.)

NO 2 (K4)

K2. During **(MONTHS)** you were in **(PROGRAM NAME)** did you report to or have any contact with your (probation/parole) officer ?

MK2

Yes 1

No 2 (K3)

K2a. During **(MONTHS)**, how often did you have contact with or report to your (probation/parole) officer? **ENTER NUMBER AND CODE.**

MK2a

_____ # of times

K2b. CODE: Per Month 1

MK2b

Per Year 2

K3. During **(MONTHS)**, were urine tests required as a condition of probation/parole?

MK3

Yes 1

No 2 (K4)

K3a. How many times per month were these tests required?

MK3a

_____ # of times per month

K4. (SHOWCARD). During (MONTHS) when you went to (PROGRAM), which drug or drug combination, including alcohol, was the reason you went there? **CODE ALL THAT APPLY.**

Inhalants	1	MK4m1
Marijuana/hashish	2	MK4m2
Crack	3	MK4m3
Cocaine powder	4	MK4m4
PCP or angel dust	5	MK4m5
Hallucinogens or Psychedelics/LSD	6	MK4m6
Heroin	7	MK4m7
Illegal Methadone	8	MK4m8
Other Narcotics	9	MK4m9
Methamphetamines	10	MK4m10
Downers	11	MK4m11
Other drug	12	MK4m12
(SPECIFY) _____ RECODED _____		
Alcohol	13	MK4m13
Ritalin or Preludin	14	MK4m14
No Drug	15	MK4m15

K5. During (MONTHS) how important would you say each of the following people was in getting you to go to treatment or counseling at (PROGRAM). Was (your/a) . . . very important, somewhat important, or not important (in getting you to go there)?

	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not</u> <u>Important</u>	
a. (Wife/husband or other) family member	1	2	3	MK5a
b. Friend or associate (co-worker)	1	2	3	MK5b
c. Employer	1	2	3	MK5c
d. UNDER AGE 18 R ONLY: Teacher, school counselor, or someone else at school	1	2	3	MK5d
e. Nurse, doctor, social worker, or somebody like that	1	2	3	MK5e
f. Probation or parole officer, judge, attorney, or somebody like that	1	2	3	MK5f
g. Anyone else	1	2	3	MK5g
(SPECIFY) _____ God, self _____				MK5gVB

K6. What were the most important reasons you had for going to treatment or counseling at **(PROGRAM NAME)**, during **(MONTHS)**. **CODE ALL THAT APPLY. PROBE UNTIL NO OTHER REASONS GIVEN. ONLY IF NECESSARY, ASK:** What other reason was important to you?

- DRUG AVAILABILITY -- difficulties obtaining drugs or "good" drugs 1 **MK6m1**
- FINANCIAL -- couldn't afford to stay on drugs, lost an income source 2 **MK6m2**
- PRESSURE FROM criminal justice system, attorney, etc. 3 **MK6m3**
- PRESSURE TO improve/save close relationship, with spouse, partner, parent 4 **MK6m4**
- PRESSURE FROM school teacher, minister, coach, etc. 5 **MK6m5**
- JOB -- to get, keep or improve job situation 6 **MK6m6**
- PARENTING ISSUES -- get or keep custody or become better parent 7 **MK6m7**
- HEALTH ISSUES -- too ill to continue; drugs or related diseases are hurting or threaten own health, unborn baby, others 8 **MK6m8**
- DESIRE FOR SERVICES -- want to become eligible for some type of services 9 **MK6m9**
- GENERAL PERSONAL MOTIVE -- "tired", "disgusted", "want to change", improve lifestyle, "save" self 10 **MK6m10**
- OTHER REASON 11 **MK6m11**

DK

K7. Next I'm going to ask about staff persons that you usually saw for counseling or treatment at **(PROGRAM)** during **(MONTHS)**. Think about the staff person that you talked to the most: In general, how much did you and that person agree about things you might need to change in your life in order to stay drug free or alcohol free, such as changing the place you lived, changing your friends, going back to school or getting a new job? Would you say you agreed . . .

- Very much, 1 **MK7**
- Somewhat, or 2
- Not at all? 3

K7a. In general, how well do you feel that person understood the problems you might have had with alcohol or drugs? Would you say . . .

- Very much, 1 **MK7a**
- Somewhat, or 2
- Not at all ? 3

K7b. **ASK IF TREATMENT PERIOD IS 18 MONTHS OR LONGER.** During the last 12 months, is that the staff member you talked to most often?

MK7b

Yes 1

No 2

K8. During (**MONTHS**), did you receive any counseling or classes for safe needle use, or dangers of needle sharing?

MK8

Yes 1

No 2

(K9)

K8a. **ASK ONLY IF RESPONDENT WAS IN TREATMENT 18 MONTHS OR LONGER:** Did you receive any of this counseling or classes during the last 12 months?

MK8a

Yes 1

No 2

K9. During (MONTHS), did you take any medicines besides methadone that were prescribed for you by a doctor for drug or alcohol problems, such as desipramine or antabuse?

MK9

- Yes 1
- No 2 **(K9c)**

K9a. What prescription medicines did you take for drug or alcohol problems? **RECORD VERBATIM AND CODE ALL THAT APPLY.**

- Alcohol 1 **MK9am1**
- Analgesics [Propoxyphene-N (Darvon-N),
propoxyphene (Darvon), oxycodone
(Percodan), codeine or other pain medications] 2 **MK9am2**
- Antabuse 3 **MK9am3**
- Antacids 4 **MK9am4**
- Antianxiety Medications[Chlordiazepoxide
(Librium), diazepam (Valium), alprazolam (Xanax),
flurazepam (Dalmane), or other benzodiazepines;]
[Chlorpromazine (Thorazine), trifluoperazine
(Stelazine) thioridazine (Mellaril), or
other anti-psychotics] 5 **MK9am5**
- Anticonvulsants 6 **MK9am6**
- Antidepressants [Amtriptyline (Elavil),
Desipramine, or any other antidepressants] 7 **MK9am7**
- Antimanics [Lithium carbonate (Lithium),
carbamazepine (Tegretol), valproic acid
(Valproate), or other anti-manics] 8 **MK9am8**
- Multivitamins 10 **MK9am10**
- Narcotic Antagonists [Buprenorphine
(Buprenex) Naltrexone (Trexan),
Naloxone, or other narcotic antagonists] 11 **MK9am11**
- Sedatives [Pentobarbital (Nembutal),
secobarbital (Seconal), Tuinal, or
other barbiturates; Chloral hydrate
or other sedatives or hypnotics] 12 **MK9am12**
- Other 13 **MK9am13**

K9b. **ASK ONLY IF TREATMENT WAS 18 MONTHS OR LONGER:** Did you take these medicines in the last 12 months?

MK9b

Yes 1

No 2

K9c. During (**MONTHS**), in general, would you say that the doses of methadone you were prescribed were too high, the right amount, or too low?

MK9c

Too high 1

The right amount 2

Too low 3

DK

K9d. **ASK ONLY IF TREATMENT WAS 18 MONTHS OR LONGER:** During the last 12 months specifically, would you say that the doses of methadone you were prescribed were too high, the right amount, or too low?

MK9d

Too high 1

The right amount 2

Too low 3

DK

K10. During (**MONTHS**), did you ever attend any . . .

	<u>Yes</u>	<u>No</u>	
a. Alcoholics Anonymous Meetings	1	2	MK10a
b. Narcotics Anonymous Meetings	1	2	MK10b
c. Cocaine Anonymous Meetings	1	2	MK10c

K10a. IS ANY ITEM CODED "1" AT K10?

MK10a1

YES 1

NO 2 (**K11**)

K10b. During (**MONTHS**), did you attend five or more of any of these meetings?

MK10b1

Yes 1

No 2

K11. During (MONTHS), did you get help from or arranged by (PROGRAM) with any criminal charges against you, such as seeing a lawyer?

MK11

Yes 1
No 2 (K12)

K11a. **ASK ONLY IF TREATMENT WAS 18 MONTHS OR LONGER:** Was this during the last 12 months?

MK11a

Yes 1
No 2

K12. During (MONTHS), did you receive any counseling or attend any classes at (arranged by) (PROGRAM) to learn about ways not to get or spread AIDS?

MK12

Yes 1
No 2 (K13)

K12a. **ASK ONLY IF TREATMENT WAS 18 MONTHS OR LONGER:** Did you receive this counseling or attend other classes during the last 12 months?

MK12a

Yes 1
No 2

K13. During (MONTHS), did you receive any kind of counseling or attend any classes at (or arranged by) (PROGRAM) for problems you may have had raising children or to help you to become a better parent?

MK13

Yes 1
No 2 (K14)

K13a. **ASK ONLY IF TREATMENT WAS 18 MONTHS OR LONGER:** Did you receive counseling or attend classes in the last 12 months?

MK13a

Yes 1
No 2

K14. During (MONTHS), did you get any classes or lessons at (or arranged by) (PROGRAM) to help you get a job, hold a job, or improve your job skills?

MK14

Yes 1
No 2 (SECTION M)

K14a. Did you receive these classes or lessons during the last 12 months?

MK14a

Yes 1
No 2

SECTION M. SEGMENT 3 (METHADONE MAINTENANCE STATUS)

IF TREATMENT PERIOD IS LESS THAN 18 MONTHS: Next, I would like to ask you about what was happening in your life since you started treatment. **GO TO THE SEGMENT OUTLINED ON CALENDAR; THE TIME FROM THE START OF SAMPLE EPISODE TO THE INTERVIEW DATE.** You may find it helpful to refer to the calendar when answering the questions. **THIS PERIOD OF TIME IS FROM _____ TO _____.**

IF TREATMENT PERIOD IS 18 MONTHS OR LONGER: Next, I would like to ask you about what was happening in your life during the past year. **GO TO THE SEGMENT OUTLINED ON CALENDAR; THE 12 MONTHS PERIOD PRIOR TO THE INTERVIEW DATE.** You may find it helpful to refer to the calendar when answering the questions. This period of time is from _____ to _____.

M1.		M2.					
First, I would like to ask some questions about your use of drugs from the street and your use of prescription drugs to get high for non-medical effects, and your use of alcohol since (MONTH). Since (MONTH), did you use (DRUG TYPE) five times or more? READ AND CODE a-m.		Now, please look at the calendar. Since (MONTH). In the month you used (DRUG) the most, about how many days did you use it? CODE; PROBE WITH CATEGORIES AS NEEDED.					
		More					
		1 day	2-5 days	6-10 days	11-20 days	than 20	DK
a. Inhalants MM1a	Yes 1 No 2	MM2a					
		1	2	3	4	5	DK
b. Marijuana/Hashish MM1b	Yes 1 No 2	MM2b					
		1	2	3	4	5	DK
c. Crack MM1c	Yes 1 No 2	MM2c					
		1	2	3	4	5	DK
d. Cocaine powder MM1d	Yes 1 No 2	MM2d					
		1	2	3	4	5	DK
e. PCP or angel dust MM1e	Yes 1 No 2	MM2e					
		1	2	3	4	5	DK
f. Hallucinogens or Psychedelics/LSD MM1f	Yes 1 No 2	MM2f					
		1	2	3	4	5	DK
g. Heroin MM1g	Yes 1 No 2	MM2g					
		1	2	3	4	5	DK
h. Illegal Methadone MM1h	Yes 1 No 2	MM2h					
		1	2	3	4	5	DK
i. Other Narcotics MM1i	Yes 1 No 2	MM2i					
		1	2	3	4	5	DK
j. Methamphetamines MM1j	Yes 1 No 2	MM2j					
		1	2	3	4	5	DK
k. Downers MM1k	Yes 1 No 2	MM2k					
		1	2	3	4	5	DK
l. Other drug (SPECIFY) 12= Other prescription drug 14= Ritalin or Preludin MM1l MM1lVB	Yes 1 No 2	MM2l					
		1	2	3	4	5	DK
m. Alcohol MM1m	Yes 1 No 2	MM2m					
		1	2	3	4	5	DK
WAS AT LEAST ONE DRUG TYPE CODED "1" AT M1?							MM1a1
YES 1 (ASK M2-M4 FOR EACH DRUG CODED "1" AT M1)							
NO 2 (M6)							

		M3.						M4.						
		Since (MONTH), how many months were you not using (DRUG)? CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.						Again, looking at the calendar, since (DATE 30 DAYS AGO), about how many days did you use (DRUG)? CODE; PROBE WITH CATEGORIES IF NEEDED.						
		USED						More						
		EVERY	1-3	4-6	7-9	OVER 9	0	1	2-5	6-10	11-20	than 20	days	
		MONTH	months	months	months	months	days	days	days	days	days	DK	DK	
a.		MM3a						MM4a						
		1	2	3	4	5	DK	3	4	5	6	DK	1 2	
b.		MM3b						MM4b						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
c.		MM3c						MM4c						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
d.		MM3d						MM4d						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
e.		MM3e						MM4e						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
f.		MM3f						MM4f						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
g.		MM3g						MM4g						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
h.		MM3h						MM4h						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
i.		MM3i						MM4i						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
j.		MM3j						MM4j						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
k.		MM3k						MM4k						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
l.		MM3l						MM4l						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK
m.		MM3m						MM4m						
		1	2	3	4	5	DK	1	2	3	4	5	6	DK

<p>M5a. IS ALCOHOL THE ONLY "1" CODE AT M1?</p> <p style="text-align: right;">MM5a</p> <p>YES 1 (M6)</p> <p>NO 2</p>

M5b. During the last 30 days, how much money would you say you spent on the drugs you used to get high or for other non-medical effects? **RECORD DOLLAR AMOUNT AND ROUND TO NEAREST DOLLAR. PROBE FOR R's BEST ESTIMATE. IF NECESSARY, ASK:** How much cash did you spend?

MM5b

\$ _____ .00 RF DK

- M6. Since (MONTH), did you ever go to the hospital because of a drug overdose? **MM6**
- Yes 1
- No 2 (M7)
- M6a. Since (MONTH), how many times did you go to the hospital because of a drug overdose?
CODE R's RESPONSE.
- MM6a**
- One time 1
- 2-3 times 2
- 4-10 times 3
- More than 10 times 4
- M7. Since (MONTH), did you ever, even one time, use a needle to inject drugs to get high or for other non-medical effects. **MM7**
- Yes 1 (M8)
- No 2
- M7a. Did someone else use a needle to inject you with drugs to get high or for other non-medical effects? **MM7a**
- Yes 1
- No 2 (M10)
- M8. Since (MONTH), during the month you used needles the most, about how many days did you inject drugs to get high or for other non-medical effects? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED**
- MM8**
- One day 1
- 2-5 days 2
- 6-10 days 3
- 11-20 days 4
- more than 20 days? 5 RF DK
- M9. Since (MONTH), when you used a needle to inject drugs to get high, about how often did you use it after someone else? Would you say never, less than half of the time, half of the time, more than half of the time, or every time? **MM9**
- Never 1 (M10)
- Less than half of the time 2
- Half of the time 3
- More than half of the time 4
- Every time 5 RF DK

M9a. Since (MONTH), when you used a needle after someone else, about how often did you clean it with bleach before you used it? Would you say . . .

- MM9a**
- Never, 1
- Less than half of the time, 2
- Half of the time, 3
- More than half of the time, 4
- Every time? 5 RF DK

M10. WAS ALCOHOL CODED "1" at M1?

- MM10**
- YES** **1 (M12)**
- NO** **2**

M11. Now I would like to ask about your use of alcoholic beverages. (By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks.) Since (MONTH), did you ever have a drink of alcohol? (By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.)

- MM11**
- Yes 1
- No 2 (M18)

M12. During the last 30 days, did you drink any alcohol?

- MM12**
- Yes 1
- No 2

M13. Since (MONTH), think about the month you were drinking the most. About how many days did you drink during that month? **CODE R's RESPONSE.**

- MM13**
- One day 1
- 2-5 days 2
- 6-10 days 3
- 11-20 days or 4
- More than 20 days 5

DK RF

	(1) Beer/Malt Liquor	(2) Wine/Wine Coolers	(3) Liquor
M14. Still think about the month you were drinking the most. On a typical drinking day, did you drink any (TYPE)?	Yes 1 M14_1 No 2 (NEXT TYPE)	Yes 1 M14_2 No 2 (NEXT TYPE)	Yes 1 M14_3 No 2 (M17)
M15. On a typical drinking day, about how much (TYPE) did you usually drink? ENTER AMOUNT AND CODE.	<u>MM15_1</u> amount M15a. CODE: M15a_1 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 <u>RECODED</u> (NEXT TYPE)	<u>MM15_2</u> amount M15a. CODE: M15a_2 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (NEXT TYPE) Other (SPECIFY) ... 11 <u>RECODED</u> (NEXT TYPE)	<u>MM15_3</u> amount M15a. CODE: M15a_3 Bottles 1 Cans 2 Glasses 3 (NEXT TYPE) Six packs 4 (NEXT TYPE) 1/2 Pints 5 (NEXT TYPE) Pints 6 (NEXT TYPE) Quarts 7 (NEXT TYPE) Fifths 8 (NEXT TYPE) Drinks 9 (NEXT TYPE) Shots 10 (M17)
M16. What size (bottle/can) was that (in ounces)? RECORD VERBATIM.	<u>MM16_1</u>	<u>MM16_2</u>	

M17. Since (MONTH), have you ever been in a hospital because of your drinking?

MM17

Yes 1

No 2

M18. Since (MONTH), have you received any treatment or help for drinking?

MM18

Yes 1

No 2 (M20)

INFORMATION IN M19 NOT INCLUDED IN THE DATA FILE.

<p>M19.</p> <p>Where did you receive treatment or help the (first/next) time since (MONTH)? RECORD NAME AND CITY.</p>	<p>M19a.</p> <p>What kind of treatment or help did you receive there? RECORD VERBATIM AND CODE ALL THAT APPLY.</p>
<p>1. _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(M19a)</p>	<p>_____</p> <p>Inpatient 1</p> <p style="text-align: center;">MM19a1m1</p> <p>Residential 2</p> <p style="text-align: center;">MM19a1m2</p> <p>Outpatient (non-methadone) 3</p> <p style="text-align: center;">MM19a1m3</p> <p>Methadone 4</p> <p style="text-align: center;">MM19a1m4</p>
<p>2. _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(M19a)</p>	<p>_____</p> <p>Inpatient 1</p> <p style="text-align: center;">MM19a2m1</p> <p>Residential 2</p> <p style="text-align: center;">MM19a2m2</p> <p>Outpatient (non-methadone) 3</p> <p style="text-align: center;">MM19a2m3</p> <p>Methadone 4</p> <p style="text-align: center;">MM19a2m4</p>
<p>3. _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(M19a)</p>	<p>_____</p> <p>Inpatient 1</p> <p style="text-align: center;">MM19a3m1</p> <p>Residential 2</p> <p style="text-align: center;">MM19a3m2</p> <p>Outpatient (non-methadone) 3</p> <p style="text-align: center;">MM19a3m3</p> <p>Methadone 4</p> <p style="text-align: center;">MM19a3m4</p>
<p>4. _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(M19a)</p>	<p>_____</p> <p>Inpatient 1</p> <p style="text-align: center;">MM19a4m1</p> <p>Residential 2</p> <p style="text-align: center;">MM19a4m2</p> <p>Outpatient (non-methadone) 3</p> <p style="text-align: center;">MM19a4m3</p> <p>Methadone 4</p> <p style="text-align: center;">MM19a4m4</p>

M20. Since (MONTH), did you ever attend any . . .

	<u>Yes</u>	<u>No</u>	
a. Alcohol Anonymous meetings?	1	2	MM20a
b. Narcotics Anonymous meetings?	1	2	MM20b
c. Cocaine Anonymous meetings?	1	2	MM20c

M20a. IS ANY ITEM CODED "1" AT M20?

MM20a1

- YES** **1**
- NO** **2 (M21)**

M20b. Since (MONTH), have you been to five or more of any of these meetings?

MM20b1

- Yes 1
- No 2

M20c. When did you last attend one of these meetings?

_____ 19 _____
Mo Yr

MM20cMO MM20cYR

M21. Since (MONTH), did you ever have at least two weeks when you felt very sad, blue, or depressed, and you lost interest or pleasure in things you usually cared about?

MM21

- Yes 1
- No 2 (M22)
- DK (M22)

M21a. Since (MONTH), were all, some, or none of the these times caused by drugs or alcohol you took?

MM21a

- All of the times 1
- Some of the times 2
- None of the times 3 (M22)

M21b. Since (MONTH), did you have any times like this that were not caused by drugs or alcohol you took?

MM21b

- Yes 1
- No 2

M22. Since (MONTH), did you ever attempt suicide?

MM22

- Yes 1 (M23)
- No 2

M22a. Since (MONTH), did you ever think seriously about committing suicide?

MM22a

- Yes 1
- No 2

M23. Since (**MONTH**), did you see a doctor, nurse, counselor or social worker for problems with your emotions, nerves, or mental health?

MM23

Yes 1

No 2 (**M24**)

M23a. How many times was that? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

MM23a

1-5 times 1

6-10 times 2

11-30 times 3

31 times or more 4 DK

M24. Since (**MONTH**), did you stay overnight in a hospital or clinic for treatment of problems with your emotions, nerves, or mental health?

MM24

Yes 1

No 2

<p style="text-align: center;">M25.</p> <p>Now I would like to ask about your involvement with the police, the courts, and illegal activities. Since (MONTH), did you ever . . .</p>	<p style="text-align: center;">M26.</p> <p>Since (MONTH), about how many different times did you do that? CODE R'S RESPONSE. 1 2-5 6-20 21-100 More Time Times Times Times than 100</p>	<p style="text-align: center;">M27.</p> <p>What drugs were you dealing or selling since (MONTH)? CODE ALL THAT APPLY.</p>	
<p>c. Sell drugs or help someone else sell drugs, including cutting, weighing, packaging or making drugs?</p>	<p>Yes . . . 1 (M26) No 2 RF MM25c</p>	<p style="text-align: center;">MM26c</p> <p>1 2 3 4 5</p>	<p>Inhalants 1 MM27cm1 Marijuana/Hash 2 MM27cm2 Crack 3 MM27cm3 Cocaine powder 4 MM27cm4 PCP/angel dust 5 MM27cm5 Hallucinogen or Psychedelics/LSD 6 MM27cm6 Heroin 7 MM27cm7 Illegal Methadone 8 MM27cm8 Other Narcotics 9 MM27cm9 Methamphetamines 10 MM27cm10 Downers 11 MM27cm11 Other drug 12 MM27cm12 Alcohol 13 MM27cm13 Ritalin or Preludin 14 MM27cm14</p>
<p>d. Have sex for money or drugs (prostitution)?</p>	<p>Yes . . . 1 (M26) No 2 RF MM25d</p>	<p style="text-align: center;">MM26d</p> <p>1 2 3 4 5</p>	
<p>g. Break into a house, a business, or a vehicle to take someone else's money or property?</p>	<p>Yes . . . 1 (M26) No 2 RF MM25g</p>	<p style="text-align: center;">MM26g</p> <p>1 2 3 4 5</p>	
<p>h. Use a weapon or physical force against someone to steal money or property from them?</p>	<p>Yes . . . 1 (M26) No 2 RF MM25h</p>	<p style="text-align: center;">MM26h</p> <p>1 2 3 4 5</p>	

n. Do anything else against the law? (SPECIFY) CODE ONE 1= Drug Possession 4= Assault with the intent to kill, Other serious intent 5= Forcible rape, Statutory Rape, Sexual assault 6= Murder, Manslaughter, Homicide 7= Other violent offenses (Arson, Damage to or destruction of property, Vandalism, Simple assault, Fighting) 8= Forgery, Passing bad checks, Credit card fraud 11= Pimping, procuring 15= Violation of parole 16= Other public order offenses (Bookmaking, Numbers, Gambling, Curfew violation, Truancy, Being a runaway) 17= Cannot code charge <u>MM25nVB</u>	Yes ... 1 (M26) No 2 RF MM25n	MM26n 1 2 3 4 5

M28. WAS ANY ACTIVITY CODED "1" AT M25? YES 1 NO 2 (M30) <p style="text-align: right;">MM28</p>
--

M29. During (MONTHS), how many months were you doing any of the activities we just talked about?
_____ Number of months **MM29**

M30. **CODE WITHOUT ASKING, IF KNOWN.** Since (MONTH), were you ever arrested and booked or taken into custody?

MM30

Yes 1
No 2 (M32)

M31. Since (MONTH), how many times altogether were you arrested and booked or taken into custody? **CODE R's RESPONSE. PROBE FOR BEST ESTIMATE.**

- MM31**
- One time 1
- 2-3 times 2
- 4-10 times 3
- More than 10 times 4 RF DK

M32. Right now, do you have any (other) criminal charges or criminal cases against you, including a conviction that you are awaiting sentencing for?

- MM32**
- Yes 1
- No 2 RF DK

M33. Since (MONTH), were you ever attacked with a weapon such as a knife or a gun?

- MM33**
- Yes 1
- No 2

M33a. Since (MONTH), were you ever hit or beaten so seriously that you were badly bruised, had to see a doctor, or had to stay in bed for one day or more?

- MM33a**
- Yes 1
- No 2 RF DK

M34. IS "1" CODED AT M33 OR M33a?

MM34

YES 1

NO 2 (M36)

M35. Since (MONTH), how many times were you attacked with a weapon or seriously hit or beaten? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

- MM35**
- One time 1
- 2-5 times 2
- 6-10 times 3
- 11-20 times 4
- 21-100 times 5
- More than 100 times 6 RF DK

M36. The next questions are about your physical health. Would you say your health is . . . **MM36**

- Excellent, 1
- Good, 2
- Fair, or 3
- Poor? 4

M37. Do you have any illness or condition that causes you pain, limits your activities, or causes you problems at work (or in school)? MM37

Yes 1

No 2 (M38i)

M38. Since (MONTH), have you had any problems with . . .

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
b. a heart or blood condition,	1	2	DK	MM38b
c. hepatitis or yellow jaundice?	1	2	DK	MM38c
d. an internal condition, such as ulcers, diabetes, or kidney or liver problems?	1	2	DK	MM38d
e. a bone or muscle condition,	1	2	DK	MM38e
f. a nerve condition, such as convulsions, or migraines?	1	2	DK	MM38f
g. FEMALE R ONLY: miscarriage, toxemia, bad Pap smear or other serious female condition?	1	2	DK	MM38g
h. any sexually transmitted disease other than AIDS?	1	2	DK	MM38h

i. CHECK ROW D OF THE CALENDAR. HAVE YOU ALREADY ENTERED "A" ON ROW D?

YES 1 (M38j) MM38i

NO, AND AT LEAST ONE "YES" AT M38 2 (M39)

NO, AND NO "YES" AT M38 3 (M40)

j. any AIDS-related condition? 1 2 DK MM38j

M39. Did you have any of these problems in the last 30 days? MM39

Yes 1

No 2

M39a. IS M38i CODED "1"? MM39a

YES 1 (M42)

NO 2

M40. Since (MONTH), have you had a blood test for AIDS? **MM40**

- Yes 1
- No 2 (M42)

M40a. Do you know the results of that test?

MM40a

- Yes 1
- No 2

M41. Since (MONTH), has a doctor or other health professional told you that you are HIV-positive or have the AIDS virus?

MM41

- Yes 1
- No 2

M42. Since (MONTH), how many times did you see a doctor for a physical illness, condition or injury? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

MM42

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER SAW A DOCTOR 4

M43. Since (MONTH), how many times did you go to a hospital emergency room but did not stay overnight? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**

MM43

- Once, 1
- 2-9 times, or 2
- 10 or more times? 3
- NEVER WENT 4

M44. Since (MONTH), did you ever go to a hospital for at least 24 hours for a physical illness, condition or injury?

MM44

- Yes 1
- No 2 (M45)

M44a. Since (MONTH), about how many nights did you spend in the hospital for a physical illness, condition, or injury?

MM44a

_____ nights DK

- M45. **FEMALE R ONLY:** Since (MONTH), have you been pregnant at any time?
MM45
Yes 1
No 2 (M46)
- M45a. Did you give birth to a live baby?
MM45a
Yes 1
No 2
- M46. Since (MONTH), about how many different people have you had sex with, even if only one time? **CODE R's RESPONSE; PROBE WITH CATEGORIES IF NEEDED.**
MM46
NONE 1 (M48)
One 2
2-9 3
10-25 4
26-100 5
More than 100 6 RF DK
- M47. Since (MONTH), have you had sex with someone so they would give you money, drugs, clothes or a place to sleep?
MM47
Yes 1
No 2 RF DK
- M48. Now I have some questions about your past living arrangements.
Since (MONTH), did you ever for at least two nights in a row have no place to stay except for a homeless shelter or street?
MM48
Yes 1
No 2 (M50)
- M49. How long were you in a shelter or on the street since (MONTH)? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**
MM49
Less than 1 month 1
1-3 months 2
4-6 months 3
7-9 months 4
10-12 months 5
HOMELESS/ON THE STREET ENTIRE TIME 6 (M51)
- M50. Since (MONTH), did you live in your own apartment or house at any time, either renting or buying, including living with parents or guardians?
MM50
Yes 1
No 2 (M51)

M50a. Since (MONTH), how long did you live there? **CODE R's RESPONSE. PROBE WITH CATEGORIES IF NEEDED.**

MM50a

- Less than 1 month 1
- 1-3 months 2
- 4-6 months 3
- 7-9 months 4
- 10-12 months 5

M51. **CODE WITHOUT ASKING, IF KNOWN.** Since (MONTH), how many children under 18 years old were you raising and living with, including natural children, adopted children, and foster children? **ENTER NUMBER OF CHILDREN. IF NONE, CODE "0."**

MM51

- 0. NONE (M54)
- _____ Number of Children

M52. Since (MONTH), did you lose custody of any children you were raising? By custody, I mean being legally in charge of a child.

MM52

- Yes 1
- No 2 (M54)

M53. Did you ever get custody back since (MONTH)?

MM53

- Yes 1
- No 2

M54. Next, I would like to ask about how you support yourself, that is, how you got the money that you used to live on. Since (MONTH), did you get most of your support from illegal activities that you did?

MM54

- Yes 1
- No 2 (M55)

RF (M55)

M54a. Since (MONTH), when you were getting most of your support from illegal activities, what did you do most of the time to get money? **CODE ALL THAT APPLY.**

- Drug dealing 1 **MM54am1**
- Prostitution 2 **MM54am2**
- Motor vehicle theft 3 **MM54am3**
- Shoplifting 4 **MM54am4**
- Breaking and entering, Burglary 5 **MM54am5**
- Armed robbery, Robbery by force 6 **MM54am6**
- Other property crime: Moonshining, boot legging,
running liquor, pimping, procuring, forgery,
Passing bad checks, credit card fraud,
bookmaking, numbers, gambling, receiving,
possession of stolen goods, other theft (larceny,
pick pocketing, purse snatching, mugging) 7 **MM54am7**
- Violent crime for pay: Arson, aggravated assault,
other serious assault, murder 8 **MM54am8**
- OTHER ILLEGAL ACTIVITY 9 **MM54am9**

RF DK

M54b. Since (MONTH), in a typical week, how much money would you say you earned/earn from crimes?

_____ .00 per week

MM54b

M55. Now I have some questions about education and employment. Since (MONTH), did you attend school or take any classes or lessons to get a (GED, or a high school, technical school, or college) diploma?

MM55

Yes 1

No 2

M56. Since (MONTH), have you been employed full-time at any time, that is, did you work 35 hours or more a week at any job? (Do not count any job that involved illegal activity.)

MM56

Yes 1

No 2 (M60)

M57. Since (MONTH), how many months have you worked full-time?

MM57

_____ Number of months

M58. What kind of work did you do at your longest full-time job? That is, what was your job title or what was your job called?
RECORD VERBATIM AND ENTER CODE.



MM58

- 1 Clerical Worker; (Ex. Bankteller, receptionist, word processor, office worker)
- 2 Sales Worker; (Ex. Salesclerk, cashier, gas station attendant, telephone or door-to-door sales)
- 3 Service Worker; (Ex. Janitor, cook, waitress/waiter, nursing aide, police officer, farm worker)
- 4 Private HH Worker; (Ex. Maid, housekeeper, childcare worker, private HH cook, gardener)
- 5 Skilled Worker or Craftsmen; (Ex. Carpenter, electrician, machinist, mechanic)
- 6 Laborer; (Ex. Construction worker, maintenance worker)
- 7 Operator or Machine Operator; (Ex. Assembler, machine or textile operator)
- 8 Transportation Equipment Operator; (Ex. Cab, truck, or bus driver, conductor, fork lift operator)
- 9 Farm Laborer; (Ex. Farm worker, picker, seasonal farm worker)
- 10 Farmer or Farm Manager
- 11 Manager/Administrator; (Ex. Officer manager, inspectors, bank or store administrator)
- 12 Lay Counselor; (Ex. drug counselor without professional degree, "peer" counselor)
- 13 Professional/Technical; (Ex. nurse, clinical social worker, teacher, artist, lawyer)
- 14 Other
- 15 UNABLE TO CODE
- 16 Military

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M59. Before taxes, what (was your highest/is your) wage, salary, or rate of pay at that full-time job? **RECORD DOLLARS AND CENTS AND CODE.**

\$ _____.

MM59

- M59a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** _____ RF _____ ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

MM59a

M60. Since (**MONTH**), have you had a part-time job at any time?

MM60

- Yes 1
- No 2 (**M63**)

M61. Since (**MONTH**), how many months have you worked part-time?

_____ Number of months

MM61

M62. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest since (**MONTH**)? **RECORD DOLLARS AND CENTS AND CODE.**

\$ _____.

MM62

- M62a. CODE:
- Per hour 1
 - Every week 2
 - Every two weeks 3
 - Per month 4
 - Per year 5
 - OTHER (SPECIFY) _____ **RECODED** _____ RF _____ ~~DK~~
 - Day 7
 - Unit/Product 8
 - Unit/Service 9
 - Room & Board 10

MM62a

M63. **CODE WITHOUT ASKING, IF KNOWN.** Since (**MONTH**), has anyone you lived with (helped with/paid your) expenses, such as housing, food, clothing, medical costs, (and/or) transportation?

MM63

- Yes 1
- No 2 (**M64**)

RF (**M64**)

M63a. Since (**MONTH**), would you say that this help with your living expenses has paid for less than half, half or more, or all of your living expenses?

MM63a

- Less than half 1
- Half or more 2
- All 3

M64.		M65.	
<p>Now, I will ask about (other) sources of income you may have had since (MONTH). (Please do <u>not</u> include income from illegal activities) (or) (help you received with living expenses from someone you lived with)? Since (MONTH), did you ever personally get any income from . . .</p>		<p>Since (MONTHS) before taxes, about how much income did you personally get from (INCOME SOURCE)? IF YOU CODE "3", SKIP TO THE NEXT INCOME SOURCE. RECORD DOLLAR AMOUNT. ROUND TO NEAREST DOLLAR.</p>	
<p>a. CODE WITHOUT ASKING. Your wages or salary, including tips, from all jobs or businesses?</p>	<p>Yes 1 (M65) No 2 RF MM64a DK</p>	<p>MM65a \$ _____ .00 RF DK (M65a) (1) CODE: per wk . . . 1 per mo . . . 2 MM65aa Total . . . 3 (M65a) (2) _____ Number (wks/mos) MM65aWK MM65aMO</p>	
<p>b. (Money/Other money) from a (spouse, partner, or other) family member who was <u>not</u> living with you? (Not including the help we've already talked about).</p>	<p>Yes 1 (M65) No 2 RF MM64b DK</p>	<p>MM65b \$ _____ .00 RF DK (M65b) (1) CODE: per wk . . . 1 per mo . . . 2 MM65bb Total . . . 3 (M65b) (2) _____ Number (wks/mos) MM65bWK MM65bMO</p>	
<p>c. Welfare, including General Assistance, or Relief or Aid to Dependent Children or to Families with Dependent Children?</p>	<p>Yes 1 (M65) No 2 RF MM64c DK</p>	<p>MM65c \$ _____ .00 RF DK (M65c) (1) CODE: per wk . . . 1 per mo . . . 2 MM65cc Total . . . 3 (M65c) (2) _____ Number (wks/mos) MM65cWK MM65cMO</p>	
<p>d. Unemployment compensation, disability pay, or SSI?</p>	<p>Yes 1 (M65) No 2 RF MM64d DK</p>	<p>MM65d \$ _____ .00 RF DK (M65d) (1) CODE: per wk . . . 1 per mo . . . 2 MM65dd Total . . . 3 (M65d) (2) _____ Number (wks/mos) MM65dWK MM65dMO</p>	
<p>e. Social Security, pension, annuity, or interest from savings?</p>	<p>Yes 1 (M65) No 2 RF MM64e DK</p>	<p>MM65e \$ _____ .00 RF DK (M65e) (1) CODE: per wk . . . 1 per mo . . . 2 MM65ee Total . . . 3 (M65e) (2) _____ Number (wks/mos) MM65eWK MM65eMO</p>	
<p>f. Alimony or child support?</p>	<p>Yes 1 (M65) No 2 RF MM64f DK</p>	<p>MM65f \$ _____ .00 RF DK (M65f) (1) CODE: per wk . . . 1 per mo . . . 2 MM65ff Total . . . 3 (M65f) (2) _____ Number (wks/mos) MM65fWK MM65fMO</p>	

<p>g. Any other sources I haven't asked about? (SPECIFY)</p> <p>1=Food stamps, rent vouchers, etc. 2=Rcylcing (cans, bottles, newspapers, etc.) 3=Inheritances, trusts, prizes, settlements, etc.) 4=Other sources of income</p> <p style="text-align: center;"><u>MM64gCOD</u></p>	<p>Yes 1 (M65) No 2</p> <p style="text-align: center;">RF</p> <p>MM64g DK</p>	<p style="text-align: center;">MM65g</p> <p>\$ _____ .00 RF DK</p> <p>(M65g) (1) CODE: per wk . . . 1 per mo . . . 2</p> <p style="text-align: center;">MM65gg Total . . . 3</p> <p>(M65g) (2) _____ Number (wks/mos) MM65gWK MM65gMO</p>
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66. **ASK IF R WAS DISCHARGED FROM TREATMENT.**

What is the main reason you stopped treatment in (**END MONTH**)? **CODE ALL THAT APPLY. IF NECESSARY**

ASK: What other reason did you have?

- | | |
|---|----------------|
| Completed treatment plan, graduated from program 1 | MM66m1 |
| Dropped from program by staff, involuntary discharge 2 | MM66m2 |
| Did not want to be there in first place 3 | MM66m3 |
| Treatment not successful, kept doing drugs, discouraged 4 | MM66m4 |
| Transferred to another program because dissatisfied 5 | MM66m5 |
| Changes in eligibility, program had to reduce size 6 | MM66m6 |
| Became incarcerated 7 | MM66m7 |
| Logistical problems, too difficult to get there, child
care, conflict on job 8 | MM66m8 |
| Couldn't afford it 9 | MM66m9 |
| Pressure from family and friends to end treatment 10 | MM66m10 |
| Left the area 11 | MM66m11 |
| Other (SPECIFY) _____ RECODED _____ 12 | MM66m12 |
| NO REASON GIVEN 13 | MM66m13 |
| Needed hospitalization 14 | MM66m14 |

SECTION P. PARTICIPANT LOCATING INFORMATION

ALL INFORMATION IN SECTION P NOT INCLUDED IN DATA FILE.

SECTION R: INTERVIEWER REPORT

(FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER THE INTERVIEW HAS BEEN COMPLETED.)

R1. Did any interruption occur during the interview?

MR1

Yes 1 (R1a)

No 2 (R2)

R1a. What was the nature of the interruption(s)? **DESCRIBE IN DETAIL:**

R2. Did it appear that R was under the influence of drugs or alcohol?

MR2

Yes, strongly 1

Yes, moderately 2

Yes, slightly 3

No 4

R3. What was R's speech pattern?

MR3

Coherent 1 (R4)

Not completely coherent 2 (R3a)

Definitely not coherent 3 (R3a)

R3a. What do you think accounted for this lack of coherence?

R4. Respondent was:

MR4

Black, non-Spanish surname 1

Spanish surname 2

Non-black, non-Spanish surname (other white) 3

Other (**SPECIFY**)_____ 4

R5. Where was the interview conducted?

MR5

R's place of residence	1
A residence of friend or relative of R	2
Premises of treatment program	3
Institution (SPECIFY) RECODED	4
Other (SPECIFY) RECODED	5
Restaurant/Bar/Fast Food Places	6
Jail/Prison/Correctional Facility	7
Place of work/Office/Relatives' place of work	8
Park/Other outside place	9
Alcohol/Other Drug Treatment/Rehab Center	10
Shelter/Mission	11
Interviewer's car/Parking lot	12
Hospitals/Clinics	13
Shopping Mall/Area (Inside/Outside)	14
Libraries/Schools/Colleges	15
Telephone	16
Health Clubs/Recreational Facilities	17
Unable to code - Institutions	18
Unable to code - Other	19

R6. Interest of R during interview:

MR6

Very interested	1
Somewhat interested	2
Uninterested	3

R7. Was any other person present during the interview?

MR7

Yes, most of the time	1
Yes, part of the time	2
No	3

R8. How honest do you feel R's answers were?

MR8

Extremely honest	1
Honest	2
Somewhat honest	3
Not very honest	4
Difficult to tell	5