

**Drug Abuse Treatment Outcome  
Study (DATOS), 1991-1994: [United  
States]**

*United States Department of Health and  
Human Services. National Institute on  
Drug Abuse*

Questionnaire for Intake 1 Data

**DRUG ABUSE TREATMENT OUTCOME STUDY (DATOS)  
Project 4595**



**INTAKE 1 QUESTIONNAIRE**

Conducted by:

Research Triangle Institute  
Research Triangle Park, NC 27709

Conducted for:

National Institute on Drug Abuse  
National Institutes of Health  
Department of Health and Human Services  
Rockville, MD 20857

October 1992

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Client ID No.:

Date Completed:

  
MONTH  
DAY

19   
YEAR

Final Result  
Code:

PR No.:

Total Length  
of Interview:

MINUTES

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# **Drug Abuse Treatment Outcome Study**

## **Intake 1 Interview**

- Section A. Demographics and Background
- Section B. Education and Training
- Section C. Admission
- Section D. Alcohol and Tobacco Use
- Section E. Drug Use
- Section F. Mental Health Status
- Section G. Illegal Involvement
- Section H. Employment/Support Status
- Section J. Income and Expenditures
- Section K. Drug and Alcohol Dependence
- Section L. Interviewer Observations
- Section M. Minimental Status Exam





A4. Are you of Hispanic or Spanish origin or descent?

01 YES → TALLY ON TALLY SHEET A

02 NO → TALLY ON TALLY SHEET A AND GO TO A4b

**HAND RESPONDENT SHOW CARD 1.**

A4a. Please tell me which group best describes your ethnic or cultural background. [READ CHOICES IF NECESSARY AND CIRCLE ONE. IF RESPONDENT SAYS "MIXED," CODE AND SPECIFY "MIXED."]

01 PUERTO RICAN

02 MEXICAN

03 CUBAN

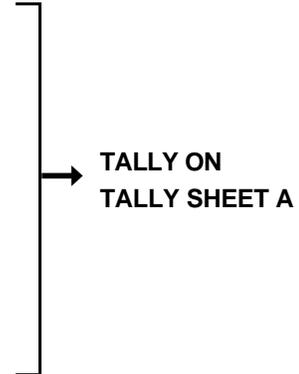
04 CARIBBEAN (SPECIFY) \_\_\_\_\_

05 CENTRAL AMERICAN (SPECIFY) \_\_\_\_\_

06 SOUTH AMERICAN (SPECIFY) \_\_\_\_\_

07 OTHER (SPECIFY) \_\_\_\_\_

15 MIXED (SPECIFY) \_\_\_\_\_



**HAND RESPONDENT SHOW CARD 2.**

A4b. Please tell me the name of the group that best describes you.

01 ALASKAN NATIVE → TALLY ON TALLY SHEET A AND GO TO A5

02 AMERICAN INDIAN → TALLY ON TALLY SHEET A AND GO TO A5

03 ASIAN OR PACIFIC ISLANDER → GO TO A4c

04 BLACK OR AFRICAN AMERICAN → TALLY ON TALLY SHEET A AND GO TO A5

05 WHITE OR CAUCASIAN → TALLY ON TALLY SHEET A AND GO TO A5

06 OTHER (SPECIFY) \_\_\_\_\_ → GO TO A5

**HAND RESPONDENT SHOW CARD 3.**

A4c. Please tell me which group best describes your ethnic or cultural background.

01 CHINESE

02 JAPANESE

03 KOREAN

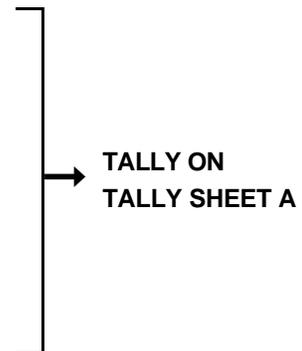
04 PACIFIC ISLANDER (SPECIFY) \_\_\_\_\_

05 SOUTHEAST ASIAN (SPECIFY) \_\_\_\_\_

06 OTHER ASIAN (SPECIFY) \_\_\_\_\_

07 OTHER (SPECIFY) \_\_\_\_\_

15 MIXED (SPECIFY) \_\_\_\_\_



A5. In what country were you born? **[IF A4a = "PUERTO RICAN" AND RESPONDENT ANSWERS "U.S.," ASK : Was that on the U.S. mainland or Puerto Rico?]**

- 01 U.S., EXCEPT PUERTO RICO
- 02 PUERTO RICO
- 03 CANADA
- 04 MEXICO
- 05 CUBA
- 06 OTHER CENTRAL/SOUTH AMERICAN OR CARIBBEAN COUNTRY  
(SPECIFY) \_\_\_\_\_
- 07 FORMER SOVIET UNION (RUSSIA)
- 08 EUROPEAN COUNTRY (SPECIFY) \_\_\_\_\_
- 09 AFRICAN COUNTRY (SPECIFY) \_\_\_\_\_
- 10 ASIAN OR PACIFIC ISLAND COUNTRY (SPECIFY) \_\_\_\_\_
- 11 OTHER (SPECIFY) \_\_\_\_\_

A6. In what country was your father born? **[IF A4a = "PUERTO RICAN" AND RESPONDENT ANSWERS "U.S.," ASK: Was that on the U.S. mainland or Puerto Rico?]**

- 01 U.S., EXCEPT PUERTO RICO
- 02 PUERTO RICO
- 03 CANADA
- 04 MEXICO
- 05 CUBA
- 06 OTHER CENTRAL/SOUTH AMERICAN COUNTRY/CARIBBEAN COUNTRY  
(SPECIFY) \_\_\_\_\_
- 07 FORMER SOVIET UNION (RUSSIA)
- 08 EUROPEAN COUNTRY (SPECIFY) \_\_\_\_\_
- 09 AFRICAN COUNTRY (SPECIFY) \_\_\_\_\_
- 10 ASIAN OR PACIFIC ISLAND COUNTRY (SPECIFY) \_\_\_\_\_
- 11 OTHER (SPECIFY) \_\_\_\_\_

A7. In what country was your mother born? **[IF A4a = "PUERTO RICAN" AND RESPONDENT ANSWERS "U.S.," ASK: Was that on the U.S. mainland or Puerto Rico?]**

- 01 U.S., EXCEPT PUERTO RICO
- 02 PUERTO RICO
- 03 CANADA
- 04 MEXICO
- 05 CUBA
- 06 OTHER CENTRAL/SOUTH AMERICAN COUNTRY/CARIBBEAN COUNTRY  
(SPECIFY) \_\_\_\_\_
- 07 FORMER SOVIET UNION (RUSSIA)
- 08 EUROPEAN COUNTRY (SPECIFY) \_\_\_\_\_
- 09 AFRICAN COUNTRY (SPECIFY) \_\_\_\_\_
- 10 ASIAN OR PACIFIC ISLAND COUNTRY (SPECIFY) \_\_\_\_\_
- 11 OTHER (SPECIFY) \_\_\_\_\_

A8. What languages other than English were spoken in your home while you were growing up?

01 ONLY ENGLISH

02 ENGLISH AND OTHER LANGUAGE(S) (SPECIFY) \_\_\_\_\_

03 OTHER LANGUAGE(S) ONLY (SPECIFY) \_\_\_\_\_

A9. Do you speak any languages other than English?

01 YES ↓

02 NO → GO TO A10

A9a. What other languages do you speak? **[RECORD VERBATIM.]**

\_\_\_\_\_

**EDITOR'S CODE**

A9b. What language do you prefer to speak most of the time?

Would you say . . .

01 only (OTHER LANGUAGE FROM A9a)

02 mostly (OTHER LANGUAGE FROM A9a)

03 only English

04 mostly English

05 (OTHER LANGUAGE FROM A9a) and English about the same amount

A10. At the time you were admitted to this program, were you married, legally separated, divorced, widowed, living with someone as married (but not legally married), or had you never been married?

- 01 MARRIED
- 02 LEGALLY SEPARATED → GO TO A11
- 03 DIVORCED → GO TO A11
- 04 WIDOWED → GO TO A11
- 05 LIVING WITH SOMEONE AS MARRIED (BUT NOT LEGALLY MARRIED)
- 06 NEVER MARRIED → GO TO A12

**HAND RESPONDENT SHOW CARD 2.**

A10a. Please tell me the name of the group that best describes the ethnic or cultural background of your (husband/wife/partner you lived with as married)?

- 01 ALASKAN NATIVE
- 02 AMERICAN INDIAN
- 03 ASIAN OR PACIFIC ISLANDER
- 04 BLACK OR AFRICAN AMERICAN
- 05 WHITE OR CAUCASIAN
- 06 OTHER (SPECIFY) \_\_\_\_\_

A10b. Is your (husband/wife/partner) of Hispanic or Spanish origin or descent?

- 01 YES
- 02 NO

A11. How long had you been **(REPEAT STATUS GIVEN IN A10)**?

YEARS		MONTHS		WEEKS	

A12. Please tell me what type of residence or other place you lived in when you entered this program.

- 01 A ONE-FAMILY HOUSE, DUPLEX, OR CONDOMINIUM
- 02 A MOBILE HOME OR TRAILER
- 03 AN APARTMENT BUILDING OR OTHER MULTIPLE FAMILY BUILDING
- 04 A HOTEL, ROOMING HOUSE, OR BOARDING HOUSE
- 05 A HOSPITAL OR MEDICAL INSTITUTION → GO TO A17
- 06 IN JAIL, PRISON, OR A JUVENILE DETENTION HOME → GO TO A17
- 07 A RESIDENTIAL DRUG TREATMENT PROGRAM → GO TO A17
- 08 SOME OTHER GROUP RESIDENCE OR HALFWAY HOUSE → GO TO A17
- 09 IN A HOMELESS SHELTER → GO TO A17
- 10 ON THE STREET (NO REGULAR PLACE) → GO TO A17
- 11 (IF VOL.:) OTHER (SPECIFY) \_\_\_\_\_ → GO TO A17

A13. Who did you live with when you entered this program? **[RECORD VERBATIM AND CIRCLE ONE.]**

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- 01 WITH SPOUSE OR SEXUAL PARTNER AND CHILDREN
- 02 WITH SPOUSE OR SEXUAL PARTNER ONLY
- 03 WITH CHILDREN ONLY
- 04 WITH BOTH PARENTS
- 05 WITH MOTHER ONLY
- 06 WITH FATHER ONLY
- 07 WITH PARENT(S) AND OWN CHILDREN
- 08 WITH OTHER FAMILY ONLY OR ANY COMBINATION OF 01-07 ABOVE
- 09 WITH FOSTER PARENTS
- 10 WITH FAMILY AND FRIENDS/BOARDERS/ROOMMATES
- 11 WITH FRIENDS OR ROOMMATES ONLY → **GO TO SKIP BEFORE A16**
- 12 ALONE → **GO TO SKIP BEFORE A16**
- 13 INSTITUTION OR CLOSED FACILITY (e.g., prison, jail, mental hospital) → **GO TO SKIP BEFORE A16**
- 14 NO STABLE ARRANGEMENTS → **GO TO SKIP BEFORE A16**
- 15 OTHER (SPECIFY) \_\_\_\_\_

A14. Who makes the important decisions for this household (such as where you will live or whether to make a major purchase)? **[CIRCLE ALL MENTIONS.]**

- 01 RESPONDENT
- 02 SPOUSE OR PARTNER
- 03 PARENT
- 04 OTHER FAMILY OR RELATIVES
- 05 FRIEND
- 06 OTHER (SPECIFY) \_\_\_\_\_

A15. When you lived with these people, did they speak any language other than English?

01 YES

02 NO → GO TO SKIP BEFORE A16

A15a. What other languages did they speak? [RECORD VERBATIM.]

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A15b. When you lived with these people, did you speak . . .

01 only (OTHER LANGUAGE FROM A15a)

02 mostly (OTHER LANGUAGE FROM A15a)

03 only English

04 mostly English

05 (OTHER LANGUAGE FROM A15a) and English about the same amount

**SKIP: CHECK TALLY SHEET A.**

**IF A4 = 02 (NON-HISPANIC) AND A4b = 04 (BLACK) OR 05 (WHITE), GO TO A17.**

A16. When you were admitted, how much would you say you were living by the (HISPANIC ETHNICITY FROM A4a; AMERICAN INDIAN OR ALASKAN NATIVE FROM A4b; OR ASIAN/PACIFIC ISLAND ETHNICITY FROM A4c) culture or way of life?

00 not at all

01 somewhat

02 very much

A17. In the past 12 months, how long did you live in places where you could not come and go as you pleased, such as a jail, juvenile detention center, hospital, or therapeutic community?

YEARS	

MONTHS	

WEEKS	



**SECTION B.**  
**EDUCATION AND TRAINING**

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B1. Now, I'd like to ask you about your education. At the time you were admitted to this program, what was the highest grade or year of school you had attended? **[ENTER TWO-DIGIT NUMBER FOR HIGHEST GRADE OR YEAR: GRADE SCHOOL (00-08); HIGH SCHOOL (09-12); JUNIOR COLLEGE, COLLEGE, OR GRADUATE SCHOOL (13-20+).]**

<input type="text"/>	<input type="text"/>	GRADE/YEAR
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B1a. Did you complete that (grade/year)?

01 YES                      02 NO

B1b. Are you currently in school?

01 YES                      02 NO → **GO TO B2**

B1c. What kind of school or training program are you attending?

01 MIDDLE SCHOOL (JUNIOR HIGH) → **GO TO B4**

02 HIGH SCHOOL → **GO TO B4**

03 JUNIOR (2-YEAR) COLLEGE

04 4-YEAR COLLEGE OR UNIVERSITY

05 TECHNICAL/TRADE/VOCATIONAL SCHOOL

06 JOB CORPS PROGRAM

07 SPECIAL EDUCATION PROGRAM

08 OTHER (SPECIFY) \_\_\_\_\_

B2. Prior to your admission to this program, did you get a high school diploma or pass a high school equivalency (GED) test?

- 01 YES                      02 NO → **GO TO B3**

B2a. Which one did you get?

- 01 DIPLOMA  
02 GED

B3. (Besides a high school diploma or a GED), what other diplomas, degrees, or licenses had you received?  
**[CIRCLE ALL MENTIONS.]**

- 00 NONE
- 01 JUNIOR COLLEGE DEGREE OR ASSOCIATE DEGREE PROGRAM
  - 02 BACHELOR'S DEGREE
  - 03 ADVANCED COLLEGE DEGREE (MASTER'S OR PH.D.)
  - 04 CERTIFICATE FROM A VOCATIONAL OR TRADE SCHOOL  
(SPECIFY) \_\_\_\_\_
  - 05 LICENSE TO PRACTICE A TRADE (SPECIFY) \_\_\_\_\_
  - 06 OTHER DEGREE, LICENSE, ETC. (SPECIFY) \_\_\_\_\_

B4. How (were/are) your grades in school — better than average, average, or not so good?

- 01 BETTER THAN AVERAGE → **GO TO B5**  
02 AVERAGE → **GO TO B5**  
03 NOT SO GOOD

B4a. Did your teachers think you did about as well as you could, or did they think you had the ability to do much better?

- 01 DID AS WELL AS COULD → **GO TO B5**  
02 COULD HAVE DONE MUCH BETTER

B4b. How old were you when your teachers first felt that way?

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AGE

**IF DK, ASK:** Do you think it was before you were 15 or was it later than that?

IF UNDER 15, <b>RECORD 01.</b>
IF 15 OR MORE, <b>RECORD 95.</b>
IF STILL DK, <b>RECORD DK UNDER AGE BOX.</b>

B5. Did you ever repeat a grade?

01 YES

02 NO → GO TO B6

B5a. How many times did you get held back?

TIMES

B6. Did you frequently get into trouble with the teacher or principal for misbehaving in school (elementary, junior high, or high school)?

01 YES

02 NO → GO TO B7

B6a. How old were you when you first got into trouble for misbehaving in school?

AGE

**IF DK, ASK:** Do you think it was before you were 15 or was it later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK UNDER AGE BOX.**

B7. Were you ever expelled or suspended from school (elementary, junior high, or high school)?

01 YES

02 NO → GO TO B8

B7a. How old were you when you were first expelled or suspended?

AGE

**IF DK, ASK:** Do you think it was before you were 15 or was it later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK UNDER AGE BOX.**

B7b. How many times were you suspended from school? **[IF NONE, RECORD "00" AND GO TO B7d.]**

TIMES

**SHOW ONSET/RECENCY CARD.**

B7c. When was the last time you were suspended from school?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

B7d. How many times were you expelled from school? **[IF NONE, RECORD "00" AND GO TO B8.]**

TIMES

B7e. When was the last time you were expelled from school?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

B8. Did you ever skip school or play hooky at least twice in 1 year?

01 YES                      02 NO → **GO TO B9**

B8a. Was that only in your last year in school or before that?

01 LAST YEAR ONLY → **GO TO B9**

02 BEFORE LAST YEAR

B8b. Did you skip school or play hooky as much as 5 days a year in at least 2 school years, not counting your last year in school?

01 YES                      02 NO

B8c. How old were you when you first skipped school?

AGE

**IF DK, ASK:** Do you think it was before you were 15 or was it later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK UNDER AGE BOX.**

B9. In the 12 months before admission to this program, were you enrolled in any vocational or technical schools, colleges, or other schools, or were you receiving any job training or skills development?

01 YES                      02 NO

B10. Have you ever had a driver's license?

01 YES

02 NO → **GO TO B11**

B10a. At the time you were admitted, was your driver's license valid?

01 YES → **GO TO B11**

02 NO

B10b. At the time you were admitted, was your driver's license . . . ?

01 expired

02 suspended

03 revoked

B11. At the time you were admitted to this program, was there a dependable vehicle, such as a car, truck, or motorcycle, available for you to use . . . ?

00 none

01 some

02 all of the time

## CODE LIST – REASONS FOR ENROLLMENT

### DRUG AVAILABILITY

- 01 Shortage of available drugs
- 02 Drugs of poor quality
- 03 Lost drug connection
- 09 Other problems with availability

### FINANCIAL

- 11 Drugs cost too much, could not support habit
- 12 Not enough money to buy drugs
- 13 Not enough money to buy other things when using drugs
- 14 Wanted to be self-supporting
- 19 Other financial problems

### DESIRE TO CHANGE LIFE-STYLE

- 21 Want to get off drugs
- 22 Want to cut down on the size of my habit
- 23 Getting disgusted with life-style
- 24 Want to enter or stay in school
- 25 Want to find new friends, new (girl/boyfriend)
- 26 Became religious
- 29 Other desire to change life-style

### HEALTH REASONS

- 31 Have drug-related contagious disease  
(Hepatitis, AIDS, etc.)
- 32 Drugs (make/made) me sick
- 33 Afraid of getting AIDS, other diseases
- 34 Had health problems unrelated to drugs
- 35 Pregnant or want to get pregnant
- 36 Want to improve my general health
- 37 Want to improve my mental health
- 39 Other health reasons

### INTERPERSONAL REASONS

- 41 Want to save my marriage or relationship with significant other
- 42 Want to improve my relations with family members or friends
- 43 Want to avoid losing custody of my children
- 44 Want to get my children back
- 49 Other interpersonal reasons

### CRIMINAL JUSTICE RELATED

- 51 Want to avoid being involved in criminal activity
- 52 Want to avoid arrest
- 53 Court mandate
- 54 Have an upcoming court hearing
- 59 Other legal reasons

### ACCESS TO SERVICES

- 61 To become eligible for public assistance
- 62 To become eligible for medical services
- 63 To become eligible for vocational, educational, or job services
- 69 Other access to services

### EMPLOYMENT/SCHOOL

- 71 Want to keep a job or find a (better) job
- 72 To prevent problems with my boss or supervisor
- 73 To prevent problems with my other co-workers
- 74 Other job-related problems
- 75 Do better in school
- 76 Prevent problems with principal or teachers
- 77 Prevent problems with other students
- 78 Condition of suspension
- 79 Other school-related problems

### PRESSURE TO ENROLL FROM

- 81 Spouse/partner
- 82 Family members
- 83 Friends
- 84 School
- 85 Job or employer
- 86 Legal (besides court mandate)
- 87 Treatment staff
- 88 Treatment clients
- 89 Other pressure

### 91 OTHER

**SECTION C.  
ADMISSION**

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C1. Next, I'd like to know something about your current contacts with this program.  
Is this the first time you have been admitted to this program for treatment?

01 YES → [DO NOT USE THE PHRASE "this time" IN C1a AND C1b.]

02 NO → [USE THE PHRASE "this time" IN C1a AND C1b.]

C1a. When did you first apply for admission to this program (this time)?

<input type="text"/>	<input type="text"/>	19	<input type="text"/>	<input type="text"/>
MONTH	DAY		YEAR	

C1b. When did you start receiving treatment at this program (this time)?

<input type="text"/>	<input type="text"/>	19	<input type="text"/>	<input type="text"/>
MONTH	DAY		YEAR	

C2. What was the most important reason you enrolled in treatment at this time?

**[RECORD VERBATIM AND ENTER CODE FROM CODE LIST - REASONS FOR ENROLLMENT.]**

VERBATIM: \_\_\_\_\_  
\_\_\_\_\_

<input type="text"/>	<input type="text"/>	MOST IMPORTANT REASON
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C2a. What other reasons did you have for enrolling in treatment at this time?

**[RECORD VERBATIM AND ENTER UP TO 3 CODES FROM CODE LIST; IF NONE IS MENTIONED, LEAVE THE BOXES BLANK.]**

VERBATIM: \_\_\_\_\_  
\_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER REASONS
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## CODE LIST — SOURCES OF REFERRAL

### 00 SELF-REFERRAL

#### MEDICAL SERVICE

- 01 General hospital
- 02 Mental hospital
- 03 Private physician
- 04 Mental health professional
- 09 Other medical source

#### COMMUNITY AGENCY

- 11 Community mental health center
- 12 Social worker or welfare worker
- 13 Other social or community services agency
- 14 Central intake unit or another drug treatment program
- 15 Street outreach worker
- 16 Homeless/runaway center or shelter
- 19 Other community agency

#### LEGAL SYSTEM (OTHER THAN PROBATION OR PAROLE)

- 21 City/county court
- 22 State/Federal court
- 23 Diversion program, i.e., TASC
- 24 Child Protective Services
- 25 Juvenile court
- 29 Other legal

#### PROBATION AND PAROLE

- 31 State/county probation
- 32 State/county parole
- 33 Federal probation
- 34 Federal parole
- 35 Courts/judge (unspecified)
- 39 Other probation and parole

#### PRISON SYSTEM

- 41 Civil Commitment Program
- 42 Federal Bureau of Prisons
- 43 Juvenile correction system
- 49 Other corrections

#### FAMILY OR FRIENDS

- 51 Spouse or sexual partner
- 52 Family or relative who was in this program
- 53 Family or relative in general
- 54 Friend or acquaintance who was in the program
- 55 Friend or acquaintance in general
- 56 Parent or foster parent
- 59 Other family member or friend

#### SCHOOL

- 61 Teacher or instructor
- 62 Counselor
- 63 Nurse or medical staff
- 64 Student assistance program
- 69 Other school personnel

#### EMPLOYER

- 71 Employer/supervisor
- 72 Union
- 73 Employee assistance program (EAP)
- 74 Job Corps
- 79 Other work-related sources

#### VETERAN

- 81 VA Medical Center
- 89 Other veteran

#### 91 OTHER

C3. Was coming to treatment your own idea or someone else's idea?

01 OWN IDEA → **GO TO C4**

02 SOMEONE ELSE'S IDEA

C3a. Who was most important in getting you to come to treatment?

**[RECORD VERBATIM AND ENTER CODE FROM CODE LIST — SOURCES OF REFERRAL.]**

VERBATIM: \_\_\_\_\_

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MOST IMPORTANT SOURCE

C4. Did anyone (else) tell you or suggest that you come to treatment?

01 YES

02 NO → **GO TO C5**

C4a. Who (else) suggested it? **[RECORD VERBATIM AND ENTER UP TO 2 CODES FROM CODE LIST — SOURCES OF REFERRAL.]**

VERBATIM: \_\_\_\_\_

VERBATIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SECOND SOURCE

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THIRD SOURCE

C5. Did you arrange for admission to this program yourself, or did someone else arrange for your admission to this program (this time)?

01 SELF

02 SOMEONE ELSE

C6. What type of treatment program did you want, this type or some other type?

01 WANTED THIS TYPE → **GO TO C7**

02 DID NOT CARE WHICH TYPE → **GO TO C7**

03 WANTED ANOTHER TYPE

C6a. What type of drug treatment program did you want to go to?

01 outpatient methadone

02 therapeutic community or long-term residential

03 short-term inpatient

04 outpatient counseling (including day treatment)

05 other (SPECIFY) \_\_\_\_\_

C7. Do you belong to a health plan or have any health insurance such as Blue Cross, Medicaid, or other insurance?

- 01 YES                      02 NO → **GO TO C7e**

C7a. What type of health plan or insurance do you have? Any others? **[CIRCLE ALL MENTIONS.]**

- 01 BLUE CROSS/BLUE SHIELD
- 02 OTHER PRIVATE INSURANCE
- 03 HEALTH PLAN (HMO, PPO)
- 04 MEDICAID OR MEDICAL ASSISTANCE
- 05 MEDICARE
- 06 CHAMPUS OR CHAMPVA, THE VA, OR MILITARY HEALTH CARE
- 07 OTHER (SPECIFY) \_\_\_\_\_

C7b. Is the coverage in your own name or in the name of some other family member?

- 01 OWN NAME
- 02 OTHER FAMILY MEMBER (SPECIFY) \_\_\_\_\_
- \_\_\_\_\_

C7c. Are any costs of drug treatment covered by this health plan or insurance?

- 01 YES
- 02 NO → **GO TO C7e**
- 03 PROGRAM CHARGES NO FEE → **GO TO C8**

C7d. About how much of the costs of your drug treatment will your health plan or insurance cover?

- 00 NONE
- 01 LESS THAN HALF
- 02 HALF OR MORE
- 03 ALL → **GO TO C8**
- 04 (IF VOL:) PROGRAM CHARGES NO FEES → **GO TO C8**

C7e. (Excluding your health plan or insurance coverage), what will be your primary source of funds to pay for your treatment?

- 01 SELF-PAY (YOUR MONEY)
- 02 FAMILY, RELATIVES
- 03 WORKER'S COMPENSATION
- 04 OTHER (SPECIFY) \_\_\_\_\_

**HAND RESPONDENT SHOW CARD 4.**

C8. When you were admitted to this program, were you on probation, on parole, in jail or detention, or did you have any pending criminal (or juvenile justice system) charges or cases against you? **[CIRCLE ALL MENTIONS.]**

00 NO → **GO TO C10**

● 01 PROBATION

● 02 PAROLE

**IN JAIL/DETENTION**

● 03 AWAITING TRIAL

● 04 AWAITING SENTENCING

● 05 SERVING A SENTENCE

**CASE PENDING**

● 06 ON BAIL AWAITING TRIAL

● 07 ON BAIL AWAITING SENTENCING

● 08 RELEASED ON OWN RECOGNIZANCE, CASE PENDING

● 09 OTHER STATUS (SPECIFY) \_\_\_\_\_

C9. Were any criminal (juvenile) justice authorities, such as a judge, a probation officer, or a parole officer, aware of your drug problem before you entered this program?

01 YES

02 NO → **GO TO C10**

03 UNCERTAIN → **GO TO C10**

C9a. Was your admission to this program actually required or suggested by the criminal (juvenile) justice system (i.e., courts or correctional authorities)?

01 YES

02 NO → **GO TO C9d**

C9b. Was it required or suggested?

01 REQUIRED, STIPULATED

02 SUGGESTED, ENCOURAGED

C9c. Do you think you would have entered drug treatment at this time, without pressure from the criminal (juvenile) justice authorities?

01 YES

02 NO

C9d. Will anyone from the criminal (juvenile) justice system be testing you for drug use or reviewing the results from drug tests that you may have?

01 YES

02 NO → **GO TO C10**

C9e. What will happen if your tests show drug use? **[CIRCLE THE ONE MOST SERIOUS CONSEQUENCE.]**

- 01 NOTHING/I WILL BE GIVEN ANOTHER CHANCE
- 02 GIVEN A TECHNICAL VIOLATION
- 03 INCREASED SUPERVISION OR MONITORING
- 04 RETURNED TO (JAIL/PRISON)
- 05 OTHER (SPECIFY) \_\_\_\_\_

C10. How do you plan to get to this treatment program for counseling?  
**[CLARIFY AND CIRCLE THE MOST FREQUENT METHOD.]**

- 00 LIVING AT THE TREATMENT FACILITY
- 01 WALK
- 02 DRIVE
- 03 PUBLIC TRANSPORTATION (BUS, SUBWAY, ETC.)
- 04 RIDE FROM FAMILY/FRIEND
- 05 TAXICAB
- 06 PROGRAM WILL PROVIDE TRANSPORTATION
- 07 OTHER (SPECIFY) \_\_\_\_\_

C11. What do you think your chances are of greatly reducing or quitting your use of drugs because of this treatment?  
Would you say . . .

- 01 poor
- 02 fair
- 03 good
- 04 very good

**SECTION D.**  
**ALCOHOL AND TOBACCO USE**

--

D1. Now, I'd like to ask about your use of alcoholic beverages, including beer, wine, and hard liquor, such as whiskey and mixed drinks. How old were you when you first had more than a sip of alcohol?

**[IF RESPONDENT NEVER DRANK, RECORD 00 BELOW AND GO TO D19.]**

--	--

 AGE

D1a. How old were you when you first had any beer, wine, or other alcohol at least once a month for 6 months or more? **[IF NEVER, RECORD 00.]**

--	--

 AGE

**IF DK, ASK:** Do you think it was before you were 15 or was it later than that?

IF UNDER 15, **RECORD 01.**

IF 15 OR MORE, **RECORD 95.**

IF STILL DK, **RECORD DK UNDER AGE BOX.**

D2. What is the most number of drinks that you've ever drunk in 1 day? By a drink, we mean a can or bottle of beer, a glass of wine or champagne, a wine cooler, a shot glass of hard liquor, or a mixed drink like a glass of gin and tonic.

NUMBER OF DRINKS

ALCOHOL EQUIVALENTS	
<b>Beer</b>	
1 12 or 16 oz. bottle of beer	= 1 DRINK
1 case of beer	= 24 DRINKS
<b>Wine</b>	
1 4 oz. glass of wine	= 1 DRINK
1 liter or quart bottle of wine	= 6 DRINKS
1 wine cooler	= 1 DRINK
<b>Hard Liquor</b>	
1 highball	= 1 DRINK
1 shot glass	= 1 DRINK
1/2 pint of liquor	= 6 DRINKS
1 pint of liquor	= 12 DRINKS
1 fifth of liquor	= 20 DRINKS
1 quart of liquor	= 24 DRINKS

**SKIP: IF D2 = 000 - 004, GO TO D5.  
OTHERWISE, TALLY ALCOHOL USE ON TALLY SHEET E AND GO TO D2a.**

D2a. How old were you when you first had as much as (NUMBER OF DRINKS FROM D2) in 1 day?

AGE

D2b. When was the last time you had that much to drink?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

D3. Has there ever been a couple of months or more when at least 1 day a week you drank 5 or more drinks, bottles of beer, or glasses of wine?

01 YES

02 NO → GO TO D5

D3a. How old were you when you first drank that much?

AGE

D3b. When did you last drink 5 or more drinks at least once a week?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

D4. Has there ever been a period of 2 weeks when every day you were drinking at least 5 drinks—that could include beers, glasses of wine, or drinks containing any kind of alcohol?

01 YES

02 NO → **GO TO D5**

D4a. How old were you when you first had a period of 2 straight weeks when you drank at least that much?

AGE

D4b. When did you last have a period when you drank at least that much?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

D5. Have you ever been drunk?

01 YES

02 NO → **GO TO D8**

D5a. How old were you when you first got drunk?

AGE

D6. Have you ever been drunk for several days in a row?

01 YES

02 NO

D7. On how many days were you drunk during the 12 months before admission?

DAYS

**HAND RESPONDENT SHOW CARD 5.**

D8. In the 12 months before admission, (on the average) how often did you drink any alcohol?

- 00 DID NOT DRINK BEER, WINE, OR LIQUOR IN THE 12 MONTHS BEFORE ADMISSION → **GO TO D10**
- 01 LESS THAN 1 DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 2 DAYS A WEEK
- 04 3 TO 4 DAYS A WEEK
- 05 5 TO 6 DAYS A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 6.**

D8a. On days when you drank alcohol in the past year, about how many drinks did you usually have in a single day? Please count drinks as shown on this card.

AVERAGE NUMBER OF DRINKS  
IN A 24-HOUR PERIOD

D9. When did you last drink any alcohol before you were admitted to this program?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 7.**

D9a. Around that time, how often did you drink beer?

- 00 NEVER → **GO TO D9c**
- 01 LESS THAN 1 DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 2 DAYS A WEEK
- 04 3 TO 4 DAYS A WEEK
- 05 5 TO 6 DAYS A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

D9b. About how much beer did you drink on an average day?

DRINKS OF BEER

D9c. Around that time, how often did you drink wine?

- 00 NEVER → **GO TO D9e**
- 01 LESS THAN 1 DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 2 DAYS A WEEK
- 04 3 TO 4 DAYS A WEEK
- 05 5 TO 6 DAYS A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

D9d. About how much wine did you drink on an average day?

DRINKS OF WINE

D9e. Around that time, how often did you drink liquor, including whiskey and mixed drinks?

- 00 NEVER → **GO TO D10**
- 01 LESS THAN 1 DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 2 DAYS A WEEK
- 04 3 TO 4 DAYS A WEEK
- 05 5 TO 6 DAYS A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

D9f. About how much liquor did you drink on an average day?

DRINKS OF LIQUOR

D10. Has there ever been a period in your life when you drank more than you did during the 12 months before admission?

01 YES



02 NO → GO TO D11

D10a. Think about the period of time when you were drinking most (heaviest), how frequently did you drink?

- 01 LESS THAN 1 DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 2 DAYS A WEEK
- 04 3 TO 4 DAYS A WEEK
- 05 5 TO 6 DAYS A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

D10b. During that period when you were drinking the most, about how many drinks would you usually have in a single day?

DRINKS PER DAY

D10c. How old were you when you first drank that many drinks in a single day?

AGE

D10d. When did you last drink that many drinks in a single day?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you? AGE

D11. How troubled or bothered were you in the 12 months before admission by any alcohol problem you may have had? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very troubled

D12. How important to you now is treatment or counseling for your alcohol problem?

- 00 not at all
- 01 somewhat
- 02 very important

D13. Now, I'd like to ask you about your experience with alcohol treatment programs. Not counting treatment you have received since admission to this program (this time), had you ever received any treatment that was primarily for an alcohol problem? Please do not include Alcoholics Anonymous (AA).

01 YES

02 NO → GO TO D17

D13a. How old were you the first time you entered a treatment program that was primarily for an alcohol problem?

AGE

D14. How many times have you been admitted for treatment primarily for alcohol problems (TYPE OF TREATMENT)?

TYPE OF TREATMENT	NUMBER OF TIMES
a. at a 28-day or other short-term inpatient treatment unit. ....	<input type="text"/> <input type="text"/>
b. at a therapeutic community or other long-term residential treatment unit. ....	<input type="text"/> <input type="text"/>
c. at a halfway house .....	<input type="text"/> <input type="text"/>
d. at an outpatient alcohol treatment unit .....	<input type="text"/> <input type="text"/>
e. from any other type of alcohol treatment, excluding AA .....	<input type="text"/> <input type="text"/>
(SPECIFY) _____	

D15. Altogether, in your life, how many weeks have you spent in treatment primarily for alcohol problems?

WEEKS

D15a. How many weeks were you treated in the 12 months before admission to this program?

WEEKS

D16. When was the last time you were treated for alcohol problems?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

D16a. What type of program was that?

01 SHORT-TERM INPATIENT

02 LONG-TERM RESIDENTIAL

03 HALFWAY HOUSE

04 OUTPATIENT

05 OTHER (SPECIFY) \_\_\_\_\_

D17. Have you ever attended Alcoholics Anonymous or AA meetings?

01 YES

02 NO → **GO TO D18**

D17a. When was the last time you attended?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

D17b. What was the longest period of time you attended AA meetings?

YEARS	
<input type="text"/>	<input type="text"/>

MONTHS	
<input type="text"/>	<input type="text"/>

WEEKS	
<input type="text"/>	<input type="text"/>

D18. At any time before admission, did a doctor or program ever prescribe Antabuse for an alcohol problem you may have had?

01 YES

02 NO → **GO TO D19**

D18a. When was the last time Antabuse was prescribed for you?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

D19. Now, I'd like to ask you about your use of tobacco. Do you currently smoke cigarettes?

01 YES

02 NO → **GO TO D20**

D19a. About how many cigarettes do you smoke per day?

01 LESS THAN ½ PACK A DAY (1-5 CIGARETTES)

02 ABOUT ½ PACK A DAY (6-15 CIGARETTES)

03 ABOUT A PACK A DAY (16-25 CIGARETTES)

04 ABOUT 1½ PACKS A DAY (26-35 CIGARETTES)

05 ABOUT 2 PACKS OR MORE A DAY (OVER 35 CIGARETTES)

D20. Do you smoke cigars, smoke a pipe, or use smokeless tobacco or snuff? **[CIRCLE ALL MENTIONS.]**

00 NONE

● 01 CIGARS

● 02 PIPE

● 03 SMOKELESS TOBACCO OR SNUFF



## SECTION E. DRUG USE

E1. In this section, I'd like to ask about your use of drugs other than alcohol. About how many times in your life have you used marijuana, hashish, or THC?

- 00 NEVER → **GO TO E2**
  - 01 1 OR 2 TIMES → **GO TO E2**
  - 02 3 TO 5 TIMES → **GO TO E2**
  - 03 6 TO 10 TIMES
  - 04 11 TO 49 TIMES
  - 05 50 TO 99 TIMES
  - 06 100 TO 199 TIMES
  - 07 200 OR MORE TIMES
- } → **TALLY MARIJUANA, HASHISH, OR THC USE  
ON TALLY SHEET E**

E1a. About how old were you the first time you used it?

--	--

 AGE

### HAND RESPONDENT SHOW CARD 8.

E1b. On the average, how often did you use marijuana, hashish, or THC in the 12 months before admission to this program?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY → **GO TO E1d**
- 07 2 TO 3 TIMES A DAY → **GO TO E1d**
- 08 4 OR MORE TIMES A DAY → **GO TO E1d**

### HAND RESPONDENT SHOW CARD 9.

E1c. Think about the time when you were using it the most (heaviest). About how often were you using it?

- 01 LESS THAN ONCE A MONTH → **GO TO E1f**
- 02 1 TO 3 TIMES A MONTH → **GO TO E1f**
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E1d. How old were you the first time you used it regularly (at least once a week)?

--	--

 AGE

E1e. When was the last time you used it regularly?

01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E1g**

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

E1f. When was the most recent time you used marijuana?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

**HAND RESPONDENT SHOW CARD 9.**

E1g. About how often did you use it around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E2. About how many times in your life have you used cocaine in any form such as powder, "crack," free base, and coca paste?

00 NEVER USED → GO TO E3

01 1 OR 2 TIMES → GO TO E3

02 3 TO 5 TIMES → GO TO E3

03 6 TO 10 TIMES

04 11 TO 49 TIMES

05 50 TO 99 TIMES

06 100 TO 199 TIMES

07 200 OR MORE TIMES

→ TALLY COCAINE OR CRACK USE  
ON TALLY SHEET E

E2a. About how old were you the first time you used cocaine?

AGE

### HAND RESPONDENT SHOW CARD 8.

E2b. On the average, how often did you use cocaine in the 12 months before admission to this program?

00 NOT USED AT ALL OVER THE PERIOD

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY → GO TO E2d

07 2 TO 3 TIMES A DAY → GO TO E2d

08 4 OR MORE TIMES A DAY → GO TO E2d

### HAND RESPONDENT SHOW CARD 9.

E2c. Think about the time when you were using cocaine the most (heaviest). About how often were you using it?

01 LESS THAN ONCE A MONTH → GO TO E2n

02 1 TO 3 TIMES A MONTH → GO TO E2n

03 1 TO 2 TIMES A WEEK → GO TO E2e

04 3 TO 4 TIMES A WEEK → GO TO E2e

05 5 TO 6 TIMES A WEEK → GO TO E2e

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E2d. How old were you the first time you used cocaine daily?

--	--

 AGE

E2e. How old were you when you started using cocaine regularly (at least once a week)?

--	--

 AGE

E2f. How long was the longest period of time you used cocaine at least once a week?

YEARS		

MONTHS		

WEEKS		

**HAND RESPONDENT SHOW CARD 10.**

E2g. How did you usually use cocaine during this time?

- 01 BY MOUTH
- 02 BY SMOKING IT (CRACK)
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E2h. About how much did the cocaine you used cost you each day during this time?

\$ 

--	--	--	--

 .00

E2i. Since you started using cocaine regularly (at least once a week), how many times did you stop using cocaine for 30 days or more? **[IF NONE, RECORD 00 AND GO TO E2m.]**

--	--

 TIMES

E2j. Since you started using cocaine regularly, what is the longest time you went without using cocaine?

YEARS		

MONTHS		

WEEKS		

E2k. At that time, were you in a treatment program; in jail, prison, or juvenile detention; or did you stop on your own?

- 01 IN A TREATMENT PROGRAM
- 02 IN JAIL, PRISON, OR JUVENILE DETENTION
- 03 STOPPED ON OWN
- 04 OTHER (SPECIFY) \_\_\_\_\_

E2l. How old were you at that time?

--	--

 AGE

E2m. When was the last time you used cocaine regularly?

01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E2o**

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

E2n. When was the most recent time that you used cocaine in any form?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

### HAND RESPONDENT SHOW CARD 9.

E2o. About how often did you use it around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

### HAND RESPONDENT SHOW CARD 10.

E2p. How did you usually take it?

01 BY MOUTH (EAT, CHEW)

02 BY SMOKING IT (CRACK)

03 BY INHALING, SNORTING, OR SNIFFING IT

04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")

05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")

06 BY FREEBASING

07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E2q. How old were you when you first used the form of cocaine known as crack?  
**[IF NEVER, RECORD 00 AND GO TO E3.]**

AGE

E2r. When was the most recent time you used crack?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E2s. About how often did you use crack around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E3. About how many times in your life have you used heroin either alone or combined with another drug (speedball)?

- 00 NEVER USED → GO TO E4
  - 01 1 OR 2 TIMES → GO TO E4
  - 02 3 TO 5 TIMES → GO TO E4
  - 03 6 TO 10 TIMES
  - 04 11 TO 49 TIMES
  - 05 50 TO 99 TIMES
  - 06 100 TO 199 TIMES
  - 07 200 OR MORE TIMES
- } → TALLY HEROIN USE  
ON TALLY SHEET E

E3a. About how old were you the first time you used heroin?

		AGE
--	--	-----

**HAND RESPONDENT SHOW CARD 8.**

E3b. On the average, how often did you use heroin in the 12 months before admission to this program?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY → GO TO E3d
- 07 2 TO 3 TIMES A DAY → GO TO E3d
- 08 4 OR MORE TIMES A DAY → GO TO E3d

**HAND RESPONDENT SHOW CARD 9.**

E3c. Think about the time when you were using heroin the most (heaviest). About how often were you using it?

- 01 LESS THAN ONCE A MONTH → GO TO E3n
- 02 1 TO 3 TIMES A MONTH → GO TO E3n
- 03 1 TO 2 TIMES A WEEK → GO TO E3e
- 04 3 TO 4 TIMES A WEEK → GO TO E3e
- 05 5 TO 6 TIMES A WEEK → GO TO E3e
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E3d. How old were you when you began using heroin daily?

--	--

 AGE

E3e. How old were you when you began using heroin regularly (at least once a week)?

--	--

 AGE

E3f. How long was the longest period of time you used heroin at least once a week?

YEARS	MONTHS	WEEKS

**HAND RESPONDENT SHOW CARD 11.**

E3g. How did you usually use heroin during this time?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E3h. About how much did the heroin cost you each day during this time?

\$ 

--	--	--	--

 .00

E3i. Since you started using heroin regularly (at least once a week), how many times did you stop using heroin for a period of 30 days or more? **[IF NONE, RECORD 00 AND GO TO E3m.]**

--	--

 TIMES STOPPED

E3j. Since you started using heroin regularly, what is the longest period of time you did not use heroin?

YEARS	MONTHS	WEEKS

E3k. At that time were you in a treatment program; in jail, prison, or juvenile detention; or did you stop on your own?

- 01 IN A TREATMENT PROGRAM
- 02 IN JAIL, PRISON, OR JUVENILE DETENTION
- 03 STOPPED ON OWN
- 04 OTHER (SPECIFY) \_\_\_\_\_

E3l. How old were you at that time?

--	--

 AGE

E3m. When was the last time you used heroin regularly?

01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E3o**

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

E3n. When was the most recent time you used heroin?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

#### HAND RESPONDENT SHOW CARD 9.

E3o. About how often did you use it around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

#### HAND RESPONDENT SHOW CARD 11.

E3p. How did you usually use heroin around that time?

01 BY MOUTH (EAT, CHEW)

02 BY SMOKING IT

03 BY INHALING, SNORTING, OR SNIFFING IT

04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")

05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")

06 BY FREEBASING

07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E3q. How old were you when you first used heroin and cocaine together (speedball)?  
**[IF NEVER, RECORD 00 AND GO TO E4.]**

AGE

E3r. When was the most recent time you used heroin and cocaine together?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

### HAND RESPONDENT SHOW CARD 9.

E3s. About how often did you use heroin and cocaine together around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

### HAND RESPONDENT SHOW CARD 11.

E3t. How did you usually use heroin and cocaine together around that time?

01 BY MOUTH (EAT, CHEW)

02 BY SMOKING IT

03 BY INHALING, SNORTING, OR SNIFFING IT

04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")

05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")

06 BY FREEBASING

07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

**HAND RESPONDENT PILL CARD A.**

E4. Now, I'd like to ask you about some drugs that can be legally prescribed. Has a doctor ever prescribed any narcotic or opiate analgesics for you for a physical or medical problem or condition in the 12 months before admission?

01 YES



02 NO → **GO TO E5**

E4a. Which narcotics or opiates were prescribed in these 12 months?  
**[RECORD NUMBERS OF FIRST 3 MENTIONED.]**

E4b. In these 12 months, about how many weeks did you use narcotics or opiates as prescribed?

WEEKS

E5. About how many times in your life have you used narcotics or opiates on your own, without a prescription from a doctor, more than prescribed, or for any other reasons such as getting high?

00 NEVER USED NONMEDICALLY → GO TO E6

01 1 OR 2 TIMES → GO TO E6

02 3 TO 5 TIMES → GO TO E6

03 6 TO 10 TIMES

04 11 TO 49 TIMES

05 50 TO 99 TIMES

06 100 TO 199 TIMES

07 200 OR MORE TIMES

TALLY NARCOTICS OR OPIATES USE  
ON TALLY SHEET E

E5a. About how old were you the first time you actually used opiates or narcotics on your own?

AGE

### HAND RESPONDENT SHOW CARD 8.

E5b. On the average, how often did you use opiates or narcotics on your own in the 12 months before admission to this program?

00 NOT USED AT ALL OVER THE PERIOD

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY → GO TO E5d

07 2 TO 3 TIMES A DAY → GO TO E5d

08 4 OR MORE TIMES A DAY → GO TO E5d

### HAND RESPONDENT SHOW CARD 9.

E5c. Think about the time when you were using narcotics or opiates the most (heaviest). About how often were you using it?

01 LESS THAN ONCE A MONTH → GO TO E5I

02 1 TO 3 TIMES A MONTH → GO TO E5I

03 1 TO 2 TIMES A WEEK → GO TO E5e

04 3 TO 4 TIMES A WEEK → GO TO E5e

05 5 TO 6 TIMES A WEEK → GO TO E5e

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E5d. How old were you when you began using narcotics or opiates daily?

--	--

 AGE

E5e. How old were you when you began using narcotics or opiates regularly (at least once a week)?

--	--

 AGE

E5f. How long was the longest period of time when you used narcotics or opiates at least once a week?

YEARS	MONTHS	WEEKS

**HAND RESPONDENT SHOW CARD 11.**

E5g. How did you usually use narcotics or opiates during this period?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E5h. Since you started using narcotics or opiates regularly (at least once a week), what is the longest period of time you did not use narcotics or opiates?

YEARS	MONTHS	WEEKS

E5i. At that time, were you in a treatment program; in jail, prison, or juvenile detention; or did you stop on your own?

- 01 IN A TREATMENT PROGRAM
- 02 IN JAIL, PRISON, OR JUVENILE DETENTION
- 03 STOPPED ON OWN
- 04 OTHER (SPECIFY) \_\_\_\_\_

E5j. How old were you at that time?

--	--

 AGE

E5k. When was the last time you used narcotics or opiates regularly?

- 01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E5m**
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

E5l. When was the most recent time you used any narcotics or opiates on your own?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E5m. About how often did you use narcotics or opiates around that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E5n. How did you usually use narcotics or opiates around that time?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E5o. How old were you when you first used illegal or street methadone?

**[IF NEVER, RECORD 00 AND GO TO E6.]**

AGE

E5p. When was the most recent time you used illegal or street methadone?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E5q. About how often did you use illegal or street methadone around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

**HAND RESPONDENT PILL CARD B AND PILL CARD C.**

E6. Has a doctor ever legitimately prescribed any sedatives or tranquilizers for you for a physical or emotional problem or condition in the 12 months before admission?

01 YES      ↓      02 NO → GO TO E7

E6a. How many prescriptions for sedatives or tranquilizers did you get in the 12 months before admission?

--	--

 PRESCRIPTIONS

E6b. Which sedatives and tranquilizers were prescribed?

**[ENTER NUMBERS OF FIRST 3 MENTIONED IN APPROPRIATE ROW; IF NONE IS MENTIONED, LEAVE THE BOXES BLANK.]**

SEDATIVES  
(CARD B)

TRANQUILIZERS  
(CARD C)

E6c. In these 12 months, about how many weeks did you use sedatives or tranquilizers as prescribed?

WEEKS

E7. About how many times in your life have you used sedatives or tranquilizers on your own, without a prescription from a doctor, more than prescribed, or for any nonmedical reason such as getting high?

00 NEVER USED → GO TO E8

01 1 OR 2 TIMES → GO TO E8

02 3 TO 5 TIMES → GO TO E8

03 6 TO 10 TIMES

04 11 TO 49 TIMES

05 50 TO 99 TIMES

06 100 TO 199 TIMES

07 200 OR MORE TIMES

TALLY SEDATIVES OR TRANQUILIZERS USE  
ON TALLY SHEET E

E7a. About how old were you the first time you used sedatives or tranquilizers on your own?

AGE

### HAND RESPONDENT SHOW CARD 8.

E7b. On the average, how often did you use sedatives or tranquilizers on your own in the 12 months before admission to this program?

00 NOT USED AT ALL OVER THE PERIOD

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY → GO TO E7d

07 2 TO 3 TIMES A DAY → GO TO E7d

08 4 OR MORE TIMES A DAY → GO TO E7d

### HAND RESPONDENT SHOW CARD 9.

E7c. Think about the time when you were using sedatives or tranquilizers the most (heaviest) on your own. About how often were you using them?

01 LESS THAN ONCE A MONTH → GO TO E7I

02 1 TO 3 TIMES A MONTH → GO TO E7I

03 1 TO 2 TIMES A WEEK → GO TO E7e

04 3 TO 4 TIMES A WEEK → GO TO E7e

05 5 TO 6 TIMES A WEEK → GO TO E7e

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E7d. How old were you when you began using sedatives or tranquilizers daily?

--	--

 AGE

E7e. How old were you when you began using sedatives or tranquilizers regularly (at least once a week)?

--	--

 AGE

E7f. How long was the longest period of time when you used sedatives or tranquilizers at least once a week?

YEARS	MONTHS	WEEKS

**HAND RESPONDENT SHOW CARD 11.**

E7g. How did you usually use sedatives or tranquilizers during this period?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E7h. Since you started using sedatives or tranquilizers regularly (at least once a week), what is the longest period of time you did not use sedatives or tranquilizers on your own?

YEARS	MONTHS	WEEKS

E7i. At that time, were you in a treatment program; in jail, prison, or juvenile detention; or did you stop on your own?

- 01 IN A TREATMENT PROGRAM
- 02 IN JAIL, PRISON, OR JUVENILE DETENTION
- 03 STOPPED ON OWN
- 04 OTHER (SPECIFY) \_\_\_\_\_

E7j. How old were you at that time?

--	--

 AGE

E7k. When was the last time you used sedatives or tranquilizers regularly?

- 01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E7m**
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

E7l. When was the most recent time you used sedatives or tranquilizers on your own?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E7m. About how often did you use sedatives or tranquilizers around that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E7n. How did you usually use sedatives or tranquilizers around that time?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E7o. What types of sedatives and tranquilizers were you taking around that time?  
**[CIRCLE ALL MENTIONS.]**

- 71 sedatives and sleeping pills
- 72 barbiturates
- 73 benzodiazapenes, such as Xanax, Valium, or Librium
- 74 other tranquilizers

**SKIP: IF MORE THAN ONE IS CIRCLED, ASK E7p; OTHERWISE, GO TO E8.**

E7p. Which type did you use most often around that time for nonmedical reasons?  
**[RECORD CODE FROM E7o.]**

CODE FROM E7o

**HAND RESPONDENT PILL CARD D.**

E8. Has a doctor ever legitimately prescribed any stimulants for you for a physical or emotional problem or condition in the 12 months before admission?

01 YES

02 NO → **GO TO E9**

E8a. How many prescriptions for stimulants did you get in the 12 months before admission?

PRESCRIPTIONS

E8b. Which stimulants were prescribed in these 12 months?  
**[RECORD NUMBERS OF FIRST 3 MENTIONED.]**

E8c. In these 12 months, about how many weeks did you use stimulants as prescribed?

WEEKS

E9. About how many times in your life have you used amphetamines or other stimulants for nonmedical reasons?

00 NEVER USED NONMEDICALLY → GO TO E10

01 1 OR 2 TIMES → GO TO E10

02 3 TO 5 TIMES → GO TO E10

03 6 TO 10 TIMES

04 11 TO 49 TIMES

05 50 TO 99 TIMES

06 100 TO 199 TIMES

07 200 OR MORE TIMES

TALLY AMPHETAMINES OR OTHER STIMULANTS  
USE ON TALLY SHEET E

E9a. About how old were you the first time you actually used amphetamines or stimulants for nonmedical reasons?

AGE

#### HAND RESPONDENT SHOW CARD 8.

E9b. On the average, how often did you use amphetamines or other stimulants in the 12 months before admission to this program?

00 NOT USED AT ALL OVER PERIOD

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY → GO TO E9d

07 2 TO 3 TIMES A DAY → GO TO E9d

08 4 OR MORE TIMES A DAY → GO TO E9d

#### HAND RESPONDENT SHOW CARD 9.

E9c. Think about the time when you were using amphetamines or stimulants the most (heaviest). About how often were you using them?

01 LESS THAN ONCE A MONTH → GO TO E9I

02 1 TO 3 TIMES A MONTH → GO TO E9I

03 1 TO 2 TIMES A WEEK → GO TO E9e

04 3 TO 4 TIMES A WEEK → GO TO E9e

05 5 TO 6 TIMES A WEEK → GO TO E9e

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E9d. How old were you when you began using amphetamines or stimulants daily?

--	--

 AGE

E9e. How old were you when you began using amphetamines or stimulants regularly (at least once a week)?

--	--

 AGE

E9f. How long was the longest period of time when you used amphetamines or stimulants at least once a week?

YEARS	MONTHS	WEEKS

**HAND RESPONDENT SHOW CARD 11.**

E9g. How did you usually use amphetamines and stimulants during this period?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E9h. Since you started using amphetamines or stimulants regularly (at least once a week), what is the longest period of time you did not use amphetamines or stimulants on your own?

YEARS	MONTHS	WEEKS

E9i. At that time, were you in a treatment program; in jail, prison, or juvenile detention; or did you stop on your own?

- 01 IN A TREATMENT PROGRAM
- 02 IN JAIL, PRISON, OR JUVENILE DETENTION
- 03 STOPPED ON OWN
- 04 OTHER (SPECIFY) \_\_\_\_\_

E9j. How old were you at that time?

--	--

 AGE

E9k. When was the last time you used amphetamines or stimulants regularly?

- 01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E9m**
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

E9l. When was the most recent time you used amphetamines or stimulants on your own?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E9m. About how often did you use amphetamines or stimulants around that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E9n. How did you usually use amphetamines or stimulants around that time?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E9o. How old were you when you first used methamphetamine or ice?

**[IF NEVER, RECORD 00 AND GO TO E10.]**

AGE

E9p. When was the most recent time you used methamphetamine or ice?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E9q. About how often did you use methamphetamine or ice around that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 OR 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E9r. How did you use methamphetamine or ice around that time?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E10. Has a doctor ever prescribed major tranquilizers such as Thorazine, Stelazine, or Lithium or major antidepressants such as Elavil or Prozac?

- 00 NEITHER → **GO TO E11**
- 01 MAJOR TRANQUILIZERS
- 02 MAJOR ANTIDEPRESSANTS
- 03 BOTH

E10a. Did you use either major tranquilizers or major antidepressants in the 12 months before admission?

- 00 NEITHER
- 01 MAJOR TRANQUILIZERS
- 02 MAJOR ANTIDEPRESSANTS
- 03 BOTH

E11. About how many times in your life have you used LSD, PCP, or any other hallucinogen or psychedelic?

- 00 NEVER USED → **GO TO E12**
- 01 1 OR 2 TIMES → **GO TO E12**
- 02 3 TO 5 TIMES → **GO TO E12**
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

E11a. About how old were you the first time you actually used hallucinogens or psychedelics?

<input type="text"/>	<input type="text"/>	AGE
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**HAND RESPONDENT SHOW CARD 8.**

E11b. On the average, how often did you use hallucinogens in the 12 months before admission to this program?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY → **GO TO E11d**
- 07 2 TO 3 TIMES A DAY → **GO TO E11d**
- 08 4 OR MORE TIMES A DAY → **GO TO E11d**

**HAND RESPONDENT SHOW CARD 9.**

E11c. Think about the time when you were using hallucinogens the most (heaviest). About how often were you using them?

- 01 LESS THAN ONCE A MONTH → **GO TO E11i**
- 02 1 TO 3 TIMES A MONTH → **GO TO E11i**
- 03 1 TO 2 TIMES A WEEK → **GO TO E11e**
- 04 3 TO 4 TIMES A WEEK → **GO TO E11e**
- 05 5 TO 6 TIMES A WEEK → **GO TO E11e**
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E11d. How old were you when you began using hallucinogens daily?

--	--

 AGE

E11e. How old were you when you began using hallucinogens regularly?

--	--

 AGE

E11f. How long was the longest period of time when you used hallucinogens at least once a week?

YEARS	MONTHS	WEEKS						
<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>		

**HAND RESPONDENT SHOW CARD 11.**

E11g. How did you usually use hallucinogens during this period?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E11h. When was the last time you used hallucinogens regularly?

- 01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E11j**
- 02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

E11i. When was the most recent time you used any hallucinogens?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

**HAND RESPONDENT SHOW CARD 9.**

E11j. About how often did you use hallucinogens around that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E11k. How did you usually use hallucinogens around that time?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E11l. How old were you when you first used PCP? **[IF NEVER, RECORD 00 AND GO TO E12.]**

AGE

E11m. When was the most recent time you used PCP?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E11n. About how often did you use PCP around that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E11o. How did you usually use PCP?

01 BY MOUTH (EAT, CHEW)

02 BY SMOKING IT

03 BY INHALING, SNORTING, OR SNIFFING IT

04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")

05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")

06 BY FREEBASING

07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E12. About how many times in your life have you used inhalants or things you sniff such as glue, gasoline, paint thinner, or aerosol sprays?

- 00 NEVER → **GO TO E13**
- 01 1 OR 2 TIMES → **GO TO E13**
- 02 3 TO 5 TIMES → **GO TO E13**
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

E12a. About how old were you the first time you used inhalants?

		AGE
--	--	-----

**HAND RESPONDENT SHOW CARD 8.**

E12b. On the average, how often did you use inhalants in the 12 months before admission to this program?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY → **GO TO E12d**
- 07 2 TO 3 TIMES A DAY → **GO TO E12d**
- 08 4 OR MORE TIMES A DAY → **GO TO E12d**

**HAND RESPONDENT SHOW CARD 9.**

E12c. Think about the time when you were using them the most (heaviest). About how often were you using them?

- 01 LESS THAN ONCE A MONTH → **GO TO E12f**
- 02 1 TO 3 TIMES A MONTH → **GO TO E12f**
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E12d. How old were you the first time you used inhalants regularly (at least once a week)?

--	--

 AGE

E12e. When was the last time you used inhalants regularly?

01 WITHIN THE MONTH BEFORE ADMISSION → **GO TO E12g**

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

E12f. When was the most recent time you used inhalants?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

**HAND RESPONDENT SHOW CARD 9.**

E12g. About how often did you use inhalants around that time?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 12.**

E13. During the 12 months before admission, what type of drug that you used would you say was your favorite drug for taking regularly? Some people call this their "drug of choice." **[IF NO DRUG WAS FAVORITE, RECORD 00.] [RECORD CODE FROM SHOW CARD 12.]**

INTAKE FAVORITE DRUG (SPECIFY) \_\_\_\_\_

E14. During the 12 months before admission, what type of drug that you used caused you the most serious problems, such as problems with family, friends, or the law; problems feeling dependent on the drug; or health or emotional problems? **[RECORD VERBATIM AND ENTER CODE.] [IF DRUG USE DID NOT CAUSE A PROBLEM, RECORD 00 AND GO TO E17.] [RECORD CODE FROM SHOW CARD 12.]**

PRIMARY PROBLEM DRUG (SPECIFY) \_\_\_\_\_

**SKIP: IF E14 CODE = 32, 62, 75, OR 92 AND SPECIFIC DRUG IS MENTIONED, GO TO E14a. OTHERWISE, GO TO E15.**

E14a. How many times have you used (PRIMARY PROBLEM DRUG)?

- 00 NEVER
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

E14b. How old were you the first time you used (PRIMARY PROBLEM DRUG)?

AGE

E14c. How old were you when you began using it regularly (once a week or more often)? **[IF NEVER, ENTER 00 AND GO TO E14e.]**

AGE

**HAND RESPONDENT SHOW CARD 11.**

E14d. Thinking of the whole period since you started using it regularly, how did you take it most often?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

E14e. When did you last use (PRIMARY PROBLEM DRUG)?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E14f. How often did you use it at that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E14g. During the most recent period when you used it, how did you usually take it?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

**HAND RESPONDENT SHOW CARD 8.**

E14h. On the average, how often did you use (PRIMARY PROBLEM DRUG) in the 12 months before admission?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 12.**

E15. You said that (PRIMARY PROBLEM DRUG) caused you the most serious problems. During the past 12 months, did using any other drug cause you to have problems?

01 YES                      02 NO → GO TO E17

E15a. Which drug caused you these problems?

**[RECORD VERBATIM AND ENTER CODE FROM SHOW CARD 12.]**

SECOND PROBLEM DRUG (SPECIFY) \_\_\_\_\_

**SKIP: IF E15a CODE = 32, 62, 75, OR 92 AND SPECIFIC DRUG IS MENTIONED, GO TO E15b. OTHERWISE, GO TO E16.**

E15b. How many times have you used (SECOND PROBLEM DRUG)?

- 00 NEVER
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

E15c. How old were you the first time you used (SECOND PROBLEM DRUG)?

AGE

E15d. How old were you when you began using it regularly (once a week or more often)?

**[IF NEVER, RECORD 00.]**

AGE

E15e. When did you last use (SECOND PROBLEM DRUG)?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E15f. How often did you use it at that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E15g. During the most recent period when you used it, how did you usually take it?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

**HAND RESPONDENT SHOW CARD 8.**

E15h. On the average how often did you use (SECOND PROBLEM DRUG) in the 12 months before admission?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 12.**

E16. Did any other drugs cause you problems during the past year? **[RECORD VERBATIM AND ENTER CODE.]**

- 01 YES                      02 NO → **GO TO E17**

E16a. Which drug caused you the next most serious problems during the past 12 months?

THIRD PROBLEM DRUG (SPECIFY) \_\_\_\_\_

**SKIP: IF E16a CODE = 32, 62, 75, OR 92 AND SPECIFIC DRUG IS MENTIONED, GO TO E16b. OTHERWISE, GO TO E17.**

E16b. How many times have you used (THIRD PROBLEM DRUG)?

- 00 NEVER
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

E16c. How old were you the first time you used (THIRD PROBLEM DRUG)?

AGE

E16d. How old were you when you began using it regularly (once a week or more often)?  
**[IF NEVER, RECORD 00.]**

AGE

E16e. When did you last use (THIRD PROBLEM DRUG)?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 9.**

E16f. How often did you use it at that time?

- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 11.**

E16g. During the most recent period when you used it, how did you usually take it?

- 01 BY MOUTH (EAT, CHEW)
- 02 BY SMOKING IT
- 03 BY INHALING, SNORTING, OR SNIFFING IT
- 04 BY INJECTING IT INTO A VEIN (INTRAVENOUS "MAINLINE")
- 05 BY INJECTING IT SOMEWHERE ELSE (INTRAMUSCULAR "SKIN POP")
- 06 BY FREEBASING
- 07 SOME OTHER WAY (SPECIFY) \_\_\_\_\_

**HAND RESPONDENT SHOW CARD 8.**

E16h. On the average, how often did you use (THIRD PROBLEM DRUG) in the 12 months before admission?

- 00 NOT USED AT ALL OVER THE PERIOD
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

E17. When you were using drugs, did you generally take them . . . ?

- 01 by yourself
- 02 with 1 or 2 other people
- 03 in a group

E18. Where did you usually take drugs?

- 01 at home
- 02 at friend's or relative's home
- 03 at a "shooting gallery"
- 04 on the street
- 05 in a motor vehicle
- 06 some other place (SPECIFY TYPE OF PLACE) \_\_\_\_\_

E19. Have you ever overdosed on drugs?

- 01 YES
- 02 NO → **GO TO E20**

E19a. How many times have you ever OD'd?

TIMES

E19b. How many times did you OD on drugs in the 12 months before admission?  
**[IF NONE, RECORD 00 AND GO TO E20.]**

TIMES

**HAND RESPONDENT SHOW CARD 12.**

E19c. On which drugs did you OD in those 12 months? **[RECORD CODE FROM SHOW CARD 12.]**

FIRST DRUG        SECOND DRUG        THIRD DRUG

E20. In the 12 months before admission, how much would you say you spent on drugs for your own nonmedical use, excluding alcohol?

\$    ,    .00  
DOLLARS

E21. In the 12 months before admission, did you use any drugs that you did not pay for with money, such as drugs given to you by friends, drugs you got for free because you were selling them, or drugs that were given to you in exchange for sex?

01 YES                      02 NO → **GO TO E22**

E21a. If you had paid for the drugs you got for free in the 12 months before admission, about how much would they have cost you?

\$    ,    .00  
DOLLARS

E22. In the 12 months before admission to this program, did you ever use drugs with a needle, syringe, or “works”?

01 YES                      02 NO → **GO TO E25**

E22a. In the 12 months before admission, did you ever use a needle, syringe, or “works” to shoot up drugs after anyone else had used it?

01 YES                      02 NO → **GO TO E25**

E22b. In the 12 months before admission, how many times did you use a needle, syringe, or “works” to shoot up drugs after (CATEGORY) had used it? **[RECORD UNDER COLUMN E22b.]**

CATEGORY	<u>E22b.</u> NUMBER OF TIMES
1. your regular sexual partner or spouse . . . . .	<input type="text"/> <input type="text"/>
2. anyone you had had sex with but hadn't known very long . . . . .	<input type="text"/> <input type="text"/>
3. a prostitute . . . . .	<input type="text"/> <input type="text"/>
4. someone you know or thought had AIDS or had a positive HIV test . . . . .	<input type="text"/> <input type="text"/>
5. a man you know or thought was homosexual or bisexual . . . . .	<input type="text"/> <input type="text"/>
6. people you didn't know very long or strangers. . . . .	<input type="text"/> <input type="text"/>

E23. In the 12 months before admission, did you try to clean the needles and syringes other people had used before you used them?

01 YES                      02 NO → **GO TO E25**

**HAND RESPONDENT SHOW CARD 13.**

E24. In the 12 months before admission, when you cleaned needles and syringes after others had used them, how often did you . . . ?

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
a. use alcohol and rinse with clean water . . . . .	00	01	02	03	04
b. use bleach or Clorox and rinse with clean water . . . . .	00	01	02	03	04
c. boil them in water only . . . . .	00	01	02	03	04
d. rinse them in water that someone else had used to clean needles . . . . .	00	01	02	03	04
e. rinse them in clean water only . . . . .	00	01	02	03	04
f. use some other method (SPECIFY) _____ . . . . .	00	01	02	03	04

E25. Excluding your treatment here (this time), had you ever received any treatment that was primarily for the abuse or addiction of drugs other than alcohol?

01 YES                      02 NO → **GO TO E31**

E25a. How old were you the first time you entered a treatment program that was primarily for drugs other than alcohol?

AGE

E26. Have you ever been treated primarily for drug problems at (TYPE OF TREATMENT)?

**IF YES, RECORD IN COLUMN E26 FOR TREATMENT TYPE, THEN ASK E26a-e.**

**IF NO, RECORD IN COLUMN E26 FOR TREATMENT TYPE, THEN ASK E26 FOR NEXT TREATMENT TYPE.**

- a. How old were you when you first received treatment that was primarily for drug problems at (TYPE OF TREATMENT)? **[RECORD IN COLUMN E26a.]**
- b. How many different times were you admitted to (TYPE OF TREATMENT) primarily for the treatment of drug problems? **[RECORD IN COLUMN E26b.]**
- c. Altogether, how many weeks have you spent at (TYPE OF TREATMENT)? **[RECORD IN COLUMN E26c.]**
- d. What was the date of your last discharge from drug treatment at (TYPE OF TREATMENT)? **[RECORD IN COLUMN E26d.]**
- e. What was the reason for your last discharge from drug treatment at (TYPE OF TREATMENT)? **[RECORD CODE FROM REASONS FOR DISCHARGE IN COLUMN E26e. IF 08 "OTHER" IS RECORDED IN E26e, THEN SPECIFY. ASK E26 FOR NEXT TYPE OF TREATMENT.]**

## DRUG TREATMENT CHART

TYPE OF TREATMENT	<u>E26.</u>		<u>E26a.</u>	<u>E26b.</u>	<u>E26c.</u>	<u>E26d.</u>	<u>E26e.</u>
	EVER <u>TREATED</u>	YES NO	AGE AT FIRST TREATMENT	NUMBER OF ADMISSIONS	TOTAL NUMBER OF WEEKS IN TREATMENT	DATE OF LAST <u>DISCHARGE</u> MONTH/YEAR	REASON FOR LAST DISCHARGE
a. a 28-day or other short-term inpatient. or chemical dependency treatment program . . . . .	01	02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY)
b. a therapeutic community or other . long-term residential treatment program . . . . .	01	02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY)
c. a methadone program . . . . .	01	02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY)
d. an outpatient drug treatment program . .	01	02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY)
e. any other type of drug treatment such as a halfway house . . . . .	01	02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY)
f. short-term (21 days or less) detoxification program . . . . .	01	02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY)

### REASONS FOR DISCHARGE

- |  |  |
|--|--|
| 01 Completed treatment<br>02 Discharged because of hospitalization,<br>incarceration, other institutionalization<br>03 Transferred to component of same program<br>or another drug treatment program<br>04 Transferred to another social service | 05 Involuntarily discharged for noncompliance<br>06 Voluntarily dropped out before treatment completed for personal<br>reasons (moved, probation/parole ended, control use, etc.)<br>07 Quit because of dissatisfaction with program<br>08 Other (SPECIFY) |
|--|--|

E27. What is the longest time you ever stayed in a drug treatment program (excluding AA, NA, or CA, any 12-step program, or private physician)?

YEARS	

MONTHS	

WEEKS	

E28. What type of program was it?

- 01 SHORT-TERM INPATIENT
- 02 LONG-TERM RESIDENTIAL OR THERAPEUTIC COMMUNITY
- 03 METHADONE
- 04 OUTPATIENT
- 05 OTHER (SPECIFY) \_\_\_\_\_
- 06 DETOXIFICATION
- 07 STILL IN LONG-TERM MAINTENANCE → **GO TO E31**

E29. Why did you leave?

- 01 COMPLETED TREATMENT
- 02 DISCHARGED BECAUSE OF HOSPITALIZATION, INCARCERATION, OTHER INSTITUTIONALIZATION
- 03 TRANSFERRED TO COMPONENT OF SAME PROGRAM OR ANOTHER DRUG TREATMENT PROGRAM
- 04 TRANSFERRED TO ANOTHER SOCIAL SERVICE
- 05 INVOLUNTARILY DISCHARGED FOR NONCOMPLIANCE
- 06 VOLUNTARILY DROPPED OUT BEFORE TREATMENT COMPLETED FOR PERSONAL REASONS (MOVED, PROBATION/PAROLE ENDED, CONTROL USE, ETC.)
- 07 QUIT BECAUSE OF DISSATISFACTION WITH PROGRAM
- 08 OTHER (SPECIFY) \_\_\_\_\_

E30. When did you leave?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

E31. Have you ever received help primarily for drug problems from a private physician, psychiatrist, psychologist, or counselor?

01 YES

02 NO → GO TO E32

E31a. When did you last receive any treatment for drug problems from one of these professionals?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

E32. Before this admission, did you ever attend Narcotics Anonymous (NA) or Cocaine Anonymous (CA)?

01 YES

02 NO → GO TO E33

E32a. What was the longest single period that you attended NA or CA?

YEARS	
<input type="text"/>	<input type="text"/>

MONTHS	
<input type="text"/>	<input type="text"/>

WEEKS	
<input type="text"/>	<input type="text"/>

E32b. When was the last time you attended one of these meetings?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

E33. Have any of your relatives, including parents, grandparents, aunts, uncles, brothers, and sisters, ever had a problem with drugs or alcohol? Just include those who are related to you by blood.

01 YES ↓                      02 NO → GO TO SECTION F

E33a. Please tell me who had such a problem. [CODE BELOW IN COLUMN E33a.] Anyone else?

E33b. Was your (RELATIVE'S) problem with alcohol, drugs, or both?  
**[CODE BELOW IN COLUMN E33b. IF RESPONDENT REPORTS 2 OR MORE PERSONS IN THE SAME CATEGORY (E.G., 2 BROTHERS) WITH DIFFERENT TYPES OF PROBLEMS, CODE 03.]**

E33c. Did your (RELATIVE) ever receive professional treatment for the (alcohol/drugs/alcohol or drugs) problem? **[CODE BELOW IN COLUMN E33c. IF RESPONDENT REPORTS 2 OR MORE PERSONS IN THE SAME CATEGORY AND IF ANY ONE OF THE PERSONS RECEIVED TREATMENT, CODE 01.]**

RELATIVE	E33a.		E33b.			E33c.	
	PROBLEM?		TYPE OF PROBLEM?			RECEIVED TREATMENT?	
	YES		ALCOHOL	DRUGS	BOTH	YES	NO
a. mother . . . . .	01		01	02	03	01	02
b. father . . . . .	01		01	02	03	01	02
c. mother's mother, father, brother, or sister . . . . .	01		01	02	03	01	02
d. father's mother, father, brother, or sister . . . . .	01		01	02	03	01	02
e. brother or sister. . . . .	01		01	02	03	01	02

**SECTION F.**  
**MENTAL HEALTH STATUS**

--

F1. Now, I'd like to ask you a few questions about any problems you may have had with emotions, nerves, or your mental health. In your lifetime, have you had at least one period of 4 weeks or more when you were very anxious, tense, or nervous and had other problems at the same time, such as trembling, shaking, your heart beating fast, or feeling something bad was going to happen?

- 01 YES                      02 NO → **GO TO F2**

F1a. How many periods of 4 weeks or more have you had when you were very anxious, tense, or nervous?  
**[IF MORE THAN 01, GO TO F1c.]**

--	--

 PERIODS

F1b. Was this period a direct result of your drug or alcohol use?

- 01 YES → **GO TO F2**  
02 NO → **GO TO F1d**

F1c. Were all, some, or none of these periods a direct result of your drug or alcohol use?

- 01 ALL → **GO TO F2**  
02 SOME  
03 NONE

F1d. How old were you when you first felt very anxious or tense and it was not a result of drugs or alcohol?

--	--

 AGE

F1e. How long has it been since you (last) felt very anxious or tense and it was not as a result of drugs or alcohol?

- 01 WITHIN THE MONTH BEFORE ADMISSION  
02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS  
03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

F2. In your lifetime, have you had at least 2 weeks during which you felt very sad, blue, depressed, or you lost interest and pleasure in things you usually cared about or enjoyed?

01 YES

02 NO → GO TO F3

F2a. Did you have other problems at the same time, for example, difficulty sleeping, loss of appetite, feeling hopeless or guilty, or having thoughts of ending your life?

01 YES

02 NO → GO TO F3

F2b. How many periods of 2 weeks or more have you had when you felt very sad, blue, depressed, or lost interest in things and also had some of these other problems at the same time? **[IF MORE THAN 01, GO TO F2d.]**

PERIODS

F2c. Was this period a direct result of your drug or alcohol use?

01 YES → GO TO F3

02 NO → GO TO F2e

F2d. Were all, some, or none of these periods a direct result of your drug or alcohol use?

01 ALL → GO TO F3

02 SOME

03 NONE

F2e. How old were you when you first felt very sad, blue, or depressed for 2 weeks or more and had some of these other problems when it was not the direct result of drugs or alcohol?

AGE

F2f. Was it right after someone close to you died?

01 YES → GO TO F2h

02 NO

F2g. (Was it/Were they) always the result of a physical illness?

01 YES

02 NO

F2h. When was the last time you felt very sad, blue, or depressed and it was not a result of drugs or alcohol?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

F3. In your lifetime, have you ever thought a lot about ending your life or committing suicide?

01 YES

02 NO → **GO TO F4**

F3a. When was the last time you thought about committing suicide?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

F3b. Have your thoughts of suicide always been the direct result of the effects of drugs or alcohol?

01 YES

02 NO

F4. In your lifetime, have you ever attempted suicide?

01 YES

02 NO → **GO TO F5**

F4a. How many times have you ever attempted suicide?

TIMES

F4b. When was the last time you attempted suicide?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

F4c. Have your attempts always been the direct result of the effects of drugs or alcohol?

01 YES

02 NO

F5. In your lifetime, have you ever had trouble controlling your temper or violent behavior?

01 YES

02 NO → **GO TO F6**

F5a. Were all, some, or none of your temper outbursts or violent behavior the direct result of your drug or alcohol use?

01 ALL → **GO TO F6**

02 SOME

03 NONE

F5b. When was the last time you had trouble with your temper outbursts or violent behavior and it was not the direct result of your drug or alcohol use?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

F6. In your lifetime, have you ever felt very suspicious of other people or what they might be up to?

- 01 YES                      02 NO → **GO TO F7**

F6a. Was this feeling always the direct result of the effects of drug or alcohol use?

- 01 YES → **GO TO F7**    02 NO

F6b. When this suspiciousness was not the result of the effects of drugs or alcohol, was it always because you were involved in illegal activities and were afraid of the police or others who were involved in illegal activities?

- 01 YES → **GO TO F7**    02 NO

F6c. When was the last time you felt very suspicious of other people and it was not the result of drugs, alcohol, or being worried about your illegal activities?

- 01 WITHIN THE MONTH BEFORE ADMISSION  
02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS  
03 MORE THAN 1 YEAR AGO → How old were you?   AGE

F7. In your lifetime, have you ever thought someone could control your thoughts or had hallucinations, that is, you saw or heard things that no one else could see or hear?

- 01 YES                      02 NO → **GO TO F8**

F7a. Were all, some, or none of these hallucinations a direct result of your drug or alcohol use?

- 01 ALL → **GO TO F8**  
02 SOME  
03 NONE

F7b. When was the last time you had hallucinations, that is, you saw or heard things no one else could see or hear, when it was not the result of your drug or alcohol use?

- 01 WITHIN THE MONTH BEFORE ADMISSION  
02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS  
03 MORE THAN 1 YEAR AGO → How old were you?   AGE

F8. Have you ever had trouble understanding, concentrating, or remembering?

01 YES

02 NO → **GO TO F9**

F8a. Was this always a direct result of your drug or alcohol use?

01 YES

02 NO

F9. Have you ever received any disability payments, benefits, or a pension for a psychiatric disability?

01 YES

02 NO

F10. During the 12 months before admission, did you take any prescribed medication on a regular basis for a mental health or emotional problem?

01 YES

02 NO

F11. Are you currently taking any medication prescribed by a doctor for a mental health or emotional problem?

01 YES

02 NO

F12. Have you ever stayed overnight anywhere for treatment of emotional or mental health problems other than problems associated with drug or alcohol use?

01 YES

02 NO → **GO TO F16**

F12a. How old were you the first time you were admitted or stayed overnight somewhere for treatment of a mental health problem?

AGE

F13. How many times have you ever stayed overnight for treatment of emotions, nerves, or your mental health at (TYPE OF TREATMENT)?

TYPE OF TREATMENT	NUMBER OF TIMES
a. a community mental health center. . . . .	<input type="text"/> <input type="text"/>
b. a private psychiatric hospital or facility. . . . .	<input type="text"/> <input type="text"/>
c. a public or State psychiatric hospital or facility. . . . .	<input type="text"/> <input type="text"/>
d. any other hospital, including any general or VA hospital . . . . .	<input type="text"/> <input type="text"/>
e. an emergency room or crisis center . . . . .	<input type="text"/> <input type="text"/>
f. any other place for emotional or mental health problems. (SPECIFY) _____ . . . . .	<input type="text"/> <input type="text"/>

F14. Altogether in your lifetime, what is the total number of days you have stayed overnight for treatment primarily for emotions, nerves, or mental health?

DAYS

F14a. How many days have you stayed overnight for treatment primarily for emotions, nerves, or mental health in the 12 months before admission to this program?

DAYS

F15. When was the last time you stayed overnight for treatment of emotions, nerves, or mental health?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

F15a. What type of program was that?

- 01 a community mental health center
- 02 a private psychiatric hospital or facility
- 03 a public or State psychiatric hospital or facility
- 04 any other hospital, including any general or VA hospital
- 05 an emergency room or crisis center
- 06 any other place for emotional or mental health problems  
(SPECIFY) \_\_\_\_\_

F16. Have you ever had outpatient treatment or counseling for a mental health or emotional problem other than those associated with drug or alcohol use?

01 YES

02 NO → GO TO F21

F17. How many times have you ever had outpatient treatment or counseling for a mental health or emotional problem other than those associated with drug or alcohol use (TYPE OF TREATMENT)?

TYPE OF TREATMENT	NUMBER OF TIMES
a. at a community mental health center . . . . .	<input type="text"/> <input type="text"/>
b. from a private therapist, psychiatrist, psychologist, social worker, or counselor . . . . .	<input type="text"/> <input type="text"/>
c. from a family physician or other medical doctor . . . . .	<input type="text"/> <input type="text"/>
d. at a private psychiatric hospital or facility . . . . .	<input type="text"/> <input type="text"/>
e. at a public or State psychiatric hospital or facility . . . . .	<input type="text"/> <input type="text"/>
f. at any other hospital, including any general or VA hospital. . . . .	<input type="text"/> <input type="text"/>
g. from anywhere else (SPECIFY) _____ . . . . .	<input type="text"/> <input type="text"/>

F18. Altogether in your lifetime, approximately how many outpatient visits have you had for treatment for nerves, emotions, or mental health?

VISITS

F18a. How many of these visits were in the 12 months before admission to this program?

VISITS

F19. When was the last time you received outpatient treatment for nerves, emotions, or mental health?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?  AGE

F20. What type of program was that?

- 01 a community mental health center
- 02 a private therapist, psychiatrist, psychologist, social worker, or counselor
- 03 a family physician or other medical doctor
- 04 a private psychiatric hospital or facility
- 05 a public or State psychiatric hospital or facility
- 06 any other hospital, including any general or VA hospital
- 07 anywhere else (SPECIFY) \_\_\_\_\_

F21. How troubled or distressed (bothered) are you now by emotional or psychological problems? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very troubled

F22. In the 12 months before admission to this program, did you have any mental health or emotional problems because of your alcohol or drug use?

- 01 YES
- 02 NO → **GO TO F23**

F22a. How serious were any problems you had because of your drug or alcohol use? Would you say . . .

- 01 not at all
- 02 somewhat
- 03 very serious

F23. How important to you now is treatment or counseling for emotional, nervous, or mental health problems? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very important

F24. Have any of your relatives ever had any mental health or emotional problems? Just include those who are related to you by blood.

01 YES ↓

02 NO → GO TO SECTION G

F24a. Please tell me who had such a problem. **[CODE BELOW IN COLUMN F24a.]** Anyone else?

F24b. Was your (RELATIVE) ever hospitalized for the problem? **[CODE BELOW IN COLUMN F24b. IF ANY PERSON IN CATEGORY WAS EVER HOSPITALIZED, CODE 01.]**

RELATIVE	F24a.	F24b.	
	PROBLEM?	HOSPITALIZED?	
	YES	YES	NO
a. mother . . . . .	01	01	02
b. father . . . . .	01	01	02
c. mother's mother, father, brother, or sister . . . . .	01	01	02
d. father's mother, father, brother, or sister . . . . .	01	01	02
e. brother or sister. . . . .	01	01	02



**SECTION G.  
ILLEGAL INVOLVEMENT**

G1. Now, I'd like to ask about your involvement with the police, courts, and illegal activities. Let me remind you that this information will remain confidential. How many traffic tickets have you received in your lifetime for moving violations, such as speeding, running a light, or causing an accident? [DO NOT COUNT DWI OR DUI.]

- 00 NONE → **GO TO G1c**
  - 01 1 TO 3 TICKETS → **GO TO G1c**
  - 02 4 TO 5 TICKETS
  - 03 6 TO 10 TICKETS
  - 04 11 TO 49 TICKETS
  - 05 50 TO 99 TICKETS
  - 06 100 TO 199 TICKETS
  - 07 200 OR MORE TICKETS
- } → **TALLY ON TALLY SHEET Y  
AND GO TO G1a**

G1a. How old were you the first time you were given a traffic ticket?

--	--

 AGE

G1b. When was the last time you were given a traffic ticket?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

G1c. How many times have you ever been arrested for driving while intoxicated or driving under the influence?

- 00 NONE → **GO TO G2**
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

G1d. How many times were you arrested for DWI or DUI in the 12 months before admission?

--	--

 TIMES

G2. In your lifetime, how many times had you ever been arrested and booked (including fingerprinting) for something other than a traffic violation?

- 00 NEVER → **GO TO G16**
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

G3. How old were you the first time you were (arrested/sent to juvenile court)?

--	--

AGE

**IF DK, ASK:** Do you think it was before you were 15 or was it later than that?

IF UNDER 15, <b>RECORD 01.</b>
IF 15 OR MORE, <b>RECORD 95.</b>
IF STILL DK, <b>RECORD DK UNDER AGE BOX.</b>

<b>SKIP: IF CURRENT AGE IS UNDER 18, GO TO G6b. IF 18 OR OLDER AND AGE AT FIRST ARREST IS UNDER 18, GO TO G5.</b>
---

G4. Had you ever been arrested before age 18 (not including traffic violations)?

- 01 YES → **GO TO G5**
- 02 NO

G4a. Have you ever been sent to juvenile court?

- 01 YES
- 02 NO → **GO TO G6**

G5. How many times were you arrested or sent to juvenile court before age 18?

- 00 NEVER
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES



**SKIP: CHECK TALLY SHEET A. IF RESPONDENT IS YOUNGER THAN 18, GO TO G6b. OTHERWISE, CONTINUE TO G6.**

G6. How many times have you been arrested since age 18 for anything besides a traffic violation?

- 00 NEVER → GO TO G7
- 01 1 OR 2 TIMES
- 02 3 TO 5 TIMES
- 03 6 TO 10 TIMES
- 04 11 TO 49 TIMES
- 05 50 TO 99 TIMES
- 06 100 TO 199 TIMES
- 07 200 OR MORE TIMES

G6a. How old were you the first time you were arrested since you were 18 years old for anything besides a traffic violation?

AGE

G6b. When was the last time you were arrested for anything besides a traffic violation?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?  MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?  AGE

G7. Have you ever been arrested or sent to juvenile court for . . . (TYPE OF OFFENSE FROM ARREST HISTORY CHART)? **[RECORD IN COLUMN G7.]**

**[AFTER COLUMN G7 IS COMPLETED, ASK G8 AND G9 FOR EACH ARREST TYPE CIRCLED 01 UNDER COLUMN G7.]**

G8. How many times had you ever been arrested or sent to juvenile court for . . . (TYPE OF OFFENSE)? **[RECORD NUMBER OF ARRESTS IN COLUMN G8.]**

G9. How many times were you arrested or sent to juvenile court for (TYPE OF OFFENSE) in the 12 months before admission? **[RECORD NUMBER OF TIMES ARRESTED IN COLUMN G9.]**

## ARREST HISTORY CHART

TYPE OF OFFENSE	<u>G7.</u> EVER		<u>G8.</u> TOTAL	<u>G9.</u> ARRESTS
	<u>ARRESTED</u>		ARRESTS	12 MONTHS
	YES	NO	EVER	BEFORE
01 use or possession of marijuana, drugs, liquor law violation, drunk and disorderly . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02 sale or manufacture of drugs . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03 forgery, fraud, embezzlement (including till-tapping, bad checks); buying, receiving, or possession of stolen property (including fencing) . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04 burglary—breaking and entering, unlawful entry, housebreaking, or safecracking . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05 larceny—theft such as pickpocketing, purse snatching (without force), shoplifting, theft from motor vehicles, theft of parts and accessories, theft from buildings or coin machines . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06 pimping, prostitution, or commercialized vice. . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
07 robbery—bank, mugging, armed robbery, or purse snatching with force. . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
08 attacks on persons such as homicides, manslaughter, aggravated assault, forcible rape, or kidnapping . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
09 other offenses where people may be injured such as simple assault or offenses against family and children . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 status offenses such as running away, curfew violations, truancy, etc.. . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 any other offenses such as gambling (including numbers and bookmaking), weapons offenses, probation/parole violations, contempt of court, vagrancy, suspicion, disorderly conduct, or loitering, etc. (SPECIFY) _____.	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



G10. In the 12 months before admission to this program, how many times were you arrested or sent to juvenile court regardless of the charge?

--	--	--

 TIMES

G11. Were you ever high or under the influence of drugs or alcohol at a time when you did things that led to your arrest(s) or being sent to juvenile court?

01 YES                      02 NO

G12. In your lifetime, how many of your arrests and charges resulted in convictions?

--	--	--

 CONVICTIONS

G13. Now, I'm going to ask you about felony convictions. These include times that you may have been judged delinquent in juvenile court for a felony. Were you ever convicted of a felony?

01 YES → **TALLY ON TALLY SHEET Y**                      02 NO → **GO TO G14**

G13a. How old were you the first time you were convicted of a felony?

--	--

 AGE

G13b. When was the last time you were convicted of a felony?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

G14. Have you ever spent time in jail, prison, or a juvenile detention home?

01 YES                      02 NO → **GO TO G16**

G14a. Altogether, how much time did you ever spend in jail, prison, or a juvenile detention home before age 18?

YEARS	MONTHS	WEEKS

**SKIP: CHECK TALLY SHEET A. IF RESPONDENT IS YOUNGER THAN 18, GO TO G14c. OTHERWISE, CONTINUE TO G14b.**

G14b. Since you were 18, how much time have you spent in jail, prison, or a juvenile detention home?

YEARS	

MONTHS	

WEEKS	

G14c. How much time did you spend in jail, prison, or a juvenile detention home during the 12 months before admission to this program?

YEARS	

MONTHS	

WEEKS	

**HAND RESPONDENT SHOW CARD 14.**

G15. What was your last jail, prison, or juvenile detention home sentence for? **[USE CODES ON SHOW CARD 14. IF MULTIPLE CHARGES, CODE THE MOST SEVERE.]**

--	--

 SENTENCE CODE

G15a. How long was your last stay in jail, prison, or juvenile detention home?

YEARS	

MONTHS	

WEEKS	

G15b. When were you last released from jail, prison, or a juvenile detention home?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago? 

--	--

 MONTHS

03 MORE THAN 1 YEAR AGO → How old were you? 

--	--

 AGE

G15c. Did you use illegal drugs during your last stay in jail, prison, or a juvenile detention home?

01 YES

02 NO

G15d. Did you get any drug treatment during your last stay in jail, prison, or a juvenile detention home?

01 YES

02 NO

G16. In the 12 months before admission, how troubled were you by police or legal problems, excluding civil problems?  
Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very troubled

G17. How important to you now is counseling or referral for legal problems? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very important

G18. In the 12 months before admission, did you have any police or legal problems because of using drugs or alcohol?

- 01 YES
- 02 NO → **GO TO G19**

G18a. How serious were the police or legal problems you had because of using drugs or alcohol?  
Would you say . . .

- 01 not at all
- 02 somewhat
- 03 very serious

G19. Do you have legal services (an attorney)?

- 01 YES → **GO TO G20**
- 02 NO

G19a. Do you need legal services (an attorney)?

- 01 YES
- 02 NO

G20. Did you ever support yourself mainly from illegal activity for at least 1 year?

- 01 YES
- 02 NO → **GO TO G21**

G20a. What is the longest time you supported yourself mainly with illegal activity?

YEARS	

MONTHS	

WEEKS	

G20b. What kinds of things did you usually do to support yourself? **[CIRCLE ALL MENTIONS.]**

- 00 VARIETY, NO SPECIFIC TYPE
- 01 DEALING
- 02 HUSTLING
- 03 LARCENY, ROBBERY, BURGLARY
- 04 FORGERY, FRAUD, EMBEZZLEMENT
- 05 PIMPING, PROSTITUTION
- 06 OTHER (SPECIFY) \_\_\_\_\_

G20c. When was the last time you supported yourself mainly from illegal activities?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

**HAND RESPONDENT SHOW CARD 15.**

G21. In the 12 months before admission, how often were you involved in "illegal" or criminal activity in order to get money for drugs?

- 00 NONE
- 01 LESS THAN ONE DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 2 DAYS A WEEK
- 04 3 TO 4 DAYS A WEEK
- 05 5 TO 6 DAYS A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**NOTE: TEAR ILLEGAL ACTIVITIES FORM (NEXT PAGE) FROM QUESTIONNAIRE. CHECK TO BE SURE THAT CLIENT ID LABEL, PR NO., AND DATE ARE ON THE FORM. GIVE FORM, PEN, AND ENVELOPE TO THE RESPONDENT. YOU MUST READ ILLEGAL ACTIVITIES FROM SHOW CARD 16 - SAMPLE FORM, WHILE THE RESPONDENT COMPLETES THE ILLEGAL ACTIVITIES FORM.**

G22. Now, I'd like you to fill out this chart about your involvement in illegal activities, regardless of whether you were arrested for them. I'll describe each category of illegal acts. As I do, please circle "Yes" in the first column if you were involved or "No" if you were never involved.

Don't tell me any of your answers. When you complete the form, check to make sure it is complete, seal it in this envelope, and it will be mailed to the research center. Your answers will be available only for this research study.

COLUMN 1. Were you ever involved in . . . (TYPE OF OFFENSE)?

COLUMN 2. Now, go to the top of Column 2 and for each illegal activity circled "Yes" in Column 1, record in Column 2 how old you were the first time you did that activity. Tell me when you have finished Column 2.

COLUMN 3. Now, go to the top of Column 3 and for each illegal activity circled "Yes" in Column 1, record in Column 3 about how many days or times you ever did that activity. Tell me when you have finished Column 3.

COLUMN 4. Now, in Column 4, I'd like you to record how many days or times you did that activity in the 12 months before admission. Tell me when you are finished with Column 4.

Now, place your answer sheet in the envelope and seal it.

**[WHEN RESPONDENT HAS COMPLETED THE FORM AND THE ENVELOPE IS SEALED, TAKE BACK THE ENVELOPE AND PEN.]**



# ILLEGAL ACTIVITIES

PR No: \_\_\_\_\_

Interview Date: \_\_\_\_\_

## QUESTIONS

G-13

TYPE OF OFFENSE	1.		2.	3.	4.
	Were you ever involved in or did you ever do this? (Circle Yes or No in each box.)		How old were you the first time you did this? (Write in age.)	About how many days or times did you EVER do this? (Write in number.)	In the 12 months before admission, about how many days or times did you do this? (Write in number.)
1. Aggravated assault	Yes 01	No 02			
2. Burglary	Yes 01	No 02			
3. Theft	Yes 01	No 02			
4. Robbery	Yes 01	No 02			
5. Forgery/embezzlement	Yes 01	No 02			
6. Dealing in stolen property/fencing	Yes 01	No 02			
7. Gambling	Yes 01	No 02			
8. Pimping/prostitution	Yes 01	No 02			
9. Selling illegal drugs	Yes 01	No 02			
10. Driving while intoxicated	Yes 01	No 02			

Note: Put "DK" in the box if you do not know the answer. Put "RE" in the box if you do not want to answer the question.



**SECTION H.**  
**EMPLOYMENT/ SUPPORT STATUS**

H1. Now, I'd like to ask some questions regarding your employment status and history. I will ask several questions regarding legitimate jobs. By "legitimate jobs," I mean jobs for pay that do not involve illegal activities. They do include part-time jobs, working for yourself, and jobs paid off the books or under the table. What were you doing most of the week before admission to this program? Were you working, looking for work, keeping house, going to school, or something else?

- 01 WORKING AT A LEGITIMATE JOB INCLUDING WORKING FOR YOURSELF → **GO TO H2b**
- 02 HAD A JOB BUT WAS NOT WORKING → **GO TO H2b**
- 03 LOOKING FOR WORK
- 04 KEEPING HOUSE FOR YOURSELF OR YOUR FAMILY (HOMEMAKER)
- 05 GOING TO SCHOOL OR TRAINING PROGRAM
- 06 UNABLE TO WORK, DISABLED
- 07 RETIRED
- 08 IN JAIL, RESIDENTIAL TREATMENT PROGRAM, OR OTHER INSTITUTION
- 09 INVOLVED IN DRUG-RELATED ACTIVITIES (USING, SELLING, ETC.)
- 10 INVOLVED IN OTHER ILLEGAL ACTIVITIES
- 11 NOT WORKING AND NOT INTERESTED IN WORKING OR LOOKING FOR WORK
- 12 OTHER (SPECIFY) \_\_\_\_\_

H2. Did you work for pay at all that week at any job or task that did not involve illegal activities (including working for yourself)?

- 01 YES → **GO TO H2b**
- 02 NO

H2a. In the week before admission, did you earn any money legally?

**[COUNT EARNINGS ONLY, NOT OTHER INCOME LIKE WELFARE OR SOCIAL SECURITY.]**

- 01 DID NOT EARN MONEY LEGALLY → **GO TO H2f**
- 02 DID EARN MONEY LEGALLY

H2b. Did you lose any time or take any time off for any reason that week such as for an illness, a vacation, or slack work?

- 01 YES
- 02 NO → **GO TO H2d**

H2c. How many hours did you miss?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 HOURS

H2d. In the week before admission, how many hours did you actually work for pay at jobs or tasks that did not involve illegal activities? **[IF 35 HOURS OR MORE, GO TO H3.]**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 HOURS

H2e. What is the main reason you worked less than 35 hours or lost or took time from work the week before your admission to this program?

- 01 SLACK WORK, LAYOFFS, STRIKE
- 02 SEASONAL WORKER (TEACHER, CONSTRUCTION WORKER, ETC.) → **GO TO H3**
- 03 JOB TERMINATED DURING WEEK
- 04 NEW JOB STARTED DURING WEEK
- 05 COULD ONLY FIND PART-TIME WORK
- 06 DRUG OR ALCOHOL PROBLEM
- 07 ILLNESS
- 08 VACATION
- 09 BUSY WITH OTHER ACTIVITIES INCLUDING HOUSEWORK, CHILD OR FAMILY CARE, SCHOOL, ETC.
- 10 DID NOT WANT/NEED FULL-TIME WORK
- 11 WORKWEEK USUALLY UNDER 35 HOURS
- 12 UNABLE TO WORK
- 13 RETIRED
- 14 IN JAIL, RESIDENTIAL TREATMENT PROGRAM, OR OTHER INSTITUTION
- 15 INVOLVED IN ILLEGAL ACTIVITIES
- 16 OTHER (SPECIFY) \_\_\_\_\_

H2f. Did you usually work 35 hours or more a week at a paid job that did not involve illegal activities?

- 01 YES → **GO TO H3**
- 02 NO

H2g. Why did you usually work less than 35 hours a week?

- 01 SLACK WORK, LAYOFFS, STRIKE
- 02 SEASONAL WORKER (TEACHER, CONSTRUCTION WORKER, ETC.)
- 03 JOB TERMINATED DURING WEEK
- 04 NEW JOB STARTED DURING WEEK
- 05 COULD ONLY FIND PART-TIME WORK
- 06 DRUG OR ALCOHOL PROBLEM
- 07 ILLNESS
- 08 VACATION
- 09 BUSY WITH OTHER ACTIVITIES INCLUDING HOUSEWORK, CHILD OR FAMILY CARE, SCHOOL, ETC.
- 10 DID NOT WANT/NEED FULL-TIME WORK
- 11 WORKWEEK USUALLY UNDER 35 HOURS
- 12 UNABLE TO WORK
- 13 RETIRED
- 14 IN JAIL, RESIDENTIAL TREATMENT PROGRAM, OR OTHER INSTITUTION
- 15 INVOLVED IN ILLEGAL ACTIVITIES
- 16 OTHER (SPECIFY) \_\_\_\_\_

H3. Did you (look for work/look for a different job) at all during the 12 months before admission?

- 01 YES
- 02 NO → **GO TO H3d**

H3a. What did you do during those 12 months to find work? **[CIRCLE ALL MENTIONS.]**

- 01 NO METHODS USED
- 02 PUBLIC EMPLOYMENT AGENCY
- 03 PRIVATE EMPLOYMENT AGENCY
- 04 EMPLOYERS DIRECTLY APPROACHED
- 05 TALKED WITH FRIENDS OR RELATIVES
- 06 PLACED OR ANSWERED ADS
- 07 OTHER (SPECIFY) \_\_\_\_\_

H3b. Did you have trouble or problems finding (work/a different job) during that time?

- 01 YES
- 02 NO → **GO TO H4**

H3c. Why do you think you had problems finding (a job/a different job)? **[CIRCLE ALL MENTIONS.]**

- 01 NO JOBS AVAILABLE
- 02 LACK OF EDUCATION, SKILLS, OR EXPERIENCE
- 03 LANGUAGE PROBLEM (DOESN'T SPEAK ENGLISH WELL)
- 04 TOO YOUNG OR TOO OLD
- 05 ARREST RECORD
- 06 DRUG HISTORY
- 07 OTHER PERSONAL HANDICAPS
- 08 ILL HEALTH
- 09 IMMIGRATION STATUS
- 10 PERCEIVED DISCRIMINATION (SPECIFY) \_\_\_\_\_
- 11 OTHER (SPECIFY) \_\_\_\_\_

**SKIP: GO TO H4.**

H3d. What were your reasons for not looking for (work/a different job)? **[CIRCLE ALL MENTIONS.]**

- 00 NO REASONS
- 01 SATISFIED WITH PRESENT JOB
- 02 BELIEVES NO JOBS AVAILABLE IN LINE OF WORK OR AREA
- 03 COULDN'T FIND ANY WORK
- 04 LACKS NECESSARY SCHOOLING, TRAINING, SKILLS, OR EXPERIENCE
- 05 EMPLOYERS THINK TOO YOUNG/OLD
- 06 OTHER PERSONAL HANDICAP INCLUDING DRUG HISTORY
- 07 FAMILY RESPONSIBILITIES, CHILD CARE PROBLEMS
- 08 IN SCHOOL OR OTHER TRAINING
- 09 ILL HEALTH OR PHYSICAL DISABILITY OTHER THAN DRUG USE
- 10 IN JAIL OR OTHER INSTITUTION
- 11 DRUG ACTIVITIES OR DRUG EFFECTS
- 12 ILLEGAL ACTIVITIES SUCH AS HUSTLING
- 13 SUPPORTED BY OTHER PROGRAM
- 14 LANGUAGE PROBLEM (TROUBLE SPEAKING ENGLISH)
- 15 CONCERN ABOUT IMMIGRATION STATUS IN U.S.  
(I.E., HAS A JOB WITHOUT PAPERS AND MAKING SWITCH WOULD BE RISKY)
- 16 OTHER (SPECIFY) \_\_\_\_\_

H4. Do you have any disability that would interfere with your working?

01 YES

02 NO → GO TO H5

H4a. What kind of disability is that? **[RECORD VERBATIM.]**

EDITOR'S CODE

1) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

H4b. Overall, how severely disabled do you think you are? Would you say . . .

01 slightly

02 moderately

03 severely

04 very severely

H4c. Do you think your disability will get better, stay about the same, stay the same as long as you are careful about diet and treatment, slowly get worse, or become much worse?

00 IT WILL GET BETTER

01 IT WILL STAY ABOUT THE SAME AS IT IS NOW

02 IT WILL STAY THE SAME SO LONG AS YOU ARE CAREFUL ABOUT DIET AND TREATMENT

03 IT WILL SLOWLY GET WORSE AS TIME GOES ON

04 IT MAY GET MUCH WORSE IN THE FUTURE

H4d. Taking into account any disabilities or health problems you may have, how difficult is it for you to work in a normal job without special working conditions like a wheelchair ramp or special dust filters? Is it . . .

01 almost impossible

02 very difficult

03 a little difficult

04 not difficult

H5. In the 12 months before admission, for how many different employers or businesses did you work legitimate jobs? If you worked for yourself, such as doing in-home child care or odd jobs and yard work, count this as one employer.

JOBS

**[IF "NONE," RECORD "00" AND GO TO H10.]**

H6. In the 12 months before admission, how many weeks were you employed in either full- or part-time jobs?

WEEKS

**[IF LESS THAN 1 WEEK, RECORD "00" AND GO TO H10.]**

H7. In the 12 months before admission, how many weeks did you work 35 or more hours a week?

WEEKS [IF "NONE," RECORD "00" AND GO TO H10.]

H8. For how many weeks did you hold any one full-time job (35 hours or more a week) in the 12 months before admission?

WEEKS [IF LESS THAN 1 WEEK, RECORD "00" AND GO TO H10.]

H9. What type of job was this or what was your occupation? [RECORD VERBATIM, THEN ENTER APPROPRIATE CODE FROM CODE LIST – OCCUPATION.]

VERBATIM \_\_\_\_\_  
\_\_\_\_\_

OCCUPATION CODE

H9a. What type of business or industry was this? (SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  EDITOR'S CODE

H9b. Was this your usual occupation?

01 YES                      02 NO → [SPECIFY USUAL OCCUPATION AND RECORD APPROPRIATE CODE FROM CODE LIST – OCCUPATION.] \_\_\_\_\_

OCCUPATION CODE

H9c. What was your wage, salary, or rate of pay before taxes? [RECORD ACTUAL AMOUNT BEFORE TAXES – WEEKLY AND YEARLY SALARIES TO THE NEAREST DOLLAR, HOURLY WAGES TO THE NEAREST CENT. THEN CIRCLE ONE CODE FOR THE RATE GIVEN.]

\$  ,  .   
DOLLARS                      CENTS

- 01 - HOUR
- 02 - WEEK
- 03 - 2 WEEKS
- 04 - MONTH
- 05 - YEAR
- 06 - OTHER (SPECIFY) \_\_\_\_\_

H9d. How long had you held that job?

YEARS
<input type="text"/> <input type="text"/>

MONTHS
<input type="text"/> <input type="text"/>

WEEKS
<input type="text"/> <input type="text"/>

H9e. Is this the longest you ever held a job?

01 YES → GO TO H12                      02 NO → GO TO H11

**CODE LIST – OCCUPATION**

- 01 Professional and technical (accountant, architect, engineer, lawyer or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer, draftsman)
- 02 Manager and administrator (office manager, sales manager, school administrator, government official, small business owner)
- 03 Sales (sales representative, insurance agent, real estate broker, bond salesperson, sales clerk or other sales people, cashier)
- 04 Clerical or office worker (bank teller, bookkeeper, secretary, file clerk, typist, postal clerk or carrier, ticket agent)
- 05 Craft and kindred (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)
- 06 Operative (assembler, checker, gas station attendant, meat cutter, packer, laundry and drycleaning operator, miner, welder, garage worker)
- 07 Transportation equipment operative (bus driver, cab driver, chauffeur, truck driver, delivery person)
- 08 Nonfarm laborer (construction, freight handler, sanitation worker, car washer, yard worker, odd-job person)
- 09 Private household worker (maid, butler, cook)
- 10 Service worker (cook, waiter, barber, janitor, practical nurse, caretaker for children, day care worker, beautician, police officer, firefighter)
- 11 Farmer and farm manager
- 12 Farm laborer (field boss, picker)
- 20 Military service
- 86 Other

H10. When did you last work at a legitimate full-time job (35 hours or more per week)?

00 NEVER HAD A FULL-TIME JOB → **GO TO H14**

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

H10a. What type of job was this, or what was your occupation? **[RECORD VERBATIM, THEN ENTER APPROPRIATE CODE FROM CODE LIST – OCCUPATION.]**

VERBATIM \_\_\_\_\_

OCCUPATION CODE

H10b. What type of industry was this? (SPECIFY) \_\_\_\_\_

\_\_\_\_\_    **EDITOR'S CODE**



H11d. What was your highest wage, salary, or rate of pay at that job before taxes? **[RECORD ACTUAL AMOUNT – WEEKLY AND YEARLY SALARIES TO THE NEAREST DOLLAR, HOURLY WAGES TO THE NEAREST CENT. THEN CIRCLE THE CODE FOR RATE GIVEN.]**

\$    ,    .    
DOLLARS CENTS

- 01 - HOUR
- 02 - WEEK
- 03 - 2 WEEKS
- 04 - MONTH
- 05 - YEAR
- 06 - OTHER (SPECIFY) \_\_\_\_\_

H12. How well did you usually get along with your supervisors at work? Would you say . . .

- 01 very poorly
- 02 somewhat poorly
- 03 a little less than average
- 04 well or very well

H13. How well did you usually get along with other co-workers?

- 01 very poorly
- 02 somewhat poorly
- 03 a little less than average
- 04 well or very well

**SKIP: CHECK TALLY SHEET A.  
IF RESPONDENT IS YOUNGER THAN 18, GO TO H20.**

H14. Now, I have a few more questions about your work experience. Since you were 18, did you ever hold 3 or more different jobs within a 5-year period? **[OMIT CHANGES DUE TO JOB ENDING, RETURN TO SCHOOL, ILLNESS OR MATERNITY, TRANSFER OF SPOUSE, AND/OR BECOMING A FULL-TIME HOMEMAKER. COUNT CHANGES IN MAIN JOB ONLY.]**

- 01 YES
- 02 NO → GO TO H15
- 03 (VOL:) NEVER HAD A JOB → GO TO H18 AND CODE 60 MONTHS

H14a. Have you had 3 or more jobs in the last 5 years?

- 01 YES
- 02 NO

H15. Have you (ever) been fired from more than 1 job?

01 YES → TALLY ON TALLY SHEET Y      02 NO → GO TO H16

H15a. How old were you the **first** time that you were fired?

AGE

H15b. When was the last time?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

H16. Since you were 18, have you quit a job 3 times or more before you already had another job lined up?  
**[CODE "NO" IF RESPONDENT QUIT TO RETURN TO SCHOOL, ILLNESS OR MATERNITY, TRANSFER OF SPOUSE, AND/OR BECOMING A FULL-TIME HOMEMAKER.]**

01 YES → TALLY ON TALLY SHEET Y      02 NO → GO TO H17

H16a. How old were you the first time you quit a job without another lined up?

AGE

H16b. When was the last time?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

H17. On any job you have had since you were 18, were you late or absent an average of 3 days a month or more?  
**[IF RESPONDENT VOLUNTEERS "NO SET SCHEDULE," OR "ABSENCES OF THIS QUANTITY EXCUSED BY PRIOR ARRANGEMENT WITH EMPLOYER WHETHER FOR PHYSICAL ILLNESS OR OUTSIDE ACTIVITIES," CODE 02.]**

01 YES      02 NO → GO TO H18

H17a. Did you tell a doctor about frequently being late or absent from work?

01 YES      02 NO → GO TO H17d

H17b. When you told the doctor, what was the diagnosis? (What did he or she say was causing this missing or being absent from work?) **[RECORD VERBATIM AND CODE BELOW.]**

MD DX \_\_\_\_\_

- 01 PHYSICAL ILLNESS/INJURY → **GO TO H17e**
- 02 MEDICATION/DRUG/ALCOHOL → **TALLY ON TALLY SHEET Y AND GO TO H18**
- 03 NERVES, ANXIETY, STRESS,  
DEPRESSION, MENTAL ILLNESS → **TALLY ON TALLY SHEET Y AND GO TO H18**
- 04 NO DEFINITE DIAGNOSIS

H17c. Did the doctor find anything abnormal when he examined you or took tests or X-rays?

- 01 YES → (SPECIFY) \_\_\_\_\_ → **GO TO H17e**
- 02 NO, NO EXAM, → **TALLY ON TALLY SHEET Y AND GO TO H18**

H17d. Was your missing work or being late for work ever the result of a physical illness or injury?

- 01 YES
- 02 NO → **TALLY ON TALLY SHEET Y AND GO TO H18**

IF YES: What caused your frequently being late or absent from work?

OTHER DX \_\_\_\_\_

H17e. Was your frequently missing work or being late for work always the result of a physical illness or injury?

- 01 YES
- 02 NO → **TALLY ON TALLY SHEET Y**

H18. During the last 5 years, how many months have you been without a job?

--	--

 MONTHS

**SKIP: IF LESS THAN 6 MONTHS, GO TO H20.**

H18a. During any of those (MONTHS IN H18) months when you were not working in the last 5 years, were you out of the job market because you were retired, in school full-time, (a full-time homemaker), or too physically ill to work?

- 01 YES
- 02 NO → **GO TO H19 AND CODE 02 WITHOUT ASKING H19**

H18b. Altogether, how long were you out of the job market because you were retired, in school full-time, (a full-time homemaker), or too physically ill to work?

YEARS	

MONTHS	

WEEKS	

**H19. DOES H18 MINUS H18b = 6 MONTHS OR MORE?**

- 01 NO, LESS THAN 6 MONTHS → **GO TO H20**
- 02 YES, 6 MONTHS OR MORE → **TALLY ON TALLY SHEET Y**

H19a. When was the last time you were out of work (when you were not in school, or physically ill, retired or a full-time homemaker)?

- 01 WITHIN THE MONTH BEFORE ADMISSION
- 02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS
- 03 MORE THAN 1 YEAR AGO → How old were you?   AGE

H20. In the 12 months before admission, how troubled were you by problems getting, holding, or working a job? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very troubled

H21. How important to you now is help or referral for employment, training, or vocational counseling? Would you say...

- 00 not at all
- 01 somewhat
- 02 very important

H22. Did you experience any problems getting, holding, or working a job because of drug or alcohol use in the 12 months before ADMISSION

- 01 YES
- 02 NO → **GO TO SECTION J**

H22a. How serious were the job problems you had because of using drugs or alcohol? Would you say . . .

- 01 not at all
- 02 somewhat
- 03 very serious

**SECTION J.  
INCOME AND EXPENDITURES**

J1. In this section, I'd like some information on your sources of income and expenses. In the 12 months before your admission to this program, did you receive any income from (INCOME SOURCE BELOW)?

**[IF "YES," CIRCLE "01" IN COLUMN J1 AND ASK J2.**

**IF "NO," CIRCLE "02" IN COLUMN J1.**

**THEN ASK J1 ABOUT NEXT INCOME SOURCE.]**

J2. In the 12 months before admission, how much income did you personally receive before taxes from (INCOME SOURCE CODED 01 UNDER COLUMN J1)? **[RECORD AMOUNT TO NEAREST DOLLAR IN COLUMN J2.]**

INCOME SOURCE	J1.		J2.
	YES	NO	DOLLAR AMOUNT IN PAST 12 MONTHS
a. work that did not include illegal activities, including jobs paid "off the books" or "under the table" [INCLUDES ODD JOBS, IN-HOME WORK, ETC.] .....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
b. Supplemental Security Income (SSI) that you qualify for because of low income; welfare or public assistance programs such as Aid to Dependent Children, food stamps, Medicaid, or housing assistance .....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
c. Social Security benefits you earned as a worker who is now disabled or retired or as the dependent of a retired or deceased worker; unemployment compensation because of layoff, workers' compensation from injuries at work, or military or private pensions.....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
d. a spouse, family members, or friends, including alimony, child support, loans, gifts; or interest, dividends, rental income, capital gains; or money from other investments.....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
e. illegal or possibly illegal sources such as hustling or dealing.....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
f. any other sources not mentioned here, such as roomers or boarders who live with you but do not share living expenses with you (SPECIFY) _____	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00

**J2g. TOTAL COLUMN J2 IN CHART AND RECORD BELOW.**

\$    ,    .00

DOLLARS



J7c. food, clothing, and living expenses (Was that for a month or a year?)

\$   ,    .00 per  01 MONTH  
DOLLARS  02 YEAR

J7d. other expenses, including things like gifts, loans, entertainment, and other debts  
(Was that for a month or a year?)

\$   ,    .00 per  01 MONTH  
DOLLARS  02 YEAR

J8. In the 12 months before admission, how many months, if any, did you not have enough money to pay your bills?

MONTHS

J9. How troubled or bothered were you in the 12 months before admission by any financial or money problems?  
Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very troubled

J10. Did you have any financial or money problems because of your alcohol or drug use in the 12 months before admission to this program?

- 01 YES
- 02 NO → GO TO J11

J10a. In those 12 months, how serious were these problems you had because of using alcohol or drugs?  
Would you say . . .

- 01 not at all
- 02 somewhat
- 03 very serious

J11. How important to you now is counseling for financial or money problems? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 very important

J12. Have you ever moved to avoid paying rent or borrowed money without making any payments on it?

01 YES → TALLY ON TALLY SHEET Y

02 NO → GO TO J13

J12a. When was the last time you did either of these things?

01 WITHIN THE MONTH BEFORE ADMISSION

02 WITHIN THE PAST 12 MONTHS → How many months ago?   MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?   AGE

J12b. Did you feel that doing that was okay because you had been mistreated or the person deserved it?

01 YES

02 NO

03 FELT BAD ABOUT SOME, NOT OTHERS

J13. Have you ever been sued for a bad debt or had things you bought taken back because you didn't meet the payments?

01 YES

02 NO

**SKIP: IF NO ITEMS ARE CHECKED ON TALLY SHEET Y, GO TO SECTION K.**

J14. You have mentioned during this interview that you have **[READ ALL CHECKED ITEMS ON TALLY SHEET Y]**. How old were you the first time you did any of these things?

AGE

J14a. How old were you the last time you did any of these things?

AGE

J14b. Did you do any of these things between the ages of 18 and 25?

01 YES

02 NO

**SECTION K.  
DRUG AND ALCOHOL DEPENDENCE**

In this section, I'd like to ask more about some of the experiences you may have had with alcohol or the other drugs checked on this sheet.

**[HAND RESPONDENT SHOW CARD 12 AND READ LIST OF DRUG CATEGORIES MARKED ON TALLY SHEET E.]**

K1. Have you often used much larger amounts of alcohol or (this drug/any of these drugs) than you intended to when you began?

01 YES

02 NO



**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K1a AND GO TO K1b.**

K1a. Which of these have you often used in larger amounts than you intended to? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K1a AND TALLY DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K1a.]**

K1b. When was the last time you used [CATEGORY] in larger amounts than you intended? **[RECORD IN COLUMN K1b.]**

**SKIP: SKIP TO K3.**

K2. Have you used alcohol or (this drug/any of these drugs) for a longer period of time than you intended to?

01 YES

02 NO → GO TO K3

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K2a AND GO TO K2b.**

K2a. Which of these have you used for a longer period of time than you had intended to? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K2b AND TALLY DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K2a.]**

K2b. When was the last time you used [CATEGORY] for a longer period of time than you had intended? **[RECORD IN COLUMN K2b.]**

K-2

DRUG CATEGORY	K1a./K2a.		K1b./K2b.	
	YES	NO	RECENCY	
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE

NARCOTICS OR OPIATES	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE

K3. Have you often started using alcohol or (this drug/any of these drugs) and found it difficult to stop before you became completely intoxicated or high?

01 YES



02 NO → GO TO K4

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K3a AND GO TO K3b.**

K3a. Which of these have you found it difficult to stop using before you became completely intoxicated or high? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K3a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K3a.]**

K3b. When was the last time you found it difficult to stop using [CATEGORY] before you became completely intoxicated or high? **[RECORD IN COLUMN K3b.]**

K-4

DRUG CATEGORY	K3a.		K3b.		
	YES	NO	REGENCY		
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
NARCOTICS OR OPIATES	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE

K4. Have you ever wanted or tried to stop or cut down on alcohol or (this drug/any of these drugs), but found that you couldn't?

01 YES



02 NO → GO TO K5

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K4a AND GO TO K4b.**

K4a. Which of these have you tried to cut down on or stop taking more than once? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K4a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED "YES" IN COLUMN K4a.]**

K4b. When was the last time you tried to cut down on or stop taking (CATEGORY) when you were taking it on your own? **[RECORD IN COLUMN K4b.]**

K-5

DRUG CATEGORY	K4a.		K4b.		
	YES	NO	RECENCY		
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
NARCOTICS OR OPIATES	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE

K5. Have you ever felt such a strong desire or urge to use alcohol or (this drug/any of these drugs) that you could not resist it?

01 YES

02 NO



**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K5a AND GO TO K5b.**

K5a. Which of these caused you to feel such a strong desire or urge? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K5a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K5a.]**

K5b. When was the last time you had such a strong desire for (CATEGORY)? **[RECORD IN COLUMN K5b.]**

**SKIP: SKIP TO K7.**

K6. Did you ever need alcohol or (this drug/any of these drugs) so badly that you couldn't think of anything else?

01 YES

02 NO → GO TO K7

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K6a AND GO TO K6b.**

K6a. Which of these did you need so badly that you couldn't think of anything else? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K6a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K6a.]**

K6b. When was the last time you had such a need for (CATEGORY) that you couldn't think of anything else? **[RECORD IN COLUMN K6b.]**

K5

DRUG CATEGORY	K5a./K6a.		K5b./K6b.	
	YES	NO	RECENCY	
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago? MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you? AGE

NARCOTICS OR OPIATES	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE

K7. Did you ever find that you began to need much more alcohol or (this drug/any of these drugs) than usual to get the same effect?

01 YES

02 NO



**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K7a AND GO TO K7b.**

K7a. Which of these did you need much more of to get the same effect? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K7a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K7a.]**

K7b. When was the last time you had to use much more (CATEGORY) to get the same effect? **[RECORD IN COLUMN K7b.]**

**SKIP: SKIP TO K9.**

K8. Did you ever find that the same amount of alcohol or (this drug/any of these drugs) had less effect on you than before?

01 YES

02 NO → **GO TO K9**

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K8a AND GO TO K8b.**

K8a. Which of these gave you less effect after using the same amount as before? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K8a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K8a.]**

K8b. When was the last time you found that the same amount of (CATEGORY) had less effect on you than before? **[RECORD IN COLUMN K8b.]**

K-9

DRUG CATEGORY	K7a./K8a.		K7b./K8b.		
	YES	NO	RECENCY		
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE

NARCOTICS OR OPIATES	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03 MORE THAN 1 YEAR AGO → How old were you?	AGE

K9. Have you often been under the effects of alcohol or (this drug/any of these drugs) or feeling (its/their) aftereffects in a situation that increased your chances of getting hurt — like driving a car or boat; using knives, machinery, or guns; crossing against heavy traffic; or climbing or swimming?

01 YES

02 NO → GO TO K10

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K9a AND GO TO K9b.**

K9a. Which of these have you often been under the effects of in a situation that increased your chances of getting hurt? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K9a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K9a.]**

K9b. When was the last time you used [CATEGORY] in any of these situations? **[RECORD IN COLUMN K9b.]**

K-10

DRUG CATEGORY	K9a.		K9b.			
	YES	NO	RECENCY			
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
NARCOTICS OR OPIATES	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE

K10. Several health problems can result from drinking alcohol. Because of drinking, did you ever have liver disease or yellow jaundice; stomach disease or vomit blood; have your feet tingle or feel numb; have memory problems even when you weren't drinking; or have pancreatitis?

01 YES      ↓      02 NO → **GO TO K11**

**[IF ALCOHOL HAS NOT BEEN MENTIONED BEFORE IN SECTION K, TALLY ALCOHOL ON TALLY SHEET K.]**

K10a. Did you continue to drink after you realized that it was causing you any of these health problems?

01 YES      02 NO → **GO TO K10c**

K10b. Did you drink alcohol on more than one occasion after you realized it was causing you these health problems?

01 YES      02 NO

K10c. When was the last time you had health problems as a result of drinking?

02 WITHIN THE PAST 12 MONTHS → How many months ago?      MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?      AGE

K-11

K11. Have you ever continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?

01 YES      02 NO

K12. Have you ever continued to drink while taking medication you knew was dangerous to mix with alcohol?

01 YES      02 NO

K13. Have you ever had any health problems like an accidental overdose, a persistent cough, a seizure (fit), an infection, hepatitis, abscesses, a cut, sprain, or other injury, or AIDS as a result of using (this drug/any of these drugs) (excluding alcohol)?

01 YES ↓      02 NO → GO TO K14

**SKIP: IF ONLY ONE DRUG CATEGORY (EXCLUDING ALCOHOL) IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN K13a AND GO TO K13b.**

K13a. Which of these drugs caused you any health problems? **[READ ALL DRUG CATEGORIES (EXCLUDING ALCOHOL) MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K13a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K13a.]**

K13b. Did you continue to use (CATEGORY) after you realized it was causing you any of these health problems?  
**[RECORD IN COLUMN K13b.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K13b.]**

K13c. Did you use (CATEGORY) on more than one occasion after you realized it was causing you any health problems?  
**[RECORD IN COLUMN K13c.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K13a.]**

K13d. When was the last time you had health problems as a result of using (CATEGORY)? **[RECORD IN COLUMN K13d.]**

K-12

DRUG CATEGORY	K13a.		K13b.		K13c.		K13d.		
	YES	NO	YES	NO	YES	NO	RECENCY		
MARIJUANA, HASHISH, OR THC	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE

OTHER NARCOTICS  
OR OPIATES

01 02

01 02

01 02

02 WITHIN THE PAST 12 MONTHS → How many months ago?

MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

AGE

SEDATIVES OR  
TRANQUILIZERS

01 02

01 02

01 02

02 WITHIN THE PAST 12 MONTHS → How many months ago?

MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

AGE

AMPHETAMINES OR OTHER  
STIMULANTS

01 02

01 02

01 02

02 WITHIN THE PAST 12 MONTHS → How many months ago?

MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

AGE





K15. Have you ever had any emotional or psychological problems from using alcohol or (this drug/any of these drugs) — such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

01 YES ↓ 02 NO → GO TO K16

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K15a AND GO TO K15b.**

K15a. Which of these have caused you emotional or psychological problems? **[READ ALL CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K15a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K15a.]**

K15b. Did you continue to use (CATEGORY) after you realized it was causing you any of these emotional problems?  
**[RECORD IN COLUMN K15b.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K15b.]**

K15c. Did you use (CATEGORY) on more than one occasion after you realized it was causing you any emotional or psychological problems?  
**[RECORD IN COLUMN K15c.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K15a.]**

K15d. When was the last time (CATEGORY) caused you any emotional or psychological problems? **[RECORD IN COLUMN K15d.]**

K-16

DRUG CATEGORY	K15a.		K15b.		K15c.		K15d.		
	YES	NO	YES	NO	YES	NO	RECENCY		
ALCOHOL	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE

NARCOTICS OR OPIATES	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
							03	MORE THAN 1 YEAR AGO → How old were you?	AGE

K16. Have you often been high or under the effect of alcohol or (this drug/any of these drugs) or suffering from (its/their) aftereffects while at work or school or taking care of children?

01 YES ↓      02 NO → GO TO K17

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K16a AND GO TO K16b.**

K16a. Which of these have you often been high on or suffering from the aftereffects while working, going to school, or taking care of children?  
**[READ ALL CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K16a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K16a.]**

K16b. When was the last time you were high on (CATEGORY) or suffering from the aftereffects while working, going to school, or taking care of children? **[RECORD IN COLUMN K16b.]**

K-18

DRUG CATEGORY	K16a.		K16b.		
	YES	NO	RECENCY		
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
NARCOTICS OR OPIATES	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO → How old were you?	AGE

K17. Did your use of alcohol or (this drug/any of these drugs) ever become so regular that you would not change when or how much you took (it/them) no matter what you were doing or where you were?

01 YES ↓      02 NO → GO TO K18

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K17a AND GO TO K17b.**

K17a. Which of these have you used regularly? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K17a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K17a.]**

K17b. When was the last time you used (CATEGORY) regularly? **[RECORD IN COLUMN K17b.]**

K-19

DRUG CATEGORY	K17a.		K17b.			
	YES	NO	RECENCY			
ALCOHOL	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
COCAINE OR CRACK	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
HEROIN	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
NARCOTICS OR OPIATES	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	02	WITHIN THE PAST 12 MONTHS →	How many months ago?	MONTHS
			03	MORE THAN 1 YEAR AGO →	How old were you?	AGE

K18. Did stopping or cutting down on drinking alcohol ever cause you problems such as the shakes (hands tremble), being unable to sleep, feeling anxious or depressed, sweating, your heart beating faster, stomach aches, headaches, weakness, seeing or hearing things that weren't really there, fits or seizures after stopping or cutting down on drinking, or the d.t.'s (delirium tremens)?

01 YES



02 NO → GO TO K19

**[IF ALCOHOL HAS NOT BEEN MENTIONED BEFORE IN SECTION K, TALLY ALCOHOL ON TALLY SHEET K.]**

K18a. When was the last time stopping or cutting down on your drinking caused you any of these problems?

AGE

K18b. Have you had problems like these several times when you stopped or cut down on your drinking?

01 YES

02 NO

K18c. Did you ever take a drink to keep from having problems like these or to make them go away?

01 YES

02 NO



K19. Did stopping or cutting down on (this drug/any of these drugs) (excluding alcohol) make you sick or cause withdrawal problems like being unable to sleep, feeling anxious or depressed, sweating, feeling sick, or your heart beating fast?

01 YES ↓      02 NO → GO TO K20

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K19a AND GO TO K19b.**

K19a. Which of these drugs have caused any of these problems when you stopped or cut down on them? **[READ ALL DRUG CATEGORIES (EXCLUDING ALCOHOL) MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K19a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K19a.]**

K19b. Have you had problems like these several times when you stopped or cut down on (CATEGORY)? **[RECORD IN COLUMN K19b.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K19a.]**

K19c. Did you use (CATEGORY) to make these withdrawal symptoms go away or to keep from having them? **[RECORD IN COLUMN K19c.]**

**[ASK FOR ALL CATEGORIES MARKED “YES” IN COLUMN K19a.]**

K19d. When was the last time stopping or cutting down on (CATEGORY) caused you any of these problems? **[RECORD IN COLUMN K19d.]**

K-22

DRUG CATEGORY	K19a.		K19b.		K19c.		K19d.		
	YES	NO	YES	NO	YES	NO	RECENCY		
MARIJUANA, HASHISH, OR THC	01	02	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS	
							03 MORE THAN 1 YEAR AGO → How old were you?	AGE	
COCAINE OR CRACK	01	02	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS	
							03 MORE THAN 1 YEAR AGO → How old were you?	AGE	
HEROIN	01	02	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS	
							03 MORE THAN 1 YEAR AGO → How old were you?	AGE	
NARCOTICS OR OPIATES	01	02	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS	
							03 MORE THAN 1 YEAR AGO → How old were you?	AGE	

SEDATIVES OR  
TRANQUILIZERS

01 02

01 02

01 02

02 WITHIN THE PAST 12 MONTHS → How many months ago?

MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

AGE

AMPHETAMINES OR OTHER  
STIMULANTS

01 02

01 02

01 02

02 WITHIN THE PAST 12 MONTHS → How many months ago?

MONTHS

03 MORE THAN 1 YEAR AGO → How old were you?

AGE

K20. I have just a few more questions to ask about problems you may have had with alcohol or (this kind of drug/any of these drugs). Has there been a period when you spent a great deal of time using alcohol or (this drug/any of these drugs), getting them, or getting over (its/their) effects?

01 YES ↓      02 NO → GO TO K21

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K20a AND GO TO K20b.**

K20a. Which of these have you spent a great deal of time using or getting over the effects? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K20a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK K20b and K20c FOR ALL CATEGORIES MARKED “YES” IN COLUMN K20a.]**

K20b. Did this period of spending a lot of time using or getting over the effects of (CATEGORY) last at least 1 month?  
**[RECORD IN COLUMN K20b.]**

K20c. When was the last time you spent a lot of time using or getting over the effects of (CATEGORY)?  
**[RECORD IN COLUMN K20c.]**

K-24

DRUG CATEGORY	K20a.		K20b.		K20c.		
	YES	NO	YES	NO	RECENCY		
ALCOHOL	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE

NARCOTICS OR OTHER OPIATES	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03 MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03 MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	01	02	02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03 MORE THAN 1 YEAR AGO → How old were you?	AGE

K21. Did you ever have a period of a month or more when most days you spent a lot of time doing things to make sure you had alcohol or (this drug/any of these drugs)? For example, did you ever have a period of a month or more when most days you spent a lot of time hiding bottles of alcohol, stealing money, or panhandling money to buy alcohol or (this drug/any of these drugs)?

01 YES ↓      02 NO → GO TO K22

**SKIP: IF ONLY ONE DRUG CATEGORY IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN K21a AND GO TO K21b.**

K21a. Which of these did you spend a lot of time making sure you had available over a period of 1 month or more? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K21a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK K21b AND K21c FOR ALL CATEGORIES MARKED “YES” IN COLUMN K21a.]**

K21b. How long did your longest period of making sure you had (CATEGORY) available last?  
**[RECORD IN COLUMN K21b.]**

K21c. When was the last time you had a period of 1 month or more when you spent a lot of time making sure you had (CATEGORY)?  
**[RECORD IN COLUMN K21c.]**

K-26

DRUG CATEGORY	K21a.		K21b.			K21c.		
	YES	NO	DURATION			REGENCY		
ALCOHOL	01	02				02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02				02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02				02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02				02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03	MORE THAN 1 YEAR AGO → How old were you?	AGE

NARCOTICS OR OPIATES	01	02				02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03 MORE THAN 1 YEAR AGO → How old were you?	AGE
SEDATIVES OR TRANQUILIZERS	01	02				02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03 MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02				02 WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
			YEARS	MONTHS	WEEKS	03 MORE THAN 1 YEAR AGO → How old were you?	AGE

K22. Have you ever given up or greatly reduced important activities in order to get or use alcohol or (this drug/any of these drugs) — activities like sports, work, or spending time with friends or relatives?

01 YES ↓ 02 NO → GO TO K23

**SKIP: IF ONLY ONE DRUG IS MARKED ON TALLY SHEET E, CODE ON APPROPRIATE LINE IN COLUMN K22a AND GO TO K22b.**

K22a. Which of these have you given up or greatly reduced important activities for? **[READ ALL DRUG CATEGORIES MARKED ON TALLY SHEET E. CIRCLE CODES IN COLUMN K22a AND TALLY NEW DRUG CATEGORIES ON TALLY SHEET K.]**

**[ASK K22b and K22c FOR ALL CATEGORIES MARKED “YES” IN COLUMN K22a.]**

K22b. Did you ever give up or greatly reduce activities for at least 1 month or give them up several times because of (CATEGORY)? **[RECORD UNDER COLUMN K22b.]**

K22c. When was the last time you gave up these activities because of (CATEGORY)? **[RECORD UNDER COLUMN K22c.]**

K-28

DRUG CATEGORY	K22a.		K22b.		K22c.		
	YES	NO	YES	NO	RECENCY		
ALCOHOL	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
MARIJUANA, HASHISH, OR THC	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
COCAINE OR CRACK	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
HEROIN	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
NARCOTICS OR OTHER OPIATES	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE

SEDATIVES OR TRANQUILIZERS	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE
AMPHETAMINES OR OTHER STIMULANTS	01	02	01	02	02	WITHIN THE PAST 12 MONTHS → How many months ago?	MONTHS
					03	MORE THAN 1 YEAR AGO → How old were you?	AGE

K23. You said you have had some of the problems we just discussed due to **[CIRCLE CODES OF ALL DRUG CATEGORIES CHECKED ON TALLY SHEET K]**. ASK: How old were you the first time you had any of the problems due to (DRUG CATEGORY TALLIED ON TALLY SHEET K)?

**[ASK FOR AND RECORD ALL DRUG CATEGORIES TALLIED ON TALLY SHEET K.]**

- a. ALCOHOL: ..... AGE
- b. MARIJUANA, HASHISH, OR THC: ..... AGE
- c. COCAINE OR CRACK: ..... AGE
- d. HEROIN: ..... AGE
- e. NARCOTICS OR OPIATES: ..... AGE
- f. SEDATIVES OR TRANQUILIZERS: ..... AGE
- g. AMPHETAMINES OR OTHER STIMULANTS: ..... AGE

**TIME CHECKPOINT**

**DATE:**

MONTH DAY

**TIME:**

HOUR MINUTE

**AM / PM (CIRCLE ONE)**

**SECTION L.  
INTERVIEWER OBSERVATIONS**

--

**[COMPLETE THIS SECTION AFTER THE INTERVIEW IS FINISHED.]**

L1. DID THE RESPONDENT ANSWER ALL APPLICABLE QUESTIONS?

01 YES

02 NO

L2. DID THE RESPONDENT UNDERSTAND ALL OF THE QUESTIONS THAT WERE ASKED?

01 YES → **GO TO L4**

02 NO

L2a. HOW MANY QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

--	--	--

QUESTIONS

L2b. WHICH QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

Q. \_\_\_\_\_ Q. \_\_\_\_\_

Q. \_\_\_\_\_ THROUGH Q. \_\_\_\_\_

Q. \_\_\_\_\_ THROUGH Q. \_\_\_\_\_

L3. WHY DO YOU THINK THE RESPONDENT DID NOT UNDERSTAND THE QUESTIONS?  
**[CIRCLE ALL THAT APPLY.]**

- 01 INTELLECTUALLY UNABLE

HOW SEVERE WOULD YOU SAY THE INTELLECTUAL DIFFICULTY WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

- 02 LANGUAGE BARRIER

HOW SEVERE WOULD YOU SAY THE LANGUAGE BARRIER WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

- 03 PHYSICALLY UNABLE

HOW SEVERE WOULD YOU SAY THE PHYSICAL DIFFICULTY WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

- 04 OTHER (SPECIFY) \_\_\_\_\_

HOW SEVERE WOULD YOU SAY THIS DIFFICULTY WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

L4. WAS THE INTERVIEW A BREAK-OFF?

- 01 YES                      02 NO → **GO TO L5**

L4a. WHAT WAS THE REASON FOR THE BREAK-OFF? **[CIRCLE ALL THAT APPLY.]**

- 01 INTERVIEWER EMERGENCY
- 02 RESPONDENT EMERGENCY
- 03 RESPONDENT TIRED, BORED
- 04 RESPONDENT ANGRY ABOUT QUESTIONS
- 05 RESPONDENT UPSET ABOUT QUESTIONS
- 06 OTHER (SPECIFY) \_\_\_\_\_

L4b. WHAT WAS LAST QUESTION ANSWERED BY THE RESPONDENT?

Q. \_\_\_\_\_

L5. WHAT WAS THE RESPONDENT'S RESPONSE TO A POSSIBLE FUTURE INTERVIEW?

- 01 EAGER
- 02 RECEPTIVE
- 03 NO REACTION
- 04 RELUCTANT
- 05 REFUSED
- 06 NOT DISCUSSED

L6. WAS THE INTERVIEW GIVEN IN MORE THAN 1 SESSION?

- 01 YES
- 02 NO → **GO TO L7**

L6a. HOW LONG HAD THE INTERVIEW GONE ON BEFORE IT WAS INTERRUPTED THE FIRST TIME?

--	--

HOURS

--	--

MINUTES

L6b. AFTER WHAT QUESTION DID THE INTERRUPTION OCCUR?

Q. \_\_\_\_\_

L7. PLEASE DESCRIBE THE RESPONDENT AND INTERVIEW:

---

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---

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**SECTION M.  
MINIMENTAL STATUS EXAM**

--

[THIS SECTION IS TO BE ADMINISTERED ONLY IF YOU HAVE REASON TO QUESTION THE RESPONDENT'S ALERTNESS OR MENTAL FUNCTIONING.]

M1. Now, I'd like to ask about your memory. Have you ever had occasion to talk to a doctor about problems with your memory?

01 YES                      02 NO

Let me ask you a few questions to check your concentration and memory.

**[RECORD ANSWER AND THEN CODE.]**

		RECORD ANSWERS	CORRECT	ERROR/ CAN'T DO/ REFUSE
M2.	What is the year? . . . . .	YEAR: _____	01	05
M3.	What season of the year is it? . . . . .	SEASON: _____	01	05
M4.	What is the date? . . . . .	DATE: _____	01	05
M5.	What is the day of the week? . . . . .	DAY: _____	01	05
M6.	What is the month? . . . . .	MONTH: _____	01	05
M7.	Can you tell me where we are right now? For instance, what (State) are we in? . . . . .	STATE: _____	01	05
M8.	What (county/parish) are we in? . . . . .	COUNTY/ PARISH: _____	01	05
M9.	What (city/town) are we in? . . . . .	CITY: _____	01	05
M10. A.	What floor of the building are we on? . . . . .	FLOOR: _____	01	05
		<b>[DO NOT RECORD ADDRESS!!! CHECK AGAINST CONTROL FORM.]</b>		
	B. What is this address (IF INSTITUTIONALIZED) or name of this place? . . . . .		01	05

M11. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. The objects are . . . **[READ OBJECTS SLOWLY.]**

“Apple” “Table” “Penny”

Could you repeat the 3 items for me? **[SCORE FIRST TRIAL.]**

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE . . . . .	01	05
b. TABLE. . . . .	01	05
c. PENNY . . . . .	01	05

REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

M12. Would you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

**[COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR. THIS QUESTION WILL NOT BE COUNTED FOR M21.]**

	RESPONSE	CORRECT	ERROR	SAYS CAN'T DO	REFUSE
a. (93)	___ . . . . .	01	05	07	-7
b. (86)	___ . . . . .	01	05	07	-7
c. (79)	___ . . . . .	01	05	07	-7
d. (72)	___ . . . . .	01	05	07	-7
e. (65)	___ . . . . .	01	05	07	-7

**[STOP]**

M13. Now, I am going to spell a word forwards and I want you to spell it backwards. The word is “WORLD,” W-O-R-L-D. Spell “world” backwards. **[REPEAT SPELLING IF NECESSARY, BUT NOT AFTER RESPONDENT BEGINS SPELLING. THIS QUESTION WILL NOT BE COUNTED FOR M21.]**

**[PRINT LETTERS]:**

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
**D L R O W**  
**[CIRCLE NUMBER OF ERRORS: OR REFUSED]**  
 00 01 02 03 04 05 -7

M14. Now, what were the 3 objects I asked you to remember?

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. Apple. . . . .	01	05
b. Table . . . . .	01	05
c. Penny . . . . .	01	05

	CORRECT	ERROR/ CAN'T DO/ REFUSE	HANDICAP	CAN'T READ (ENGLISH)
M15. <b>[SHOW WRIST WATCH]</b> What is this called? a. WATCH . . . . .	01	05	06	—
<b>[SHOW PENCIL]</b> What is this called? b. PENCIL . . . . .	01	05	06	—
M16. I'd like you to repeat a phrase after me. The phrase is . . . "No if's, and's or but's". . . . .	01	05	06	—
<b>[ALLOW ONLY 1 TRIAL. CODE "01" REQUIRES AN ACCURATELY ARTICULATED REPETITION.]</b>				
M17. Read the words on this page and then do what it says. <b>[HAND "CLOSE YOUR EYES" CARD TO RESPONDENT. CODE "01" IF RESPONDENT CLOSES EYES.]</b> . . . . .	01	05	06	07

**[THANK RESPONDENT AND TAKE BACK "CLOSE YOUR EYES" CARD.]**

M18. **[READ FULL STATEMENT BEFORE HANDING PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.]**

I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. **[HAND "CLOSE YOUR EYES" CARD TO RESPONDENT AGAIN.]**

	CORRECT	ERROR/ CAN'T DO/ REFUSE	HANDICAP
a. TAKES PAPER IN RIGHT HAND . . . . .	01	05	06
b. FOLDS PAPER IN HALF. . . . .	01	05	06
c. PUTS PAPER DOWN ON LAP . . . . .	01	05	06

M19. Write any complete sentence on that piece of paper for me. **[SPELLING AND GRAMMATICAL ERRORS ARE ALLOWED.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP
- 07 CAN'T WRITE (ENGLISH)

**[TAKE BACK "CLOSE YOUR EYES" CARD.]**

M20. Here's a drawing. Please copy the drawing on the same paper. **[HAND RESPONDENT "PENTAGONS" CARD. CODE "01" IF RESPONDENT DRAWS 2 CONVEX 5-SIDED FIGURES, AND INTERSECTION MAKES A 4-SIDED FIGURE.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP

**[TAKE BACK "PENTAGONS" CARD.]**

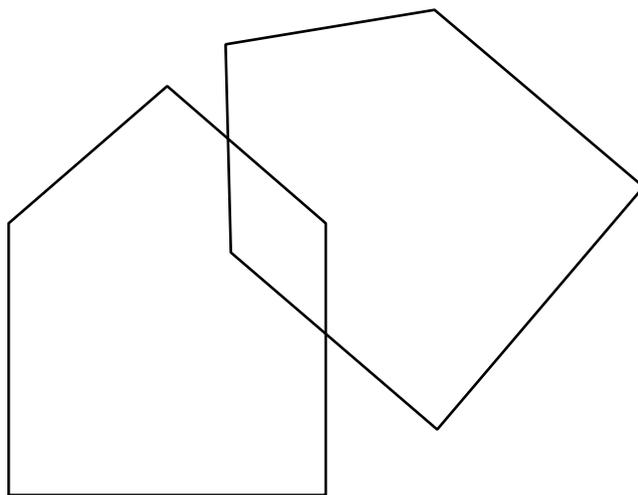
M21. ARE 12 OR MORE "05's" CODED IN M2-M11 AND M14-M20?

- 01 YES → **THANK RESPONDENT FOR DOING INTERVIEW → COMPLETE TIME CHECKPOINT BELOW.**
- 02 NO → **RETURN TO LAST QUESTION ASKED BEFORE SKIPPING AND CONTINUE, BUT NOT MORE THAN 3 HOURS TOTAL.**

<b>TIME CHECKPOINT</b>			
DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MONTH	DAY	
TIME:	<input type="text"/>	<input type="text"/>	AM / PM (CIRCLE ONE)
	HOUR	MINUTE	

**CLOSE YOUR  
EYES**





# **PENTAGONS**

## **ONSET/REGENCY**

Within the month before admission

Within the past 12 months

More than 1 year ago



# **Drug Abuse Treatment Outcome Study**



## **INTAKE 1 INTERVIEW SHOW CARDS**

**October 1992**



## **CARD 1**

Puerto Rican

Mexican

Cuban

Caribbean

Central American

South American

Other

## **CARD 2**

Alaskan Native

American Indian

Asian or Pacific Islander

Black or African American

White or Caucasian

Other

## **CARD 3**

Chinese

Japanese

Korean

Pacific Islander

Southeast Asian

Other Asian

Other

## **CARD 4**

No pending charges

Probation

Parole

In jail/detention, awaiting trial

In jail/detention, awaiting sentencing

In jail/detention, serving a sentence

Case pending, on bail awaiting trial

Case pending, on bail awaiting sentencing

Released on own recognizance, case pending

Case pending, other status

## **CARD 5**

Did not drink beer, wine, or liquor  
in the 12 months before admission

Less than 1 day a month

1 to 3 days a month

1 to 2 days a week

3 to 4 days a week

5 to 6 days a week

Daily or almost every day

2 to 3 times a day

4 or more times a day

## CARD 6

### ALCOHOL EQUIVALENTS

#### **Beer**

1 12 or 16 oz. bottle of beer	=	1 DRINK
1 case of beer	=	24 DRINKS

#### **Wine**

1 4 oz. glass of wine	=	1 DRINK
1 liter or quart bottle of wine	=	6 DRINKS
1 wine cooler	=	1 DRINK

#### **Hard Liquor**

1 highball	=	1 DRINK
1 shot glass	=	1 DRINK
1/2 pint of liquor	=	6 DRINKS
1 pint of liquor	=	12 DRINKS
1 fifth of liquor	=	20 DRINKS
1 quart of liquor	=	24 DRINKS

## **CARD 7**

Never

Less than 1 day a month

1 to 3 days a month

1 to 2 days a week

3 to 4 days a week

5 to 6 days a week

Daily or almost every day

2 to 3 times a day

4 or more times a day

## **CARD 8**

Not used at all over the period

Less than once a month

1 to 3 times a month

1 to 2 times a week

3 to 4 times a week

5 to 6 times a week

Daily or almost every day

2 to 3 times a day

4 or more times a day

## **CARD 9**

Less than once a month

1 to 3 times a month

1 to 2 times a week

3 to 4 times a week

5 to 6 times a week

Daily or almost every day

2 to 3 times a day

4 or more times a day

## **CARD 10**

By mouth (eat, chew)

By smoking it (crack)

By inhaling, snorting, or sniffing it

By injecting it into a vein  
(intravenous “mainline”)

By injecting it somewhere else  
(intramuscular “skin pop”)

By freebasing

Some other way

## **CARD 11**

By mouth (eat, chew)

By smoking it

By inhaling, snorting, or sniffing it

By injecting it into a vein  
(intravenous “mainline”)

By injecting it somewhere else  
(intramuscular “skin pop”)

By freebasing

Some other way

# CARD 12

## Types of Drugs

- 10 Alcohol
- 20 Marijuana, hashish, THC
- 30 Hallucinogens or psychedelics, such as LSD, DMT, mescaline, PCP, MDS, STP
  - 31 PCP
  - 32 LSD
- 40 Cocaine
  - 41 Crack
- 50 Heroin alone and with other drugs
  - 51 Heroin and cocaine together at the same time (speedball)
- 60 Narcotics or opiates, such as morphine, codeine, Demerol, Dilaudid, Talwin
  - 61 Street or illegal methadone
  - 62 Dilaudid
- 70 Downers or depressants, such as sedatives, barbiturates, or tranquilizers
  - 71 Sedatives or sleeping pills, such as Doriden, Noludar, Quaalude, or Sopor
  - 72 Barbiturates, such as Nembutal, Seconal, or Tuinal
  - 73 Benzodiazepines, such as Valium, Librium, or others
  - 74 Other tranquilizers
  - 75 Another depressant
- 80 Amphetamines or other stimulants, speed, or diet pills
  - 81 Methamphetamines
- 90 Any other drugs
  - 91 Inhalants, such as glue, gasoline, or paint thinner
  - 92 Another drug

## **CARD 13**

Never

Rarely

Sometimes

Often

Always

## CARD 14

- 01 Use or possession of marijuana, drugs, liquor law violation, drunk and disorderly
- 02 Sale or manufacture of drugs
- 03 Forgery, fraud, embezzlement (including till-tapping, bad checks); buying, receiving, or possession of stolen property (including fencing)
- 04 Burglary—breaking and entering, unlawful entry, housebreaking, or safecracking
- 05 Larceny—theft such as pickpocketing, purse snatching (without force), shoplifting, theft from motor vehicles, theft of parts and accessories, theft from buildings or coin machines
- 06 Pimping, prostitution, or commercialized vice
- 07 Robbery—bank, mugging, armed robbery, or purse snatching with force
- 08 Attacks on persons such as homicides, manslaughter, aggravated assault, forcible rape, or kidnapping
- 09 Other offenses where people may be injured such as simple assault or offenses against family and children
- 10 Status offenses such as running away, curfew violations, truancy, etc.
- 11 Any other offenses such as gambling (including numbers and bookmaking), weapons offenses, probation/parole violations, contempt of court, vagrancy, suspicion, disorderly conduct, or loitering, etc.

## **CARD 15**

None

Less than 1 day a month

1 to 3 days a month

1 to 2 days a week

3 to 4 days a week

5 to 6 days a week

Daily or almost every day

2 to 3 times a day

4 or more times a day

# ILLEGAL ACTIVITIES

Place ID Label Here

PR No: \_\_\_\_\_

Interview Date: \_\_\_\_\_

## QUESTIONS

TYPE OF OFFENSE	1.		2.	3.	4.
	Were you ever involved in or did you ever do this? (Circle Yes or No in each box.)		How old were you the first time you did this? (Write in age.)	About how many days or times did you EVER do this? (Write in number.)	In the 12 months before admission, about how many days or times did you do this? (Write in number.)
	Yes	No			
	01	02			
1. Aggravated assault					
2. Burglary					
3. Theft					
4. Robbery					
5. Forgery/embezzlement					
6. Dealing in stolen property/fencing					
7. Gambling					
8. Pimping/prostitution					
9. Selling illegal drugs					
10. Driving while intoxicated					

# CARD 17

## Income

000	NO INCOME
001	\$ 01 – \$ 1,999
002	\$ 2,000 – \$ 2,999
003	\$ 3,000 – \$ 3,999
004	\$ 4,000 – \$ 4,999
005	\$ 5,000 – \$ 5,999
006	\$ 6,000 – \$ 6,999
007	\$ 7,000 – \$ 7,999
008	\$ 8,000 – \$ 8,999
009	\$ 9,000 – \$ 9,999
010	\$ 10,000 – \$ 11,999
012	\$ 12,000 – \$ 13,999
014	\$ 14,000 – \$ 15,999
016	\$ 16,000 – \$ 17,999
018	\$ 18,000 – \$ 19,999
020	\$ 20,000 – \$ 23,999
024	\$ 24,000 – \$ 29,999
030	\$ 30,000 – \$ 39,999
040	\$ 40,000 – \$ 49,999
050	\$ 50,000 – \$ 99,999
100	\$100,000 or more



Client ID: \_\_\_\_\_

## Drug Abuse Treatment Outcome Study



# INTAKE 1 INTERVIEW TALLY SHEETS

October 1992



# Intake 1 Interview

## TALLY SHEET A

A2 Age \_\_\_\_\_

A4 Hispanic origin [CIRCLE ONE.] 01 Hispanic 02 Non-Hispanic

A4a Hispanic Culture [RECORD VERBATIM.]

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A4b Race [CIRCLE ONE.] 01 Alaskan  
02 American Indian  
04 Black or African American  
05 White or Caucasian

A4c Asian/Pacific Island Culture [RECORD VERBATIM.]

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# **Intake 1 Interview**

## **TALLY SHEET E** **Drug Usage**

- \_\_\_\_\_ ALCOHOL
- \_\_\_\_\_ MARIJUANA, HASHISH, OR THC
- \_\_\_\_\_ COCAINE OR CRACK
- \_\_\_\_\_ HEROIN
- \_\_\_\_\_ NARCOTICS OR OPIATES
- \_\_\_\_\_ SEDATIVES OR TRANQUILIZERS
- \_\_\_\_\_ AMPHETAMINES OR OTHER STIMULANTS

**Intake 1 Interview**  
**TALLY SHEET K**  
**Drug Experiences**

- \_\_\_\_\_ ALCOHOL
- \_\_\_\_\_ MARIJUANA, HASHISH, OR THC
- \_\_\_\_\_ COCAINE OR CRACK
- \_\_\_\_\_ HEROIN
- \_\_\_\_\_ NARCOTICS OR OPIATES
- \_\_\_\_\_ SEDATIVES OR TRANQUILIZERS
- \_\_\_\_\_ AMPHETAMINES OR OTHER STIMULANTS

# Intake 1 Interview

## TALLY SHEET Y

### SECTION G

G1 \_\_\_\_\_ Had at least 4 traffic tickets for speeding, running a light, or causing an accident

G13 \_\_\_\_\_ Convicted of a felony

### SECTION H

H15 \_\_\_\_\_ Been fired from more than 1 job

H16 \_\_\_\_\_ Quit a job 3 times or more before you had another job

H17 \_\_\_\_\_ Were late or absent on any job an average of 3 days a month or more since age 18 when it was not the result of physical illness or injury

H19 \_\_\_\_\_ Out of work for 6 months or more

### SECTION J

J12 \_\_\_\_\_ Moved to avoid paying rent or borrowed money without making payments on it

# **Drug Abuse Treatment Outcome Study**

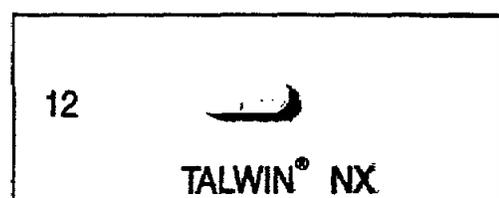
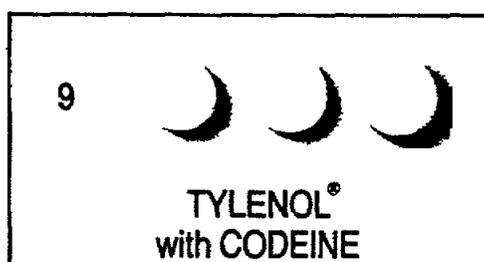
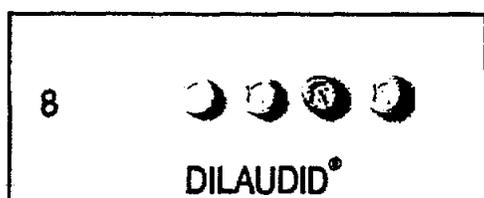
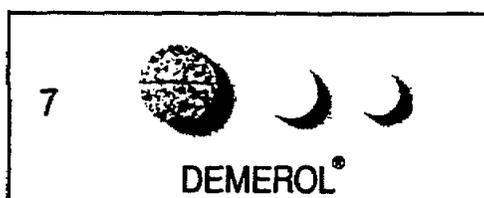
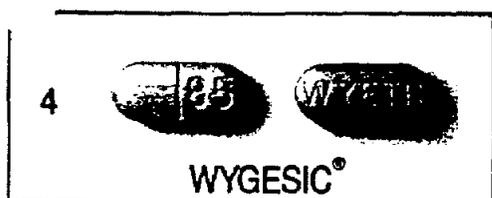


## **INTAKE 1 INTERVIEW INTREATMENT INTERVIEWS PILL CARDS**

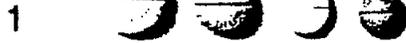
**October 1992**



CARD A - ANALGESICS



- 14 PROPOXYPHENE  
15 CODEINE  
16 ANILERIDINE  
17 MORPHINE  
18 METHADONE  
19 STADOL  
20 DARVOCET  
21 LOMOTIL  
22 PAREGORIC



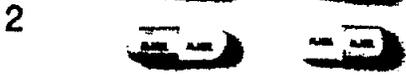
BUTISOL®



DORIDEN®



DALMANE®



BUTICAPS®



NOLUDAR®



RESTORIL®



AMYTAL®



NEMBUTAL®



HALCION®



SECONAL®



MEBARAL®



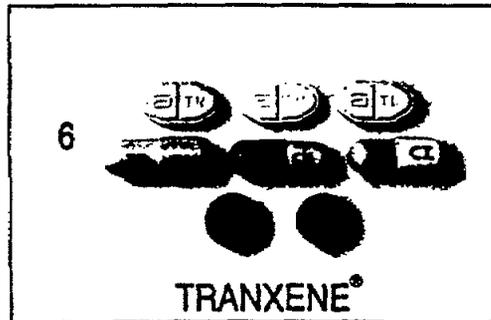
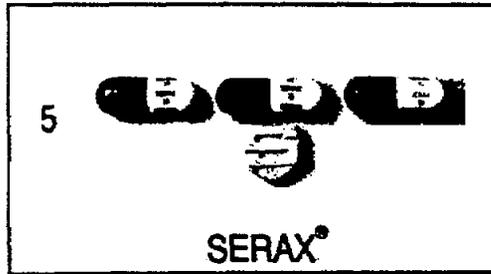
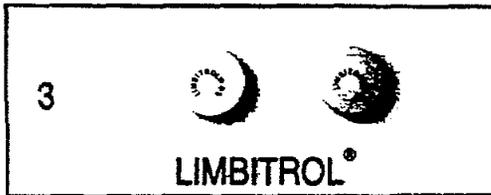
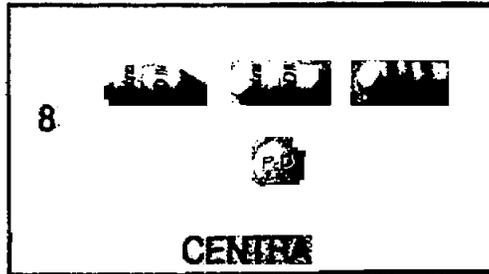
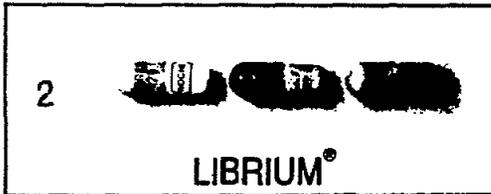
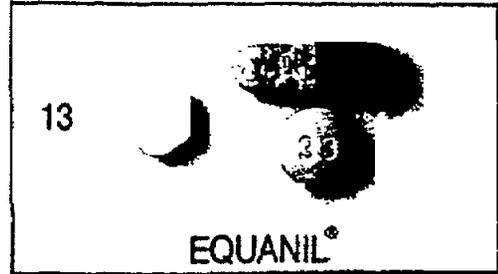
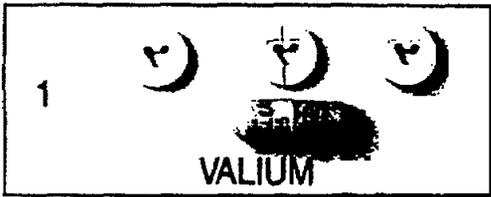
TUINAL®



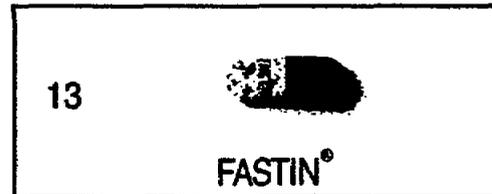
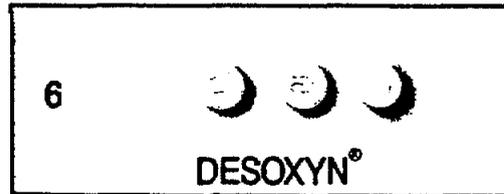
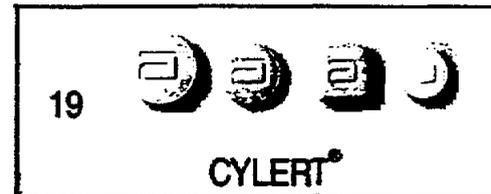
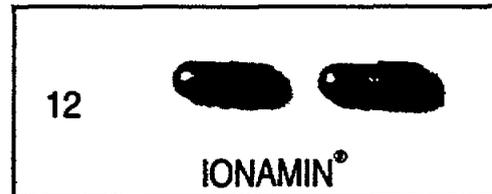
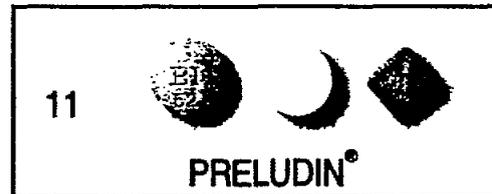
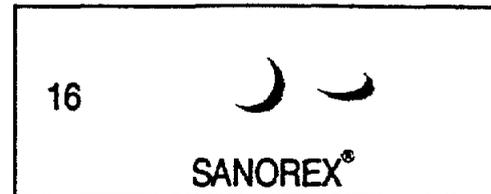
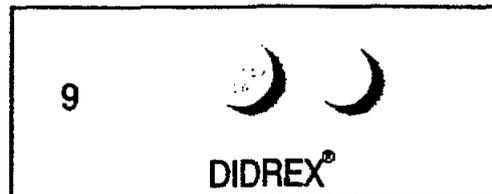
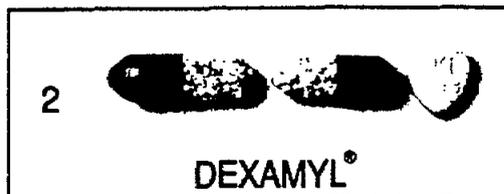
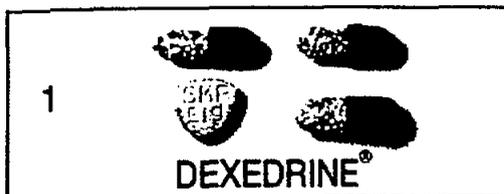
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- 17 CHLORAL HYDRATE
- 18 PENTOBARBITAL
- 19 SECOBARBITAL
- 20 FLURAZEPAN
- 21 NOCTEC

CARD C TRANQUILIZERS



- 18 DIAZEPAM
- 19 SK-LYGEN
- 20 MEPROBAMATE
- 21 HYDROXYZINE
- 22 BENADRYL
- 23 CLONAZEPAN
- 24 KLONOPIN



- 20 DEXTROAMPHETAMINE
- 21 METHEDRINE
- 22 METHAMPHETAMINE  
("speed" or "crank")
- 23 OBEDRIN-L.A.®

