

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

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

Questionnaire for 5-Year Follow-up Data



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COOPERATIVE DRUG ABUSE TREATMENT OUTCOME STUDY (CDATOS)

LONG-TERM FOLLOWUP QUESTIONNAIRE

Conducted for:

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

July 1997

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Client ID No.:

Date Completed:

MONTH

DAY

19

YEAR

FI No.:

Final Result

Code:

City where interview

conducted: _____

Total Length

MINUTES

Place/setting: _____

of Interview:

Introduction for CDATOS 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 have some questions about your education and your alcohol, tobacco, and drug use. Next, there will be some other questions, including some about your employment and support, your income and expenditures, your health and health risk behaviors. This interview, as we have already discussed, will be kept strictly confidential.

Throughout this interview, I will be asking you about things that have occurred during the past 12 months. 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?

Cooperative Drug Abuse Treatment Outcome Study (CDATOS) 48-Month Follow-up Supplement

Treatment Career Assessment

Section A.	Demographics and Background
Section B.	Section Deleted
Section C.	Section Deleted
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 Factors
Section M.	Treatment Experience
Section N.	Change Perceptions
Section P.	Criminal Justice Interactions
Section Q.	Drug/Alcohol Treatment
Section R.	Medical/Psychiatric Treatment
Section S.	Drug Use
Section T.	Criminal Activity
Section U.	Legal Employment/Income
Section V.	Basic Needs
Section W.	Family Services
Section X.	Interviewer Observations

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)

A9. Who do you currently live with?

[CIRCLE ALL MENTIONS IN COLUMN A9 BELOW. FOR EACH LINE MENTIONED IN

COLUMN A

<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>									
	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) _____

**SECTIONS B & C
WERE DELETED.**

**SECTION D.
EDUCATION AND TRAINING**



Another area I'd like to ask about is your education and training. And some of these questions ask about the time frame of the "past 12 months." When I say "last 12 months," I'm talking about the 12 months prior to today's interview, which is the time highlighted in pink on this calendar. **[SHOW RESPONDENT THE CALENDAR AND HIGHLIGHT TIME FRAME IN PINK.]**

D1. What is the highest grade or year of school you have attended? **[ENTER TWO-DIGIT NUMBER FOR HIGHEST GRADE OR YEAR: GRADE SCHOOL (00-08); HIGH SCHOOL (09-12); JUNIOR COLLEGE, COLLEGE OR GRADUATE SCHOOL (13-20+).]**

GRADE/YEAR

D1a. Did you complete that (grade/year)?

- 01 YES 02 NO

D2. Have you received a high school diploma or passed a high school equivalency (GED) test?

- 01 YES 02 NO → **GO TO D3**

D2a. Which one did you get?

- 01 DIPLOMA
02 GED

D3. (Besides a high school diploma or a GED,) what other diplomas, degrees, certificates, or licenses have you received? **[CIRCLE ALL MENTIONS.]**

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

D4. During the past 12 months were you 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)_____

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)_____

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 D7** 02 NO

D6b. Have you had a valid driver's license at any time during the past 12 months?
01 YES 02 NO

D6c. During the past 12 months, how long have you lived with your driver's license...?

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

[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, van, truck, or motorcycle, available for you to use...?
01 Never
02 Sometimes
03 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 have your first drink?

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 E14.

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	

E4. When did you last use it?

WEEKS AGO → IF 5 WEEKS OR MORE, GO TO E6.

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

DAYS → IF NONE (00), GO TO E6.

E5a. On how many of those days that you drank did you have 5 or more drinks in a sitting?

DAYS DRANK 5 OR MORE DRINKS

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		
BEER		
1 12- OR 16-OZ. BOTTLE OF BEER	=	1 DRINK
1 SIX PACK OF BEER	=	6 DRINKS
1 CASE OF BEER	=	24 DRINKS
WINE		
1 4-OZ. GLASS OF WINE	=	1 DRINK
1 LITER OR QUART BOTTLE OF WINE	=	6 DRINKS
1 WINE COOLER	=	1 DRINK
HARD LIQUOR		
1 HIGHBALL	=	1 DRINK
1 SHOT GLASS	=	1 DRINK
1/2 PINT OF LIQUOR	=	6 DRINKS
1 PINT OF LIQUOR	=	12 DRINKS
1 FIFTH OF LIQUOR	=	20 DRINKS
1 QUART OF LIQUOR	=	24 DRINKS

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 (delerium 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 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 ½ PACK A DAY (1-5 CIGARETTES)
- 02 ABOUT ½ PACK A DAY (6-15 CIGARETTES)
- 03 ABOUT A PACK A DAY (16-25 CIGARETTES)
- 04 ABOUT 1-1½ 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 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 E18 TO E21. IF NO DRUGS WERE USED IN THE PAST 12 MONTHS, GO TO CHECKPOINT BEFORE E33.]

E17. QUESTION DELETED.

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. How many weeks ago did you last use (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?

12-MONTH DRUG USE CHART

		<u>E16.</u> USED IN PAST 12 MONTHS?		<u>E17.</u> QUESTION DELETED	<u>E18.</u> ROUTE? (PAST YEAR)	<u>E19.</u> PAST YEAR FREQ.?	<u>E20.</u> MOST RECENT USE (WEEK)	<u>E21.</u> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32	LSD	01	02		<input type="checkbox"/>	<input type="checkbox"/>		
40	Cocaine in any form, including crack/[IF "NO," GO TO 50]	01	02					
41	Crack only	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42	Any cocaine other than crack	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
50	Heroin alone or with other drugs/[IF "NO," GO TO 60]	01	02					
	Heroin and cocaine together at the same time (crank, speedball)	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
62	Dilaudid	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
70	Downers or depressants, such as sedatives, barbiturates, or tranquilizers→[IF "NO," GO TO 80]	01	02					
	Sedatives or sleeping pills, such as Doriden, Noludar, Qualude, or Sopor	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Barbiturates, such as Nembutal, Seconal	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Benzodiazepines, such as Valium, Librium, or others	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Other tranquilizers	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Another depressant	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Amphetamines or other stimulants, speed, or diet pills→[IF "NO," GO TO 90]	01	02					
81	Methamphetamines	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
90	Any other drugs, such as inhalants→[IF "NO," GO TO E18]	01	02					
	Inhalants, such as glue, gasoline, or paint thinner	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Another drug (SPECIFY)	01	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

[RECORD FREQUENCY CODE IN COLUMN E21.]

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 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 DRUG USE CHART. IF DRUG USE DID NOT CAUSE A PROBLEM, ENTER "00" AND GO TO E27.]**

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 With more than 2 other people

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

FAVORITE DRUG (SPECIFY) _____

--	--

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 E29X**

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

TIMES

E29X. In the past 12 months, did you use a needle, a syringe, or “works” to shoot up drugs?

01 YES 02 NO → **GO TO INTERVIEWER CHECKPOINT BEFORE E33**

E29Xa. How often did you use a neele, a syringe, or “works” to shoot drugs in the past 12 months?

- 01 LESS THAN 1 DAY A MONTH
- 02 1 TO 3 DAYS A MONTH
- 03 1 TO 3 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 EVERY DAY
- 08 4 OR MORE TIMES A DAY

E30. In the past 12 months, did you use 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	E30a. NUMBER OF TIMES DURING PAST 12 MONTHS
1. Your regular sexual partner or spouse	
2. Anyone you had sex with but hadn't known very long	
3. A prostitute	
4. Someone you knew or thought had AIDS or had a positive HIV test	
5. A man you knew or thought was homosexual or bisexual	
6. People you didn't know very long or strangers	

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 ... ?

		EVER	RELY	SOMETIMES	TEN	WAYS
1.	alcohol and rinse with clean water	00	01	02	03	04
2.	bleach or Clorox and rinse with clean water	00	01	02	03	04
3.	soak in water only	00	01	02	03	04
4.	soak in water that someone else had used to clean needles	00	01	02	03	04
5.	soak in clean water only	00	01	02	03	04
6.	some other method (IFY) _____	00	01	02	03	04

INTERVIEWER CHECKPOINT: CHECK DRUG CHART (E16-40). IF COCAINE NOT USED DURING PAST 12 MONTHS 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 ½ 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?

- 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 MENTIONED, LEAVE THE BOXES BLANK.]

VERBATIM: _____

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
- 04 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 relations with family members/friends
- 43 Want to avoid losing custody of my children

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
- 55 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

44 Want to get my children back

49 Other interpersonal reasons

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)?

E43a.		E43b.		
SITUATION WHEN TEMPTED		NOT AT ALL CONFIDENT OR SURE	SOMEWHAT CONFIDENT OR SURE	VERY CONFIDENT OR SURE
[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 treatment you received at (NAME OF PROGRAM) will help you do this? 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 351. 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 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 MONTH
- 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 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. How many weeks ago did your last period like that end?

WEEKS AGO

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. How many weeks ago did your last period like that end?

WEEKS AGO

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. How many weeks ago did your last period like that end?

WEEKS AGO

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. How many weeks ago did your last period like that end?

WEEKS AGO

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. How many weeks ago did your last period like that end?

WEEKS AGO

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. How many weeks ago did you last think a lot about ending your life?

WEEKS AGO

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

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

01 YES 02 NO → **GO TO F8**

F7a. How many weeks ago did you last attempt suicide?

WEEKS AGO

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

F8. In the past 12 months, have you taken any prescription 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. FOR DATA PROCESSING ONLY

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 you 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 or prison?

01 YES 02 NO → **GO TO G2**

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

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 AND G5 FOR EACH ARREST TYPE CODED IN 01 IN COLUMN G2.

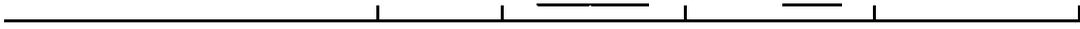
G3. During the past 12 months, how many times have you been arrested for (TYPE OF OFFENSE)?
[RECORD NUMBER OF ARRESTS IN COLUMN G3.]

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> Arrested in past 12 months? Yes No		<u>G3.</u> Number of arrests in past 12 months	<u>G4.</u> Question deleted in past 12 months	<u>G5.</u> Number of convictions in past 12 months
	01 Use or possession of marijuana, drugs, liquor law violation, drunk and disorderly	01	02	<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 pickpoceting, 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 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

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 NO → **GO TO G8**

G7a. In the past 12 months, how serious were any such problems? 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. FOR DATA PROCESSING ONLY

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, F1 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

F1 No: _____

 Interview Date: _____

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

Note: Put "DK" in the box if you do not know the answer.

Put "RE" in the box if you do not want to answer the question.

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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 H2d**
- 02 HAD A JOB BUT WAS NOT WORKING → **GO TO H2d**
- 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

OTHER (SPECIFY) _____

--	--

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

01 YES → **GO TO H2d** 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 H4**

H2b. FOR DATA PROCESSING ONLY

H2c. FOR DATA PROCESSING ONLY

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

HOURS

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 - CODE "00" IF NO USUAL OCCUPATION → **GO TO H4**

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 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 (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
- 30 HOMEMAKER
- 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 12 months?

01 YES 02 NO → **GO TO H6**

H4a. FOR DATA PROCESSING ONLY

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

OTHER (SPECIFY) _____

--	--

H5. FOR DATA PROCESSING ONLY

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.

--

ONE," 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	

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	

ONE," RECORD "00" AND GO TO H12.]

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. FOR DATA PROCESSING ONLY

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 SOURCED 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 type="text"/> , <input type="text"/> .00
b. Supplemental Security Income (SSI) that you qualify for because of low income; welfare or public assistance programs such as Aid to Dependent Children, food stamps, Medicaid, or housing assistance	01	02	\$	<input type="text"/> , <input type="text"/> .00
c. Social Security benefits you earned as a worker who is now disabled or retired or as the dependent of a retired or deceased worker; unemployment compensation because of layoff, workers' compensation from injuries at work, or military or private pensions	01	02	\$	<input type="text"/> , <input type="text"/> .00
d. A spouse, family members, or friends including alimony, child support, loans, gifts; or interest, dividends, rental income, capital gains; or money from other investments	01	02	\$	<input type="text"/> , <input type="text"/> .00
e. Illegal or possibly illegal sources such as hustling or dealing	01	02	\$	<input type="text"/> , <input type="text"/> .00
f. Any other sources not mentioned here, such as roomers or boarders who live with you but do not share living expenses with you (SPECIFY) _____	01	02	\$	<input type="text"/> , <input type="text"/> .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 for the entire year before taxes from all sources? **[RECORD CODE FROM CODE LIST -- INCOME.]**

INCOME CODE

[COMPARE WITH TOTAL GIVEN 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?

MS

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 -- YEARLY 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. FOR DATA PROCESSING ONLY

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 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. How many times have you been pregnant in the past 12 months? Please count pregnancies that resulted in miscarriages, abortions, stillbirths, and live births.

PREGNANCIES

IF ONE, 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. In the past 12 months, have you used alcohol while you were pregnant?

01 YES 02 NO

K6. In the past 12 months, have you used drugs for nonmedical reasons while you were pregnant?

01 YES 02 NO

K7. During the past 12 months, has your health limited your activities . . . ?

01 YES 02 NO → **GO TO K9**

K7a. Was it for 3 months or more?

01 YES 02 NO

K8. 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 K9**

K8a. 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?

K9. During the past 12 months, have you stayed overnight in a hospital for any physical health problem not related to complications of drug and alcohol use?

01 YES 02 NO → **GO TO K12**

K10. 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 K10 = 00, GO TO K12.

K11. 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?

K12. 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.]**

K13. Have you been tested for tuberculosis (TB) in the past 12 months?

01 YES 02 NO → **GO TO K14**

K13a. Were the test results positive?

01 YES 02 NO → **GO TO K14**

K13b. Did you receive treatment for this condition?

01 YES 02 NO → **GO TO K14**

K13c. What medication(s) did you use?

VERBATIM _____

K14. 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.

K15. Overall, how troubled or bothered were you by medical problems in the past 12 months?
Would you say . . . ?

- 00 NOT AT ALL → **GO TO K16**
- 01 SLIGHTLY
- 02 MODERATELY
- 03 CONSIDERABLY
- 04 EXTREMELY

K15a. FOR DATA PROCESSING ONLY

K15b. How troubled or bothered are you now by medical problems?

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

K16. How important to you now is treatment or counseling for medical problems?

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

**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 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 = 00 OR 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?

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 = 00 OR 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 L23X
- 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

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SECTION M.
TREATMENT 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

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	<input type="text"/>
2. At a therapeutic community or other long-term residential treatment unit	<input type="text"/>
3. At a halfway house	<input type="text"/>
4. At an outpatient alcohol treatment unit.....	<input type="text"/>
5. From any type of alcohol treatment, excluding AA..... (SPECIFY) _____	<input type="text"/>

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)? **[RECORD IN COLUMN M3b.]**
- 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 IS “OTHER” IS**

DRUG TREATMENT CHART

TYPE OF TREATMENT	<u>M3</u> TREATED IN PAST <u>12</u> MONTHS	<u>M3a.</u> NUMBER OF ADMISSIONS	<u>M3b.</u> TOTAL NUMBER OF WEEKS IN TREATMENT	<u>M3c.</u> DATE OF LAST DISCHARGE MONTH/YEAR	<u>M3d.</u> REASON FOR LAST DISCHARGE
A 28-day or other short-term inpatient or chemical dependency treatment program	01 02	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> 19 <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
b. A therapeutic community or treatment program	01 02	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> 19 <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
c. A methadone program	01 02	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> 19 <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
d. An outpatient drug treatment program	01 02	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> 19 <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
e. Any other type of drug house	01 02	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> 19 <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
f. short-term (21 days or less) detoxification program	01 02	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> 19 <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____

REASONS FOR DISCHARGE

00 Still in treatment
01 Completed treatment

04 Transferred to another social service
05 Involuntarily discharged for noncompliance

02 Discharged because of hospitalization, incarceration, other institutionalization	06 Voluntarily dropped out before treatment completed for personal reasons (moved, probation/parole, ended, control use, etc.)
03 Transferred to component of same program or another drug treatment program	07 Quit because of dissatisfaction with program
	08 Other (SPECIFY)

RECORDED IN M3d, THEN SPECIFY. ASK M3 FOR NEXT TYPE OF TREATMENT.

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]	
1 ALCOHOLICS ANONYMOUS	<input type="checkbox"/>
2 NARCOTICS ANONYMOUS	
3 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)?	
<input type="text"/>	TIMES
M5d. How many weeks ago did you last attend (this group/any of these groups)?	
<input type="text"/>	WEEKS AGO

CONTINUED

M5e. In general, how much has meeting with this kind of group helped you . . . ?

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

Next, I'd like to ask some questions about other scheduled individual or group services that you 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 a regular 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 WORKER
- 13 SOCIAL WORKER
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR

• 91 OTHER (SPECIFY) _____

M8. During the past 12 months, how many times have you received any scheduled individual or group services for emotional or mental health problems?

M10. During the past 12 months, have you stayed overnight anywhere for treatment of emotional or mental health problems other than 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

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

3 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-ORDERED COUNSEL
- 04 PRIVATE PROGRAMS

91 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**

M25. 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

91 OTHER (SPECIFY) _____

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

TIMES

M30. During the past 12 months, have you received 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 any of 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 (SPECIFY) _____

M35a. — CHANGE	RTI EDITOR'S CODE	M35b. — CAUSE
1. _____		<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
2. _____		<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
3. _____		<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
4. _____		<input style="width: 50px; height: 20px;" type="text"/> (SPECIFY) _____
		(SPECIFY) _____

5. _____		<input type="checkbox"/>	_____
----------	--	--------------------------	-------

TIME CHECKPOINT			
DATE	<input type="checkbox"/>	<input type="checkbox"/>	
	MONTH	DAY	
DATE	<input type="checkbox"/>	<input type="checkbox"/>	AM/PM (CIRCLE ONE)
	HOUR	MINUTE	

SECTION N.
CHANGE PERCEPTIONS



Now, I would like to ask you about how your life may have changed since you began substance abuse treatment at (NAME OF PROGRAM) on (DATE OF ADMISSION) [CIRCLE IN PEN THE DATE OF ADMISSION ON CALENDAR AND SHOW TO CLIENT] and now [CIRCLE TODAY'S DATE ON CALENDAR AND SHOW TO CLIENT].

- N1. Please tell me how much you have improved in each of the following by indicating, hardly at all, pretty much, or very much? **(READ CHOICES AND CIRCLE ONLY ONE)**
- N2. What experiences most affected or contributed to your improvement? Was it your treatment experience, other experiences in your life, or both? **(READ CHOICES AND CIRCLE ONLY ONE)**

Your...	N1.			N2.			
	HARDLY AT ALL	PRETTY MUCH	VERY MUCH	YOUR TREATMENT EXPERIENCE	OTHER EXPERIENCES IN YOUR LIFE	NO CHANGE/ BOTH NA	
a. belief that using drugs will always make your life worse has strengthened	01	02	03	01	02	03	00
b. belief that it is important for you to be drug free has strengthened	01	02	03	01	02	03	00
. ability to socialize and relate to people has improved.....	01	02	03	01	02	03	00
. ability to lead a constructive and fulfilling lifestyle (includes participation in school, job, family life, hobbies, etc.) has improved .	01	02	03	01	02	03	00
. ability to recognize and express feelings in a healthy way has improved	01	02	03	01	02	03	00
ability to recognize and express feelings in a healthy way has improved	01	02	03	01	02	03	00
. ability to conduct yourself with maturity has improved.....	01	02	03	01	02	03	00
. ability to handle responsibilities have improved	01	02	03	01	02	03	00
overall personal growth has	1	02	03	01	02	03	00

improved

|

You said that your overall personal growth had improved [REPEAT RESPONSE TO ITEM i. ABOVE]. (READ CHOICES AND CIRCLE ONLY ONE).

Now, I would like to ask you to tell me how much each of the following affected or contributed to your overall improvement.

N3. Please indicate whether you attribute your overall growth to (items a-i) hardly at all, pretty much, or very much?

N3.

	HARDLY AT ALL	PRETTY MUCH	VERY MUCH	
a. your drug treatment experience make your life worse has strengthened	01	02	03	00
b. your family (spouse/partner/relative)	01	02	03	00
c. your friends	01	02	03	00
d. your religion/spirituality	01	02	03	00
e. your own motivation	01	02	03	00
a positive event in your life (marriage, parenthood, graduation, etc.	01	02	03	00
a negative event in your life (death of someone close, illness, going to jail, loss of a relationship, etc.)	01	02	03	00
h. doctors or other medical professionals	01	02	03	00
i. involvement in formal education	01	02	03	00
j. your job/career	01	02	03	00
a significant person (not relative) such as mentor, counselor, coach, teacher, probation officer, etc.	01	02	03	00
other , please specify: _____				

Now, I would like to ask you to tell me how much you agree with each of the following items. **(READ CHOICES AND CIRCLE ONLY ONE)**

N4. Please indicate whether you disagree strongly, disagree, neither agree nor disagree, agree, or strongly agree.

N4.

YOU...	NEITHER AGREE NOR				
	DISAGREE STRONGLY	DISAGREE	DISAGREE	AGREE	AGREE STRONGLY
believe you are always in recovery (drug addiction is never cured..	01	02	03	04	05
continue to work hard to make yourself a better person	01	02	03	04	05
feel that you're a productive member of society	01	02	03	04	05
do not see yourself as an addict.....	01	02	03	04	05
your social network consists of people who don't have drug or alcohol problems	01	02	03	04	05
continue to use what you learned in treatment to sustain your recovery	01	02	03	04	05
believe you have to earn everything you want.....	01	02	03	04	05

HAND RESPONDENT SHOW CARD 3.

IN QUESTIONS N5-N9, IF RESPONDENT'S RESPONSE IS DIFFERENT FOR FAMILY AND FRIENDS, CODE THE MOST FREQUENT OF THE RESPONSES.

I want to know about your relationships with your family and friends and whether you feel you can rely on any of them.

	NEVER OR RARELY	SOME OF THE TIME	ALMOST ALWAYS
How often can you talk about your deepest problems with at least some of your family or friends?	01	02	03
How often do your family or close friends help or encourage you to stop using drugs?.....	01	02	03
How often do you receive help or encouragement from your family or close friends with other kinds of problems such as with jobs, the law, and so on?	01	02	03
How often do your family or close friends help you out with things such as providing transportation, running errands, or fixing things for you	01	02	03
How often can you count on family or close friends to help you out in an emergency in the middle of the night?	01	02	03

N10. 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

ARREST CODES FOR QUESTIONS P3-P5

Use or possession of marijuana, drugs, liquor law violation, drunk and disorderly	Pimping, prostitution, or commercialized vice	Any other offenses such as gambling (including numbers and bookmaking), weapons
Sale or manufacture of drugs	Robbery-bank, mugging, armed robbery, or purse snatching with force	offenses, probation/parole violations, comtempt of court, vagrancy, suspicion, disorderly conduct, or loitering, etc.
Forgery, fraud, embezzlement (including till-tapping, bad checks); buying, receiving, or possession of stolen property (including fencing).	Attacks on persons such as homicides, manslaughter, aggravated assault, forcible rape, or kidnapping	(SPECIFY)_____
Burglary-breaking and entering, unlawful entry, housebreaking, or safecracking	Other offenses where people may be injured such as simple assault or offenses against family and children	
Larceny-theft such as pick-pocketing, purse snatching (without force), shoplifting, theft from motor vehicles, theft from parts and accessories, theft from buildings or coin machines	Driving under the influence or driving while intoxicated	
	Status offenses such as running away, curfew violations, truancy, etc.	

SECTION P.
CRIMINAL JUSTICE INTERACTIONS

First, I am going to ask some questions about your experience of arrests, incarcerations, and probation/parole since you left _____.
(DATOS TX PROGRAM)

ARRESTS

P1. Since you left _____ in ____/____, how many times have you been arrested?
(DATOS TX PROGRAM) MONTH YEAR

TOTAL TIMES ARRESTED

[IF 0 GO TO P6]

P2. How long after leaving that treatment program did you get arrested the **first** time? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P3. What was the main charge against you that time?

ARREST CODES

(SEE PAGE P-0 FOR CODE LIST)

[IF RESPONDENT HAS ONLY BEEN ARRESTED ONCE SINCE LEAVING THE DATOS TREATMENT PROGRAM, GO TO P6]

P4. How many weeks ago were you **last** arrested? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P5. What was the main charge against you that time?

ARREST CODES

(SEE PAGE P-0 FOR CODE LIST)

INCARCERATIONS

P6. How many times since leaving _____ have you spent at least one night in jail or prison? (DATOS TX PROGRAM)

TIMES

[IF 0, GO TO P15]

P7. Altogether, how many weeks have you spent

a. in jail? WEEKS IN JAIL

b. in prison? WEEKS IN PRISON

KEY

6 DAYS OR LESS = 0 WEEKS	
.5 YR = 26 WEEKS	
1 YR = 52 WEEKS	1.5 YR = 78 WEEKS
2 YR = 104 WEEKS	2.5 YR = 130 WEEKS
3 YR = 156 WEEKS	3.5 YR = 182 WEEKS
IF NONE, ENTER 000	

P8. How long after you left that treatment program was your **first** incarceration? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P9. For how many weeks were you incarcerated that time? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P10. Were you in jail or prison or some other institution?

- 01 JAIL
- 02 PRISON
- 03 OTHER (SPECIFY: _____)

[IF RESPONDENT HAS BEEN INCARCERATED ONLY ONCE SINCE LEAVING THE DATOS TREATMENT PROGRAM, SKIP TO P14]

P11. How many weeks ago were you **last** incarcerated? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P12. For how many weeks were you incarcerated that time? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P13. Were you in jail or prison or some other institution?

- 01 JAIL
- 02 PRISON
- 03 OTHER (SPECIFY: _____)

P14. **[IS RESPONDENT CURRENTLY INCARCERATED?]**

- 00 NO
- 01 JAIL
- 02 PRISON
- 03 OTHER (SPECIFY: _____)

PROBATION

P15. Since you left _____ have you been assigned to probation, not including
(DATOS TX PROGRAM)
summary probation?

01 YES 02 NO - GO TO P29

P16. How many total weeks were you on probation since leaving that treatment?

WEEKS

P17. How many weeks after you left that treatment did you **first** get assigned to probation? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P18. While on probation that time did you report to your probation officer as required?

01 YES 02 NO

P19. Did you get urine tested as a condition on probation?

01 YES 02 NO → **GO TO P21**

P20. How many total times were you tested?

TOTAL TIMES TESTED

P21. How many weeks did this probation last?

WEEKS

P22. Have you been assigned to probation since that probation period?

01 YES 02 NO → **GO TO P29**

P23. How many weeks ago were you **last** assigned to probation? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P24. While on probation that time did you report to your probation officer as required?

01 YES 02 NO

P25. Did you get urine tested as a condition of probation?

01 YES 02 NO → **GO TO P27**

P26. How many total times were you tested?

TOTAL TIMES TESTED

P27. How many weeks did this probation last? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P28. Are you currently on probation?

01 YES 02 NO

PAROLE

P29. Since you left _____ have you been assigned to parole?
(DATOS TX PROGRAM)

01 YES 02 NO → **SKIP TO P43**

P30. How many total weeks were you on parole since leaving that treatment?

WEEKS

P31. How many weeks after you left that treatment did you **first** get assigned to parole? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P32. While on parole that time did you report to your parole officer as required?

01 YES 02 NO

P33. Did you get urine tested as a condition of parole?

01 YES 02 NO → **GO TO P35**

P34. How many total times were you tested?

TOTAL TIMES TESTED

P35. How many weeks did this parole last?

WEEKS

P36. Have you been assigned to parole since that parole period?

01 YES 02 NO → **GO TO P42**

P37. How many weeks ago were you **last** assigned to parole? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P38. While on parole that time did you report to your parole officer as required?

01 YES 02 NO

P39. Did you get urine tested as a condition of parole?

01 YES 02 NO → **GO TO P41**

P40. How many total times were you tested?

TOTAL TIMES TESTED

P41. How many weeks did this parole last? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P42. Are you currently on parole?

01 YES 02 NO

P43. Since leaving _____ have you received any help from a lawyer, legal aid or
(DATOS TX PROGRAM)
agency for legal problems?

01 YES 02 NO → **GO TO SECTION Q**

P44. How long after leaving _____ did you first get legal help?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

P45. What was the reason? **[CIRCLE ALL MENTIONS]**

- 01 REPRESENTATION IN CIVIL CASE (DIVORCE, CUSTODY, ETC.)
- 02 REPRESENTATION IN CRIMINAL CASE
- 03 ASSISTANCE WITH NONCOURT LEGAL MATTERS (WILL, DEED, ETC.)
- 04 REFERRAL TO LAWYER OR LEGAL AID
- 05 GENERAL LEGAL (SPECIFY: _____)

P46. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY

P47. Where did you get these services or who did you talk to about these problems?

- 01 PRIVATE LAWYER
- 02 LEGAL AID
- 03 PUBLIC DEFENDER OR COURT APPOINTED COUNSEL
- 04 OTHER LEGAL (SPECIFY: _____)

P48. After that first time, did you get any other help for a legal problem?

- 01 YES
- 02 NO → **GO TO SECTION Q**

P49. About how many total times have you received help?

TOTAL TIMES TESTED

P50. How many weeks ago did you **last** get help for a legal problem? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

P51. What was the reason? **[CIRCLE ALL MENTIONS]**

- 01 REPRESENTATION IN CIVIL CASE (DIVORCE, CUSTODY, ETC.)
- 02 REPRESENTATION IN CRIMINAL CASE
- 03 ASSISTANCE WITH NONCOURT LEGAL MATTERS (WILL, DEED, ETC.)
- 04 REFERRAL TO LAWYER OR LEGAL AID
- 05 GENERAL LEGAL (SPECIFY: _____)

P52. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY

P53. Where did you get these services or who did you talk to about these problems?

- 01 PRIVATE LAWYER
- 02 LEGAL AID
- 03 PUBLIC DEFENDER OR COURT APPOINTED COUNSEL
- 04 OTHER LEGAL (SPECIFY: _____)

SECTION Q.

DRUG/ALCOHOL TREATMENT

Q1. After leaving _____, have you been in a program or treatment for drug or alcohol problems, no counting self-help groups or sober living houses?
(DATOS TX PROGRAM)

01 YES 02 NO → **GO TO SECTION R**

RECORD ANSWERS FOR Q2 THRU 17 ON NEXT PAGE
ASK B2 FOR EACH TYPE OF TREATMENT BEFORE ASKING Q3 AND Q4.

Q2. Since leaving _____, how many times have you been in any [TYPE OF TREATMENT PROGRAM] program for treatment for alcohol abuse (not for drugs)?
(DATOS TX PROGRAM)

ASK Q3 AND Q4 ONLY FOR TYPES OF TREATMENT WITH ONE OR MORE TIMES ENTERED IN Q2.

Q3. How many of these were only for detox?
Q4. What is the total number of weeks you spent in that kind of treatment?

ASK Q5 FOR EACH TYPE OF TREATMENT BEFORE ASKING Q6 AND Q7.

Q5. Since leaving _____, how many times have you been in any [TYPE OF TREATMENT PROGRAM] program for drug treatment or treatment for both drugs and alcohol?
(DATOS TX PROGRAM)

ASK Q6 AND Q7 ONLY FOR TYPES OF TREATMENT WITH ONE OR MORE TIMES ENTERED IN B5.

Q6. How many of these were only for detox?
Q7. What is the total number of weeks you spent in that kind of treatment?

TYPES OF TREATMENT PROGRAMS	ALCOHOL ONLY		
	Q2. Total # Times (alcohol only)	Q3. # Times Detox Only** (alcohol only)	Q4. Total Weeks in Alcohol Only Tx
1. Residential Treatment			
2. Hospital Inpatient			
3. Outpatient Drug Free, including Day Treatment		<input type="checkbox"/> <input type="checkbox"/>	
4. Other, specify: _____			
	TIMES	TIMES	WEEKS

TYPES OF TREATMENT PROGRAMS	DRUGS OR DRUGS AND ALCOHOL		
	Q5. Total # Times	Q6. # Times Detox Only*	Q7. Total Weeks in Drug Tx
1. Residential Treatment			
2. Hospital Inpatient			
3. Outpatient Drug Free, including Day Treatment		<input type="checkbox"/> <input type="checkbox"/>	
4. Methadone Treatment			
5. Other, specify: _____			
	TIMES	TIMES	WEEKS

*NOTE: "# TIMES DETOX ONLY" MUST NOT EXCEED "TOTAL # TIMES" IN TREATMENT.

I'd like to ask you some questions about the **first** treatment you participated in after you left

(DATOS TX PROGRAM)

Q8. How many weeks after you left _____ did you enter this treatment?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

Q9. How many weeks did you attend? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

Q10. What kind of facility did you enter that time? **[CIRCLE ONE ONLY]**

- 01 HOSPITAL/INPATIENT
- 02 RESIDENTIAL/THERAPEUTIC COMMUNITY
- 03 OUTPATIENT DRUG FREE, INCLUDING DAY TREATMENT
- 04 METHADONE MAINTENANCE
- 05 METHADONE DETOX
- 06 OTHER (SPECIFY: _____)

CODE

Q11. What was the main reason you entered treatment at this time?

- 01 LEGAL PRESSURE
- 02 TIRED OF ADDICTION/LIFESTYLE
- 03 FAMILY PRESSURE
- 04 OTHER (SPECIFY: _____)

CODE

Q12. How was the treatment paid for?

- 00 FREE, SUBSIDIZED
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

CODE

Q13. What substances were you treated for? (LIST PRIMARY SUBSTANCE FIRST)

	CODE
a. _____	<input style="width: 100px; height: 30px;" type="text"/>
b. _____	<input style="width: 100px; height: 30px;" type="text"/>
c. _____	<input style="width: 100px; height: 30px;" type="text"/>

Q14. Did you live at the program?

01 YES → **GO TO Q17** 02 NO

Q15. How many days did you attend the program, on average, per month?

DAYS PER MONTH

Q16. How many hours per day did you attend?

HOURS PER DAY

Q17. Why did you leave that treatment?

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

CODE

[IF RESPONDENT HAD ONLY ONE TREATMENT EPISODE SINCE LEAVING THE DATOS TREATMENT, GO TO SECTION R]

Now let's talk about the **last** time you were in treatment since leaving the _____.
(DATOS TX PROGRAM)

(INCLUDE CURRENT TREATMENT, IF IT APPLIES)

Q18. How many weeks ago did you enter that treatment? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

Q19. How many weeks did you attend? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

Q20. What kind of treatment was it? (CIRCLE ONE ONLY)

- 01 HOSPITAL INPATIENT
- 02 RESIDENTIAL/THERAPEUTIC COMMUNITY
- 03 OUTPATIENT DRUG FREE, INCLUDING DAY TREATMENT
- 04 METHADONE MAINTENANCE
- 05 METHADONE DETOX
- 06 OTHER (SPECIFY: _____)

CODE

Q21. What was the main reason you entered treatment at this time?

- 01 LEGAL PRESSURE
- 02 TIRED OF ADICTION/LIFESTYLE
- 03 FAMILY PRESSURE
- 04 OTHER (SPECIFY: _____)

CODE

Q22. How was the treatment paid for?

- 00 FREE, SUBSIDIZED
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

Q23. What substances were you treated for? (LIST PRIMARY SUBSTANCE FIRST)

	CODE
a. _____	<input type="text"/> . <input type="text"/>
b. _____	<input type="text"/> . <input type="text"/>
c. _____	<input type="text"/> . <input type="text"/>

Q24. Did you live at the program?

- 01 YES → **GO TO Q27** 02 NO

Q25. How many days did you attend the program, on average, per month?

DAYS PER MONTH

Q26. How many hours per day did you attend?

HOURS PER DAY

Q27. Why did you leave that treatment?

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

CODE

**SECTION R.
MEDICAL PSYCHIATRIC TREATMENT**

--

TREATMENT FOR PHYSICAL HEALTH PROBLEMS

R1. Since leaving the _____ how many times have you been admitted overnight to a
(DATOS TX PROGRAM)
hospital for a **PHYSICAL** health problem?

--

[IF 0, GO TO R10]

R2. How many weeks after you left _____ were you **first** admitted?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

--

R3. What was the reason/diagnosis?

CODE

a. _____	<table border="1"><tr><td> </td></tr></table>		.	<table border="1"><tr><td> </td></tr></table>	
b. _____	<table border="1"><tr><td> </td></tr></table>		.	<table border="1"><tr><td> </td></tr></table>	
c. _____	<table border="1"><tr><td> </td></tr></table>		.	<table border="1"><tr><td> </td></tr></table>	

R4. How many days did you stay?

--

 DAYS

R5. Who paid for your treatment?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

[IF RESPONDENT HAS ONLY BEEN ADMITTED ONCE SINCE LEAVING THE DATOS TREATMENT PROGRAM, GO TO R10]

R6. How many weeks ago were you **last** admitted to a hospital for a physical health problem? **[IF LESS THAN 7 DAYS, ENTER 0.]**

WEEKS

R7. What was the reason/diagnosis?

	CODE	
a. _____	<input type="text"/>	. <input type="text"/>
b. _____	<input type="text"/>	. <input type="text"/>
c. _____	<input type="text"/>	. <input type="text"/>

R8. How many days did you stay?

DAYS

R9. Who paid for your treatment?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

TREATMENT FOR MENTAL HEALTH PROBLEMS

R10. Since leaving the _____ (DATOS TX PROGRAM) how many times have you been admitted to a hospital for a **MENTAL** health problem?

TIMES

[IF 0, SKIP TO R19]

R11. How many weeks after you left _____ were you **first** admitted?

(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

R12. What was the reason/diagnosis?

CODE

a. _____

.

b. _____

.

c. _____

.

R13. How many days did you stay?

DAYS

R14. Who paid for your treatment?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

[IF RESPONDENT HAS ONLY BEEN ADMITTED ONCE, GO TO R19]

R15. How many weeks ago were you **last** admitted to a hospital for a mental health problem?

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

R16. What was the reason/diagnosis?

		CODE
a.	_____	. _____
b.	_____	. _____
c.	_____	. _____

R17. How many days did you stay?

DAYS

R18. Who paid for your treatment?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

R19. Since leaving _____ how many times have you received treatment or had
(DATOS TX PROGRAM)
visits as an **outpatient** for a **Mental** health problem from a clinic, mental health program, or a doctor?

TIMES

[IF 0, SKIP TO R30]

R20. How long after leaving _____ did you first get outpatient treatment?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

R21. What was the reason/diagnosis?

	CODE	
a. _____	<input type="text"/>	<input type="text"/>
b. _____	<input type="text"/>	<input type="text"/>
c. _____	<input type="text"/>	<input type="text"/>

R22. For how many weeks did you receive treatment? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

R23. Who paid for your treatment?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

R24. Have you been in outpatient mental health treatment continuously since that time?

- 01 YES → **SKIP TO R30** 02 NO

R25. After that first outpatient treatment ended, did you get any other outpatient treatment for a mental health problem?

- 01 YES 02 NO → **SKIP TO R30**

R26. How many weeks ago did you **last** receive treatment as an outpatient for a mental health problem?
[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

R27. What was the reason/diagnosis?

a.	_____		CODE	
		<input type="text"/>	.	<input type="text"/>
b.	_____			
		<input type="text"/>	.	<input type="text"/>
c.	_____	<input type="text"/>		

R28. For how many weeks did you receive treatment? **[IF LESS THAN 7 DAYS, ENTER 0]**

S

R29. Who paid for your treatment?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

TREATMENT FOR EMERGENCY ROOM VISITS

R30. Since leaving _____ how many times have you received treatment or had visits
(DATOS TX PROGRAM)
to an emergency room at a hospital that did not lead to a hospitalization?

TIMES

[IF 0, SKIP TO R36]

R31. How long after leaving _____ did you first visit the emergency room at a
(DATOS TX PROGRAM)
hospital? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

R32. What was the reason/diagnosis?

		CODE	
a.	_____	<input type="text"/>	. <input type="text"/>
b.	_____	<input type="text"/>	. <input type="text"/>
c.	_____	<input type="text"/>	. <input type="text"/>

R33. After that first visit to the emergency room, did you receive treatment or visit an emergency room at a hospital?

01 YES

02 NO → **SKIP TO R36**

R34. How many weeks ago did you **last** visit an emergency room? **[IF LESS THAN 7 DAYS, ENTER 0]**

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

R35. What was the reason/diagnosis?

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

TREATMENT FOR HEALTH CARE

R36. Since leaving _____ how many times have you received treatment or had visits
(DATOS TX PROGRAM)
as an **outpatient** for **Physical** health care from a clinic, health program, or a doctor?

TIMES

[IF 0, GO TO SECTION S]

R37. How long after leaving _____ did you first get outpatient health care?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

R38. What was the reason/diagnosis?

		CODE	
a.	_____	<input type="text"/>	. <input type="text"/>
b.	_____	<input type="text"/>	. <input type="text"/>
c.	_____	<input type="text"/>	. <input type="text"/>

R39. For how many weeks did you receive health care? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

R40. Who paid for your health care?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

R41. Have you been receiving treatment or care continuously since that time?

- 01 YES → **GO TO SECTION S** 02 NO

R42. After that first treatment or care ended, did you get any other outpatient health care?

- 01 YES 02 NO → **GO TO SECTION S**

R43. How many weeks ago did you **last** receive health care as an outpatient?
[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

R44. What was the reason/diagnosis?

		CODE	
a.	_____	<input type="text"/>	<input type="text"/>
b.	_____	<input type="text"/>	<input type="text"/>
c.	_____	<input type="text"/>	<input type="text"/>

R45. For how many weeks did you receive health care? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

R46. Who paid for your health care?

- 00 FREE SUBSIDIZED (MEDICAID)
- 01 INSURANCE PAID ALL OR MOST
- 02 RESPONDENT OR FAMILY PAID ALL OR MOST
- 03 OTHER (SPECIFY: _____)

FOR EACH DRUG USED, RECORD ANSWERS FOR S4 THRU S14 ON NEXT PAGE

- S3. Which drug or drugs (including alcohol) have you used since leaving treatment?
- S4. How many weeks after you left that treatment did you first start using?
[IF LESS THAN 7 DAYS, ENTER 0]
- S5. How often were you using [DRUG] at that time?
- S6. How did you use the [DRUG]?
- S7. How much did you spend per month on average for [DRUG]?
- S8. For how many weeks did you continue to use [DRUG] at that rate before increasing/decreasing or stopping?
- S9. Did you stop using at any time?
- S10. Did you start using this drug again after that?
- S11. How many weeks ago did you last use [DRUG]?
- S12. Which drug or drugs have you used most frequently since leaving [DATOS TX PROGRAM]?
- S13. How many total weeks did you use [DRUG] since leaving?
- S14. How many weeks ago did you last use [DRUG]?

S3	_____ Drug #1	_____ Drug #2	_____ Drug #3	_____ Drug #4																								
S4	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS															
S5	01 DAILY 02 2-5 DAYS/WEEK 03 LESS THAN ONCE/WEEK	01 DAILY 02 2-5 DAYS/WEEK 03 LESS THAN ONCE/WEEK	01 DAILY 02 2-5 DAYS/WEEK 03 LESS THAN ONCE/WEEK	01 DAILY 02 2-5 DAYS/WEEK 03 LESS THAN ONCE/WEEK																								
S6	01 ORAL 02 SMOKE 03 INJECT 04 INHALE	01 ORAL 02 SMOKE 03 INJECT 04 INHALE	01 ORAL 02 SMOKE 03 INJECT 04 INHALE	01 ORAL 02 SMOKE 03 INJECT 04 INHALE																								
S7	\$ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> .0 PER MONTH							\$ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> .0 PER MONTH							\$ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> .0 PER MONTH							\$ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> .00 PER MONTH						
S8	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS															
S9	01 YES 02 NO / GO TO NEXT DRUG OR S12	01 YES 02 NO / GO TO NEXT DRUG OR S12	01 YES 02 NO / GO TO NEXT DRUG OR S12	01 YES 02 NO / GO TO NEXT DRUG OR S12																								
S10	01 YES 02 NO	01 YES 02 NO	01 YES 02 NO	01 YES 02 NO																								
S11	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS															

S12	_____ Drug #1	_____ Drug #2	_____ Drug #3	_____ Drug #4												
S13	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> WEEKS			
S14	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

**SECTION T.
CRIMINAL ACTIVITY**



T1. Since you left _____ in ____/____, have you engaged in any of the following activities? **[READ CRIME CATEGORIES]**
(DATOS TX PROGRAM) MONTH YEAR

CRIME CODES			
01 - Forgery (checks, bad/stolen credit card)	Y	N	08 - Con, scam
02 - Forged prescriptions	Y	N	09 - Arson, vandalism
03 - Burglary (house, building, car)	Y	N	10 - Prostitution, pimping
04 - Robbery (business)	Y	N	11 - Assault
05 - Robbery (person)	Y	N	12 - Rape
06 - Auto Theft	Y	N	13 - Homicide
07 - Non-auto theft, shoplifting	Y	N	14 - Drug dealing
	Y	N	15 - Other (SPECIFY): _____

If all of the above are NO → **GO TO SECTION U**
 For each crime answered YES, answer the following:

	Crime #1	Crime #2	Crime #3	Crime #4
T2. Enter crime codes from above. (USE CRIME CODE)	□□	□□	□□	□□
T3. How many weeks after you left _____ did you first engage in crime?	□□□ WEEKS	□□□ WEEKS	□□□ WEEKS	□□□ WEEKS
T4. How many weeks ago did you last engage in crime?	□□□ WEEKS	□□□ WEEKS	□□□ WEEKS	□□□ WEEKS
T5. How many total times did you do (READ CATEGORY)	□□□ TOTAL	□□□ TOTAL	□□□ TOTAL	□□□ TOTAL
T6. How many total	□□□	□□□	□□□	□□□

U8. How much was your take-home pay from that job per week?

\$.00

U9. How many weeks were you employed at that job? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

U10. How many total weeks have you been employed full-time since leaving _____?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

U11. How many weeks have you been employed part-time since leaving _____?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

U12. Since leaving _____ have you received help in getting a job, education or
(DATOS TX PROGRAM)
vocational training?

01 YES

02 NO → **SKIP TO SECTION V**

U13. How long after leaving _____ did you first get help finding a job or
(DATOS TX PROGRAM)
training?

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

U14. What kind of help did you receive **[CIRCLE ALL THAT APPLY]**

- 51 GUIDANCE COUNSELING
- 52 HELP WITH BASIC EDUCATION (ENGLISH, READING, MATH)
- 53 REFERRAL TO EDUCATIONAL PROGRAM
- 59 GENERAL EDUCATIONAL (SPECIFY: _____)

- 61 VOCATIONAL ASSESSMENT
- 62 VOCATIONAL COUNSELING
- 63 HELP IN JOB PLACEMENT OR LOOKING FOR WORK
- 64 REFERRAL TO JPTA, DVR OR OTHER PROGRAMS
- 69 GENERAL EMPLOYMENT (SPECIFY: _____)

U15. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY
- 07 WELFARE OR PUBLIC ASSISTANCE OFFICE

U16. Where did you get these services or who did you talk to about jobs, training or education?

- 51 REGULAR PUBLIC SCHOOL
- 52 TECHNICAL OR VOCATIONAL SCHOOL
- 53 ADULT EDUCATION OR CONTINUING EDUCATION
- 54 PRIVATE PROGRAMS
- 59 OTHER SCHOOL (SPECIFY: _____)
- 61 STATE EMPLOYMENT OFFICE
- 62 JPTA PROGRAM
- 63 DEPARTMENT OF VOCATIONAL REHABILITATION (DVR) PROGRAM
- 69 OTHER EMPLOYMENT (SPECIFY: _____)

U17. Since leaving _____ did you get any other help for jobs, training or
(DATOS TX PROGRAM)
education?

01 YES

02 NO → **SKIP TO SECTION G**

U18. About how many different times have you received help since that first time?

TIMES

U19. How many weeks ago did you **last** receive help for a job, training or educational problem? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

U20. What kind of help did you receive? **[CIRCLE ALL THAT APPLY]**

- 51 GUIDANCE COUNSELING
- 52 HELP WITH BASIC EDUCATION (ENGLISH, READING, MATH)
- 53 REFERRAL TO EDUCATIONAL PROGRAM
- 59 GENERAL EDUCATIONAL (SPECIFY: _____)

- 61 VOCATIONAL ASSESSMENT
- 62 VOCATIONAL COUNSELING
- 63 HELP IN JOB PLACEMENT OR LOOKING FOR WORK
- 64 REFERRAL TO JPTA, DVR OR OTHER PROGRAMS
- 69 GENERAL EMPLOYMENT (SPECIFY: _____)

U21. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY
- 07 WELFARE OR PUBLIC ASSISTANCE OFFICE

U22. Where did you get these services or who did you talk to about jobs, training or education?

- 51 REGULAR PUBLIC SCHOOL
- 52 TECHNICAL OR VOCATIONAL SCHOOL
- 53 ADULT EDUCATION OR CONTINUING EDUCATION PROGRAMS
- 54 PRIVATE PROGRAMS
- 59 OTHER SCHOOL (SPECIFY: _____)
- 61 STATE EMPLOYMENT OFFICE
- 62 JPTA PROGRAM
- 63 DEPARTMENT OF VOCATIONAL REHABILITATION (DVR) PROGRAM
- 69 OTHER EMPLOYMENT (SPECIFY: _____)

SECTION V.
SERVICES FOR BASIC NEEDS

V1. Since leaving _____ have you received help with basic needs such as food,
(DATOS TX PROGRAM)
clothing, housing, money, etc.?

01 YES 02 NO → **SKIP TO SECTION W**

V2. How long after leaving _____ did you first get help?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

V3. What kind of help did you receive? **[CIRCLE ALL MENTIONS]**

- 71 FOOD STAMPS
- 72 HOUSING ASSISTANCE
- 73 CREDIT FOR FINANCIAL COUNSELING
- 74 REFERRAL TO SOCIAL SERVICES (WELFARE)
- 76 TRANSPORTATION
- 79 GENERAL FINANCIAL (SPECIFY: _____)

V4. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY
- 07 WELFARE OR PUBLIC ASSISTANCE OFFICE

V5. Where did you get these services or who did you talk to about these problems?

- 71 WELFARE OR PUBLIC ASSISTANCE OFFICE
- 72 SOCIAL SECURITY OFFICE
- 73 UNEMPLOYMENT OFFICE
- 74 EMPLOYER/UNION
- 75 CHARITABLE AGENCY (SALVATION ARMY, ETC.)
- 76 HOMELESS SHELTER
- 79 OTHER FINANCIAL (SPECIFY: _____)

V6. After that first time did you get any other help for food, housing or financial problems?

- 01 YES 02 NO → **SKIP TO V12**

V7. About how many times have you received help?

TIMES

V8. How many weeks ago did you last get help for food, housing or financial problems? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

V9. What kind of help did you receive? **[CIRCLE ALL MENTIONS]**

- 71 FOOD STAMPS
- 72 HOUSING ASSISTANCE
- 73 CREDIT FOR FINANCIAL COUNSELING
- 74 REFERRAL TO SOCIAL SERVICES (WELFARE)
- 76 TRANSPORTATION
- 79 GENERAL FINANCIAL (SPECIFY: _____)

V10. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY
- 07 WELFARE OR PUBLIC ASSISTANCE OFFICE

V11. Where did you get these services or who did you talk to about these problems?

- 71 WELFARE OR PUBLIC ASSISTANCE OFFICE
- 72 SOCIAL SECURITY OFFICE
- 73 UNEMPLOYMENT OFFICE
- 74 EMPLOYER/UNION
- 75 CHARITABLE AGENCY (SALVATION ARMY, ETC.)
- 76 HOMELESS SHELTER
- 79 OTHER FINANCIAL (SPECIFY: _____)

V12. In total about how many weeks did you get help for food, housing, clothing or money since you left?

(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

SECTION W.
FAMILY SERVICES

W1. Since leaving _____ have you received help with family or childcare problems?
(DATOS TX PROGRAM)

- 01 YES 02 NO → **END OF INTERVIEW**

W2. How long after leaving _____ did you first get help?
(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

W3. What kind of help did you receive? **[CIRCLE ALL MENTIONS]**

- 31 INDIVIDUAL FAMILY COUNSELING
- 32 GROUP FAMILY COUNSELING
- 33 CHILDCARE
- 34 SEX EDUCATION OR SEXUALITY COUNSELING
- 35 REFERRAL TO SERVICE AGENCY
- 36 REFERRAL TO CHILD PROTECTIVE SERVICES
- 39 GENERAL FAMILY (SPECIFY: _____)

W4. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY
- 07 WELFARE OR PUBLIC ASSISTANCE OFFICE

W5. Where did you get these services or who did you talk to about these problems?

- 31 PRIVATE MARITAL OR FAMILY COUNSELOR
- 32 SOCIAL WORKER OR FAMILY SERVICES PROGRAM
- 33 MENTAL HEALTH CENTER
- 34 CHURCH
- 35 CHILD PROTECTIVE SERVICES
- 39 OTHER FAMILY (SPECIFY: _____)

W6. After that first time did you get any other help for family or childcare problems?

- 01 YES
- 02 NO → **SKIP TO W12**

W7. About how many times have you received help?

TIMES

W8. How many weeks ago did you last get help for family or childcare problems? **[IF LESS THAN 7 DAYS, ENTER 0]**

WEEKS

W9. What kind of help did you receive? **[CIRCLE ALL MENTIONS]**

- 31 INDIVIDUAL FAMILY COUNSELING
- 32 GROUP FAMILY COUNSELING
- 33 CHILD CARE
- 34 SEX EDUCATION OR SEXUALITY COUNSELING
- 35 REFERRAL TO SERVICE AGENCY
- 36 REFERRAL TO CHILD PROTECTIVE SERVICES
- 39 GENERAL FAMILY (SPECIFY _____)

W10. Was getting this help or service your own idea or did a program, a friend, a relative or someone else suggest it?

- 00 SELF
- 01 DRUG OR ALCOHOL PROGRAM
- 02 CRIMINAL JUSTICE SYSTEM (ATTORNEY, JUDGE, PROBATION OR PAROLE OFFICER)
- 03 DOCTOR, HOSPITAL OR CLINIC
- 04 PRIVATE THERAPIST OR MENTAL HEALTH CENTER
- 05 COMMUNITY OR SOCIAL SERVICES AGENCY
- 06 EMPLOYMENT, SCHOOL OR TRAINING AGENCY
- 07 WELFARE OR PUBLIC ASSISTANCE OFFICE

W11. Where did you get these services or who did you talk to about these problems?

- 31 PRIVATE MARITAL OR FAMILY COUNSELOR
- 32 SOCIAL WORKER OR FAMILY SERVICES PROGRAM
- 33 MENTAL HEALTH CENTER
- 34 CHURCH
- 35 CHILD PROTECTIVE SERVICES
- 39 OTHER FAMILY (SPECIFY: _____)

W12. In total about how many weeks did you get help for family or childcare problems since you left _____?

(DATOS TX PROGRAM)

[IF LESS THAN 7 DAYS, ENTER 0]

WEEKS

END

- THANK RESPONDENT FOR COOPERATION
- PROCEED WITH SECURING SPECIMENS, SECURING FOLLOW-UP CONTACT DATA AND PAYMENT OF INCENTIVE

SECTION X.

INTERVIEWER OBSERVATIONS

[COMPLETE THIS SECTION AFTER THE INTERVIEW IS FINISHED.]

X1. DID THE RESPONDENT ANSWER ALL APPLICABLE QUESTIONS?

01 YES 02 NO

X2. DID THE RESPONDENT UNDERSTAND ALL OF THE QUESTIONS THAT WERE ASKED?

01 YES → **GO TO X4** 02 NO

X2a.	HOW MANY QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?
	<input type="text"/> QUESTIONS
X2b.	WHICH QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?
	Q. _____ Q. _____
	Q. _____ THROUGH Q. _____
	Q. _____ THROUGH Q. _____

X3. 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

X4. WAS THE INTERVIEW A BREAK-OFF?

- 01 YES 02 NO → **GO TO X5**

X4a.	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) _____
X4b.	WHAT WAS THE LAST QUESTION ANSWERED BY THE RESPONDENT?
	Q. _____

X5. 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

X6. WAS THE INTERVIEW GIVEN IN MORE THAN 1 SESSION?

- 01 YES
- 02 NO → **GO TO X7**

X6a. HOW LONG HAD THE INTERVIEW GONE ON BEFORE IT WAS INTERRUPTED

--	--	--	--

HOURS MINUTES

X6b. AFTER WHAT QUESTION DID THE INTERRUPTION OCCUR?

Q. _____

X7. PLEASE DESCRIBE THE RESPONDENT AND INTERVIEW:
