

**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 12-Month Follow-Up Data

# DRUG ABUSE TREATMENT OUTCOME STUDY (DATOS)

Project 4595



## 12-MONTH FOLLOWUP QUESTIONNAIRE

Conducted by:

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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 1993

Notice: The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. The confidentiality of this information is protected by section 301(d) of the Public Health Service Act (42 U.S.C. 241(d)) and by the Drug Abuse Office and Treatment Act of 1972, as amended (42 U.S.C. 290ee-3). This research is authorized under the Anti-Drug Abuse Act of 1988 (P.L. 100-690), which was codified at 42 U.S.C.A. 290aa-11.

Client ID No.:

Date Completed:

19

MONTH

DAY

YEAR

Final Result  
Code:

FI No.:

Total Length  
of Interview:

MINUTES

### NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public respondent burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden to: Public Health Service Reports Clearance Officer, ATTN: RPA, Hubert H. Humphrey Building, Room 721B, 200 Independence Avenue, S.W., Washington, DC 20201; and to the Paperwork Reduction Project (0930-0150), Office of Management and Budget, Washington, DC 20503.



## Introduction for DATOS Followup Questionnaire

As part of an effort to understand your current situation and that of others who have received treatment for drug abuse problems and in order to learn how to make such treatment more effective, I want to ask you some questions. This interview will take about an hour and a half to complete, and when we are done, I will pay you a \$15 incentive for your time. I will try to move along quickly, but at a speed that is comfortable for you.

We have learned through previous research that clients with drug and alcohol problems often have treatment or service needs in other areas of their life as well. During this interview, we will look briefly at your background. Then I will ask you about your experience during treatment and prior to treatment. Next, I will have some questions about your education and your alcohol, tobacco, and drug use. Then there will be some other questions, including some about your employment and support, your income and expenditures, your health and health risk behaviors, and finally about your posttreatment experience. This interview, as we have already discussed, will be kept strictly confidential.

Throughout the interview, I will be asking you about things that have occurred during certain periods of your life, like things that happened prior to your drug treatment, during your drug treatment, and mainly after your drug treatment. We will use a calendar to help you focus on exactly what time frame we are talking about. We do not expect you to remember everything exactly, but we think you will have a good idea about most of the things we ask and when they happened.

At certain points during the interview, I will also ask you to look at some cards that will help you answer in a way that we can record easily. Do you have any questions before we begin?



# Drug Abuse Treatment Outcome Study (DATOS)

## 12-Month Followup Interview

- Section A. Demographics and Background
- Section B. Treatment Experience
- Section C. Pretreatment Status
- Section D. Education and Training
- Section E. Drugs, Alcohol, and Tobacco Use
- Section F. Psychological Functioning
- Section G. Illegal Involvement
- Section H. Employment/Support Status
- Section J. Income and Expenditures
- Section K. Health
- Section L. Sexual Risk Behaviors
- Section M. Posttreatment Experience
- Section N. Interviewer Observations
- Section P. Minimental Status Exam



# SECTION A. DEMOGRAPHICS AND BACKGROUND

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TIME STARTED: <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> am pm				

A1. RECORD SEX AS OBSERVED. [IF UNSURE, SAY: I first need to ask if you are male or female.]

- 01 MALE
- 02 FEMALE

I'd like to start the interview with some general questions about your background.

A2. How old were you on your last birthday?

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 AGE

A3. Please tell me the name of the group that best describes your racial background.  
[READ CHOICES IF NECESSARY AND CIRCLE ONE.]

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

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

- 01 YES
- 02 NO → GO TO A5

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
- 05 CENTRAL AMERICAN
- 06 SOUTH AMERICAN
- 07 OTHER (SPECIFY) \_\_\_\_\_
- 15 MIXED (SPECIFY) \_\_\_\_\_

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Next, I will ask about where you have lived, the relationships that you might have had with family and friends, and how your life has been going during the past 12 months.

A5. During the past 12 months, what type of residence or place have you usually lived in?  
[READ CHOICES IF NECESSARY AND CIRCLE ONE.]

- 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
- 06 IN JAIL, PRISON, OR A JUVENILE DETENTION HOME
- 07 A RESIDENTIAL DRUG TREATMENT CENTER
- 08 SOME OTHER GROUP RESIDENCE OR HALFWAY HOUSE
- 09 IN A HOMELESS SHELTER
- 10 ON THE STREET (NO REGULAR PLACE)
- 11 (IF VOL.:) OTHER (SPECIFY) \_\_\_\_\_

A6. In the past 12 months, how many days did you stay overnight in a place where you could not come and go as you pleased, such as a jail, a hospital, or a therapeutic community? [RECORD NUMBER OF DAYS. IF NONE, RECORD 000.]

DAYS

A7. Are you now married, legally separated, divorced, widowed, living with someone as married (but not legally married), or have you never been married?

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

A8. During the past 12 months, who have you lived with most of the time?

- 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
- 12 ALONE
- 13 INSTITUTION OR CLOSED FACILITY (E.G., PRISON, JAIL, MENTAL HOSPITAL)
- 14 NO STABLE ARRANGEMENTS
- 15 OTHER (SPECIFY) \_\_\_\_\_

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A9. Who do you currently live with?

**[CIRCLE ALL MENTIONS IN COLUMN A9 BELOW. FOR EACH LINE MENTIONED IN COLUMN A9, ASK A9a to A9d.]**

<p>A9a. During the past <u>30 days</u>, how supportive (was/were) your (HOUSEMATE(S)) of your being abstinent? Would you say not at all supportive, somewhat supportive, or very supportive? [CODE IN COLUMN A9a.]</p> <p>A9b. During the past <u>30 days</u>, did (HOUSEMATE(S)) have any problems with alcohol? [CODE IN COLUMN A9b.]</p> <p>A9c. During the past <u>30 days</u>, did (HOUSEMATE(S)) use drugs for nonmedical reason(s)? [CODE IN COLUMN A9c.]</p> <p>A9d. During the past <u>12 months</u>, has/have (HOUSEMATE(S)) received any treatment for drug or alcohol use? [CODE IN COLUMN A9d.]</p>									
A9.	A9a.			A9b.		A9c.		A9d.	
HOUSEMATE(S)	NOT AT ALL	SOME- WHAT	VERY	YES	NO	YES	NO	YES	NO
● 00 ALONE → GO TO A10 .....	—	—	—	—	—	—	—	—	—
● 01 SPOUSE/SEXUAL PARTNER .....	00	01	02	01	02	01	02	01	02
● 02 CHILD(REN) .....	00	01	02	01	02	01	02	01	02
● 03 PARENT(S) .....	00	01	02	01	02	01	02	01	02
● 04 OTHER FAMILY MEMBER(S) .....	00	01	02	01	02	01	02	01	02
● 05 FRIEND(S)/ROOMMATE(S)/ BOARDER(S) .....	00	01	02	01	02	01	02	01	02

A10. During the past 12 months, how often have you attended religious services, not counting meetings like council meetings or choir practices?

- 00 NEVER
- 01 LESS THAN ONCE A MONTH
- 02 ABOUT ONCE A MONTH
- 03 2 TO 3 TIMES A MONTH
- 04 ONCE A WEEK
- 05 MORE THAN ONCE A WEEK

The next few questions are about the way you might have spent your time during the past 12 months.

**HAND RESPONDENT SHOW CARD 2.**

A11. During the past 12 months, in a typical week, how often have you . . . ?

	NOT AT ALL	LESS THAN ONCE A WEEK	AT LEAST ONCE A WEEK	ALMOST DAILY
a. Done physical exercise (played ball, done aerobics, danced, jogged, or lifted weights) . . .	01	02	03	04
b. Read or done hobbies (fished, collected things, done crafts, or made things) . . . . .	01	02	03	04
c. Attended meetings or programs of groups, clubs, or organizations that you belonged to . . . . .	01	02	03	04

**HAND RESPONDENT SHOW CARD 3.**

Now, I would like to ask you about the activities of any people you were close to in the past 12 months, either family members or friends. Please do not include anyone you met in jail, prison, or drug or alcohol treatment.

A12. In the past 12 months, would you say that none of the people, one or a few of the people, or many of the people that you are close to . . . ?

	NONE	ONE OR A FEW	MANY
a. Used heroin, marijuana, or any other drugs except cocaine or crack for nonmedical purposes . . . . .	00	01	02
b. Used crack or cocaine . . . . .	00	01	02
c. Drank alcohol heavily . . . . .	00	01	02
d. Got arrested . . . . .	00	01	02
e. Entered jail, prison, or a juvenile detention home . . . . .	00	01	02
f. Entered treatment for drug or alcohol problems . . . . .	00	01	02
g. Quit using heroin, crack, cocaine, or other drugs . . . . .	00	01	02

A13. Do you belong to a health plan or have any health insurance such as Blue Cross, Medicaid, or other insurance?

01 YES

02 NO

**HAND RESPONDENT SHOW CARD 4.**

A14. Are you now on probation, on parole, in jail, or do you have any pending criminal (or juvenile justice system) charges or cases against you? **[CIRCLE ALL MENTIONS.]**

00 NO → GO TO SECTION B

- 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) \_\_\_\_\_

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A15. Are you currently under TASC supervision? **[IF NECESSARY, SAY: "TASC stands for Treatment Alternatives to Street Crime. TASC refers people with drug problems from the criminal justice system to drug treatment programs."]**

01 YES

02 NO → GO TO SECTION B

A15a. What kind of TASC supervision are you under? **[CIRCLE ONE.]**

- 01 Pretrial diversion
- 02 Pretrial intervention or conditional release
- 03 Presentence referral
- 04 Conditional probation
- 05 Conditional parole
- 06 Other supervision (SPECIFY) \_\_\_\_\_

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## SECTION B. TREATMENT EXPERIENCE

### INTERVIEWER CHECKPOINT

BE SURE YOU HAVE ENTERED THE NAME OF THE PROGRAM, THE DATE OF ADMISSION, AND THE DATE OF DISCHARGE ON TALLY SHEET B.

The questions in the rest of this interview refer to things that happened during different periods of time. We've found that using a calendar will help you remember better and more accurately place when things happened that I ask you about. First, we need to establish when you last went to (NAME OF PROGRAM), and then we'll look at a calendar.

B1. Our records show that you began an episode of treatment at (NAME OF PROGRAM) on (DATE OF ADMISSION FROM TALLY SHEET B). [CIRCLE IN PENCIL THE DATE OF ADMISSION ON CALENDAR AND SHOW TO CLIENT.] Also, you last talked to someone at (NAME OF PROGRAM) and you last went to that program on (DATE OF DISCHARGE FROM TALLY SHEET B). [CIRCLE IN PENCIL THE DATE ON CALENDAR.] As best as you can remember, is that correct?

01 YES, DATES CORRECT → [CHECK "YES" IN 2a AND 3a ON TALLY SHEET B.  
THEN GO TO INTERVIEWER CHECKPOINT BELOW.]

02 NO, DATE INCORRECT OR LEFT PROGRAM ON ANOTHER DATE → [CHECK "NO" IN APPROPRIATE SPACE ON TALLY SHEET. IF DISCHARGE DATE IS INCORRECT, ASK B1a. IF DISCHARGE DATE IS CORRECT, GO TO THE NOTE BOX BELOW.]

B1a. When would you say was the last time you went there for treatment?  
[RECORD DATE BELOW FOR DATE OF DISCHARGE AND ENTER ON TALLY SHEET B.]

        19   = CORRECTED DATE OF DISCHARGE  
MONTH                      DAY                      YEAR

**NOTE:** IF DATE OF ADMISSION OR DATE OF DISCHARGE CHANGED, BE SURE TO UPDATE THE INFORMATION ON BOTH THE CALENDAR AND TALLY SHEET B. ALSO, EMPHASIZE THAT QUESTIONS IN THIS SECTION APPLY ONLY TO TREATMENT RECEIVED DURING THE DATES INDICATED AND DO NOT APPLY TO ANY TREATMENT RECEIVED LATER. USE SCRIPT BELOW.

**INTERVIEWER CHECKPOINT: BE SURE TO READ THIS TO THE RESPONDENT AND USE THE CALENDAR.**

For the next few questions, I want to ask you about the time you were receiving services from or were in treatment at (NAME OF PROGRAM). Based on what we've just discussed, that was during this time. [HIGHLIGHT TIME IN TREATMENT ON CALENDAR WITH GREEN HIGHLIGHTER.] That was about a year (a little over a year) from today. [CIRCLE TODAY'S DATE ON CALENDAR, THEN GO TO B2.]

B2. Did you complete treatment at the (NAME OF PROGRAM), or did you leave before you completed treatment?

- 01 COMPLETED → GO TO B3
- 02 LEFT BEFORE COMPLETION

B2a. What was the main reason you left (NAME OF PROGRAM)?  
[RECORD VERBATIM AND ASSIGN CODE USING LIST BELOW.]

MAIN REASON \_\_\_\_\_

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**CODE LIST — REASONS FOR TERMINATION**

**INVOLUNTARILY DISCHARGED**

- 01 Went to jail or prison
- 02 Went into hospital
- 03 Noncompliance with rules
- 04 Poor performance
- 09 Other discharge reason

**TRANSFERRED**

- 11 Transferred to another drug treatment program
- 12 Transferred to another social service agency
- 19 Other transfer reason

**QUIT — PERSONAL REASONS**

- 21 Moved from service area
- 22 Criminal justice pressure ceased
- 23 Could control drug use myself
- 24 Drugs became available on the street
- 25 Started using cocaine again and did not want more treatment

**QUIT — PERSONAL REASONS (CONTINUED)**

- 26 Started using drugs other than cocaine and did not want more treatment
- 27 Difficulties with transportation
- 28 Difficulties with child care
- 29 Other personal reason

**QUIT — FINANCIAL REASONS**

- 31 Insurance coverage ran out
- 32 Unable to pay for treatment
- 33 Needed to get back to work
- 39 Other financial reason

**QUIT — DISSATISFIED WITH PROGRAM**

- 41 Program not helpful
- 42 Inadequate services
- 43 Conflict with staff
- 44 Program was going to terminate client
- 45 Intake interviews were too burdensome
- 49 Other program dissatisfaction

**OTHER REASON**

- 59 Other reason

**INTERVIEWER CHECKPOINT**

**DETERMINE THE TOTAL NUMBER OF DAYS BETWEEN THE DATE OF THE FIRST PHYSICAL CONTACT AND THE DATE OF THE LAST PHYSICAL CONTACT.**

B2b. [WERE THERE 7 OR MORE DAYS BETWEEN THE DATE OF THE FIRST PHYSICAL CONTACT AND THE DATE OF THE LAST PHYSICAL CONTACT (ON TALLY SHEET B)?]

- 01 YES → GO TO B3
- 02 NO → GO TO B2c

B2c. Did you receive any treatment or services provided by the (NAME OF PROGRAM) staff during that admission? That is, did you receive any kind of help, such as alcohol or drug abuse counseling, medical treatment, counseling for an emotional or mental health problem, employment, vocational, or education counseling, or any other service?

- 01 YES
- 02 NO → GO TO B4

B3. Did you meet with anyone on the staff to talk about your continuing care or aftercare or about discharge plans for when you left treatment? That is, did you meet with anyone on the staff to talk about continuing care or help for when you left (NAME OF PROGRAM)?

- 01 YES
- 02 NO → GO TO B4
- 03 DON'T KNOW → GO TO B4

B3a. Did this plan include going to 12-step or other support groups such as AA, NA, or CA?

- 01 YES
- 02 NO

B3b. Did this plan involve referral to other services?

- 01 YES
- 02 NO → GO TO B4

B3c. Which services were you referred to? [CIRCLE ALL MENTIONS.]

- 01 Drug treatment
- 02 Alcohol treatment
- 03 Mental health center/private practitioner
- 04 Medical services
- 05 Vocational services
- 06 Social services
- 07 Legal services
- 08 Other (SPECIFY) \_\_\_\_\_

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**HAND RESPONDENT SHOW CARD 4.**

B4. On (DATE OF LAST PHYSICAL CONTACT), were you on probation, on parole, in jail, or did you have any pending criminal charges against you? [IF NECESSARY, READ CHOICES TO CLIENT. CIRCLE ALL MENTIONS.]

- 00 NO
- 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) \_\_\_\_\_

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**INTERVIEWER CHECKPOINT**

CHECK THE ANSWER TO QUESTION B2c.  
IF THE ANSWER TO B2c IS EITHER "YES" (01) OR BLANK, GO TO B5.  
IF THE ANSWER TO B2c IS "NO" (02), GO TO SECTION C.

B5. Did you have a good relationship with your primary counselor?

01 YES

02 NO

03 DIFFERENT RELATIONSHIPS WITH TWO OR MORE PRIMARY COUNSELORS

B6. Did you follow the instructions of the program staff . . . ?

01 As little as possible

02 To some extent

03 Pretty closely

04 Very closely

B7. How satisfied were you with the treatment you received for your drug abuse problems?  
Would you say . . .

01 Not at all

02 Somewhat

03 Very satisfied

Next, I'd like to ask about your education and training, if any, while in treatment.

B8. Did you **attend** any school or take any educational, vocational, or technical school courses, or attend job training, skills development, or work experience programs while you were in treatment?

01 YES

02 NO

B9. While you were in (NAME OF PROGRAM), did you **receive** a high school diploma, pass a high school equivalency test (GED), or receive any other diplomas, degrees, certificates, or licenses?

01 YES

02 NO

Now, I'd like to ask about your employment experiences, if any, while you were in treatment.

B10. While you were in treatment, did you work at any full-time or part-time job?

01 YES

02 NO

I'd also like to ask about your marital status and living arrangements while you were in treatment.

B11. While you were in treatment, did you get married, separated, or divorced; were you widowed; or did you start or stop living with someone as married during this time?

01 YES

02 NO → GO TO B12

B11a. What changes in your marital status occurred while you were in treatment?  
[CIRCLE ALL MENTIONS.]

- 01 GOT MARRIED
- 02 GOT SEPARATED
- 03 GOT DIVORCED
- 04 WAS WIDOWED
- 05 STARTED LIVING WITH SOMEONE AS MARRIED (BUT NOT LEGALLY MARRIED)
- 06 STOPPED LIVING WITH SOMEONE AS MARRIED (BUT NOT LEGALLY MARRIED)
- 07 HAD MARRIAGE ANNULLED
- 08 OTHER (SPECIFY) \_\_\_\_\_

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B12. At how many addresses, residences, or places did you live while you were in treatment?

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 ADDRESSES

B13. While you were in treatment, how many days did you stay overnight in a place where you could not come and go as you pleased, such as a jail, a hospital, or a therapeutic community?

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 DAYS

Next, I'd like to ask about your nonmedical use of drugs and alcohol while you were in treatment. By nonmedical use of drugs, I am referring to drugs not taken as prescribed or not taken according to the directions. Alcoholic beverages include beer, wine, and hard liquor, such as whiskey and mixed drinks.

**HAND RESPONDENT SHOW CARD 5.**

**B14. While you were in treatment, (on the average) how often did you use (DRUG TYPE FROM INTREATMENT DRUG USE CHART)? [RECORD INTREATMENT FREQUENCY CODE IN COLUMN B14. IF NOT USED, RECORD "00" AND GO TO NEXT DRUG TYPE. ]**

**[IF NO DRUGS WERE USED ("00" ENTERED FOR ALL DRUGS), GO TO B16.]**

**FREQUENCY CODES:**

00 NOT USED AT ALL DURING 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 EVERYDAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

09 OTHER (SPECIFY) \_\_\_\_\_

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B18. While you were in treatment, did you think about ending your life or committing suicide?

01 YES

02 NO → GO TO B19

B18a. Were your thoughts of suicide always the direct result of your drug or alcohol use?

01 YES

02 NO

B19. While you were in treatment, did you ever attempt suicide?

01 YES

02 NO → GO TO B20

<p>B19a. How many times did you attempt suicide?</p> <p><input type="text"/> <input type="text"/> TIMES</p> <p>B19b. Were your attempts always the direct result of your drug or alcohol use?</p> <p>01 YES                      02 NO</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Now, I am going to ask about any experiences you might have had with the police or courts while you were in treatment. Let me remind you that this information will remain confidential.

B20. While you were in treatment, were you arrested and booked, including being fingerprinted, for an offense?

01 YES

02 NO

B21. While you were in treatment, were you convicted of any charges?

01 YES

02 NO

B22. Did you spend time in jail or prison (or in a juvenile detention home) while you were in treatment?

01 YES

02 NO

Now, I'd like to ask some questions regarding your employment status and history while you were in treatment. 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.

B23. What were you doing most of the week before (DATE OF LAST PHYSICAL CONTACT ON TALLY SHEET B)? Were you working, looking for work, keeping house, going to school, unable to work, or doing something else?

- 01 WORKING AT A LEGITIMATE JOB, INCLUDING WORKING FOR YOURSELF → GO TO 01A AND 01B
  - 01A 35 HOURS OR MORE A WEEK
  - 01B LESS THAN 35 HOURS A WEEK
- 02 HAD A JOB BUT WAS NOT WORKING (LAYOFF, STRIKE, VACATION)
- 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) \_\_\_\_\_ 

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B24. Did you (look for work/look for a different job) while you were in treatment?

- 01 YES
- 02 NO

B25. While you were in treatment, about how many weeks were you employed in either full- or part-time jobs? [IF 3 TO 7 DAYS, ENTER 01; IF LESS THAN 3 DAYS, ENTER 00.]

WEEKS	

B26. While you were in treatment, did 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 SECTION C

B26a. Were any costs of drug treatment covered by this health plan or insurance?

- 01 YES
- 02 NO
- 03 PROGRAM CHARGES NO FEES
- 04 PARTIALLY COVERED, COVERAGE RAN OUT

## 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 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.  
PRETREATMENT STATUS**

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Now, I would like to ask you some questions about your situation before you entered treatment. Most of these questions will be about the 12 months before you entered treatment. To help you recall exactly the time we're talking about, I'll mark this time on the calendar with a highlighter. **[MARK 12 MONTHS PRIOR TO ADMISSION WITH BLUE HIGHLIGHTER.]** First, I would like to get some information on why you entered treatment.

C1. What was the most important reason for enrolling in treatment at that time? **[RECORD VERBATIM AND ENTER CODE FROM CODE LIST - REASONS FOR ENROLLMENT.]**

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

--	--

MOST IMPORTANT REASON

**HAND RESPONDENT SHOW CARD 4.**

C2. When you were admitted to treatment on (DATE OF ADMISSION), 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
- 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) \_\_\_\_\_

--	--

C3. If your admission to treatment on (DATE OF ADMISSION) was required or suggested by the criminal (juvenile) justice system (i.e., courts or correctional authorities), was it required/stipulated or suggested/encouraged?

- 00 NEITHER REQUIRED NOR SUGGESTED
- 01 REQUIRED/STIPULATED
- 02 SUGGESTED/ENCOURAGED

Now, I'd like to ask some questions regarding your employment status and history just prior to entering treatment on (DATE OF ADMISSION). When talking about "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.

C4. What were you doing most of the week before admission to treatment? 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 01A AND 01B

01A 35 HOURS OR MORE A WEEK

01B LESS THAN 35 HOURS A WEEK

02 HAD A JOB BUT WAS NOT WORKING

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) \_\_\_\_\_

--

Now, I would like you to think about the year before you entered treatment.

C5. What type of job did you have, or what was your occupation in the year before entering treatment?  
[RECORD VERBATIM, THEN ENTER APPROPRIATE CODE FROM CODE LIST – OCCUPATION.]

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

OCCUPATION CODE

### 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 salesperson, 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

**HAND RESPONDENT SHOW CARD 6.**

Now, I would like to ask you about your use of alcohol. Again, we are talking about the 12 months before entering treatment on (DATE OF ADMISSION).

C6. In the 12 months before being admitted to treatment, on the average, how often did you drink any alcohol?

- 00 NOT AT ALL, NONE → GO TO C7
- 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 7.**

C6a. On days when you drank alcohol before treatment, 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
--	--	-------------------------------------------------

Now, I'd like to ask you about your experience with alcohol treatment programs.

C7. Not counting treatment you received after being admitted for treatment on (DATE OF ADMISSION), had you ever received any treatment that was primarily for an alcohol problem? Please do not include any Alcoholics Anonymous (AA).

- 01 YES
- 02 NO → GO TO C9

C8. Prior to your treatment on (DATE OF ADMISSION), how many times were you ever admitted for treatment primarily for alcohol problems?

		TIMES
--	--	-------

Now, I would like to ask you about your use of drugs other than alcohol prior to entering treatment on (DATE OF ADMISSION).

C9. If you used any of the following drugs during the 12 months before you entered treatment on (DATE OF ADMISSION), please tell me how often you used them. [READ THE DRUG TYPE FROM 12-MONTH PRETREATMENT DRUG USE CHART. IF USED, INDICATE FREQUENCY IN COLUMN C9. IF NOT USED, ENTER "00."]

HAND RESPONDENT SHOW CARD 5.

### 12-MONTH PRETREATMENT DRUG USE CHART

TYPE OF DRUG	C9. FREQUENCY OF USE 12 MONTHS PRIOR TO TREATMENT
20 Marijuana, hashish, or THC	
30 Hallucinogens or psychedelics such as LSD, DMT, mescaline, PCP, MDS, STP → [IF "NO," GO TO 40.]	
40 Cocaine in any form, including crack → [IF "NO," GO TO 50.]	
41 Crack	
42 Any cocaine other than crack	
50 Heroin alone or with other drugs	
60 Narcotics or opiates, such as morphine, codeine, Demerol, Dilaudid, Talwin → [IF "NO," GO TO 70.]	
70 Downers or depressants, such as sedatives, barbiturates, or tranquilizers → [IF "NO," GO TO 80.]	
80 Amphetamines or other stimulants, speed, or diet pills → [IF "NO," GO TO 90.]	
90 Any other drugs → [IF "NO," GO TO C10.] (SPECIFY) _____	

FREQUENCY CODES	
00 NOT USED AT ALL DURING THE PERIOD	05 5 TO 6 TIMES A WEEK
01 LESS THAN ONCE A MONTH	06 DAILY OR ALMOST EVERY DAY
02 1 TO 3 TIMES A MONTH	07 2 TO 3 TIMES A DAY
03 1 TO 2 TIMES A WEEK	08 4 OR MORE TIMES A DAY
04 3 TO 4 TIMES A WEEK	09 OTHER (SPECIFY) _____

C10. 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." [RECORD VERBATIM AND ENTER CODE FROM THE 12-MONTH PRETREATMENT DRUG USE CHART. IF NO DRUG WAS FAVORITE, RECORD 00.]

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

C11. 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 FROM THE 12-MONTH PRETREATMENT DRUG USE CHART. IF DRUG USE DID NOT CAUSE A PROBLEM, RECORD 00 AND GO TO C12.]

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

C12. In the 12 months before being admitted to treatment on (DATE OF ADMISSION), did you ever use drugs with a needle, syringe, or "works"?

01 YES

02 NO

Now, I would like to ask you to think back about any treatment you may have received for drugs.

C13. Prior to the treatment that began on (DATE OF ADMISSION), had you ever received any treatment that was primarily for the abuse or addiction of drugs?

01 YES                      02 NO → GO TO C15

C14. Prior to the treatment that began on (DATE OF ADMISSION), were you ever treated primarily for drug problems at (TYPE OF TREATMENT)?

IF "YES," RECORD IN COLUMN C14 FOR TREATMENT TYPE, THEN ASK C14a AND C14b.

IF "NO," RECORD IN COLUMN C14 FOR TREATMENT TYPE, THEN ASK C14 FOR NEXT TREATMENT TYPE. IF "NO" FOR ALL TREATMENT TYPES, GO TO C15.

C14a. How old were you when you first received treatment that was primarily for drug problems at (TYPE OF TREATMENT)? [RECORD IN COLUMN C14a.]

C14b. How many different times were you admitted to (TYPE OF TREATMENT) primarily for the treatment of drug problems? [RECORD IN COLUMN C14b.]

### DRUG TREATMENT CHART

TYPE OF TREATMENT	<u>C14.</u> EVER <u>TREATED?</u>		<u>C14a.</u> AGE AT FIRST TREATMENT	<u>C14b.</u> NUMBER OF ADMISSIONS
	YES	NO		
a. A 28-day or other short-term inpatient or chemical dependency treatment program .....	01	02	□ □	□ □
b. A therapeutic community or other long-term residential treatment program .....	01	02	□ □	□ □
c. A methadone program .....	01	02	□ □	□ □
d. An outpatient drug treatment program .....	01	02	□ □	□ □
e. Any other type of drug treatment such as a halfway house .....	01	02	□ □	□ □
f. Short-term (21 days or less) detoxification program .....	01	02	□ □	□ □

Now, I would like to ask about your involvement with the police, courts, and illegal activities before entering treatment. Let me remind you that this information will be kept confidential.

- C15. Prior to your treatment, were you ever arrested or sent to adult or juvenile court for (TYPE OF OFFENSE FROM ARREST HISTORY CHART)? [READ THE OFFENSES FROM ARREST HISTORY CHART. IF "YES," CIRCLE 01 IN COLUMN C15; IF "NO," CIRCLE 02. THEN ASK ABOUT THE NEXT OFFENSE. AFTER COLUMN C15 IS COMPLETED, THEN FOR EACH OFFENSE MARKED "01" (YES), ASK C16 AND C17. IF "NO" TO ALL OFFENSES, GO TO C18.]
- C16. How many times were you arrested or sent to adult or juvenile court for (TYPE OF OFFENSE MARKED "01" IN COLUMN C15, ARREST HISTORY CHART)? [RECORD NUMBER OF ARRESTS IN COLUMN C16.]
- C17. How many times were you arrested or sent to adult or juvenile court for (TYPE OF OFFENSE MARKED "01" IN COLUMN C15, ARREST HISTORY CHART) in the 12 months before admission? [RECORD NUMBER OF TIMES ARRESTED IN 12 MONTHS BEFORE ADMISSION IN COLUMN C17.]

## ARREST HISTORY CHART

TYPE OF OFFENSE	<u>C15.</u>		<u>C16.</u>	<u>C17.</u>
	EVER ARRESTED?		TOTAL ARRESTS EVER	ARRESTS 12 MONTHS BEFORE ADMISSION
	YES	NO		
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 Driving under the influence or driving while intoxicated .....	01	02	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 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"/>
12 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"/>

**HAND RESPONDENT SHOW CARD 8.**

C18. 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 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

C19. In the 12 months before admission, had you ever thought a lot about ending your life or committing suicide?

- 01 YES
- 02 NO

C20. In the 12 months before admission, did you ever attempt suicide?

- 01 YES
- 02 NO

C21. In the 12 months before admission, did you take any prescribed medications on a regular basis for a mental health or emotional problem?

- 01 YES
- 02 NO

**SKIP: IF RESPONDENT IS MALE, GO TO SECTION D.**

C22. At the time you entered treatment, were you pregnant?

- 01 YES
- 02 NO → GO TO SECTION D

C22a. Did being pregnant affect your decision to enter drug treatment?

- 01 YES
- 02 NO



D4. Are you currently enrolled in any schools, colleges, or programs from which you will receive any degrees or diplomas?

01 YES

02 NO → GO TO D5

D4a. What schools or programs? [CIRCLE ALL MENTIONS.]

- 01 MIDDLE SCHOOL (JUNIOR HIGH)
- 02 ADULT BASIC EDUCATION (ABE)
- 03 GED OR HIGH SCHOOL EQUIVALENCY
- 04 HIGH SCHOOL PROGRAM
- 05 JUNIOR (2-YEAR) COLLEGE OR ASSOCIATE DEGREE PROGRAM
- 06 4-YEAR COLLEGE OR UNIVERSITY DEGREE PROGRAM
- 07 GRADUATE DEGREE PROGRAM
- 08 TECHNICAL/TRADE/VOCATIONAL SCHOOL
- 09 JOB CORPS PROGRAM
- 10 SPECIAL EDUCATION PROGRAM
- 11 OTHER (SPECIFY) \_\_\_\_\_

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D5. How do you usually get to places that are not within walking distance? [CLARIFY AND CIRCLE MOST FREQUENT METHOD.]

- 01 DRIVE
- 02 PUBLIC TRANSPORTATION (BUS, SUBWAY, ETC.)
- 03 RIDE FROM FAMILY/FRIEND
- 04 TAXICAB
- 05 OTHER (SPECIFY) \_\_\_\_\_

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D6. Have you ever had a driver's license?

01 YES

02 NO → GO TO D7

D6a. Do you have a current, valid driver's license?

01 YES → GO TO D6c

02 NO

D6b. Have you had a valid driver's license at any time during the past 12 months?

01 YES

02 NO → GO TO D6d

D6c. During the past 12 months, how long have you had a valid driver's license?

MONTHS	

WEEKS	

DAYS	

[IF 12 MONTHS, GO TO D7.]

D6d. During the time that you did not have a valid license, was your driver's license. . . ?

01 Expired

02 Suspended

03 Revoked

D7. During the past 12 months, has there been a dependable vehicle, such as a car, truck, or motorcycle, available for you to use . . . ?

00 None

01 Some

02 All of the time

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**SECTION E.**  
**DRUG, ALCOHOL, AND TOBACCO USE**

Now, I'd like to ask about any drugs, alcohol, and tobacco you may have used during the past 12 months. Remember, when I say "past 12 months," I am talking about the time highlighted in pink on this calendar. [SHOW RESPONDENT THE CALENDAR.]

E1. During the past 12 months, did you drink any alcohol? (Alcoholic beverages include beer, wine, wine coolers, and hard liquor, such as whiskey and mixed drinks.)

01 YES                      02 NO → GO TO E14

E2. How long after you left (completed) treatment did you first take a drink?

WEEKS

HAND RESPONDENT SHOW CARD 6.

E3. How often have you used alcohol in the past 12 months?

FREQUENCY CODE → IF "NOT AT ALL, NONE (00)," GO TO E11.

FREQUENCY CODES	
00 NOT AT ALL, NONE	05 5 TO 6 DAYS A WEEK
01 LESS THAN 1 DAY A MONTH	06 DAILY OR ALMOST EVERY DAY
02 1 TO 3 DAYS A MONTH	07 2 TO 3 TIMES A DAY
03 1 TO 2 DAYS A WEEK	08 4 OR MORE TIMES A DAY
04 3 TO 4 DAYS A WEEK	09 OTHER (SPECIFY) _____

E4. When did you last use it?

WEEKS AGO

E5. In the past 30 days, on how many days did you drink any alcohol?

DAYS

**HAND RESPONDENT SHOW CARD 7.**

E6. During the past 12 months, about how many alcoholic drinks did you usually have on each day you drank?

DRINKS

ALCOHOL EQUIVALENTS		
<b>BEER</b>		
1 12- OR 16-OZ. BOTTLE OF BEER	=	1 DRINK
1 SIX PACK OF BEER	=	6 DRINKS
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

E7. On how many days were you drunk during the past 12 months?  
 [IF NONE, CODE 000 AND GO TO E9.]

DAYS

E8. During the past 12 months, were you ever drunk for several days in a row?

01 YES                      02 NO

E9. During the past 12 months, did you have alcohol d.t.'s (or delirium tremens) at any time?

01 YES                      02 NO

E10. Did your alcohol use in the past 12 months lead to a relapse in the use of drugs?

01 YES                      02 NO

E11. Alcohol can sometimes cause problems for people. Have you ever had any problems because of your drinking?

01 YES                      02 NO → GO TO STATEMENT BEFORE E14

**HAND RESPONDENT SHOW CARD 9.**

E12. How troubled or bothered have you been in the past 12 months by an alcohol problem?  
Would you say . . .

- 00 Not at all
- 01 Slightly
- 02 Moderately
- 03 Considerably
- 04 Extremely

E13. How important to you now is treatment or counseling for your alcohol problem?

- 00 NOT AT ALL
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

E14. Now, I'd like to ask you about your use of tobacco. Do you currently smoke cigarettes?

- 01 YES
- 02 NO → **GO TO E15**

E14a. About how many cigarettes do you smoke per day?

- 01 LESS THAN 1/2 PACK A DAY (1-5 CIGARETTES)
- 02 ABOUT 1/2 PACK A DAY (6-15 CIGARETTES)
- 03 ABOUT A PACK A DAY (16-25 CIGARETTES)
- 04 ABOUT 1-1/2 PACKS A DAY (26-35 CIGARETTES)
- 05 ABOUT 2 PACKS OR MORE A DAY (OVER 35 CIGARETTES)

E15. 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

The next questions are about the use of drugs that have been prescribed for you by a doctor and drugs you have taken "on your own." By "on your own," I mean either illegal drugs, or prescription drugs not taken as prescribed, or not taken according to the directions.

E16. During the past 12 months, have you used (NAME OF DRUG)? [READ THE DRUG TYPE FROM THE 12-MONTH POSTTREATMENT DRUG USE CHART. IF "YES," CIRCLE 01 IN COLUMN E16; IF "NO," CIRCLE 02. THEN ASK ABOUT THE NEXT DRUG TYPE.]

[AFTER COLUMN E16 IS COMPLETED, TALLY ON TALLY SHEET E IF ANY DRUG WAS USED IN THE PAST 12 MONTHS AND COMPLETE THE ROW OF OPEN BOXES BY ASKING E17 TO E21. IF NO DRUGS WERE USED IN THE PAST 12 MONTHS, GO TO E33.]

E17. How long after you left (completed) treatment did you first use (NAME OF DRUG)? [RECORD IN COLUMN E17 IN WEEKS.]

HAND RESPONDENT SHOW CARD 10.

E18. How did you usually take it during these past 12 months? [RECORD ROUTE OF USE CODE IN COLUMN E18.]

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

HAND RESPONDENT SHOW CARD 5.

E19. On the average, how often did you use (NAME OF DRUG) in the past 12 months? [RECORD FREQUENCY IN COLUMN E19.]

FREQUENCY CODES	
01 LESS THAN ONCE A MONTH	06 DAILY OR ALMOST EVERY DAY
02 1 TO 3 TIMES A MONTH	07 2 TO 3 TIMES A DAY
03 1 TO 2 TIMES A WEEK	08 4 OR MORE TIMES A DAY
04 3 TO 4 TIMES A WEEK	09 OTHER (SPECIFY) _____
05 5 TO 6 TIMES A WEEK	

E20. When was the most recent time you used (NAME OF DRUG)? [RECORD MOST RECENT WEEK IN COLUMN E20. CODE 00 FOR PAST WEEK USE.]

E21. About how often were you using (NAME OF DRUG) during this most recent period of use? [RECORD FREQUENCY CODE IN COLUMN E21.]

## 12-MONTH POSTTREATMENT DRUG USE CHART

		E16. USED IN PAST 12 MONTHS?		E17. FIRST USE? (WEEKS)	E18. ROUTE? (PAST YEAR)	E19. PAST YEAR FREQ.?	E20. MOST RECENT USE (WEEK)	E21. MOST RECENT FREQ.
		YES	NO					
20	Marijuana, hashish, THC	01	02					
30	Hallucinogens or psychedelics, such as LSD, DMT, mescaline, PCP, MDS, STP → [IF "NO," GO TO 40.]	01	02					
31	PCP	01	02					
32	LSD	01	02					
40	Cocaine in any form, including crack → [IF "NO," GO TO 50.]	01	02					
41	Crack only	01	02					
42	Any cocaine other than crack	01	02					
50	Heroin alone or with other drugs → [IF "NO," GO TO 60.]	01	02					
51	Heroin and cocaine together at the same time (crank, speedball)	01	02					
60	Narcotics or opiates, such as morphine, codeine, Demerol, Dilaudid, Talwin → [IF "NO," GO TO 70.]	01	02					
61	Street or illegal methadone	01	02					
62	Dilaudid	01	02					
70	Downers or depressants, such as sedatives, barbiturates, or tranquilizers → [IF "NO," GO TO 80.]	01	02					
71	Sedatives or sleeping pills, such as Doriden, Noludar, Quaalude, or Sopor	01	02					
72	Barbiturates, such as Nembutal, Seconal, or Tuinal	01	02					
73	Benzodiazepines, such as Valium, Librium, or others	01	02					
74	Other tranquilizers	01	02					
75	Another depressant	01	02					
80	Amphetamines or other stimulants, speed, or diet pills → [IF "NO," GO TO 90.]	01	02					
81	Methamphetamines	01	02					
90	Any other drugs	01	02					
91	Inhalants, such as glue, gasoline, or paint thinner	01	02					
92	Another drug (SPECIFY) _____	01	02					

**SKIP: IF THERE ARE NO "00" CODES IN COLUMN E20 ON PAGE E-5, GO TO E23.**

E22. During the past 3 days, have you used (NAME OF DRUG)? [READ THE FIRST DRUG TYPE FROM THE 12-MONTH POSTTREATMENT DRUG USE CHART THAT THE RESPONDENT HAS USED IN THE PAST WEEK AS INDICATED BY A "00" IN COLUMN E20. IF "YES," ENTER THE CODE FROM THE CHART AND TALLY THE DRUG TYPE ON TALLY SHEET E, THEN ASK ABOUT THE NEXT DRUG TYPE THAT CONTAINS A "00" IN COLUMN E20. IF "NO," ENTER "00" AND GO TO NEXT DRUG TYPE.]

FIRST DRUG

SECOND DRUG

THIRD DRUG

FOURTH DRUG

E23. During the past 12 months, 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 FROM 12-MONTH POSTTREATMENT DRUG USE CHART. IF DRUG USE DID NOT CAUSE A PROBLEM, ENTER "00" AND GO TO E29.]

POSTTREATMENT PROBLEM DRUG (SPECIFY) \_\_\_\_\_

E24. In the past 12 months, when you used (PROBLEM DRUG), did you generally use it . . . ?

- 01 By yourself
- 02 With 1 or 2 other people
- 03 In a group

E25. 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) \_\_\_\_\_

E26. During the past 12 months, what was the longest period of time you went without using (PROBLEM DRUG)?

MONTHS

WEEKS

DAYS

E27. You said that (PROBLEM DRUG) caused you the most serious problems. During the past 12 months, did using any other drug cause you to have problems (such as problems with family, friends, or the law; problems feeling dependent on the drug; or health or emotional problems)?

01 YES

02 NO → GO TO E28

E27a. Which drug caused you the next most serious problems during the past 12 months? [RECORD VERBATIM AND ENTER CODES FROM 12-MONTH POSTTREATMENT DRUG USE CHART (p. E-5) IN BOXES BELOW. REPEAT UNTIL ALL BOXES ARE FILLED OR UNTIL RESPONDENT SAYS NO OTHER DRUG TYPES CAUSED SERIOUS PROBLEMS.]

_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)
<input type="text"/> <input type="text"/> SECOND DRUG	<input type="text"/> <input type="text"/> THIRD DRUG	<input type="text"/> <input type="text"/> FOURTH DRUG

E28. About how much would you say you spent on drugs for your own nonmedical use during the past 12 months? Do not include alcohol.

\$  ,  .00  
DOLLARS

E29. In the past 12 months, have you OD'd on drugs?

01 YES

02 NO → GO TO E30

E29a. How many times have you OD'd in the past 12 months?

TIMES

E30. In the past 12 months, did you use drugs with a needle, a syringe, or "works" to shoot up drugs after anyone else had used it?

01 YES

02 NO → GO TO INTERVIEWER CHECKPOINT BEFORE E33

E30a. In the past 12 months, how many times did you use a needle, syringe, or "works" to shoot up drugs after (PERSON CATEGORY) had used it? [RECORD UNDER COLUMN E30a.]

PERSON CATEGORY	<u>E30a.</u> NUMBER OF TIMES DURING PAST 12 MONTHS
1. Your regular sexual partner or spouse . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>
2. Anyone you had sex with but hadn't known very long . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>
3. A prostitute . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>
4. Someone you knew or thought had AIDS or had a positive HIV test . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>
5. A man you knew or thought was homosexual or bisexual . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>
6. People you didn't know very long or strangers . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>

E31. In the past 12 months, have you tried to clean the needles and syringes other people had used before you used them?

01 YES ↴

02 NO → GO TO INTERVIEWER CHECKPOINT BEFORE E33

E31a. After cleaning, did you use your own cooker?  
 01 YES                      02 NO

E31b. After cleaning, did you use your own cotton?  
 01 YES                      02 NO

**HAND RESPONDENT SHOW CARD 11.**

E32. In the past 12 months, 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

**INTERVIEWER CHECKPOINT: THIS CHECKPOINT IS TO BE USED ONLY WITH THE  
4595 DRUG ABUSE TREATMENT OUTCOME STUDY  
(DATOS) PROJECT.**

Have you ever used cocaine?

01 YES                      02 NO → GO TO E37

Now, I'd like to ask you about any withdrawal symptoms you might have experienced as a result of stopping cocaine use.

E33. During the past 12 months, have you . . . ?

WITHDRAWAL SYMPTOM	YES	NO
a. Had difficulty sleeping . . . . .	01	02
b. Become very drowsy and felt like you needed to sleep a lot . . . . .	01	02
c. Experienced some shakiness in your hands or other parts of your body . . . . .	01	02
d. Become extremely depressed. . . . .	01	02
e. Experienced a great increase in your appetite. . . . .	01	02
f. Become easily excited or distracted . . . . .	01	02
g. Felt nervous or anxious. . . . .	01	02

E34. During the past 12 months, did you ever crave cocaine?

01 YES                      02 NO → GO TO E37

E35. Typically, how strong or intense were your cravings for cocaine on a scale from 0 to 10 with 0 being the weakest and 10 the strongest?

<u>VERY WEAK</u>					<u>MODERATE</u>					<u>VERY STRONG</u>
0	1	2	3	4	5	6	7	8	9	10

E36. How long did an average craving last?

- 01 A few seconds
- 02 A few minutes
- 03 About 15 minutes
- 04 About 1/2 an hour
- 05 Close to 1 hour
- 06 An hour or longer

**HAND RESPONDENT SHOW CARD 9.**

E37. In the past 12 months, how troubled or bothered have you been by your drug problem?  
Would you say . . .

- 00 Not at all
- 01 Slightly
- 02 Moderately
- 03 Considerably
- 04 Extremely

E38. How important to you now is getting treatment or counseling for your drug problems?  
Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very important

E39. In your opinion, in the past 12 months to what extent were your problems with drugs caused by other problems in your life? Would you say . . .

- 00 Not at all
- 01 A little
- 02 A lot

E40. Overall, how tempted are you to use drugs now? Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very tempted

E41. What was your most important reason for not using drugs?  
[RECORD VERBATIM AND ENTER CODE FROM CODE LIST –  
REASONS FOR NOT USING DRUGS.]

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

--	--

MOST IMPORTANT REASON

E41a. What other reasons have you had for not using drugs?  
[RECORD VERBATIM AND ENTER UP TO 3 CODES FROM CODE LIST;  
IF NONE IS MENTIONED, LEAVE THE BOXES BLANK.]

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

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OTHER REASONS

## CODE LIST – REASONS FOR NOT USING DRUGS

### 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 STOP 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

**HAND RESPONDENT SHOW CARD 12.**

E42. Now, I am going to read a list of situations when people sometimes use drugs. Please tell me how sure or confident you are that you would be able to keep from using drugs in each situation.

Today, how confident or sure are you of your ability to keep from using drugs . . . ?

SITUATION	NOT AT ALL CONFIDENT OR SURE	SOMEWHAT CONFIDENT OR SURE	VERY CONFIDENT OR SURE
a. If other people around you made you tense or nervous . . . . .	00	01	02
b. If you remembered how it makes you feel . . . . .	00	01	02
c. If you felt relaxed and sure of yourself . . . . .	00	01	02
d. If you felt drowsy but wanted to stay awake . . . . .	00	01	02
e. If you unexpectedly found a supply of drugs . . . . .	00	01	02
f. (READ STEM) If you felt that other people didn't like you . . . . .	00	01	02
g. If you were not able to get to sleep . . . . .	00	01	02
h. If you felt nauseated or sick to your stomach . . . . .	00	01	02
i. If you were at a party or some place where other people were using drugs . . . . .	00	01	02
j. If you felt satisfied or happy with something you had done . . . . .	00	01	02
k. If you felt angry about something . . . . .	00	01	02
l. If you started to think that using drugs just one time would not be a problem . . . . .	00	01	02
m. If you felt confused . . . . .	00	01	02
n. If you felt sad or depressed . . . . .	00	01	02

[CONTINUED]

SITUATION	NOT AT ALL CONFIDENT OR SURE	SOMEWHAT CONFIDENT OR SURE	VERY CONFIDENT OR SURE
o. If you were with someone who encouraged you to use drugs or suggested that you use drugs together . . . . .	00	01	02
p. If you wanted to prove to yourself that you could use drugs a few times without losing control . . . . .	00	01	02
q. If there were problems with people at work . . . . .	00	01	02
r. If you were having problems with your family or friends . . . . .	00	01	02
s. If you were bored or had nothing to do . . . . .	00	01	02
t. If you were in pain physically . . . . .	00	01	02

E43. Are there times when you might be tempted to use drugs?

01 YES →      02 NO → GO TO E44

E43a. When might you be tempted? [RECORD SITUATIONS IN COLUMN E43a.]			
E43b. How confident or sure are you of your ability to keep from using drugs when (SITUATION WHEN TEMPTED)?			
<u>E43a.</u>	<u>E43b.</u>		
	NOT AT ALL CONFIDENT OR SURE	SOMEWHAT CONFIDENT OR SURE	VERY CONFIDENT OR SURE
SITUATION WHEN TEMPTED			
[FOR RTI EDITORS]			
1. _____	□ □	. . . . . 00	01      02
2. _____	□ □	. . . . . 00	01      02
3. _____	□ □	. . . . . 00	01      02

E44. How difficult do you think it would be for you to stop using drugs completely for the rest of your life?  
Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very difficult

E45. What do you think your chances are of quitting completely for the rest of your life? Would you say . . .

- 01 Very poor
- 02 Fair
- 03 Very good

E46. How much do you think the treatment you received at (NAME OF PROGRAM) will help you do this?  
Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very much
- 03 NO TREATMENT RECEIVED

E47. How difficult do you think it would be for you to cut down on drugs for the rest of your life?  
Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very difficult

**SKIP: CHECK TALLY SHEET E FOR E16 TO DETERMINE WHETHER ANY DRUGS  
HAVE BEEN USED DURING THE PAST 12 MONTHS. IF NONE WAS USED,  
GO TO E49. IF ONE OR MORE WERE USED, CONTINUE WITH E48.**

E48. What do you think your chances are of cutting down on your use of drugs? Would you say . . .

- 01 Very poor
- 02 Fair
- 03 Very good

E49. How much do you think the treatment you received at (NAME OF PROGRAM) will help you do this?  
Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very much
- 03 NO TREATMENT RECEIVED

E50. Did the drug treatment that you received at (NAME OF PROGRAM) help you to . . . ?

	YES	NO
a. Better understand your problems . . . . .	01	02
b. Learn to communicate better . . . . .	01	02
c. Be a better problem solver . . . . .	01	02
d. Learn relapse prevention skills . . . . .	01	02

E51. Do you live in a neighborhood where there is drug use or heavy alcohol use?

- 01 YES                      02 NO

**HAND RESPONDENT SHOW CARD 2.**

E52. How often do you spend time with friends who use drugs? Would you say . . .

- 01 Not at all  
02 Less than once a week  
03 At least once a week  
04 Almost daily

E53. How often do you go to bars or hangouts where drugs are readily available?

- 01 NOT AT ALL  
02 LESS THAN ONCE A WEEK  
03 AT LEAST ONCE A WEEK  
04 ALMOST DAILY

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**SECTION F.**  
**PSYCHOLOGICAL FUNCTIONING**

--

Now, I'm going to ask some questions about your feelings and emotions over the past 12 months.

F1. In the past 12 months, 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 F2

F1a. 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 F2

F1b. In these past 12 months, 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?

--	--

 PERIODS

F1c. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT ON TALLY SHEET B)

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that? 

--	--

 WEEKS

F1d. Was that (last) period a direct result of your drug or alcohol use?

01 YES                      02 NO

F2. In the past 12 months, 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 F3

F2a. In the past 12 months, how many periods of 4 weeks or more have you had (when you were very anxious, tense, or nervous)?

PERIODS

F2b. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT) → GO TO F2c

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that?   WEEKS

F2c. Was that (last) period a direct result of your drug or alcohol use?

01 YES                      02 NO

F3. In the past 12 months, have you 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 F4

F3a. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT) → GO TO F3b

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that?   WEEKS

F3b. Was that period a direct result of your drug or alcohol use?

01 YES                      02 NO

F4. In the past 12 months, have you had trouble understanding, concentrating, or remembering?

01 YES                      02 NO → GO TO F5

F4a. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT) → GO TO F4b

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that?   WEEKS

F4b. Has that always been a direct result of your drug or alcohol use?

01 YES                      02 NO

F5. In the past 12 months, have you had trouble controlling your temper or violent behavior?

01 YES                      02 NO → GO TO F6

F5a. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT) → GO TO F5b

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that?   WEEKS

F5b. Was that period a direct result of your drug or alcohol use?

01 YES                      02 NO

F6. In the past 12 months, have you thought about ending your life or committing suicide?

01 YES                      02 NO → GO TO F7

F6a. When did you last think a lot about ending your life?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT) → GO TO F6b

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that?  WEEKS

F6b. During these months, have your thoughts of suicide always been the direct result of your drug or alcohol use?

01 YES                      02 NO

F7. In the past 12 months, have you attempted suicide?

01 YES                      02 NO → GO TO F8

F7a. When did you last attempt suicide?

01 LESS THAN 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT) → GO TO F7b

02 AT LEAST 1 WEEK AFTER (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that?  WEEKS

F7b. During these months, have your suicide attempts always been the direct result of your drug or alcohol use?

01 YES                      02 NO

F8. In the past 12 months, have you taken any prescribed medications on a regular basis for a mental health or emotional problem?

01 YES                      02 NO

F9. In the past 12 months, have you had any emotional or mental health problems that were not the result of your using drugs or alcohol?

01 YES                      02 NO → GO TO F10

F9a. How many days would you say you had such problems that were not the result of your using drugs or alcohol?

DAYS

F10. During the past 12 months, have you received any disability payments, benefits, or a pension for a psychiatric disability?

01 YES                      02 NO

F11. In the past 12 months, have you had any mental health or emotional problems because of your drug or alcohol use?

01 YES                      02 NO → GO TO F12

F11a. How serious were any problems you have had in these 12 months because of your drug or alcohol use? Would you say . . .

01 Not at all  
02 Somewhat  
03 Very serious

**HAND RESPONDENT SHOW CARD 9.**

F12. How troubled or distressed (bothered) have you been during the past 12 months by any emotional or psychological problems? Would you say . . .

00 Not at all → GO TO STATEMENT BEFORE F13  
01 Slightly  
02 Moderately  
03 Considerably  
04 Extremely

F12a. How troubled or distressed (bothered) have you been during the past 3 months by any emotional or psychological problems?

00 NOT AT ALL → GO TO STATEMENT BEFORE F13  
01 SLIGHTLY  
02 MODERATELY  
03 CONSIDERABLY  
04 EXTREMELY

F12b. How troubled or distressed (bothered) are you now by any emotional or psychological problems?

00 NOT AT ALL  
01 SLIGHTLY  
02 MODERATELY  
03 CONSIDERABLY  
04 EXTREMELY

**HAND RESPONDENT SHOW CARD 13.**

Now, I would like to ask some questions about your feelings about yourself. For each of the statements I read, please tell me how much you agree or disagree, based on how you feel about yourself right now.

STATEMENT	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
F13. All in all, I'm satisfied with myself .....	01	02	03	04
F14. At times I think I'm no good at all .....	01	02	03	04
F15. I feel that I have a lot of good qualities.....	01	02	03	04
F16. I'm able to do things as well as most other people.....	01	02	03	04
F17. I feel that I don't have much to be proud of .....	01	02	03	04
F18. I feel useless at times .....	01	02	03	04
F19. I feel that I'm basically no good .....	01	02	03	04
F20. I wish I could have more respect for myself .....	01	02	03	04
F21. All in all, I feel that I'm a failure .....	01	02	03	04
F22. I feel that I'm not important to others .....	01	02	03	04

**SECTION G.**  
**ILLEGAL INVOLVEMENT**

--

In this section, I'd like to ask about any experiences you might have had with the police or courts during the past 12 months. Let me remind you that this information will remain confidential.

G1. In the past 12 months, have you spent time in jail, prison, or a juvenile detention home?

01 YES

02 NO → GO TO G2

G1a. During the past 12 months, how much time have you spent in jail, prison, or a juvenile detention home?

MONTHS	

WEEKS	

DAYS	

G2. During the past 12 months, have you been arrested and booked for (TYPE OF OFFENSE FROM ARREST HISTORY CHART)? [RECORD IN COLUMN G2.]

**AFTER COLUMN G2 IS COMPLETED, ASK G3 TO G5 FOR EACH ARREST TYPE CODED 01 IN COLUMN G2.**

G3. During the past 12 months, how many times have you been arrested for (TYPE OF OFFENSE)? [RECORD NUMBER OF ARRESTS IN COLUMN G3.]

G4. During the past 3 months, how many times were you arrested for this? [RECORD NUMBER OF ARRESTS IN COLUMN G4.]

G5. During the past 12 months, how many times have you been convicted for (TYPE OF OFFENSE)? [RECORD IN COLUMN G5.]

## ARREST HISTORY CHART

TYPE OF OFFENSE	<u>G2.</u>		<u>G3.</u>	<u>G4.</u>	<u>G5.</u>
	ARRESTED IN PAST <u>12 MONTHS?</u>		NUMBER OF ARRESTS IN PAST 12 MONTHS	NUMBER OF ARRESTS IN PAST 3 MONTHS	NUMBER OF CONVICTIONS IN PAST 12 MONTHS
	YES	NO			
01 Use or possession of marijuana, drugs, liquor law violation, drunk and disorderly .....	01	02	<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"/>
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"/>
04 Burglary—breaking and entering, unlawful entry, housebreaking, or safecracking .....	01	02	<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"/>
06 Pimping, prostitution, or commercialized vice .....	01	02	<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"/>
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"/>
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"/>
10 Driving under the influence or driving while intoxicated .....	01	02	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Status offenses such as running away, curfew violations, truancy, etc. ....	01	02	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 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"/>

G6. In the past 12 months, have you been involved in "illegal" or criminal activity in order to get money for drugs?

- 01 YES                      02 NO → GO TO G7

G6a. How often in the past 12 months have you been involved in "illegal" or criminal activity in order to get money for drugs?

- 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 OR MORE TIMES

G6b. How often in the past 3 months have you been involved in "illegal" or criminal activity in order to get money for drugs?

- 00 NEVER  
01 1 OR 2 TIMES  
02 3 TO 5 TIMES  
03 6 TO 10 TIMES  
04 11 TO 49 TIMES  
05 50 OR MORE TIMES

G7. In the past 12 months, have you had any police or legal problems because of your drug or alcohol use?

- 01 YES                      02 NO → GO TO G8

G7a. In the past 12 months, how serious were any such problems you had because of your drug or alcohol use? Would you say . . .

- 01 Not at all  
02 Somewhat  
03 Very serious

**HAND RESPONDENT SHOW CARD 14.**

G8. In the past 12 months, how serious do you feel your police or legal problems were overall, excluding civil problems? Would you say . . .

- 00 No police or legal problems → **GO TO G9**
- 01 Not at all serious → **GO TO G9**
- 02 Slightly serious
- 03 Moderately serious
- 04 Considerably serious
- 05 Extremely serious

G8a. In the past 3 months, how serious do you feel your police or legal problems were overall, excluding civil problems?

- 00 NO POLICE OR LEGAL PROBLEMS → **GO TO G9**
- 01 NOT AT ALL SERIOUS → **GO TO G9**
- 02 SLIGHTLY SERIOUS
- 03 MODERATELY SERIOUS
- 04 CONSIDERABLY SERIOUS
- 05 EXTREMELY SERIOUS

G8b. How serious do you feel your police or legal problems are now, excluding civil problems?

- 00 NO POLICE OR LEGAL PROBLEMS
- 01 NOT AT ALL SERIOUS
- 02 SLIGHTLY SERIOUS
- 03 MODERATELY SERIOUS
- 04 CONSIDERABLY SERIOUS
- 05 EXTREMELY SERIOUS

G9. Do you have legal services (an attorney)?

- 01 YES → **GO TO G10**
- 02 NO

G9a. Do you need legal services (an attorney)?

- 01 YES
- 02 NO

**TEAR ILLEGAL ACTIVITIES FORM (NEXT PAGE) FROM QUESTIONNAIRE. CHECK TO BE SURE THAT CLIENT ID LABEL, FI NO., AND DATE ARE ON THE FORM. GIVE FORM, PEN, AND ENVELOPE TO RESPONDENT.**

G10. 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 list each kind of act. As I do, please circle "Yes" in the first column if you were involved or "No" if you were not 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. During the past 12 months, were you involved in (TYPE OF OFFENSE)?

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

COLUMN 2. Now, go to the top of Column 2 and for each activity circled "Yes" in Column 1, record in Column 2 about how many days or times you did that activity in the past 12 months. 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. Tell me when you have finished Column 2.

Now, place the form 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

Place ID Label Here

FI No: \_\_\_\_\_

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

TYPE OF OFFENSE	QUESTIONS	
	<u>Column 1.</u> During the past 12 months, have you been involved in this activity? (Circle Yes or No in each box.)	<u>Column 2.</u> In the past 12 months, about how many days or times have you done this? (Write in the number.)
1. Aggravated assault	Yes    No 01    02	
2. Burglary	Yes    No 01    02	
3. Theft	Yes    No 01    02	
4. <i>Robbery</i>	Yes    No 01    02	
5. Forgery/embezzlement	Yes    No 01    02	
6. Dealing in stolen property/fencing	Yes    No 01    02	
7. Gambling	Yes    No 01    02	
8. Pimping/prostitution	Yes    No 01    02	
9. Selling illegal drugs	Yes    No 01    02	
10. Driving while intoxicated	Yes    No 01    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.

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

--

Now, I'd like to ask some questions regarding your employment status and history. I will ask several questions about 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.

H1. What were you doing most of the time last week? 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 that week, did you earn any money legally? [COUNT EARNINGS ONLY, NOT OTHER INCOME LIKE WELFARE OR SOCIAL SECURITY.]

01 YES (DID EARN MONEY LEGALLY)  
02 NO (DID NOT EARN MONEY LEGALLY) → GO TO H2f

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?

HOURS

H2d. During that week, how many hours did you actually work for pay at jobs or tasks that did not involve illegal activities?

HOURS                      [IF 35 HOURS OR MORE, GO TO H3.]

H2e. What is the main reason that you worked less than 35 hours or lost or took time from work during that week?

- 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. Prior to that week, 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) \_\_\_\_\_

--	--

**SKIP: CHECK THE ANSWERS TO H2a AND H2f. IF BOTH ARE "NO" (02),  
SKIP TO H4; OTHERWISE, CONTINUE.**

H3. What type of job was this or what was your occupation? [RECORD VERBATIM, THEN RECORD APPROPRIATE CODE FROM CODE LIST — OCCUPATION.]

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

OCCUPATION CODE

H3a. What type of business or industry was this?

(SPECIFY) \_\_\_\_\_

\_\_\_\_\_    EDITOR'S CODE

H3b. Was this your usual occupation?

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

\_\_\_\_\_

OCCUPATION CODE

## CODE LIST — OCCUPATION

- 01 PROFESSIONAL AND TECHNICAL (ACCOUNTANT, ARCHITECT, ENGINEER, LAWYER OR JUDGE, SCIENTIST, DOCTOR, REGISTERED NURSE, TEACHER, SOCIAL WORKER, WRITER, ENTERTAINER, DRAFTSPERSON)
- 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 SALES-PERSON, SALES CLERK OR OTHER SALESPERSON, 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 (ASSEMBLERS, CHECKERS, GAS STATION ATTENDANTS, MEAT CUTTERS, PACKERS, LAUNDRY AND DRYCLEANING OPERATIONS, MINER OPERATIVE, WELDER, GARAGE WORKER)
- 07 TRANSPORTATION EQUIPMENT OPERATIVE (BUS DRIVER, CAB DRIVER, OR CHAUFFEUR, TRUCK DRIVER AND 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

Now, I'd like you to think further back than last week about your employment status and history.

H4. Did you (look for work/look for a different job) during the past 3 months?

- 01 YES → GO TO H4b                      02 NO

H4a. Did you (look for work/look for a different job) during the past 12 months?

- 01 YES                      02 NO → GO TO H5

H4b. What did you do during these 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) \_\_\_\_\_

--	--

H4c. Did you have any trouble or problems finding (work/a different job) during that time?

- 01 YES                      02 NO → GO TO H6

H4d. 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) \_\_\_\_\_

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--	--

**SKIP: GO TO H6**

H5. 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 PERSON
- 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) \_\_\_\_\_ 

--	--

H6. In the past 12 months, for how many different employers or businesses have you worked 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 H12.]

H7. In the past 12 months, how long were you employed in either full- or part-time jobs?

WEEKS	

 [IF LESS THAN A WEEK, RECORD "00" AND GO TO H12.]

H8. In the past 12 months, how many weeks have you worked 35 or more hours a week?

WEEKS	

 [IF "NONE," RECORD "00" AND GO TO H12.]

H9. What has been the longest period you have worked any one full-time job (35 hours or more a week) in these past 12 months?

WEEKS	

[IF "NONE," RECORD "00" AND GO TO H12.]

H9a. Is this your current job?

01 YES → GO TO H11

02 NO

H10. What type of job was this or what was your occupation? [RECORD VERBATIM, THEN RECORD APPROPRIATE CODE FROM CODE LIST — OCCUPATION, PAGE H-5.]

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

		OCCUPATION CODE
--	--	-----------------

H10a. What type of business or industry was this?

(SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_

			EDITOR'S CODE
--	--	--	---------------

H10b. Was this your usual occupation?

01 YES

02 NO → [SPECIFY USUAL OCCUPATION AND RECORD APPROPRIATE CODE FROM CODE LIST — OCCUPATION.]

		OCCUPATION CODE
--	--	-----------------

H11. What is your wage, salary, or rate of pay before taxes in your current or most recent job? [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) \_\_\_\_\_ 

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**HAND RESPONDENT SHOW CARD 9.**

H12. In the past 12 months, how troubled have you been by problems getting, holding, or working a job?  
Would you say . . .

- 00 Not at all → GO TO H13
- 01 Slightly
- 02 Moderately
- 03 Considerably
- 04 Extremely

H12a. In the past 3 months, how troubled have you been by problems getting, holding, or working a job?

- 00 NOT AT ALL → GO TO H13
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

H12b. How troubled are you now by problems getting, holding, or working a job?

- 00 NOT AT ALL
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

H13. How important to you now is help or referral for employment, training, or vocational counseling?

- 00 NOT AT ALL
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

H14. Have you experienced any problems getting, holding, or working a job because of drug or alcohol use in the past 12 months?

- 01 YES
- 02 NO

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**SECTION J.  
INCOME AND EXPENDITURES**

In this section, I'd like some information on your sources of income and your expenses.

J1. In the past 12 months, have you received any income from (INCOME SOURCE FROM INCOME SOURCES CHART)?

IF "YES," CIRCLE "01" IN COLUMN J1 AND ASK J2.

IF "NO," CIRCLE "02" IN COLUMN J1.

THEN ASK ABOUT NEXT INCOME SOURCE.

J2. In the past 12 months, how much income have you personally received before taxes from (INCOME SOURCE CODED 01 UNDER COLUMN J1)? [RECORD AMOUNT TO NEAREST DOLLAR IN COLUMN J2.]

INCOME SOURCE	J1. INCOME IN PAST 12 MONTHS		J2. DOLLAR AMOUNT IN PAST 12 MONTHS
	YES	NO	
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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> .00
e. Illegal or <u>possibly</u> illegal sources such as hustling or dealing . . . . .	01	02	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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) _____ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	01	02	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> .00

J2g. TOTAL COLUMN J2 IN CHART AND RECORD BELOW.

\$   ,   .00

DOLLARS

**HAND RESPONDENT SHOW CARD 15.**

J3. During the past 12 months, which code on this card best indicates your own dollar income before taxes from all sources? **[RECORD CODE FROM CODE LIST — INCOME.]**

INCOME CODE

**[COMPARE WITH TOTAL IN J2g. IF J2g TOTAL IS NOT IN RANGE GIVEN IN J3, CLARIFY.]**

**SKIP: IF RESPONDENT LIVES ALONE (A8=12), GO TO J6.**

J4. Were you sharing your income and expenses with any of the people you lived with?

01 YES

02 NO → GO TO J6

J4a. How many of these people did you share your income and expenses with?

PEOPLE

J5. During the past 12 months, which code shows the amount that is closest to the total dollar income before taxes of you and these (NUMBER FROM J4a) people?

INCOME CODE

J6. In the past 12 months, how many months, if any, did you not have enough money to pay your bills?

MONTHS

J7. Have you had any financial or money problems because of your drug or alcohol use in the past 12 months?

01 YES

02 NO → GO TO J9

J8. In your opinion, to what extent are your financial or money problems caused by your drug or alcohol use? Would you say . . .

01 Not at all

02 Somewhat

03 Very much

## CODE LIST — INCOME

000	NO INCOME
001	\$ 1 — \$ 499
002	\$ 500 — \$ 749
003	\$ 750 — \$ 999
004	\$ 1,000 — \$ 1,249
005	\$ 1,250 — \$ 1,499
006	\$ 1,500 — \$ 1,749
007	\$ 1,750 — \$ 1,999
008	\$ 2,000 — \$ 2,249
009	\$ 2,250 — \$ 2,499
010	\$ 2,500 — \$ 2,999
012	\$ 3,000 — \$ 3,499
014	\$ 3,500 — \$ 3,999
016	\$ 4,000 — \$ 4,499
018	\$ 4,500 — \$ 4,999
020	\$ 5,000 — \$ 5,999
024	\$ 6,000 — \$ 7,499
030	\$ 7,500 — \$ 9,999
040	\$ 10,000 — \$ 12,499
050	\$ 12,500 — \$ 24,999
100	\$ 25,000 or more

**HAND RESPONDENT SHOW CARD 9.**

J9. How troubled or bothered have you been in the past 12 months by any financial or money problems?  
Would you say . . .

- 00 Not at all → GO TO J10
- 01 Slightly
- 02 Moderately
- 03 Considerably
- 04 Extremely

J9a. How troubled or bothered have you been in the past 3 months by any financial or money problems?

- 00 NOT AT ALL → GO TO J10
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

J9b. How troubled or bothered are you now by any financial or money problems?

- 00 NOT AT ALL
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

J10. How important to you now is counseling for financial or money problems?

- 00 NOT AT ALL
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

**SECTION K.  
HEALTH**

In this section, I want to ask some questions about your physical health.

K1. Would you say that your health now is . . . ?

- 01 Excellent
- 02 Good
- 03 Fair
- 04 Poor

K2. Comparing your general health now to the health of other people your age, would you say your health is . . . ?

- 01 Much better
- 02 Better
- 03 The same
- 04 Worse
- 05 Much worse

K3. Would you say your health now is [READ CHOICES] than it was when you left (completed) treatment at (NAME OF PROGRAM)?

- 01 Much better
- 02 Better
- 03 The same
- 04 Worse
- 05 Much worse

**SKIP: IF RESPONDENT IS MALE, GO TO K7.**

K4. Since (DATE OF LAST PHYSICAL CONTACT ON TALLY SHEET B), how many times have you been pregnant? Please count pregnancies that resulted in miscarriages, abortions, stillbirths, and live births.

--	--

PREGNANCIES [IF "NONE," RECORD "00" AND GO TO K7.]

K4a. Are you now pregnant?

01 YES

02 NO → GO TO K5

K4b. Has this been verified?

01 YES

02 NO → GO TO K5

K4c. How was it verified—by a doctor; by a pregnancy test at a hospital, clinic, or doctor's office; by a home pregnancy test; or some other way? [CIRCLE ALL MENTIONS.]

● 01 DOCTOR

● 02 PREGNANCY TEST AT A HOSPITAL, CLINIC, OR DOCTOR'S OFFICE

● 03 HOME PREGNANCY TEST

● 04 OTHER (SPECIFY) \_\_\_\_\_

--	--

K5. Since (DATE OF LAST PHYSICAL CONTACT), have you used alcohol while you were pregnant?

01 YES

02 NO

K6. Since (DATE OF LAST PHYSICAL CONTACT), have you used drugs for nonmedical reasons while you were pregnant?

01 YES

02 NO

K7. During the past 12 months, has your health . . . ? [RECORD UNDER COLUMN K7.]

IF "YES," CODE 01 AND ASK K8 FOR THAT LIMITATION, THEN CONTINUE WITH THE NEXT LIMITATION.

IF "NO," CODE 02 AND SKIP TO K9.

K8. Did it limit your activities for less than 3 months or for 3 months or more? [RECORD UNDER COLUMN K8.]

LIMITATION	<u>K7.</u>		<u>K8.</u>	
	<u>LIMITED</u>		LESS THAN 3 MONTHS	3 MONTHS OR MORE
	YES	NO		
a. Limited the kind of vigorous activities you could do, such as running, lifting heavy objects, or participating in strenuous sports . . . . .	01	02	01	02
b. Limited the kind of moderate activities you could do, such as walking 2 or 3 blocks, carrying a bag of groceries, or doing housework . . . . .	01	02	01	02
c. Limited your ability to walk uphill or to climb a few flights of stairs . . . . .	01	02	01	02
d. Prevented you from bending, lifting, or stooping . . . . .	01	02	01	02
e. Limited your ability to walk 1 block . . . . .	01	02	01	02
f. Limited your ability to eat, dress, or bathe, or use the toilet . . . . .	01	02	01	02

K9. During the past 12 months, have there been any days that your health kept you from working at a job, working around the house, or going to school?

01 YES

02 NO → GO TO K10

K9a. In the past 12 months, how many days has your health kept you from working at a job, working around the house, or going to school?

DAYS

K10. During the past 12 months, have you stayed overnight in a hospital for any physical health problem not related to complications of drug or alcohol use?

01 YES

02 NO → GO TO K13

K11. In the past 12 months, how many of your hospitalizations have been for physical health problems not related to complications of drug or alcohol use?

HOSPITALIZATIONS

**SKIP: IF K11 = 00, GO TO K13.**

K12. In the past 12 months, how many of the days you were hospitalized have been for a physical health problem not related to complications of drug or alcohol use?

DAYS

K13. During the past 12 months, how many days has an injury or physical illness kept you in bed for most or all of the day? [IF NONE, ENTER 000.]

DAYS

K14. Have you been tested for tuberculosis (TB) in the past 12 months?

01 YES

02 NO → GO TO K15

K14a. Were the test results positive?

01 YES

02 NO → GO TO K15

K14b. Did you receive treatment for this condition?

01 YES

02 NO → GO TO K15

K14c. What medication(s) did you use?

[FOR RTI EDITORS]

VERBATIM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

K15. During the past 12 months, have you been receiving disability payments, benefits, or a pension for a physical health problem?

01 YES

02 NO

**HAND RESPONDENT SHOW CARD 9.**

K16. Overall, how troubled or bothered were you by medical problems in the past 12 months? Would you say . . . ?

00 Not at all → GO TO K17

01 Slightly

02 Moderately

03 Considerably

04 Extremely

K16a. How troubled or bothered were you by medical problems in the past 3 months?

00 NOT AT ALL → GO TO K17

01 SLIGHTLY

02 MODERATELY

03 CONSIDERABLY

04 EXTREMELY

K16b. How troubled or bothered are you now by medical problems?

00 NOT AT ALL

01 SLIGHTLY

02 MODERATELY

03 CONSIDERABLY

04 EXTREMELY

K17. How important to you now is treatment or counseling for medical problems?

00 NOT AT ALL

01 SLIGHTLY

02 MODERATELY

03 CONSIDERABLY

04 EXTREMELY

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## SECTION L. SEXUAL RISK BEHAVIORS

For the next series of questions, I will be asking about your sexual experiences. I specifically want to know about your experiences with sexual intercourse. I will ask about three types of intercourse:

Vaginal intercourse is when a man's penis is inside a woman's vagina.

Anal intercourse is when a man's penis is inside his partner's anus or rectum.

Oral intercourse is when a person puts his or her mouth on the partner's genitals.

**SKIP: IF RESPONDENT IS FEMALE, GO TO L14.**

First, I want to ask you about your sexual experiences with women in the past 12 months.

L1. In these 12 months, about how many different women have you had vaginal intercourse with?  
[PROBE "NONE."]

- 00 NEVER HAD VAGINAL INTERCOURSE WITH A WOMAN → GO TO L2
- 01 NONE → GO TO L2
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

L1a. In these 12 months, about how often have you used a condom or "rubber" when you had vaginal intercourse with the (woman/women)? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

L2. In the past 12 months, about how many different women have you had anal intercourse with?

- 01 NONE → GO TO L3
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

L2a. In these 12 months, about how often have you used a condom or "rubber" when you had anal intercourse with the (woman/women)? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

L3. In the past 12 months, about how many different women have you had oral intercourse with?

- 01 NONE → GO TO SKIP BOX BELOW L3a
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

L3a. In these 12 months, about how often did you use a latex barrier, such as a dental blocker, when you had oral intercourse with the (woman/women)? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

**SKIP: IF L1 = 01 AND L2 = 01 AND L3 = 01, GO TO STATEMENT BEFORE L8.**

L4. To the best of your knowledge, had any woman you had (vaginal/anal/oral) intercourse with in these 12 months ever taken money or drugs for sex?

01 YES

02 NO

L5. To the best of your knowledge, had any woman you had (vaginal/anal/oral) intercourse with in these 12 months ever had sex with a prostitute?

01 YES

02 NO

L6. To the best of your knowledge, had any woman you had (vaginal/anal/oral) intercourse with in these 12 months ever used a needle or syringe to shoot up drugs?

01 YES

02 NO

L7. At any time in the past 12 months, has anyone given you money or drugs to have (vaginal/anal/oral) intercourse?

01 YES

02 NO

Now, I want to ask you about your sexual experiences with men in the past 12 months.

L8. In these 12 months, about how many different men did you have anal intercourse with?  
[PROBE "NONE."]

- 00 NEVER HAD SEX WITH A MAN → GO TO L13
- 01 NONE → GO TO L9
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

L8a. In these 12 months, about how often have you used a condom or "rubber" when you had anal intercourse with the (man/men)? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

L9. In these 12 months, about how many different men have you had oral intercourse with?  
Would you say . . .

- 01 NONE → GO TO SKIP BOX BELOW L9a
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

L9a. In these 12 months, about how often have you used a condom or "rubber" when you had oral intercourse with the (man/men)? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

**SKIP: IF L8 = 01 AND L9 = 01, GO TO L13.**

L10. To the best of your knowledge, had any man you had (anal/oral) intercourse with in these 12 months ever taken money or drugs for sex?

01 YES                      02 NO

L11. To the best of your knowledge, had any man you had (anal/oral) intercourse with in these 12 months ever had sex with a prostitute?

01 YES                      02 NO

L12. To the best of your knowledge, had any man you had (anal/oral) intercourse with in these 12 months ever used a needle or syringe to shoot up drugs?

01 YES                      02 NO

L13. At any time in the past 12 months, have you had intercourse with anyone who you thought or knew had tested positive for the AIDS virus or who had AIDS?

01 YES                      02 NO → GO TO L23

L13a. During that period, how many people have you had intercourse with who you knew or thought had tested positive for the AIDS virus or who had AIDS?

01 1 PERSON

02 2 TO 4 PEOPLE

03 5 OR MORE PEOPLE

**SKIP: GO TO L23.**

I want to ask you about your sexual experiences with men in the past 12 months.

L14. In that time, about how many different men have you had vaginal intercourse with?  
[PROBE "NONE."]

- 00 NEVER HAD VAGINAL INTERCOURSE WITH A MAN → GO TO L15
- 01 NONE → GO TO L15
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

L14a. In these 12 months, about how often did the (man/men) you had intercourse with use a condom or "rubber" while you were having vaginal intercourse? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

L15. In the past 12 months, about how many different men have you had anal intercourse with?  
[PROBE "NONE."]

- 00 NEVER HAD ANAL INTERCOURSE WITH A MAN → GO TO L16
- 01 NONE → GO TO L16
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

L15a. In these 12 months, about how often did the (man/men) you had intercourse with use a condom or "rubber" while you were having anal intercourse? Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

L16. In the past 12 months, about how many different men have you had oral intercourse with?

- 00 NEVER HAD ORAL INTERCOURSE WITH A MAN → GO TO SKIP BEFORE L17
- 01 NONE → GO TO SKIP BEFORE L17
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

L16a. In these 12 months, about how often did the (man/men) you had intercourse with use a condom or latex barrier, such as a dental blocker, when you had oral intercourse?  
Would you say . . .

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Every time

**SKIP: IF L14 = 00 OR 01 AND L15 = 00 OR 01 AND L16 = 00 OR 01, GO TO L23.**

L17. In these 12 months, have you had (vaginal/anal/oral) intercourse with a man who you think has had intercourse with both men and women?

- 01 YES
- 02 NO

L18. To the best of your knowledge, had any man you had (vaginal/anal/oral) intercourse with in these 12 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

L19. To the best of your knowledge, had any man you had (vaginal/anal/oral) intercourse with in these 12 months ever had sex with a prostitute?

- 01 YES
- 02 NO

L20. At any time in the past 12 months, has any man given you money or drugs to have (vaginal/anal/oral) intercourse?

- 01 YES
- 02 NO

L21. To the best of your knowledge, has any man you had (vaginal/anal/oral) intercourse with in these 12 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

L22. At any time in the past 12 months, have you had (vaginal/anal/oral) intercourse with any man who you knew or thought had tested positive for the AIDS virus or who had AIDS?

01 YES

02 NO → GO TO L23

L22a. In these 12 months, how many men have you had (vaginal/anal/oral) intercourse with who you knew or thought had tested positive for the AIDS virus or who had AIDS?

01 1 MAN

02 2 TO 4 MEN

03 5 OR MORE MEN

L23. During the past 12 months, have you received any services regarding HIV infection, AIDS, or how to reduce the risk of spreading AIDS?

01 YES ↴

02 NO → GO TO SECTION M

L23a. What types of educational services or help have you received?  
[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]

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

- 01 REDUCE RISK OF NEEDLE USE
- 02 REDUCE RISK OF SEXUAL TRANSMISSION
- 03 GENERAL KNOWLEDGE ABOUT HIV INFECTION AND AIDS
- 04 OTHER (SPECIFY) \_\_\_\_\_

L23b. How many times have you met with anyone specifically for this kind of service?

MEETINGS

L23c. How helpful was this service? Would you say it was . . .

00 Not at all

01 Somewhat

02 Very helpful

# SECTION M. POSTTREATMENT EXPERIENCE

Now, I would like to ask about any treatment or counseling that you may have received during the past 12 months. To help you remember exactly when this was, remember that I marked this time on the calendar with a pink highlighter. [SHOW THE CALENDAR TO THE RESPONDENT.] Please think about all kinds of help or services, such as drug or alcohol counseling, medical treatment, counseling for an emotional or mental health problem, employment counseling, or any other services that you have received during that time.

M1. In the past 12 months, on how many days have you been scheduled to receive any services? Include methadone and any other medication, any individual and group counseling, and other services you have received. [IF EVERY DAY, CODE 365.]

--	--	--

DAYS

[IF 000, GO TO TIME CHECKPOINT BOX ON PAGE M-12.]

Now, I'd like to ask you about your experience with alcohol treatment programs.

M2. During the past 12 months, have you received any treatment that was primarily for an alcohol problem? Please do not include Alcoholics Anonymous (AA) or other fellowship groups.

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO M3

M2a. During the past 12 months, how many times have you been admitted for treatment primarily for alcohol problems (TYPE OF TREATMENT)?

TYPE OF TREATMENT	NUMBER OF TIMES		
1. At a 28-day or other short-term inpatient treatment unit .....	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
2. At a therapeutic community or other long-term residential treatment unit .....	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
3. At a halfway house .....	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
4. At an outpatient alcohol treatment unit .....	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
5. From any other type of alcohol treatment, excluding AA .....	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
(SPECIFY) _____			

**M3. In the past 12 months, have you been treated primarily for drug problems at (TYPE OF TREATMENT)?**

**IF "YES," RECORD IN COLUMN M3 FOR TREATMENT TYPE, THEN ASK M3a-d.**

**IF "NO," RECORD IN COLUMN M3 FOR TREATMENT TYPE, THEN ASK M3 FOR NEXT TREATMENT TYPE.**

- a. **How many different times were you admitted to (TYPE OF TREATMENT) primarily for the treatment of drug problems? [RECORD IN COLUMN M3a.]**
- b. **Altogether, how many weeks have you spent at (TYPE OF TREATMENT)? [RECORD IN COLUMN M3b.]**
- c. **What was the date of your last discharge from drug treatment at (TYPE OF TREATMENT)? [RECORD IN COLUMN M3c. CODE "00" IF STILL IN TREATMENT.]**
- d. **What was the reason for your last discharge from drug treatment at (TYPE OF TREATMENT)? [RECORD CODE FROM REASONS FOR DISCHARGE IN COLUMN M3d. IF 08 "OTHER" IS RECORDED IN M3d, THEN SPECIFY. ASK M3 FOR NEXT TYPE OF TREATMENT.]**

## DRUG TREATMENT CHART

TYPE OF TREATMENT	<u>M3.</u>		<u>M3a.</u>	<u>M3b.</u>	<u>M3c.</u>	<u>M3d.</u>
	EVER TREATED	YES NO	NUMBER OF ADMISSIONS	TOTAL NUMBER OF WEEKS IN TREATMENT	DATE OF LAST DISCHARGE	REASON FOR LAST DISCHARGE
					MONTH/YEAR	
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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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, incarceration, other institutionalization<br>03 Transferred to component of same program 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 reasons (moved, probation/parole ended, control use, etc.)<br>07 Quit because of dissatisfaction with program<br>08 Other (SPECIFY) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

M4. During the past 12 months, has a doctor prescribed methadone, Naltrexone, tranquilizers, or Antabuse for you because of drug or alcohol problems?

01 YES

02 NO → GO TO STATEMENT BEFORE M5

M4a. Which of these did the doctor prescribe for you? [READ, IF NECESSARY, AND CIRCLE ALL MENTIONS.]

- 01 METHADONE
- 02 NALTREXONE (TREXAN)
- 03 TRANQUILIZERS
- 04 ANTABUSE
- 05 ANTIDEPRESSANTS
- 06 CLONIDINE

Now, I'd like to ask some questions about fellowship/self-help groups and 12-step programs that you may have attended during the past 12 months for drug or alcohol problems. These include groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA).

M5. During the past 12 months, have you attended this kind of 12-step or self-help group?

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO STATEMENT BEFORE M7

M5a. Which groups did you attend? [CIRCLE ALL MENTIONS.]

- 01 ALCOHOLICS ANONYMOUS
- 02 NARCOTICS ANONYMOUS
- 03 COCAINE ANONYMOUS
- 04 OTHER (SPECIFY) \_\_\_\_\_

--	--

M5b. Have you worked any steps?

01 YES

02 NO

M5c. During the past 12 months, how many times have you attended (this group/any of these groups)?

--	--	--

 TIMES

M5d. When did you last attend (this group/any of these groups)?

01 Less than 1 week after (DATE OF LAST PHYSICAL CONTACT ON TALLY SHEET B)

02 At least 1 week after (DATE OF LAST PHYSICAL CONTACT)

02a IF "02" → How many weeks ago was that? 

--	--

 WEEKS

M6. In general, how much has meeting with this kind of group helped you . . . ?

	Not At All	Somewhat	Very Much	NOT APPLICABLE
a. Stop or cut down on your use of drugs? Would you say . . . . .	00	01	02	94
b. With other problems you may have had . . . . .	00	01	02	94

Next, I'd like to ask some questions about other scheduled individual or group services that you may have received during the past 12 months. These services may be any counseling, treatment, or other help that you have received from a professional (such as a medical doctor, psychiatrist, or case manager). Do not include any services that we have already talked about or that you have received on an unscheduled basis.

M7. During the past 12 months, have you received any scheduled individual or group services for emotional or mental health problems other than the services that I have already asked about?

01 YES → TALLY ON TALLY SHEET M                      02 NO → GO TO M10

M8. Who have you seen or talked to for these services? [CIRCLE ALL MENTIONS.]

- 01 PRIMARY/REGULAR COUNSELOR AT (TREATMENT PROGRAM)
- 02 CASE MANAGER (AT TREATMENT PROGRAM)
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
- 91 OTHER (SPECIFY) \_\_\_\_\_

--	--

M9. During the past 12 months, how many times have you received any scheduled individual or group services for emotional or mental health problems?

--	--	--	--

TIMES

M10. During the past 12 months, have you stayed overnight anywhere for treatment of emotional or mental health problems other than for problems associated with drugs or alcohol use?

01 YES → TALLY ON TALLY SHEET M ↘ 02 NO → GO TO M11

M10a. Altogether, how many nights have you stayed overnight?

NUMBER OF NIGHTS

M10b. Was getting this help your own idea, or did a program, a friend, a relative, or someone else suggest it? [CIRCLE ALL MENTIONS.]

- 00 SELF
- 01 DRUG TREATMENT PROGRAM
- 02 OTHER DRUG OR ALCOHOL PROGRAM
- 03 TASC PROGRAM
- 04 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 05 DOCTOR, HOSPITAL OR CLINIC
- 06 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 07 COMMUNITY OR SOCIAL SERVICES AGENCY
- 08 SCHOOL OR TRAINING PROGRAM
- 09 EMPLOYER/UNION/EMPLOYEE ASSISTANCE PROGRAM (EAP)
- 10 VETERAN'S ORGANIZATION
- 11 CLERGYMEN OR CHURCH
- 12 FRIENDS OR RELATIVES
- 13 OTHER (SPECIFY) \_\_\_\_\_

M11. During the past 12 months, have you had a checkup or have you received any scheduled individual services for medical problems other than those I have already asked about?

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO M14

M12. Who have you seen or talked to for these services? [CIRCLE ALL MENTIONS.]

- 01 PRIMARY/REGULAR COUNSELOR AT (TREATMENT PROGRAM)
- 02 CASE MANAGER AT (TREATMENT PROGRAM)
- 22 PSYCHIATRIST
- 23 NURSE
- 24 PHYSICIAN
- 25 PHYSICIAN'S ASSISTANT
- 26 DENTIST
- 91 OTHER (SPECIFY) \_\_\_\_\_ 

--	--

M13. How many times during the past 12 months have you received any scheduled individual services for medical problems?

--	--	--

 TIMES

M14. During the past 12 months, have you received any scheduled individual or group services for family or relationship problems?

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO M18

M15. Who have you seen or talked to for these services? [CIRCLE ALL MENTIONS.]

- 01 PRIMARY/REGULAR COUNSELOR AT (TREATMENT PROGRAM)
- 02 CASE MANAGER AT (TREATMENT PROGRAM)
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
- 91 OTHER (SPECIFY) \_\_\_\_\_ 

--	--

M16. During the past 12 months, how many times have you received any scheduled individual or group services for family or relationship problems?

--	--	--

 TIMES

M17. How troubled or distressed (bothered) have you been in the past 12 months by problems getting along with family members or close friends? Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very troubled

M18. During the past 12 months, have you received any scheduled services to train you for a specific job, to help you find a job, or something else like counseling or vocational training?

- 01 YES → TALLY ON TALLY SHEET M
- 02 NO → GO TO M21

M19. Where did you go for these services? [CIRCLE ALL MENTIONS.]

- 01 REGULAR PUBLIC SCHOOL
- 02 TECHNICAL OR VOCATIONAL SCHOOL
- 03 ADULT EDUCATION OR CONTINUING EDUCATION PROGRAMS
- 04 PRIVATE PROGRAMS
- 91 OTHER (SPECIFY) \_\_\_\_\_

--	--

M20. During the past 12 months, how many times have you received any scheduled services to train you for a specific job, to help you find a job, or something else like counseling or vocational training?

--	--	--

 TIMES

M21. During the past 12 months, have you taken any scheduled classes, or received counseling or help specifically to improve your education or your reading and writing?

- 01 YES → TALLY ON TALLY SHEET M
- 02 NO → GO TO M24

M22. Where did you go for these services? [CIRCLE ALL MENTIONS.]

- 01 REGULAR PUBLIC SCHOOL
- 02 TECHNICAL OR VOCATIONAL SCHOOL
- 03 ADULT EDUCATION OR CONTINUING EDUCATION PROGRAMS
- 04 PRIVATE PROGRAMS
- 91 OTHER (SPECIFY) \_\_\_\_\_

--	--

M23. During the past 12 months, how many times have you received any scheduled classes, counseling, or help specifically to improve your education or your reading and writing?

--	--	--

 TIMES

M24. During the past 12 months, have you received any scheduled services to help with legal problems?

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO M27

M25. Where did you go for these services? [CIRCLE ALL MENTIONS.]

- 01 PRIVATE LAWYER
- 02 LEGAL AID
- 03 PUBLIC DEFENDER OR COURT-APPOINTED COUNSEL
- 09 OTHER LEGAL (SPECIFY) \_\_\_\_\_

--	--

M26. During the past 12 months, how many times have you received any scheduled services to help with legal problems?

--	--	--

 TIMES

M27. During the past 12 months, have you received any scheduled services to help with financial or housing problems?

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO M30

M28. Where did you go for these services? [CIRCLE ALL MENTIONS.]

- 01 WELFARE OR PUBLIC ASSISTANCE OFFICE
- 02 SOCIAL SECURITY OFFICE
- 03 UNEMPLOYMENT OFFICE
- 04 EMPLOYER/UNION
- 09 OTHER (SPECIFY) \_\_\_\_\_

--	--

M29. During the past 12 months, how many times have you received any scheduled services to help with financial or housing problems?

--	--	--

 TIMES

M30. During the past 12 months, have you had any counseling sessions with any professional because of a crisis or an emergency?

01 YES → TALLY ON TALLY SHEET M

02 NO → GO TO M31

M30a. During the past 12 months, how many counseling sessions have you had because of a crisis or an emergency?

--	--	--

 SESSIONS

M30b. How helpful was this service? Would you say . . .

- 00 Not at all
- 01 Somewhat
- 02 Very helpful

**INTERVIEWER CHECKPOINT**

**IF NO SERVICES ARE MARKED ON TALLY SHEET M, SKIP TO M35.**

M31. You mentioned that you had received help or services for [READ ALL MARKED ON TALLY SHEET M.] During the past 12 months, which of the services you have received has been most helpful to you? [RECORD VERBATIM AND ENTER CODE FROM SERVICE CODES.]

VERBATIM \_\_\_\_\_

SERVICE

M32. During the past 12 months, which of the services you have received has been least helpful to you? [RECORD VERBATIM AND ENTER CODE FROM SERVICE CODES.]

VERBATIM \_\_\_\_\_

SERVICE

**CODE LIST — SERVICES**

00 NO SERVICES	10 DRUG TESTING
01 REGULAR ADDICTION GROUP	11 PSYCHOLOGICAL/MENTAL HEALTH
02 OTHER GROUP COUNSELING	12 FAMILY/RELATIONSHIP COUNSELING
03 INDIVIDUAL COUNSELING	13 MEDICATION
04 12-STEP/SELF-HELP GROUP (E.G., AA, NA, CA)	14 MEDICAL
05 CRISIS COUNSELING	15 LEGAL
06 UNSCHEDULED HELP	16 EDUCATION/JOB TRAINING
07 TALKS/FILMS/DISCUSSIONS	17 HELP FINDING A JOB
08 DRUG COUNSELING	18 OTHER JOB ASSISTANCE
09 ALCOHOL COUNSELING	19 FINANCIAL ASSISTANCE
	91 OTHER

M33. Now, please think about all the treatment you have received during the past 12 months. Has this treatment helped you stop or cut down on your drug use?

01 YES                      02 NO → GO TO M34

M33a. Would you say it has helped . . . ?

01 A little

02 A lot

M34. How much has this treatment helped you with other problems (besides drug problems) in the past 12 months? Would you say . . .

00 Not at all

01 A little

02 A lot

M35. During the past 12 months, have you noticed changes in your thoughts, feelings, or relationships?

01 YES ↘

02 NO → GO TO TIME CHECKPOINT

M35a. Please tell me what changes you have noticed. [RECORD UP TO 5 CHANGES VERBATIM.]

M35b. You mentioned a change in [CHANGE]? What do you think caused this change? [ENTER CODE FOR EACH CHANGE.]

- 01 SELF
- 02 COUNSELOR OR CASE MANAGER
- 03 ANOTHER STAFF MEMBER
- 04 ANOTHER CLIENT/RESIDENT/PATIENT
- 05 THE PROGRAM OVERALL
- 06 SOMETHING OR SOMEONE OUTSIDE THE PROGRAM
- 07 OTHER

	RTI EDITOR'S CODE	M35b. CAUSE
<u>M35a.</u> CHANGE		
1. _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ (SPECIFY)
2. _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ (SPECIFY)
3. _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ (SPECIFY)
4. _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ (SPECIFY)
5. _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ (SPECIFY)

**TIME CHECKPOINT**

DATE:      
MONTH DAY

TIME:     AM / PM (CIRCLE ONE)  
HOUR MINUTE

**SECTION N.**  
**INTERVIEWER OBSERVATIONS**

[COMPLETE THIS SECTION AFTER THE INTERVIEW IS FINISHED.]

N1. DID THE RESPONDENT ANSWER ALL APPLICABLE QUESTIONS?

01 YES

02 NO

N2. DID THE RESPONDENT UNDERSTAND ALL OF THE QUESTION(S) THAT WERE ASKED?

01 YES → GO TO N4

02 NO

N2a. HOW MANY QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

--	--	--

QUESTIONS

N2b. WHICH QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

Q. \_\_\_\_\_ Q. \_\_\_\_\_

Q. \_\_\_\_\_ THROUGH Q. \_\_\_\_\_

Q. \_\_\_\_\_ THROUGH Q. \_\_\_\_\_

N3. 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

N4. WAS THE INTERVIEW A BREAK-OFF?

- 01 YES                      02 NO → GO TO N5

N4a. 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) \_\_\_\_\_

N4b. WHAT WAS LAST QUESTION ANSWERED BY THE RESPONDENT?

Q. \_\_\_\_\_

N5. 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

N6. WAS THE INTERVIEW GIVEN IN MORE THAN 1 SESSION?

- 01 YES
- 02 NO → GO TO N7

<p>N6a. HOW LONG HAD THE INTERVIEW GONE ON BEFORE IT WAS INTERRUPTED THE FIRST TIME?</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">HOURS</td><td colspan="2">MINUTES</td></tr></table> <p>N6b. AFTER WHAT QUESTION DID THE INTERRUPTION OCCUR?</p> <p>Q. _____</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	HOURS		MINUTES	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
HOURS		MINUTES						

N7. PLEASE DESCRIBE THE RESPONDENT AND INTERVIEW:

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**SECTION P.  
MINIMENTAL STATUS EXAM**

[THIS SECTION IS TO BE ADMINISTERED ONLY IF YOU HAVE REASON TO QUESTION THE RESPONDENT'S ALERTNESS OR MENTAL FUNCTIONING.]

P1. 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
P2.	What is the year? .....	YEAR: _____	01	05
P3.	What season of the year is it? .....	SEASON: _____	01	05
P4.	What is the date? .....	DATE: _____	01	05
P5.	What is the day of the week? .....	DAY: _____	01	05
P6.	What is the month? .....	MONTH: _____	01	05
P7.	Can you tell me where we are right now? For instance, what State are we in? .....	STATE: _____	01	05
P8.	What (county/parish) are we in? .....	COUNTY/ PARISH: _____	01	05
P9.	What (city/town) are we in? .....	CITY: _____	01	05
P10. 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

P11. 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/CANT DO/ REFUSE
a. APPLE . . . . .	01	05
b. TABLE . . . . .	01	05
c. PENNY . . . . .	01	05

REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

P12. 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 P21.]

	RESPONSE	CORRECT	ERROR	SAYS CANT 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]

P13. 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 P21.]

[PRINT LETTERS]:

\_\_\_\_\_

D L R O W

[CIRCLE NUMBER OF ERRORS: OR REFUSED]

00 01 02 03 04 05 -7

P14. 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)
P15. [SHOW WRIST WATCH] What is this called? a. WATCH . . . . .	01	05	06	—
[SHOW PENCIL] What is this called? b. PENCIL . . . . .	01	05	06	—
P16. I'd like you to repeat a phrase after me. The phrase is . . . "No if's, and's or but's" . . . . .	01	05	06	—
[ALLOW ONLY 1 TRIAL. CODE "01" REQUIRES AN ACCURATELY ARTICULATED REPETITION.]				
P17. Read the words on this page and then do what it says. [HAND "CLOSE YOUR EYES" CARD TO RESPONDENT. CODE "01" IF RESPONDENT CLOSES EYES.] . . . . .	01	05	06	07

[THANK RESPONDENT AND TAKE BACK "CLOSE YOUR EYES" CARD.]

P18. [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

P19. 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.]

P20. 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.]

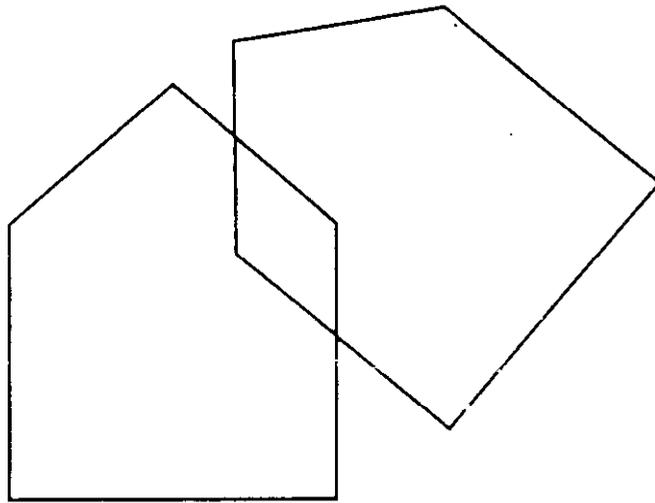
P21. ARE 12 OR MORE "05's" CODED IN P2-P11 AND P14-P20?

- 01 YES → THANK RESPONDENT FOR DOING INTERVIEW → COMPLETE TIME CHECKPOINT BELOW AND GO TO SECTION N.
- 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**

