

**Alcohol and Drug Services Study
(ADSS), 1996-1999: [United States]**

*United States Department of Health and
Human Services. Substance Abuse and
Mental Health Services Administration.
Office of Applied Studies*

Questionnaire for Phase III Main Study
Follow-Up

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ALCOHOL AND DRUG SERVICES STUDY

PHASE III

CLIENT FOLLOWUP QUESTIONNAIRE

ROUND 1

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LANGUAGE VERSION: 01

Client ID:

Interviewer:

Date:

Time Began: : am..... 1
pm..... 2

Time Ended: : am..... 1
pm..... 2

Outcome:

Client Type: Discharged 1
In treatment 2

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public burden for this collection of information is estimated to average 1-1/2 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

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NOTE

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INTERVIEWER INTRODUCTORY SCRIPT

Hello, my name is (NAME), an interviewer with Westat, Inc. Brandeis University and Westat are conducting a survey for the U.S. Public Health Service, which is in the U.S. Department of Health and Human Services. Are you (RESPONDENT'S FULL NAME)?

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

I am contacting you in relation to the Alcohol and Drug Services Study, a survey we are conducting for the Substance Abuse and Mental Health Services Administration, an agency of the U.S. Public Health Service. The Alcohol and Drug Services Study is designed to collect information that will answer questions about the outcomes of treatment, in an effort to help people who enter treatment in the future.

HOW WE SELECTED YOU -- Under U.S. Public Health Service guidelines, Westat selected about 300 treatment facilities in the U.S. to gather information on treatment services. Within those treatment programs, the researchers randomly selected about 6,000 treatment clients to include in this study on treatment services. Your treatment in (ADMISSION MONTH/YEAR) at (FACILITY NAME) was selected in that process.

We want to assure you that there are important protections for your confidentiality and privacy. Information that identifies individuals in treatment is never known beyond employees actively engaged in the research. Only a study ID number is linked to information given by a study participant. As a Westat employee, I also have signed Westat's pledge of confidentiality that I will never disclose any respondent's identity or information they give in response to survey questions.

Here is a Consent Form that explains the study in more detail. (SHOW CONSENT FORM A TO RESPONDENT AND READ IT ALOUD AS THE RESPONDENT READS IT.) I would be happy to answer any questions you might have.

- ANSWER ANY FURTHER QUESTIONS.
- OBTAIN RESPONDENT'S SIGNATURE ON CONSENT FORM A.
- RETRIEVE THE OFFICE AND INTERVIEWER COPIES.
- LEAVE COPY WITH RESPONDENT.

If the facility required special consent forms:

- AS APPROPRIATE, ALSO READ ANY FURTHER MATERIAL REQUIRED BY FACILITY PROTOCOLS.
- OBTAIN RESPONDENT'S SIGNATURE ON FACILITY'S CONSENT FORM.
- LEAVE COPY OF FACILITY CONSENT FORM WITH RESPONDENT.

PRE-INTERVIEW TIMELINE REVIEW

Before I start the interview, I would like to explain to you that we will be talking about your life in very specific periods or blocks of time. We are using a timeline to help you focus on the specific time periods. First, I want to review some information that we have from our records.

- SHOW TIMELINE AND POINT TO SEGMENT 2 START DATE.

My records show that you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE).

- IF THERE IS A DISCHARGE DATE ON THE RIS, POINT OUT SEGMENT 2 END DATE AND READ: For this treatment, my records show that you ended treatment at (FACILITY NAME) on (SEGMENT 2 END DATE).

IF THERE IS NO DISCHARGE DATE ON THE RIS, READ: My records show that you were still in treatment as of (SAMPLE DATE). Have you left treatment at (FACILITY NAME) since that date?

IF YES, RECORD DISCHARGE DATE ON RIS AND ON TIMELINE AS SEGMENT 2 END DATE. CIRCLE CLIENT TYPE "1" ON FRONT COVER.

IF NO, CIRCLE CLIENT TYPE "2" ON FRONT COVER. RECORD TODAY'S DATE AS SEGMENT 2 END DATE.

- Some of the questions I will be asking you focus on this time period while you were in treatment at (FACILITY NAME). I have outlined this time period in yellow.

In addition, I will be asking you questions about two other time periods.

- POINT TO SEGMENT 1 ON TIMELINE.

One of these time periods is the period before you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE). Some questions concern only the 12-month period just before you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE). I have outlined this time period in pink.

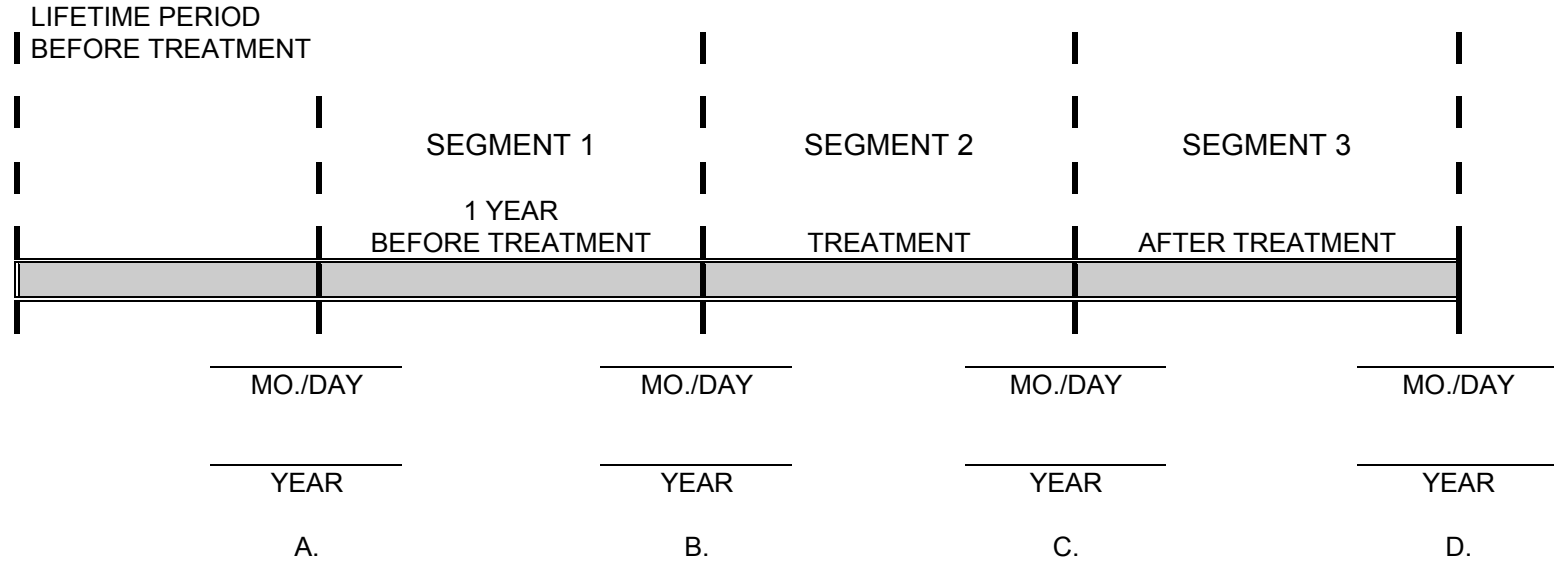
- IF CLIENT TYPE = 1 (DISCHARGED), POINT TO SEGMENT 3 AND READ:

The last time period I will be asking you about is the time since you ended treatment at (FACILITY NAME), that would be from (SEGMENT 2 END DATE) through today, which has been outlined in blue. (RECORD TODAY'S DATE AS SEGMENT 3 END DATE.)

Before we talk about these time periods, I want to ask you some background questions.

CLIENT ID: _____

ADSS PHASE III - CLIENT TIMELINE



INTERVIEWER INSTRUCTIONS:

REVIEW RIS AND RECORD SEGMENT START AND END DATES ON TIMELINE.

SEGMENT ONE: A. START DATE = 12 MONTHS PRIOR TO ADMISSION DATE
(PINK) B. END DATE = ADMISSION DATE

SEGMENT TWO: B. START DATE = ADMISSION DATE
(YELLOW) C. END DATE = DISCHARGE DATE (OR TODAY'S DATE FOR ITMC)

SEGMENT THREE: C. START DATE = DISCHARGE DATE
(BLUE) D. END DATE = TODAY'S DATE

SECTION A. BACKGROUND

A1. CODE WITHOUT ASKING. VERIFY, IF NEEDED, BY ASKING: I do need to ask -- are you male or female?

MALE 1
 FEMALE..... 2

A2. What is your date of birth?

MO		DAY		YR					

A3. Were you born in the United States, not including Puerto Rico? IF R BORN ON A U.S. MILITARY BASE/LOCATION, CODE "1."

YES 1
 NO..... 2

A4. Are you of Hispanic or Latino background?

YES 1
 NO..... 2

A5. What best describes you? Are you . . .

White, 1
 Black or African American, 2
 Asian, 3
 Native Hawaiian or Other Pacific
 Islander, 4
 American Indian, or 5
 Alaska Native? 6
 OTHER (SPECIFY) _____ 96

A6. What language do you prefer to speak most of the time?

ENGLISH ONLY 1
 SPANISH ONLY 2
 OTHER LANGUAGE(S) ONLY
 (EXCLUDING ENGLISH AND
 SPANISH) 3
 BOTH ENGLISH AND SPANISH 4
 BOTH SPANISH AND OTHER
 LANGUAGE(S) (EXCLUDING
 ENGLISH) 5
 BOTH ENGLISH AND OTHER
 LANGUAGE(S) 6

A7. Are you now in school, or receiving any job or skills training? This includes vocational or technical schools, colleges, or working on your high school diploma.

YES..... 1
NO..... 2

A8. Do you have a high school diploma or a GED?

YES, DIPLOMA..... 1
YES, GED 2
NO..... 3
NEVER ATTENDED SCHOOL 4 (A11)

A9. What is the highest grade or year of school completed?

1ST GRADE..... 01
2ND GRADE 02
3RD GRADE 03
4TH GRADE 04
5TH GRADE 05
6TH GRADE 06
7TH GRADE 07
8TH GRADE 08
9TH GRADE 09
10TH GRADE 10
11TH GRADE 11
12TH GRADE 12
1 YEAR COLLEGE/TECHNICAL
SCHOOL..... 13
2-YEARS COLLEGE/TECHNICAL
SCHOOL..... 14
3-YEARS COLLEGE/TECHNICAL
SCHOOL..... 15
4-YEARS COLLEGE/TECHNICAL
SCHOOL..... 16
GRADUATE/PROFESSIONAL
SCHOOL..... 17

A10. Have you ever been expelled or suspended from school for more than a day?

YES..... 1
NO..... 2

A11. Have you ever belonged to a street gang?

YES..... 1
NO..... 2

A12. Have you ever been legally married? (RECORD RESPONSE HERE AND ON INSIDE BACK COVER.)

YES..... 1
NO..... 2 (A13)

A12a. How many times have you been married?

 |_|_|
OF TIMES

A13. Have you ever lived with someone as married but not legally married? (RECORD RESPONSE HERE AND ON INSIDE BACK COVER.)

YES..... 1
NO..... 2

A14. (Before you were 18 years old, did/Have) the courts or a social service agency ever (arrange/arranged) a place for you to live?

YES..... 1
NO..... 2

A15. (Before you were 18 years old, did/Have) you ever run away from home or the place you usually (lived/live)?

YES..... 1
NO..... 2

A16. (At any time before you were 18 years old, were you ever/Have you ever been) asked to leave home by a parent or guardian?

YES..... 1
NO..... 2

A17. Altogether, how many biological or natural children have you ever had?

 |_|_|
OF CHILDREN

A18. Did you ever lose custody of any of your biological or natural children under age 18, or of any other children you were raising? By custody, I mean being legally in charge of a child.

YES..... 1
NO..... 2

SECTION B. SEGMENT 1 (BEFORE START OF TREATMENT EPISODE)

Now I will be asking you questions about specific time periods. The first series of questions deal with any time in your life up to (SEGMENT 2 START DATE). Some questions ask about the 12 months just before you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE). (POINT TO SEGMENT 1 ON TIMELINE.)

B1. I would like to ask you about your past use of street drugs and your use of prescribed medicines and over-the-counter drugs to get high or for other nonmedical effects. At any time before (SEGMENT 2 START DATE), did you use . . .		B2. About how old were you the <u>first</u> time you tried (DRUG)?	B3. Did you use (DRUG) in the <u>12-month period</u> before you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE)?	B4. During this <u>12-month period</u> , in the month you used (DRUG) the most, about how often were you using it?					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD A</div>				<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD B</div>					
				LESS THAN ONCE A MONTH	1-3 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-6 TIMES A WEEK, DAILY OR ALMOST EVERY DAY	2 OR MORE TIMES A DAY
a. Inhalants?	YES..... 1 NO 2 (B1b)	_____ AGE	YES..... 1 NO..... 2 (B1b)	1	2	3	4	5	6
b. Marijuana or hashish?	YES..... 1 NO 2 (B1c)	_____ AGE	YES..... 1 NO..... 2 (B1c)	1	2	3	4	5	6
c. Crack?	YES..... 1 NO 2 (B1d)	_____ AGE	YES..... 1 NO..... 2 (B1d)	1	2	3	4	5	6
d. Cocaine other than crack?	YES..... 1 NO 2 (B1e)	_____ AGE	YES..... 1 NO..... 2 (B1e)	1	2	3	4	5	6
e. Hallucinogens or psychedelics?	YES..... 1 NO 2 (B1f)	_____ AGE	YES..... 1 NO..... 2 (B1f)	1	2	3	4	5	6
f. Heroin?	YES..... 1 NO 2 (B1g)	_____ AGE	YES..... 1 NO..... 2 (B1g)	1	2	3	4	5	6
g. Illegal methadone?	YES..... 1 NO 2 (B1h)	_____ AGE	YES..... 1 NO..... 2 (B1h)	1	2	3	4	5	6

B-1

B1. I would like to ask you about your past use of street drugs and your use of prescribed medicines and over-the-counter drugs to get high or for other nonmedical effects. At any time before (SEGMENT 2 START DATE), did you use . . .		B2. About how old were you the <u>first</u> time you tried (DRUG)?	B3. Did you use (DRUG) in the <u>12-month period</u> before you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE)?	B4. During this <u>12-month period</u> , in the month you used (DRUG) the most, about how often were you using it?					
SHOW CARD A				SHOW CARD B					
				LESS THAN ONCE A MONTH	1-3 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-6 TIMES A WEEK, DAILY OR ALMOST EVERY DAY	2 OR MORE TIMES A DAY
h. Other opiates?	YES..... 1 NO 2 (B1i)	_____ AGE	YES..... 1 NO..... 2 (B1i)	1	2	3	4	5	6
i. Amphetamines or stimulants?	YES..... 1 NO 2 (B1j)	_____ AGE	YES..... 1 NO..... 2 (B1j)	1	2	3	4	5	6
j. Sedatives?	YES..... 1 NO 2 (B1k)	_____ AGE	YES..... 1 NO..... 2 (B1k)	1	2	3	4	5	6
k. Tranquilizers?	YES..... 1 NO 2 (B1l)	_____ AGE	YES..... 1 NO..... 2 (B1l)	1	2	3	4	5	6
l. Over-the-counter drugs?	YES..... 1 NO 2 (B1m)	_____ AGE	YES..... 1 NO..... 2 (B1m)	1	2	3	4	5	6
m. Any other drug besides alcohol? (SPECIFY) _____	YES..... 1 NO 2 (B5)	_____ AGE	YES..... 1 NO..... 2 (B5)	1	2	3	4	5	6

B5. Before you entered treatment, had you ever, even one time, used a needle to inject drugs to get high or for other non-medical effects?

- YES 1
- NO 2 (B9)

B6. During the 12-month period before you entered treatment, how often did you use a needle to inject drugs to get high or for other non-medical effects?

- Never 1
- Less than once a month 2
- 1-3 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- Daily or almost every day 6

B7. Before you entered treatment, had you ever, even one time, used a needle for injecting drugs when you knew or suspected that the needle had been used by someone else?

- YES 1
- NO 2 (B9)

B8. During the 12-month period before you entered treatment, how often did you, even one time, use a needle to inject drugs that you knew or suspected had been used by someone else?

- Never 1
- Less than once a month 2
- 1-3 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- Daily or almost every day 6

Now I would like to ask about your use of alcoholic beverages. By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks.

B9. Have you ever had a drink of alcohol? By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.

YES 1
 NO 2 (B14)

B9a. About how old were you when you had your first drink?

 YEARS OLD

B10. During the 12-month period before you entered treatment, did you ever have a drink of alcohol? By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mixed drink.

YES 1
 NO 2 (B14)

B11. During this 12-month period, think about the month you were drinking the most. How many days did you drink during that month?

ONE DAY 1
 2-5 DAYS..... 2
 6-10 DAYS..... 3
 11-20 DAYS..... 4
 21 DAYS OR MORE..... 5

	(A) Beer or Malt Liquor (12 oz. bottles or cans)	(B) Wine (4 oz. glasses) or Wine Coolers (bottles)	(C) Hard Liquor (1 oz. shots)
B12. Still thinking about the month you were drinking the most, on a typical drinking day, did you drink any (TYPE)?	YES... 1 (B13A) NO 2 (B12B)	YES ...1 (B13B) NO2 (B12C)	YES... 1 (B13C) NO.....2 (B14)
B13. On a typical drinking day, about how many drinks did you usually have?	_____ DRINKS (B12B)	_____ DRINKS (B12C)	_____ DRINKS (B14)

B14. During this 12-month period, which one of the following drugs, including alcohol, caused you the most serious problems? By problems I mean problems with family, friends, or the law; problems feeling dependent on the drug; or health or emotional problems. Was it . . . (CIRCLE ONLY ONE RESPONSE.)

SHOW CARD C

- A. Inhalants, 01
- B. Marijuana or hashish, 02
- C. Crack, 03
- D. Cocaine, other than crack..... 04
- E. Hallucinogens or psychedelics, 05
- F. Heroin, 06
- G. Illegal methadone, 07
- H. Other opiates 08
- I. Amphetamines or stimulants, 09
- J. Sedatives, 10
- K. Tranquilizers, 11
- L. Over-the-counter drugs, 12
- M. Alcohol, or..... 13
- N. Some other drug?..... 96
(SPECIFY) _____

B15. During this 12-month period, which one other drug, including alcohol, caused you problems? (CIRCLE ONLY ONE RESPONSE.)

SHOW CARD C

- 0. NO OTHER DRUG 00
- A. INHALANTS,..... 01
- B. MARIJUANA OR HASHISH, 02
- C. CRACK, 03
- D. COCAINE, OTHER THAN
CRACK 04
- E. HALLUCINOGENS OR
PSYCHEDELICS,..... 05
- F. HEROIN, 06
- G. ILLEGAL METHADONE, 07
- H. OTHER OPIATES..... 08
- I. AMPHETAMINES OR
STIMULANTS, 09
- J. SEDATIVES,..... 10
- K. TRANQUILIZERS, 11
- L. OVER-THE-COUNTER DRUGS, 12
- M. ALCOHOL, OR 13
- N. SOME OTHER DRUG?..... 96
(SPECIFY) _____

B16. Before you entered treatment, had you ever stayed overnight in a hospital because of a drug overdose or because you drank too much alcohol?

YES 1
NO 2 (B18)

B17. During the 12-month period before you entered treatment, how many nights did you stay overnight in a hospital because of a drug overdose or because you drank too much?

OF NIGHTS

B18. Before you entered treatment, had you ever gone to a hospital emergency room because of a drug overdose or because you drank too much alcohol, but did not stay overnight?

YES 1
NO 2 (B20)

B19. During the 12-month period before you entered treatment, how many times did you go to a hospital emergency room because of a drug overdose or because you drank too much, but did not stay overnight?

OF TIMES

Now I would like to ask you some questions about your family and living arrangements before you entered treatment on (SEGMENT 2 START DATE).

LOOK AT INSIDE BACK COVER: IF BOTH A12 AND A13 ARE ANSWERED "NO," GO TO B21.

B20. When you entered treatment on (SEGMENT 2 START DATE), were you married, living with someone as if you were married, separated, divorced, widowed, or never married?

MARRIED 1
LIVING WITH SOMEONE
AS MARRIED 2
SEPARATED 3
DIVORCED 4
WIDOWED 5
NEVER MARRIED 6

B21. When you entered treatment on (SEGMENT 2 START DATE), how many children under 18 years old were you raising and living with, including biological or natural children, stepchildren, adopted children, and foster children?

OF CHILDREN

B22. During the 12-month period before you entered treatment, from (SEGMENT 1 START DATE) to (SEGMENT 1 END DATE), did you lose custody of any children you were raising? By custody, I mean being legally in charge of a child.

YES 1
 NO 2

B23. During the 12-month period before you entered treatment, from (SEGMENT 1 START DATE) to (SEGMENT 1 END DATE), did you get custody of (your child/any of your children)?

YES 1
 NO 2

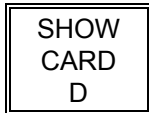
B24. During this 12-month period, did you ever, for at least two nights in a row, have no place to stay except for a homeless shelter, on the street, or in a car?

YES 1
 NO 2 (B26)

B25. How long were you without a place to stay during this 12-month period?

LESS THAN 1 MONTH 1
 1-6 MONTHS 2
 7-11 MONTHS 3
 ENTIRE 12 MONTHS 4

B26. What type of residence or other place did you live in just before you entered treatment? Was it . . .



- a. A single family house, duplex or townhouse, 01
 - b. An apartment, condominium, or other multi-family dwelling, 02
 - c. A mobile home or trailer, 03
 - d. A hotel, motel, rooming house, or boarding house, 04
 - e. A hospital or medical institution, 05
 - f. Jail or prison, 06
 - g. A residential drug or alcohol treatment program, 07
 - h. A homeless shelter, 08
 - i. A halfway house, 09
 - j. On the street, or 10
 - k. Another place? (SPECIFY) 96
-

B27. When you entered treatment on (SEGMENT 2 START DATE), who were you living with . . .

	<u>YES</u>	<u>NO</u>
a. Your spouse or partner?.....	1	2
b. Your parent or parents?	1	2
c. Other adult family members?	1	2
d. Other unrelated adults?.....	1	2
e. Children you were raising?.....	1	2
f. Other children? or.....	1	2
g. By yourself?.....	1	2

B28. The next questions are about your employment. Before you entered treatment, had you ever had a full-time job, that is a job in which you usually worked 35 or more hours a week? Do not include any job that involved illegal activity.

YES	1
NO	2 (B34)

B29. Before you entered treatment, what was the longest time you had any one job where you worked 35 hours a week or more? Was it . . .

Less than one year,	1
1 to 2 years,.....	2
More than 2 years but less than 5 years, or.....	3
Five years or more?.....	4

B30. During the 12-month period before you entered treatment, were you employed full-time at any time, that is, did you work 35 hours or more a week at any job? Do not count any job that involved illegal activity.

YES	1
NO	2 (B34)

B31. During this 12-month period, how many months did you work full-time?

|_|_|
OF MONTHS

B32. What kind of work did you do at your longest full-time job during this 12-month period? That is, what was your job title or what was your job called? RECORD VERBATIM AND CIRCLE CODE.

CLERICAL WORKER (e.g., BANK TELLER, RECEPTIONIST, WORD PROCESSOR, OFFICE WORKER)	01
SALES WORKER (e.g., SALESCLERK, CASHIER, GAS STATION ATTENDANT, TELEPHONE OR DOOR-TO-DOOR SALES).....	02
SERVICE WORKER (e.g., JANITOR, COOK, WAITRESS/ WAITER, NURSING AIDE, POLICE OFFICER)	03
PRIVATE HH WORKER (e.g., MAID, HOUSEKEEPER, CHILDCARE WORKER, PRIVATE HH COOK, GARDENER) ...	04
SKILLED WORKER OR CRAFTSMEN (e.g., CARPENTER, ELECTRICIAN, MACHINIST, MECHANIC)	05
LABORER (e.g., CONSTRUCTION WORKER, MAINTENANCE WORKER)	06
OPERATOR OR MACHINE OPERATOR (e.g., ASSEMBLER, MACHINE OR TEXTILE OPERATOR)	07
TRANSPORTATION EQUIPMENT OPERATOR (e.g., CAB, TRUCK, OR BUS DRIVER, CONDUCTOR, FORK LIFT OPERATOR)	08
FARM LABORER (e.g., FARM WORKER, PICKER, SEASONAL FARM WORKER).....	09
FARMER OR FARM MANAGER.....	10
MANAGER/ADMINISTRATOR (e.g., OFFICE MANAGER, INSPECTORS, BANK OR STORE ADMINISTRATOR)	11
LAY COUNSELOR; (e.g., DRUG COUNSELOR WITHOUT PROFESSIONAL DEGREE, "PEER" COUNSELOR).....	12
PROFESSIONAL/TECHNICAL (e.g., NURSE, CLINICAL SOCIAL WORKER, TEACHER, ARTIST, LAWYER, COMPUTER RELATED JOBS).....	13
OTHER, UNABLE TO CODE	96

B33. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job? RECORD DOLLARS AND CENTS AND CODE.

\$|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

B33a. CODE:

PER HOUR.....	1
EVERY WEEK.....	2
EVERY TWO WEEKS.....	3
PER MONTH.....	4
PER YEAR	5
OTHER (SPECIFY).....	6

B34. Before you entered treatment, did you ever have a part-time job, that is a job in which you usually worked less than 35 hours per week? Do not include any job that involved illegal activity.

- YES 1
- NO 2 (B39)

B34a. Before you entered treatment, what was the longest time you had any one part-time job? Was it . . .

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

B35. At any time during the 12-month period before you entered treatment, did you have a part-time job?

- YES 1
- NO 2 (B39)

B36. During this 12-month period, how many months did you work part-time?

OF MONTHS

B37. What kind of job did you do at your longest part-time job during this 12-month period? That is, what was your job title or what was your job called? RECORD VERBATIM AND CIRCLE CODE.

- CLERICAL WORKER (e.g., BANK TELLER, RECEPTIONIST,
WORD PROCESSOR, OFFICE WORKER) 01
- SALES WORKER (e.g., SALESCLERK, CASHIER, GAS
STATION ATTENDANT, TELEPHONE OR DOOR-TO-DOOR
SALES)..... 02
- SERVICE WORKER (e.g., JANITOR, COOK, WAITRESS/
WAITER, NURSING AIDE, POLICE OFFICER) 03
- PRIVATE HH WORKER (e.g., MAID, HOUSEKEEPER,
CHILDCARE WORKER, PRIVATE HH COOK, GARDENER) ... 04
- SKILLED WORKER OR CRAFTSMEN (e.g., CARPENTER,
ELECTRICIAN, MACHINIST, MECHANIC) 05
- LABORER (e.g., CONSTRUCTION WORKER, MAINTENANCE
WORKER) 06
- OPERATOR OR MACHINE OPERATOR (e.g., ASSEMBLER,
MACHINE OR TEXTILE OPERATOR) 07
- TRANSPORTATION EQUIPMENT OPERATOR (e.g., CAB,
TRUCK, OR BUS DRIVER, CONDUCTOR, FORK LIFT
OPERATOR) 08
- FARM LABORER (e.g., FARM WORKER, PICKER,
SEASONAL FARM WORKER)..... 09
- FARMER OR FARM MANAGER..... 10
- MANAGER/ADMINISTRATOR (e.g., OFFICE MANAGER,
INSPECTORS, BANK OR STORE ADMINISTRATOR) 11
- LAY COUNSELOR; (e.g., DRUG COUNSELOR WITHOUT
PROFESSIONAL DEGREE, "PEER" COUNSELOR)..... 12
- PROFESSIONAL/TECHNICAL (e.g., NURSE, CLINICAL
SOCIAL WORKER, TEACHER, ARTIST, LAWYER,
COMPUTER RELATED JOBS)..... 13
- OTHER, UNABLE TO CODE 96

B38. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest during this 12-month period? RECORD DOLLARS AND CENTS AND CODE.

\$|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

B38a. CODE:

- PER HOUR..... 1
- EVERY WEEK..... 2
- EVERY TWO WEEKS 3
- PER MONTH 4
- PER YEAR 5
- OTHER (SPECIFY)_____ 6

B39. Before you entered treatment, were you ever unemployed and looking for work, not counting the time you were in school full-time or in jail?

- YES 1
- NO 2 (B41)

B40. What was the longest time that you were unemployed and looking for work, not counting the time you were in school full-time or in jail? Was it . . .

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

B41. Before you entered treatment, did you ever lose a job because of your drug or alcohol use?

- YES 1
- NO 2

B42. During the 12-month period before you entered treatment, did you receive income or assistance from the following sources? Did you receive . . .

	<u>YES</u>	<u>NO</u>
a. Social Security or Railroad Retirement payments? (Social Security checks are either automatically deposited in the bank or mailed to arrive on or about the 3rd of every month. If mailed, they are sent in a gold envelope.)....	1	2
b. Supplemental Security Income or SSI payments? (Federal SSI checks are either automatically deposited in the bank or mailed to arrive on or about the first of every month. If mailed, they are sent in a blue envelope.).....	1	2
c. Government payments, such as temporary assistance for needy families or public assistance because of low income? This would include Aid to Families with Dependent Children, sometimes called AFDC or ADC.	1	2
d. Food stamps?	1	2
e. Any other kind of welfare assistance such as help getting a job, placement in education or job training programs, or help with transportation, child support, or housing?	1	2
f. Interest earned on savings or other bank accounts, CDs, or bonds -- or dividend income from stocks or mutual funds -- or income earned from rental property, royalties, estates, or trusts?	1	2
g. Alimony or child support?	1	2
h. Income from wages or pay earned while working at a job or business?	1	2
i. Unemployment compensation?	1	2
j. Income from retirement or survivor pension (other than Social Security or Railroad Retirement)?	1	2
k. Income from Department of Veteran's Affairs, workers compensation, Social Security Disability Insurance (SSDI), or other disability payments?	1	2
l. Income from any other sources that I have not mentioned? (SPECIFY) _____	1	2

IF B42b, B42c, B42d, OR B42e WAS ANSWERED "YES", ASK B43.
OTHERWISE, GO TO B44.

B43. During this 12-month period, for how many months did you receive any type of welfare assistance?

OF MONTHS

The next two questions are about your total personal income from all sources during the 12 months before you entered treatment. Include money from your jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, and any other money income you received.

B44. Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of health care or treatment services or have conditions more or less often than those in another group. Was your total personal income during the 12-month period before you entered treatment more or less than \$20,000?

- Less than \$20,000 1 (B44a)
- \$20,000 or more 2 (B44b)

B44a. Of these income groups, which letter best represents your total personal income during the 12 months before you entered treatment? Include wages, salaries, and other items we just talked about.

SHOW
CARD
E

- A. LESS THAN \$1,000 (INCLUDING LOSS)..... 01
- B. \$1,000-\$1,999..... 02
- C. \$2,000-\$2,999..... 03
- D. \$3,000-\$3,999..... 04
- E. \$4,000-\$4,999..... 05
- F. \$5,000-\$5,999..... 06
- G. \$6,000-\$6,999..... 07
- H. \$7,000-\$7,999..... 08
- I. \$8,000-\$8,999..... 09
- J. \$9,000-\$9,999..... 10
- K. \$10,000-\$10,999..... 11
- L. \$11,000-\$11,999..... 12
- M. \$12,000-\$12,999..... 13
- N. \$13,000-\$13,999..... 14
- O. \$14,000-\$14,999..... 15
- P. \$15,000-\$15,999..... 16
- Q. \$16,000-\$16,999..... 17
- R. \$17,000-\$17,999..... 18
- S. \$18,000-\$18,999..... 19
- T. \$19,000-\$19,999..... 20
- REFUSED 97
- DON'T KNOW 98

GO TO B45

B44b. Of these income groups, which letter best represents your total personal income during the 12 months before you entered treatment? Include wages, salaries, and other items we just talked about.

SHOW
CARD
F

- U. \$20,000-\$24,999..... 21
- V. \$25,000-\$29,999..... 22
- W. \$30,000-\$34,999..... 23
- X. \$35,000-\$39,999..... 24
- Y. \$40,000-\$44,999..... 25
- Z. \$45,000-\$49,999..... 26
- AA. \$50,000-\$74,999..... 27
- BB. \$75,000 OR MORE..... 28
- REFUSED 97
- DON'T KNOW 98

Now, I am going to ask about any substance abuse treatment or counseling that you received at any time before you entered treatment at (FACILITY NAME) on (SEGMENT 2 START DATE).

B45. Before (SEGMENT 2 START DATE) did you ever receive treatment or counseling for your use of alcohol or drugs? Do not include self-help groups such as Alcoholics Anonymous (AA), Cocaine Anonymous (CA), or Narcotics Anonymous (NA).

YES 1
NO 2 (B50)

EVER BEFORE SEGMENT 2		12-MONTH PERIOD	
B46. Before you entered treatment on (SEGMENT 2 START DATE), how many <u>separate</u> times had you entered each of the following types of treatment or counseling for drugs or alcohol . . .		B47. What was the total number of weeks you were in this type of treatment for drugs or alcohol before (SEGMENT 2 START DATE)? (ENTER "0001" FOR LESS THAN 1 WEEK.)	
a. Overnight in a hospital? _ _ _ IF 000, ASK B46b	a. _ _ _ # OF WEEKS	a. Overnight in a hospital? _ _ _ IF 000, ASK B46b	a. _ _ _ # OF WEEKS
b. Overnight in a non-hospital residential program? _ _ _ IF 000, ASK B46c	b. _ _ _ # OF WEEKS	b. Overnight in a non-hospital residential program? _ _ _ IF 000, ASK B46c	b. _ _ _ # OF WEEKS
c. Outpatient methadone? _ _ _ IF 000, ASK B46d	c. _ _ _ # OF WEEKS	c. Outpatient methadone? _ _ _ IF 000, ASK B46d	c. _ _ _ # OF WEEKS
d. Outpatient program other than a methadone program? _ _ _ IF 000, ASK B46e	d. _ _ _ # OF WEEKS	d. Outpatient program other than a methadone program? _ _ _ IF 000, ASK B46e	d. _ _ _ # OF WEEKS
e. In a physician's office? _ _ _ IF 000, ASK B46f	e. _ _ _ # OF WEEKS	e. In a physician's office? _ _ _ IF 000, ASK B46f	e. _ _ _ # OF WEEKS
f. Half-way house _ _ _ IF 000, ASK B46g	f. _ _ _ # OF WEEKS	f. Half-way house _ _ _ IF 000, ASK B46g	f. _ _ _ # OF WEEKS
g. DUI/DWI program? _ _ _ IF 000, ASK B46h	g. _ _ _ # OF WEEKS	g. DUI/DWI program? _ _ _ IF 000, ASK B46h	g. _ _ _ # OF WEEKS
h. In another setting? (SPECIFY) _ _ _ IF 000, GO TO B50	h. _ _ _ # OF WEEKS	h. In another setting? (SPECIFY) _ _ _ IF 000, GO TO B50	h. _ _ _ # OF WEEKS

B50. Before you entered treatment in (FACILITY NAME), did you attend any . . .

	<u>YES</u>	<u>NO</u>
a. Alcoholics Anonymous or AA meetings?.....	1	2
b. Cocaine Anonymous or CA meetings?.....	1	2
c. Narcotics Anonymous or NA meetings?.....	1	2
d. Other self-help group programs for drug or alcohol use?	1	2

IF B50a - d ALL "NO", GO TO B54

B51.		B52.		B53.		
During the 12-month period before you entered treatment, did you attend any of the following self-help group meetings . . .		Over how many months of this 12-month period did you attend (TYPE) meetings? Please include months in which you attended the meeting at least once.		During (that/those) month(s) would you say you attended (TYPE) meetings less than once a month or infrequently, about once a month, two to three times a month, once a week, one to two times a week, or daily or almost daily?		
		<table border="1"><tr><td>SHOW CARD G</td></tr></table>		SHOW CARD G		
SHOW CARD G						
a.	Alcoholics Anonymous or AA? YES... 1 NO.....2 (B51b)	_ _ # OF MONTHS		LESS THAN ONCE A MONTH OR INFREQUENTLY1	1	
				ONCE A MONTH.....2	2	
				TWO TO THREE TIMES A MONTH3	3	
				ONCE A WEEK4	4	
				ONE TO TWO TIMES A WEEK5	5	
				DAILY OR ALMOST DAILY6	6	
b.	Cocaine Anonymous or CA? YES... 1 NO.....2 (B51c)	_ _ # OF MONTHS		LESS THAN ONCE A MONTH OR INFREQUENTLY1	1	
				ONCE A MONTH.....2	2	
				TWO TO THREE TIMES A MONTH3	3	
				ONCE A WEEK4	4	
				ONE TO TWO TIMES A WEEK5	5	
				DAILY OR ALMOST DAILY6	6	
c.	Narcotics Anonymous or NA? YES... 1 NO.....2 (B51d)	_ _ # OF MONTHS		LESS THAN ONCE A MONTH OR INFREQUENTLY1	1	
				ONCE A MONTH.....2	2	
				TWO TO THREE TIMES A MONTH3	3	
				ONCE A WEEK4	4	
				ONE TO TWO TIMES A WEEK5	5	
				DAILY OR ALMOST DAILY6	6	
d.	Any other self-help group meetings for drug or alcohol use? YES... 1 NO.....2 (B54)	_ _ # OF MONTHS		LESS THAN ONCE A MONTH OR INFREQUENTLY1	1	
				ONCE A MONTH.....2	2	
				TWO TO THREE TIMES A MONTH3	3	
				ONCE A WEEK4	4	
				ONE TO TWO TIMES A WEEK5	5	
				DAILY OR ALMOST DAILY6	6	

The next group of questions are about your emotional and physical health before you entered treatment.

B54. At any time before you entered treatment, did you have at least 2 consecutive weeks when you felt very sad, blue, or depressed, and you lost interest or pleasure in things you usually cared about?

YES 1
NO 2 (B56)

B55. Was that during the 12-month period before you entered treatment?

YES 1
NO 2

B56. At any time before you entered treatment, did you ever attempt suicide?

YES 1
NO 2 (B58)

B57. Was that during the 12-month period before you entered treatment?

YES 1
NO 2

B58. During this 12-month period before you entered treatment at (FACILITY NAME), did you see a doctor, nurse, counselor, or social worker for problems with your emotions, nerves, or mental health?

YES 1
NO 2

B59. During this 12-month period, did you stay overnight in a hospital or clinic for treatment of problems with your emotions, nerves, or mental health?

YES 1
NO 2

B60. During this 12-month period, would you say your health was . . .

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

B61. During this 12-month period, did you have any illness or condition that limited your activities or caused you problems at work or in school for more than three days? This could include problems related to your alcohol and drug abuse or emotional problems.

YES 1
NO 2

B62. During the 12-month period before you entered treatment, did you ever have trouble controlling your temper or violent behavior?

YES 1
 NO 2

B63. During this 12-month period, did you have hallucinations or delusions, that is, did you see or hear things that no one else could see or hear, or did you think that someone else controlled your thoughts?

YES 1
 NO 2

Next, I want to ask you some questions about any physical health problems you may have had. I'm going to read a list of illnesses or conditions that can cause a person pain, limit a person's activities, or cause other health problems.

B64. At any time before you entered treatment, did you have . . .		B65. Was that in the 12 months before you entered treatment?
a. A positive TB test result?	YES 1 NO 2 (B64b)	YES 1 NO 2
b. Active TB?	YES 1 NO 2 (B64c)	YES 1 NO 2
c. High blood pressure?	YES 1 NO 2 (B64d)	YES 1 NO 2
d. Heart disease?	YES 1 NO 2 (B64e)	YES 1 NO 2
e. Anemia?	YES 1 NO 2 (B64f)	YES 1 NO 2
f. Hepatitis or yellow jaundice?	YES 1 NO 2 (B64g)	YES 1 NO 2
g. Cirrhosis?	YES 1 NO 2 (B64h)	YES 1 NO 2
h. Other liver or kidney problems?	YES 1 NO 2 (B64i)	YES 1 NO 2
i. Convulsions or epilepsy?	YES 1 NO 2 (B64j)	YES 1 NO 2
j. Migraine headaches?	YES 1 NO 2 (B64k)	YES 1 NO 2
k. Blackouts?	YES 1 NO 2 (B64l)	YES 1 NO 2
l. Syphilis, gonorrhea, genital herpes, or any other sexually transmitted disease other than AIDS?	YES 1 NO 2 (B64m)	YES 1 NO 2
m. Any other physical health problem or illness that seriously affected your health? (SPECIFY) _____	YES 1 NO 2 (B66)	YES 1 NO 2

B66. Before you entered treatment, did you ever have a blood test for AIDS or the HIV virus?

YES 1
NO 2 (B68)

B67. Was that during the 12-month period before you entered treatment?

YES 1
NO 2

B68. Before you entered treatment, did a doctor or other health professional ever tell you that you were HIV positive? (RECORD RESPONSE HERE AND ON INSIDE BACK COVER.)

YES 1
NO 2 (B70)

B69. Was that during the 12-month period before you entered treatment?

YES 1
NO 2

B70. Before you entered treatment, did a doctor or other health professional ever tell you that you had AIDS? (RECORD RESPONSE HERE AND ON INSIDE BACK COVER.)

YES 1
NO 2 (B72)

B71. Was that during the 12-month period before you entered treatment?

YES 1
NO 2

B72. During this 12-month period, how many times did you go to a hospital emergency room for a physical illness, condition, or injury, but did not stay overnight? Do not include times you went to a hospital emergency room because of a drug overdose, or because you drank too much.

|||
OF TIMES

B73. During this 12-month period, how many times did you stay overnight in a hospital for a physical illness, condition, or injury? Do not include times you stayed overnight in a hospital because of a drug overdose, or because you drank too much.

|||
OF TIMES

B74. During this 12-month period, how many other times did you see a doctor for a physical illness, condition, or injury? Do not include times you saw a doctor because of drug or alcohol treatment, a drug overdose, or because you drank too much.

|_|_|
OF TIMES

B75. At the end of this 12-month period, right before you entered treatment, did you smoke cigarettes?

YES 1
NO 2 (B77)

B76. At that time, on average about how many cigarettes did you smoke per day?

LESS THAN 1/4 PACK A DAY (1-5 CIGARETTES) 1
ABOUT 1/2 PACK A DAY (6-15 CIGARETTES)..... 2
ABOUT A PACK A DAY (16-25 CIGARETTES) 3
ABOUT 1 1/2 PACKS A DAY (26-35 CIGARETTES) 4
ABOUT 2 PACKS OR MORE A DAY (OVER 35 CIGARETTES).. 5

B77. At the end of this 12-month period, right before you entered treatment, did you . . .

	<u>YES</u>	<u>NO</u>
a. Smoke cigars?	1	2
b. Smoke a pipe?	1	2
c. Use smokeless tobacco or snuff?	1	2

IF R IS MALE GO TO B79. OTHERWISE, CONTINUE.

B78. Now I am going to ask about pregnancy and giving birth. During the 12-month period before you entered treatment, were you pregnant at any time?

YES 1
NO 2 (B79)

B78a. Did you give birth to a live baby during the 12 months before you entered treatment?

YES 1
NO 2

B79. During the 12-month period before you entered treatment, about how many different people did you have sex with, even if only one time?

- NONE 0 (B81)
- ONE 1
- 2-10 2
- 11-25 3
- 26-100 4
- 101-500 5
- MORE THAN 500 6

B80. During this 12-month period, did you have sex with someone so they would give you money, drugs, clothes, or a place to sleep?

- YES 1
- NO 2

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

EVER BEFORE SEGMENT 2

B81. Before you entered treatment, did you do any of the following . . .		B82. About how old were you when you first did this?	B83. Did you do this during the <u>12-month period</u> before you entered treatment?	B84. Before you entered treatment, were you <u>ever</u> arrested for this offense?	B85. Were you arrested for that offense during the <u>12-month period</u> before you entered treatment?
a. Use or possess drugs, including marijuana?	YES 1 NO 2 (B81b)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81b)	YES 1 NO 2
b. Drive under the influence or drive while intoxicated?	YES 1 NO 2 (B81c)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81c)	YES 1 NO 2
c. Engage in drunk and disorderly conduct?	YES 1 NO 2 (B81d)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81d)	YES 1 NO 2
d. Sell or manufacture drugs?	YES 1 NO 2 (B81e)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81e)	YES 1 NO 2
e. Pass bad checks, forge checks, or use stolen credit cards?	YES 1 NO 2 (B81f)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81f)	YES 1 NO 2
f. Deal in stolen property including fencing?	YES 1 NO 2 (B81g)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81g)	YES 1 NO 2
g. Break into a house, business, or vehicle to take someone else's money or property?	YES 1 NO 2 (B81h)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81h)	YES 1 NO 2
h. Engage in theft, such as pickpocketing, purse-snatching without force, shoplifting, or theft from motor vehicles?	YES 1 NO 2 (B81i)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81i)	YES 1 NO 2
i. Have sex for money or drugs?	YES 1 NO 2 (B81j)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81j)	YES 1 NO 2
j. Use a weapon or physical force against someone to steal money or property from them?	YES 1 NO 2 (B81k)	<input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81k)	YES 1 NO 2

EVER BEFORE SEGMENT 2

B81. Before you entered treatment, did you do any of the following . . .		B82. About how old were you when you first did this?	B83. Did you do this during the <u>12-month period</u> before you entered treatment?	B84. Before you entered treatment, were you <u>ever</u> arrested for this offense?	B85. Were you arrested for that offense during the <u>12-month period</u> before you entered treatment?
k.	Commit attacks on persons such as homicide, manslaughter, aggravated assault, forcible rape, or kidnapping? YES 1 NO 2 (B81l)	<input type="text"/> <input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81l)	YES 1 NO 2
l.	Commit other offenses where people may be injured such as simple assault or offenses against family and children? YES 1 NO 2 (B81m)	<input type="text"/> <input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81m)	YES 1 NO 2
m.	Commit status offenses such as running away, curfew violations, or truancy? YES 1 NO 2 (B81n)	<input type="text"/> <input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B81n)	YES 1 NO 2
n.	Commit any other offenses such as gambling, weapons offenses, probation or parole violations, or contempt of court? (SPECIFY) _____ _____	<input type="text"/> <input type="text"/> YRS OLD	YES 1 NO 2	YES 1 NO 2 (B86)	YES 1 NO 2

B86. CODE WITHOUT ASKING, IF KNOWN. Before you entered treatment on (SEGMENT 2 START DATE), had you ever been arrested?

YES 1
NO 2 (B90)

B87. About how many times were you arrested before you entered treatment?

OF TIMES

B88. How old were you when you were arrested the first time (before you entered treatment)?

YEARS OLD

B89. About how many times were you arrested and booked, or taken into custody, during the 12-month period before you entered treatment?

OF TIMES
NONE 00

B90. About how many times were you in jail, prison, or a juvenile detention facility during the 12-month period before you entered treatment?

OF TIMES
NONE 00 (B92)

B91. Altogether, how many days, weeks or months did you serve time in jail, prison, or a juvenile detention facility during this 12-month period?

NUMBER OF DAYS 1
WEEKS 2
MONTHS 3

B92. During the 12-month period before you entered treatment, were you on probation or parole?

YES 1
NO 2 (B95)

B93. During this 12-month period, how often did you have contact with or report to your probation or parole officer? (NONE = 000)

|_|_|_| PER WEEK 1
OF TIMES MONTH 2
YEAR 3

B94. During this 12-month period, were urine tests required as a condition of probation or parole?

YES 1
NO 2

B95. Before you entered treatment at (FACILITY NAME), had you ever supported yourself mainly from illegal activity such as hustling, drug dealing, or fraud, for at least one year?

YES 1
NO 2 (SECTION C)

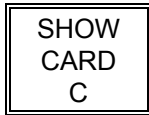
B95a. Was this during the 12-month period before you entered treatment?

YES 1
NO 2

SECTION C. SEGMENT 2 (TREATMENT EPISODE)

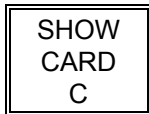
Next, I will be asking you questions about another time period. This time period is the time you were in treatment at (FACILITY NAME) from (SEGMENT 2 START DATE) until (SEGMENT 2 END DATE/today). (POINT TO SEGMENT 2 ON TIMELINE.)

C1. Which one drug, including alcohol, was the main reason you went to (FACILITY NAME) in (SEGMENT 2 START DATE)? Was it . . . (CIRCLE ONLY ONE RESPONSE.)



- A. Inhalants, 01
- B. Marijuana or Hashish,..... 02
- C. Crack, 03
- D. Cocaine, 04
- E. Hallucinogens or Psychedelics,..... 05
- F. Heroin, 06
- G. Illegal Methadone, 07
- H. Other Opiates, 08
- I. Amphetamines or Stimulants, 09
- J. Sedatives, 10
- K. Tranquilizers, 11
- L. Over-the-counter drugs, 12
- M. Alcohol, or 13
- N. Some Other Drug? (Specify) _____ 96

C2. Which one other drug, including alcohol, was a reason you went to treatment at (FACILITY NAME) in (SEGMENT 2 START DATE)? (CIRCLE ONLY ONE RESPONSE.)



- 0. NO OTHER DRUG 00
- A. INHALANTS, 01
- B. MARIJUANA OR HASHISH, 02
- C. CRACK, 03
- D. COCAINE, 04
- E. HALLUCINOGENS OR PSYCHEDELICS, 05
- F. HEROIN, 06
- G. ILLEGAL METHADONE, 07
- H. OTHER OPIATES, 08
- I. AMPHETAMINES OR STIMULANTS, 09
- J. SEDATIVES, 10
- K. TRANQUILIZERS, 11
- L. OVER-THE-COUNTER DRUGS, 12
- M. ALCOHOL, OR 13
- N. SOME OTHER DRUG (SPECIFY) _____ 96

C3. During this treatment period, while you were at (FACILITY NAME), did you use any alcohol or any drugs, including injecting drugs, even one time to get high or for other non-medical effects?

- YES 1
- NO 2 (C7)

C4. During this treatment period, what was the drug, including alcohol, that you used the most frequently?
Was it . . . (CIRCLE ONLY ONE RESPONSE.)

SHOW CARD C

- A. Inhalants, 01
- B. Marijuana or Hashish,..... 02
- C. Crack, 03
- D. Cocaine, 04
- E. Hallucinogens or Psychedelics,..... 05
- F. Heroin, 06
- G. Illegal Methadone, 07
- H. Other Opiates, 08
- I. Amphetamines or Stimulants, 09
- J. Sedatives, 10
- K. Tranquilizers, 11
- L. Over-the-counter drugs, 12
- M. Alcohol, or..... 13
- N. Some Other Drug? (Specify) _____ 96

C5. During this treatment period, what was the drug, including alcohol, that you used the next most frequently? (CIRCLE ONLY ONE RESPONSE.)

SHOW CARD C

- 0. NO OTHER DRUG 00
- A. INHALANTS, 01
- B. MARIJUANA OR HASHISH, 02
- C. CRACK, 03
- D. COCAINE, 04
- E. HALLUCINOGENS OR PSYCHEDELICS, 05
- F. HEROIN,..... 06
- G. ILLEGAL METHADONE, 07
- H. OTHER OPIATES, 08
- I. AMPHETAMINES OR STIMULANTS, 09
- J. SEDATIVES, 10
- K. TRANQUILIZERS,..... 11
- L. OVER-THE-COUNTER DRUGS, 12
- M. ALCOHOL, OR 13
- N. SOME OTHER DRUG (SPECIFY) _____ 96

C6. During this treatment period, did you ever use a needle to inject drugs to get high or for other non-medical effects?

- YES 1
- NO 2 (C7)

C6a. During this treatment period, did you ever use a needle for injecting drugs when you knew or suspected that the needle had been used by someone else?

- YES 1
- NO 2

C7. During this treatment period, did you take any of the following medicines prescribed for you by a doctor:

	<u>YES</u>	<u>NO</u>
a. Methadone?.....	1	2
b. Desipramine?.....	1	2
c. Antabuse?.....	1	2
d. Naltrexone?	1	2
e. LAAM?	1	2
f. Any other medicines prescribed by a doctor?	1	2
(SPECIFY)		

IF C7a = "NO," GO TO C9.

C8. During this treatment period, in general, would you say that the doses of methadone you were prescribed were too high, the right amount, or too low?

TOO HIGH	1
THE RIGHT AMOUNT	2
TOO LOW	3
DON'T KNOW	9

C8a. Did you participate in the decision about how much methadone you would get?

YES	1
NO	2

C9. Now I have some questions about education and employment. During this treatment period, from (SEGMENT 2 START DATE) to (SEGMENT 2 END DATE/today), did you attend school or take any classes or lessons to get a GED or a high school, technical school, or college diploma?

YES	1
NO	2

C10. During this treatment period, were you employed full-time at any time? Do not include any job that involved illegal activity.

YES	1
NO	2 (C14)

C11. For how long during this treatment period were you working full-time?

_ _ _	OF	DAYS.....	1
NUMBER		WEEKS.....	2
		MONTHS.....	3
		YEARS	4

C12. What kind of work did you do at your longest full-time job during this treatment period? That is, what was your job title or what was your job called? RECORD VERBATIM AND CIRCLE CODE.

CLERICAL WORKER (e.g., BANK TELLER, RECEPTIONIST, WORD PROCESSOR, OFFICE WORKER)	01
SALES WORKER (e.g., SALESCLERK, CASHIER, GAS STATION ATTENDANT, TELEPHONE OR DOOR-TO-DOOR SALES).....	02
SERVICE WORKER (e.g., JANITOR, COOK, WAITRESS/ WAITER, NURSING AIDE, POLICE OFFICER)	03
PRIVATE HH WORKER (e.g., MAID, HOUSEKEEPER, CHILDCARE WORKER, PRIVATE HH COOK, GARDENER) ...	04
SKILLED WORKER OR CRAFTSMEN (e.g., CARPENTER, ELECTRICIAN, MACHINIST, MECHANIC)	05
LABORER (e.g., CONSTRUCTION WORKER, MAINTENANCE WORKER)	06
OPERATOR OR MACHINE OPERATOR (e.g., ASSEMBLER, MACHINE OR TEXTILE OPERATOR)	07
TRANSPORTATION EQUIPMENT OPERATOR (e.g., CAB, TRUCK, OR BUS DRIVER, CONDUCTOR, FORK LIFT OPERATOR)	08
FARM LABORER (e.g., FARM WORKER, PICKER, SEASONAL FARM WORKER).....	09
FARMER OR FARM MANAGER.....	10
MANAGER/ADMINISTRATOR (e.g., OFFICE MANAGER, INSPECTORS, BANK OR STORE ADMINISTRATOR)	11
LAY COUNSELOR; (e.g., DRUG COUNSELOR WITHOUT PROFESSIONAL DEGREE, "PEER" COUNSELOR).....	12
PROFESSIONAL/TECHNICAL (e.g., NURSE, CLINICAL SOCIAL WORKER, TEACHER, ARTIST, LAWYER, COMPUTER RELATED JOBS).....	13
OTHER, UNABLE TO CODE	96

C13. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job during this treatment period? RECORD DOLLARS AND CENTS AND CODE.

\$ | _ | _ | _ | _ | _ | _ | . | _ | _ |

C13a. CODE:	PER HOUR	1
	EVERY WEEK	2
	EVERY TWO WEEKS	3
	PER MONTH	4
	PER YEAR	5
	OTHER (SPECIFY) _____	6

C14. During this treatment period, did you have a part-time job at any time? Do not include any job that involved illegal activity.

- YES 1
- NO 2 (C17)

C15. For how long during this treatment period were you working part-time?

- OF DAYS 1
- NUMBER WEEKS 2
- MONTHS 3
- YEARS 4

C16. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest during this treatment period? RECORD DOLLARS AND CENTS AND CODE.

\$

- C16a. PER HOUR 1
- EVERY WEEK 2
- EVERY TWO WEEKS 3
- PER MONTH 4
- PER YEAR 5
- OTHER (SPECIFY) _____ 6

C17. During this treatment period, did you get any classes or lessons at or arranged by (FACILITY NAME) to help you get a job, or to improve your job skills?

- YES 1
- NO 2

C18. During this treatment at (FACILITY NAME) between (SEGMENT 2 START DATE) and (SEGMENT 2 END DATE), . . .

- Did you receive treatment on an outpatient basis only, or 1 (C20)
- Did you only stay overnight, such as residential treatment only, or 2
- Did you receive residential treatment and an outpatient period of care? 3

C19. During this treatment period, how many nights did you stay overnight at (FACILITY NAME)?

OF NIGHTS

IF C18 = "2", GO TO C22.
OTHERWISE, CONTINUE.

C20. During the time you were in treatment, from (SEGMENT 2 START DATE) to (SEGMENT 2 END DATE), about how often did you visit (FACILITY NAME)? Include all visits for any reason - even if you did not have counseling or group sessions.

SHOW
CARD
G-2

- Less than once a month, 01
- Once a month,..... 02
- Two to three times a month,..... 03
- Once a week, 04
- Twice a week, 05
- Three times a week,..... 06
- Four times a week,..... 07
- Five times a week, 08
- Six times a week, 09
- Seven times a week, or..... 10
- OTHER (SPECIFY)_____ 96

C21. About how frequently were those visits for individual or group counseling, with a staff counselor?

SHOW
CARD
G-2

- Less than once a month, 01
- Once a month,..... 02
- Two to three times a month,..... 03
- Once a week, 04
- Twice a week, 05
- Three times a week,..... 06
- Four times a week,..... 07
- Five times a week, 08
- Six times a week, 09
- Seven times a week, or..... 10
- OTHER (SPECIFY)_____ 96

C22. What was the most important reason you had for starting treatment or counseling at (FACILITY NAME) on (SEGMENT 2 START DATE)? Was it. . .

SHOW
CARD
H

- a. Feeling pressured by a judge, a parole or probation officer, the police, or someone like that,..... 01
- b. Pressure from a spouse, partner, or parent, 02
- c. Pressure from a school teacher, minister, or coach, 03
- d. To get, keep, or improve a job situation, 04
- e. To get or keep custody of one or more children,.. 05
- f. To become a better parent, 06
- g. Any problems you had with your health then, 07
- h. You needed or wanted to become eligible for some type of services, 08
- i. You wanted to change or improve yourself, 09
- j. You were required to attend treatment as a condition of receiving benefits such as SSI, SSDI, AFDC, or welfare assistance, 10
- k. Difficulty getting drugs, 11
- l. Financial problems or couldn't afford to stay on drugs, 12
- m. Some other reason? (SPECIFY)_____ 96

IF CLIENT TYPE = 2 (IN TREATMENT),
SKIP TO C24. OTHERWISE, CONTINUE.

C23. What is the main reason you stopped treatment on (SEGMENT 2 END DATE)? Was it . . .

SHOW
CARD
I

- a. You completed the treatment plan or graduated from the program; 01
- b. You were dropped from the program by staff because of your actions; 02
- c. You were dropped from the program because your insurance had run out; 03
- d. You did not want to be there in the first place; 04
- e. You felt that the treatment was not working 05
- f. You were transferred to another program because you were dissatisfied; 06
- g. You were no longer eligible; 07
- h. You went to jail or prison; 08
- i. It was too difficult to get there, you had child care problems, or there was a conflict with your job; 09
- j. You couldn't afford it; 10
- k. There was pressure from family and friends to end treatment; 11
- l. You left the area; or 12
- m. Some other reason? (SPECIFY) _____ 96

C24.		C25.
During this treatment period, (did you receive/have you received) the following services?		(IF YES), Did you receive that service at (FACILITY NAME) or elsewhere?
a. Individual therapy?	YES..... 1 NO..... 2 (C24b)	FACILITY..... 1 ELSEWHERE..... 2
b. Group therapy?	YES..... 1 NO..... 2 (C24c)	FACILITY..... 1 ELSEWHERE..... 2
c. Family counseling?	YES..... 1 NO..... 2 (C24d)	FACILITY..... 1 ELSEWHERE..... 2
d. Physical exam?	YES..... 1 NO..... 2 (C24e)	FACILITY..... 1 ELSEWHERE..... 2
e. Medical care other than a physical exam?	YES..... 1 NO..... 2 (C24f)	FACILITY..... 1 ELSEWHERE..... 2
(ASK FEMALES ONLY) f. Prenatal care?	YES..... 1 NO..... 2 (C24g)	FACILITY..... 1 ELSEWHERE..... 2
g. Employment counseling or training?	YES..... 1 NO..... 2 (C24h)	FACILITY..... 1 ELSEWHERE..... 2
h. Academic education or GED classes?	YES..... 1 NO..... 2 (C24i)	FACILITY..... 1 ELSEWHERE..... 2
i. Legal or criminal justice system counseling or support?	YES..... 1 NO..... 2 (C24j)	FACILITY..... 1 ELSEWHERE..... 2
j. Transportation?	YES..... 1 NO..... 2 (C24k)	FACILITY..... 1 ELSEWHERE..... 2
k. Child care?	YES..... 1 NO..... 2 (C24l)	FACILITY..... 1 ELSEWHERE..... 2
l. Parenting education?	YES..... 1 NO..... 2 (C24m)	FACILITY..... 1 ELSEWHERE..... 2
m. Housing assistance?	YES..... 1 NO..... 2 (C24n)	FACILITY..... 1 ELSEWHERE..... 2
n. HIV or AIDS education?	YES..... 1 NO..... 2 (C24o)	FACILITY..... 1 ELSEWHERE..... 2
o. Financial counseling?	YES..... 1 NO..... 2 (C24p)	FACILITY..... 1 ELSEWHERE..... 2
p. TB testing?	YES..... 1 NO..... 2 (C24q)	FACILITY..... 1 ELSEWHERE..... 2
q. TB treatment?	YES..... 1 NO..... 2 (C24r)	FACILITY..... 1 ELSEWHERE..... 2
r. Stop smoking clinic?	YES..... 1 NO..... 2 (C24s)	FACILITY..... 1 ELSEWHERE..... 2
s. Detoxification?	YES..... 1 NO..... 2 (C24t)	FACILITY..... 1 ELSEWHERE..... 2
t. Acupuncture?	YES..... 1 NO..... 2 (BOX)	FACILITY..... 1 ELSEWHERE..... 2

IF C24a = "NO," GO TO BOX A.
OTHERWISE, CONTINUE.

C26. During this treatment period on average, how often (did you receive/have you received) individual therapy at (FACILITY NAME)? Was it . . .

- Less than once a month, 1
- One to 3 times a month, 2
- One to 2 times a week, or 3
- More often? 4

BOX A

IF C24b = "NO," GO TO C28.

C27. During this treatment period, how often (did you receive/have you received) group therapy at (FACILITY NAME)? Was it . . .

- Less than once a month, 1
- One to 3 times a month, 2
- One to 2 times a week, or 3
- More often? 4

C28. During this treatment period, how helpful to you (was/has been) the treatment or counseling you received at (FACILITY NAME)? Would you say it was . . .

- Very helpful, 1
- Somewhat helpful, or 2
- Not at all helpful? 3

C29. During this treatment period, (did/has) the treatment or counseling you received at (FACILITY NAME) help(ed) you . . .

	<u>YES</u>	<u>NO</u>
a. Get off or stay off drugs?	1	2
b. Decrease your drug use?	1	2
c. Decrease your alcohol use?	1	2
d. Stop drinking?	1	2
e. Stop smoking?	1	2
f. Improve your health?	1	2
g. Get help with emotional problems?	1	2
h. Get a job?	1	2
i. With financial problems?	1	2
j. Get housing?	1	2
k. Get training and education?	1	2
l. With legal problems?	1	2
m. Improve your family relationships?	1	2
n. Retain or regain custody of children?	1	2
o. With anything else?	1	2
(SPECIFY) _____		

C30. During your treatment at (FACILITY NAME), did you receive any of the following services to help you plan for the time after treatment?

	<u>YES</u>	<u>NO</u>
a. Training classes to help you plan for the future or to help you handle problems?.....	1	2
b. Referral to self-help programs, such as AA, CA, or NA?	1	2
c. Recommendations to continue contact with staff at the same facility after treatment?	1	2
d. Referral to other programs or services after treatment?	1	2
e. Other (SPECIFY) _____	1	2

C31.	C32.	C33.
During this treatment period, (did you/have) you attend(ed) any of the following self-help group meetings . . .	Over how many months of this treatment period did you attend (TYPE) meetings? Please include months in which you attended the meeting at least once.	During (that/those) month(s) would you say you attended (TYPE) meetings less than once a month or infrequently, about once a month, two to three times a month, once a week, one to two times a week, or daily or almost daily? <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;">SHOW CARD G</div>
a. Alcoholics Anonymous or AA? YES1 NO2 (C31b)	<input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY..... 1 ONCE A MONTH 2 TWO TO THREE TIMES A MONTH 3 ONCE A WEEK 4 ONE TO TWO TIMES A WEEK 5 DAILY OR ALMOST DAILY..... 6
b. Cocaine Anonymous or CA? YES1 NO2 (C31c)	<input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY..... 1 ONCE A MONTH 2 TWO TO THREE TIMES A MONTH 3 ONCE A WEEK 4 ONE TO TWO TIMES A WEEK 5 DAILY OR ALMOST DAILY..... 6
c. Narcotics Anonymous or NA? YES1 NO2 (C31d)	<input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY..... 1 ONCE A MONTH 2 TWO TO THREE TIMES A MONTH 3 ONCE A WEEK 4 ONE TO TWO TIMES A WEEK 5 DAILY OR ALMOST DAILY..... 6
d. Any other self-help group YES1 meetings for drug or alcohol NO2 (C34) use?	<input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY..... 1 ONCE A MONTH 2 TWO TO THREE TIMES A MONTH 3 ONCE A WEEK 4 ONE TO TWO TIMES A WEEK 5 DAILY OR ALMOST DAILY..... 6

C34. During this treatment period, (did you have/have you had) any urine tests at (FACILITY NAME)?

- YES 1
- NO 2 (C36)

C35. During this treatment period, how often (did you have/have you had) any urine tests at (FACILITY NAME)? Were they performed . . .

- One time only, 1
 - More than once at regular intervals, 2
 - More than once, randomly, 3
 - More than once, at regular intervals and randomly, or 4
 - Some other timing? 5
- (SPECIFY) _____

C36. During this treatment period, in general, (was your health/has your health been) excellent, good, fair, or poor?

- EXCELLENT 1
- GOOD 2
- FAIR 3
- POOR 4

C37. During this treatment period, other than your treatment for substance abuse, (did you receive/have you received) any counseling or treatment at or arranged by (FACILITY NAME) for problems with your emotions, nerves, or mental health?

- YES 1
- NO 2

C38. During this treatment period, (did you have/ have you had) a blood test for AIDS or the HIV virus?

- YES 1
- NO 2

IF HIV ITEM (B68) ON INSIDE BACK COVER = YES, GO TO BOX BELOW.

C39. During this treatment period, (did/has) a doctor or other health professional (tell/told) you that you were HIV positive?

- YES 1
- NO 2

IF AIDS ITEM (B70) ON INSIDE BACK COVER = YES, GO TO C41.

C40. During this treatment period, (did/has) a doctor or other health professional (tell/told) you that you had the disease AIDS?

YES 1
NO 2

C41. During this treatment period, (did you receive/have you received) any counseling or attend any classes at or arranged by (FACILITY NAME) to learn about ways not to get or spread AIDS?

YES 1
NO 2

IF R IS MALE, GO TO C46.
OTHERWISE, CONTINUE

C42. Now, I am going to ask about pregnancy and giving birth. Were you pregnant at any time during this treatment period?

YES 1
NO 2 (C46)

C43. (Did you have/Have you had) a miscarriage, induced abortion, or stillbirth during this treatment period?

YES 1
NO 2

C44. (Did you give/Have you given) birth to a live baby during this treatment period?

YES 1
NO 2 (C46)

C45. Did any child born to you during this treatment period have any problems at birth?

YES 1
NO 2

C46. (At the end of this treatment period/As of today), (on (SEGMENT 2 END DATE)), how many children under 18 years old (were/are) you raising and living with, including biological or natural children, adopted children, and foster children?

NUMBER OF CHILDREN
NONE 00

C47. During this treatment period, (did you lose/have you lost) custody of any children you were raising? By custody, I mean being legally in charge of a child.

YES 1
NO 2

C48. (Did you get/Have you gotten) custody of (your child/any of your children) back during this treatment period?

YES 1
NO 2

C49. (Were you/Have you been) on probation or parole during this treatment period?

YES 1
NO 2 (C52)

C50. During this treatment period, did you report to or have any contact with your probation or parole officer?

YES 1
NO 2

C51. During this treatment period, were urine tests required as a condition of probation or parole?

YES 1
NO 2

C52. During this treatment period, did you commit any offenses for which you could have been arrested?

YES 1
NO 2

C53. During this treatment period, (were you/have you been) arrested?

YES 1
NO 2 (C55)

C54. During this treatment period, how many times were you arrested?

□□□□
OF TIMES

C55. During this treatment period, did you get help from or arranged by (FACILITY NAME) with any criminal charges against you, such as seeing a lawyer?

YES 1
NO 2

C56. During this treatment period, (did you serve/have you served) time in jail, prison, or a juvenile detention facility?

YES 1
NO 2 (C59)

C57. During this treatment period, how many times did you serve time in jail, prison, or a juvenile detention facility?

OF TIMES

C58. During this treatment period, altogether, how long (did you spend/have you spent) in jail, prison, or a juvenile detention facility?

NUMBER OF DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

C59. During this treatment period, did you get some of your support from any illegal activities that you did such as hustling, drug dealing, or fraud?

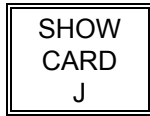
YES 1
NO 2

C60. During this treatment period, (did you have/have you had) any of the following types of health care coverage:

	<u>YES</u>	<u>NO</u>
a. Private HMO or other managed care plan?	1	2
b. Other private health insurance?	1	2
c. Medicaid or Medical Assistance?	1	2
d. Medicare?	1	2
e. Military health care (CHAMPUS, CHAMPVA, TRICARE, VA)?	1	2
f. Any other health insurance or health plan?.....	1	2
(SPECIFY) _____		

C61. What were the sources of payment for most of your treatment at (FACILITY NAME) from (SEGMENT 2 START DATE) to (SEGMENT 2 END DATE/today)? (CIRCLE ALL THAT APPLY.)

C61a. (IF MORE THAN ONE) Which is the main source?



		PROBE FOR MAIN SOURCE
A. PRIVATE HMO OR OTHER MANAGED CARE PLAN	01	1
B. OTHER PRIVATE HEALTH INSURANCE	02	1
C. MEDICAID OR MEDICAL ASSISTANCE.....	03	1
D. MEDICARE.....	04	1
E. MILITARY HEALTH CARE (CHAMPUS, CHAMPVA, TRICARE, VA).....	05	1
F. CRIMINAL JUSTICE SYSTEM	06	1
G. SOCIAL SERVICES	07	1
H. YOUR OWN MONEY	08	1
I. NO PAYMENT.....	09	1
J. OTHER (SPECIFY) _____	96	1

Now I will ask about sources of income you may have had during this treatment period. Please do not include income from illegal activities.

C62. During this treatment period, (did you ever/have you) (receive(d)) help with your living expenses from . . .

	<u>YES</u>	<u>NO</u>
a. Social Security or Railroad Retirement payments? (Social Security checks are either automatically deposited in the bank or mailed to arrive on or about the 3rd of every month. If mailed, they are sent in a gold envelope.).....	1	2
b. Supplemental Security Income or SSI payments? (Federal SSI checks are either automatically deposited in the bank or mailed to arrive on or about the first of every month. If mailed, they are sent in a blue envelope.).....	1	2
c. Government payments, such as temporary assistance for needy families or public assistance, because of low income? This would include Aid to Families with Dependent Children, sometimes called AFDC or ADC.	1	2
d. Food stamps?	1	2
e. Any other kind of welfare assistance such as help getting a job, placement in education or job training programs, or help with transportation, child support, or housing?.....	1	2
f. Interest earned on savings or other bank accounts, CDs, or bonds -- or dividend income from stocks or mutual funds -- or income earned from rental property, royalties, estates, or trusts?	1	2
g. Alimony or child support?	1	2
h. Income from wages or pay earned while working at a job or business?.....	1	2
i. Unemployment compensation?	1	2
j. Income from retirement or survivor pension (other than Social Security or Railroad Retirement)?	1	2
k. Income from Department of Veteran's Affairs, workers compensation, Social Security Disability Insurance (SSDI), or other disability payments?.....	1	2
l. Income from any other sources that I have not mentioned? (SPECIFY) _____	1	2

SECTION D. SEGMENT 3 (AFTER TREATMENT)

IF CLIENT TYPE = 2 (IN TREATMENT), SKIP TO D22 AND
D23, THEN SKIP TO D81. OTHERWISE, CONTINUE

Now, I would like to ask you about what has happened in your life since you left treatment at (FACILITY NAME) in (SEGMENT 2 END DATE). (POINT TO SEGMENT 3 ON TIMELINE.)

The following questions ask about the period of time from (SEGMENT 3 START DATE) until today.

D1. First, I would like to ask you about your use of street drugs and your use of prescribed medicines and over-the-counter drugs to get high or for other <u>nonmedical effects</u> . Since (SEGMENT 3 START DATE), did you use . . . <input type="checkbox"/> SHOW CARD A		D2. Since (SEGMENT 3 START DATE), in the month you used (DRUG) the most, about how often were you using (DRUG)? <input type="checkbox"/> SHOW CARD B						D3. About how long after you left (FACILITY NAME) on (SEGMENT 2 END DATE) did you first use (DRUG)?	D4. When did you last use (DRUG)?				
		LESS THAN ONCE A MONTH	1-3 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-6 TIMES A WEEK, DAILY, OR ALMOST EVERY DAY	2 OR MORE TIMES A DAY		WITHIN THE PAST 3 DAYS	WITHIN THE PAST WEEK BUT NOT WITHIN THE PAST 3 DAYS	MORE THAN 1 WEEK AGO BUT WITHIN THE PAST MONTH	1-6 MONTHS AGO	MORE THAN 6 MONTHS AGO
a.	Inhalants? YES . 1 NO ... 2 (D1b)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
b.	Marijuana or hashish? YES . 1 NO ... 2 (D1c)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
c.	Crack? YES . 1 NO ... 2 (D1d)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
d.	Cocaine other than crack? YES . 1 NO ... 2 (D1e)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
e.	Hallucinogens or psychedelics? YES . 1 NO ... 2 (D1f)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
f.	Heroin? YES . 1 NO ... 2 (D1g)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
g.	Illegal methadone? YES . 1 NO ... 2 (D1h)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
h.	Other opiates? YES . 1 NO ... 2 (D1i)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
i.	Amphetamines or stimulants? YES . 1 NO ... 2 (D1j)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
j.	Sedatives? YES . 1 NO ... 2 (D1k)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
k.	Tranquilizers? YES . 1 NO ... 2 (D1l)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
l.	Over-the-counter drugs? YES . 1 NO ... 2 (D1m)	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
m.	Any other drug besides alcohol? (SPECIFY) _____	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
	_____	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5
	_____	1	2	3	4	5	6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS	1	2	3	4	5

IF D1a-m ARE ALL "NO," GO TO D9.

D5. Since (SEGMENT 3 START DATE), for how many months were you using any drugs other than alcohol? Please include months in which you used drugs at least once.

|_|_|
OF MONTHS

D6. During the last 30 days, how much money would you say you spent on drugs other than alcohol, to get high or for other non-medical effects?

\$|_|_|_|_|_|_|.00

D7. Since (SEGMENT 3 START DATE), how often did you use a needle to inject drugs to get high or for other non-medical effects?

- NEVER 1 (D9)
- LESS THAN ONCE A MONTH 2
- 1-3 TIMES A MONTH..... 3
- 1-2 TIMES A WEEK 4
- 3-4 TIMES A WEEK 5
- DAILY OR ALMOST DAILY 6

D8. Since (SEGMENT 3 START DATE), how often did you use a needle for injecting drugs when you knew or suspected that the needle had been used by someone else?

- NEVER 1
- LESS THAN ONCE A MONTH 2
- 1-3 TIMES A MONTH..... 3
- 1-2 TIMES A WEEK 4
- 3-4 TIMES A WEEK 5
- DAILY OR ALMOST DAILY 6

D9. Now I would like to ask about your use of alcoholic beverages since (SEGMENT 3 START DATE). By alcoholic beverages I mean beer, malt liquors, wine, wine coolers and hard liquor, such as vodka and mixed drinks. Since (SEGMENT 3 START DATE), have you had a drink of alcohol? By a drink, I mean either a can of beer, a glass of wine or a wine cooler, a shot of hard liquor, or a single mix drink.

- YES 1
- NO 2 (D14)

D10. During the last 30 days, did you drink any alcohol?

- YES 1
- NO 2

D11. Since (SEGMENT 3 START DATE), think about the month you were drinking the most. About how many days did you drink during that month?

- ONE DAY 1
- 2-5 DAYS..... 2
- 6-10 DAYS..... 3
- 11-20 DAYS..... 4
- 21 DAYS OR MORE..... 5

	(A) Beer or Malt Liquor (12 oz. bottles or cans)	(B) Wine (4 oz. glasses) or Wine Coolers (bottles)	(C) Hard Liquor (1 1/2 oz. shots)
D12. Still thinking about the month you were drinking the most, on a typical drinking day, did you drink any (TYPE)?	YES.....1 (D13A) NO2 (D12B)	YES1 (D13B) NO2 (D12C)	YES 1 (D13C) NO..... 2 (D14)
D13. On a typical drinking day, about how many drinks did you <u>usually</u> have?	___ DRINKS (D12B)	___ DRINKS (D12C)	___ DRINKS (D14)

D14. Since (SEGMENT 3 START DATE), did you stay overnight in a hospital because of a drug overdose or because you drank too much?

- YES 1
- NO 2

D15. Since (SEGMENT 3 START DATE), did you go to a hospital emergency room because of a drug overdose or because you drank too much, but did not stay overnight?

- YES 1
- NO 2

LOOK AT INSIDE BACK COVER.

IF BOTH A12 AND A13 ARE ANSWERED "NO," GO TO D17. OTHERWISE, CONTINUE.

D16. Are you currently married, living with someone as if you were married, separated, divorced, widowed, or have you never been married?

- MARRIED 1
- LIVING WITH SOMEONE
AS MARRIED 2
- SEPARATED 3
- DIVORCED..... 4
- WIDOWED 5
- NEVER MARRIED..... 6

D17. How many children under 18 years old are you currently raising and living with, including biological or natural children, adopted children, and foster children?

OF CHILDREN
 NONE 00 (D20)

D18. Since (SEGMENT 3 START DATE), did you lose custody of any children you were raising? By custody, I mean being legally in charge of a child.

YES 1
 NO 2

D19. Did you ever get custody of (your child/any of your children) back since (SEGMENT 3 START DATE)?

YES 1
 NO 2

D20. Since (SEGMENT 3 START DATE), did you, for at least two nights in a row, have no place to stay except for a homeless shelter, on the street, or in a car?

YES 1
 NO 2 (D22)

D21. How long were you without a place to stay?

LESS THAN 1 MONTH 1
 1-6 MONTHS 2
 7-11 MONTHS 3
 12 MONTHS OR MORE 4

D22. What type of residence or other place do you currently live in? Is it . . .

SHOW CARD D

- a. A single family house, duplex or townhouse, 01
- b. An apartment, condominium, or other multi-family dwelling, 02
- c. A mobile home or trailer, 03
- d. A hotel, motel, rooming house, or boarding house, 04
- e. A hospital or medical institution, 05
- f. Jail or prison, 06
- g. A residential drug or alcohol treatment program, 07
- h. A homeless shelter, 08
- i. A halfway house, 09
- j. On the street, or 10
- k. Another place? (SPECIFY) 96

D23. Are you currently living with . . .

	<u>YES</u>	<u>NO</u>
a. Your spouse or partner?	1	2
b. Your parent or parents?	1	2
c. Other adult family members?.....	1	2
d. Other unrelated adults?	1	2
e. Children you are raising?.....	1	2
f. Other children?	1	2
g. By yourself?	1	2

IF CLIENT TYPE = 2 (IN TREATMENT), SKIP TO D81.

D24. Now I have some questions about education and employment. Since (SEGMENT 3 START DATE), did you attend school or take any classes or lessons to get a GED or a high school, technical school, or college diploma?

YES 1
NO 2

D25. Since (SEGMENT 3 START DATE), have you been employed full-time at any time, that is, did you work 35 hours or more a week at any job? Do not count any job that involved illegal activity.

YES 1
NO 2 (D29)

D26. Since (SEGMENT 3 START DATE) how many months have you worked full-time?

|_|_| NUMBER OF MONTHS

D27. What kind of work did you do at your longest full-time job since (SEGMENT 3 START DATE)? That is, what was your job title or what was your job called? RECORD VERBATIM AND CIRCLE CODE.

- CLERICAL WORKER (e.g., BANK TELLER, RECEPTIONIST, WORD PROCESSOR, OFFICE WORKER) 01
- SALES WORKER (e.g., SALESCLERK, CASHIER, GAS STATION ATTENDANT, TELEPHONE OR DOOR-TO-DOOR SALES) 02
- SERVICE WORKER (e.g., JANITOR, COOK, WAITRESS/ WAITER, NURSING AIDE, POLICE OFFICER) 03
- PRIVATE HH WORKER (e.g., MAID, HOUSEKEEPER, CHILDCARE WORKER, PRIVATE HH COOK, GARDENER) ... 04
- SKILLED WORKER OR CRAFTSMEN (e.g., CARPENTER, ELECTRICIAN, MACHINIST, MECHANIC) 05
- LABORER (e.g., CONSTRUCTION WORKER, MAINTENANCE WORKER) 06
- OPERATOR OR MACHINE OPERATOR (e.g., ASSEMBLER, MACHINE OR TEXTILE OPERATOR) 07
- TRANSPORTATION EQUIPMENT OPERATOR (e.g., CAB, TRUCK, OR BUS DRIVER, CONDUCTOR, FORK LIFT OPERATOR) 08
- FARM LABORER (e.g., FARM WORKER, PICKER, SEASONAL FARM WORKER) 09
- FARMER OR FARM MANAGER 10
- MANAGER/ADMINISTRATOR (e.g., OFFICE MANAGER, INSPECTORS, BANK OR STORE ADMINISTRATOR) 11
- LAY COUNSELOR; (e.g., DRUG COUNSELOR WITHOUT PROFESSIONAL DEGREE, "PEER" COUNSELOR) 12
- PROFESSIONAL/TECHNICAL (e.g., NURSE, CLINICAL SOCIAL WORKER, TEACHER, ARTIST, LAWYER, COMPUTER RELATED JOBS) 13
- OTHER, UNABLE TO CODE 96

D28. Before taxes, what was your highest wage, salary, or rate of pay at that full-time job since (SEGMENT 3 START DATE)? RECORD DOLLARS AND CENTS AND CODE.

\$|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

- D28a. CODE:
- PER HOUR 1
 - EVERY WEEK 2
 - EVERY TWO WEEKS 3
 - PER MONTH 4
 - PER YEAR 5
 - OTHER (SPECIFY) _____ 6

D29. Since (SEGMENT 3 START DATE), did you have a part-time job at any time? Do not count any job that involved illegal activity.

YES 1
NO 2 (D32)

D30. Since (SEGMENT 3 START DATE), how many months have you worked part-time?

____ NUMBER OF MONTHS

D31. Before taxes, what was your highest wage, salary, or rate of pay at the part-time job you had the longest since (SEGMENT 3 START DATE)? RECORD DOLLARS AND CENTS AND CODE.

\$ |_____|._____|

D31a. CODE: PER HOUR 1
EVERY WEEK 2
EVERY TWO WEEKS 3
PER MONTH 4
PER YEAR 5
OTHER (SPECIFY) _____ 6

D32. Now I will ask about other sources of income you may have had since (SEGMENT 3 START DATE). Please do not include income from illegal activities or income received by others in your household.

Since (SEGMENT 3 START DATE), did you ever get help with your living expenses from . . .

	<u>YES</u>	<u>NO</u>
a. Social Security or Railroad Retirement payments? (Social Security checks are either automatically deposited in the bank or mailed to arrive on or about the 3rd of every month. If mailed, they are sent in a gold envelope.).....	1	2
b. Supplemental Security Income or SSI payments? (Federal SSI checks are either automatically deposited in the bank or mailed to arrive on or about the first of every month. If mailed, they are sent in a blue envelope.).....	1	2
c. Government payments, such as temporary assistance for needy families or public assistance, because of low income? This would include Aid to Families with Dependent Children, sometimes called AFDC or ADC.	1	2
d. Food stamps?	1	2
e. Any other kind of welfare assistance such as help getting a job, placement in education or job training programs, or help with transportation, child support, or housing?	1	2
f. Interest earned on savings or other bank accounts, CDs, or bonds -- or dividend income from stocks or mutual funds -- or income earned from rental property, royalties, estates, or trusts?	1	2
g. Alimony or child support?	1	2
h. Income from wages or pay earned while working at a job or business?	1	2
i. Unemployment compensation?	1	2
j. Income from retirement or survivor pension (other than Social Security or Railroad Retirement)?	1	2
k. Income from Department of Veteran's Affairs, workers compensation, Social Security Disability Insurance (SSDI), or other disability payments?.....	1	2
l. Income from any other sources that I have not mentioned? (SPECIFY) _____	1	2

D33. Which of the following types of health care coverage do you currently have . . .

	<u>YES</u>	<u>NO</u>
a. Private HMO or other managed care plan?.....	1	2
b. Other private health insurance?	1	2
c. Medicaid or Medical Assistance?	1	2
d. Medicare?	1	2
e. Military health care (CHAMPUS, CHAMPVA, TRICARE, VA)?	1	2
f. Any other health care coverage? (SPECIFY).....	1	2

D34. Did you receive any of the following types of services as aftercare from (FACILITY NAME) since leaving (FACILITY NAME) on (SEGMENT 2 END DATE):

	<u>YES</u>	<u>NO</u>
a. Individual therapy?.....	1	2
b. Group therapy?.....	1	2
c. Family counseling?.....	1	2
d. Alumni or reunion group?	1	2
e. Any other type of follow-up services?.....	1	2
(SPECIFY) _____		

D35. Since leaving treatment at (FACILITY NAME) on (SEGMENT 2 END DATE), did you enter treatment or counseling again for your use of drugs or alcohol? Do not include self-help groups such as Alcoholics Anonymous (AA), Cocaine Anonymous (CA), or Narcotics Anonymous (NA). (RECORD RESPONSE HERE AND ON INSIDE BACK COVER.)

YES 1
 NO 2 (D39)

D36. Since (SEGMENT 3 START), on what date did you first enter treatment or counseling for your use of drugs or alcohol?

|_|_|-|_|_|-|_|_|
 MO DA YR

D37. Since (SEGMENT 3 START DATE), how many separate times did you enter each of the following types of treatment or counseling for drugs or alcohol . . .

- a. Overnight in a hospital? |_|_|_|_| IF NOT 000, ASK D38a
 - b. Overnight in a non-hospital residential program? |_|_|_|_| IF NOT 000, ASK D38b
 - c. Outpatient methadone? |_|_|_|_| IF NOT 000, ASK D38c
 - d. Outpatient program other than a methadone program? |_|_|_|_| IF NOT 000, ASK D38d
 - e. In a physician's office? |_|_|_|_| IF NOT 000, ASK D38e
 - f. Half-way house |_|_|_|_| IF NOT 000, ASK D38f
 - g. DUI/DWI program? |_|_|_|_| IF NOT 000, ASK D38g
 - h. In another setting? (SPECIFY) |_|_|_|_| IF NOT 000, ASK D38h
-

D38. What was the total number of weeks you were in this type of treatment for drugs or alcohol since (SEGMENT 3 START DATE)? (ENTER "0001" FOR LESS THAN 1 WEEK.)

- a. |_|_|_|_|
OF WEEKS
- b. |_|_|_|_|
OF WEEKS
- c. |_|_|_|_|
OF WEEKS
- d. |_|_|_|_|
OF WEEKS
- e. |_|_|_|_|
OF WEEKS
- f. |_|_|_|_|
OF WEEKS
- g. |_|_|_|_|
OF WEEKS
- h. |_|_|_|_|
OF WEEKS

D39.	D40.	D41.
Since (SEGMENT 3 START DATE), did you attend any of the following self-help group meetings . . .	Since (SEGMENT 3 START DATE), over how many months did you attend (TYPE) meetings? Please include months in which you attended the meeting at least once.	During (that/those) month(s) would you say you attended (TYPE) meetings less than once a month or infrequently, about once a month, two to three times a month, once a week, one to two times a week, or daily or almost daily?
<p>a. Alcoholics Anonymous or AA? YES... 1 NO.....2 (D39b)</p>	<input type="text"/> <input type="text"/> <input type="text"/> # OF MONTHS	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80px; text-align: center;"> SHOW CARD G </div> LESS THAN ONCE A MONTH OR INFREQUENTLY1 ONCE A MONTH.....2 TWO TO THREE TIMES A MONTH3 ONCE A WEEK4 ONE TO TWO TIMES A WEEK5 DAILY OR ALMOST DAILY6
<p>b. Cocaine Anonymous or CA? YES... 1 NO.....2 (D39c)</p>	<input type="text"/> <input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY1 ONCE A MONTH.....2 TWO TO THREE TIMES A MONTH3 ONCE A WEEK4 ONE TO TWO TIMES A WEEK5 DAILY OR ALMOST DAILY6
<p>c. Narcotics Anonymous or NA? YES... 1 NO.....2 (D39d)</p>	<input type="text"/> <input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY1 ONCE A MONTH.....2 TWO TO THREE TIMES A MONTH3 ONCE A WEEK4 ONE TO TWO TIMES A WEEK5 DAILY OR ALMOST DAILY6
<p>d. Any other self-help group YES... 1 meetings for drug or alcohol use? NO.....2 (D42)</p>	<input type="text"/> <input type="text"/> <input type="text"/> # OF MONTHS	LESS THAN ONCE A MONTH OR INFREQUENTLY1 ONCE A MONTH.....2 TWO TO THREE TIMES A MONTH3 ONCE A WEEK4 ONE TO TWO TIMES A WEEK5 DAILY OR ALMOST DAILY6

D42. Are you in treatment now for your use of drugs or alcohol?

YES 1
NO 2 (D43)

D42a. Are you receiving treatment for your use of drugs or alcohol in any of the following...

	<u>YES</u>	<u>NO</u>
a. Overnight in a hospital?	1	2
b. Overnight in a non-hospital residential program?.....	1	2
c. Outpatient methadone?	1	2
d. Outpatient program other than a methadone program?.....	1	2
e. In a physician's office?	1	2
f. Halfway house?	1	2
g. DUI/DWI program?	1	2
h. A self-help group such as Alcoholics Anonymous (AA), Cocaine Anonymous (CA), or Narcotics Anonymous (NA)?	1	2
i. In another setting?	1	2
(SPECIFY) _____		

D43. Since (SEGMENT 3 START DATE), did you ever have at least two consecutive weeks when you felt very sad, blue, or depressed, and you lost interest or pleasure in things you usually cared about?

YES 1
NO 2

D44. Since (SEGMENT 3 START DATE) did you attempt suicide?

YES 1
NO 2

D45. Since (SEGMENT 3 START DATE) did you see a doctor, nurse, counselor, or social worker for problems with your emotions, nerves, or mental health?

YES 1
NO 2

D46. Since (SEGMENT 3 START DATE) did you stay overnight in a hospital or clinic for treatment of problems with your emotions, nerves, or mental health?

YES 1
NO 2

D47. The next questions are about your physical health. Would you say your health right now is . . .

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

D48. Do you currently have any illness or condition that causes you pain, limits your activities, or causes you problems at work or in school?

- YES 1
- NO 2

D49. Next, I want to ask you some questions about some physical health problems you may have had. I'm going to read a list of illnesses or conditions that can cause a person pain, limit a person's activities, or cause other health problems. Since (SEGMENT 3 START DATE), have you had . . .

- | | <u>YES</u> | <u>NO</u> |
|---------------------------------------------------------------------------------------------------------|------------|-----------|
| a. A positive TB test result? | 1 | 2 |
| b. Active TB?..... | 1 | 2 |
| c. High blood pressure?..... | 1 | 2 |
| d. Heart disease..... | 1 | 2 |
| e. Anemia?..... | 1 | 2 |
| f. Hepatitis or yellow jaundice?..... | 1 | 2 |
| g. Cirrhosis?..... | 1 | 2 |
| h. Other liver or kidney problems?..... | 1 | 2 |
| i. Convulsions or epilepsy?..... | 1 | 2 |
| j. Migraine headaches? | 1 | 2 |
| k. Blackouts? | 1 | 2 |
| l. Syphilis, gonorrhea, genital herpes, or any other sexually transmitted disease other than AIDS?..... | 1 | 2 |
| m. Any other physical health problem or illness that seriously affected your health? (SPECIFY) | 1 | 2 |

IF D49a-m ARE ALL "NO", GO TO BOX BELOW.

D50. Have you had any of these problems in the last 30 days?

- YES 1
- NO 2

IF HIV ITEM (B68) ON INSIDE BACK COVER = YES, GO TO BOX A.

D51. Since (SEGMENT 3 START DATE), have you had a blood test for AIDS or the HIV virus?

YES 1
NO 2

D52. Since (SEGMENT 3 START DATE), did a doctor or other health professional tell you that you were HIV positive?

YES 1
NO 2

BOX A
IF AIDS ITEM (B70) ON INSIDE BACK COVER = YES,
GO TO D54.

D53. Since (SEGMENT 3 START DATE), did a doctor or other health professional tell you that you had the disease AIDS?

YES 1
NO 2

D54. Since (SEGMENT 3 START DATE), how many times did you see a doctor for a physical illness, condition, or injury?

OF TIMES

D55. Since (SEGMENT 3 START DATE), how many times did you go to a hospital emergency room for a physical illness, condition, or injury, but did not stay overnight? Do not include times you went to a hospital emergency room because of a drug overdose or because you drank too much.

OF TIMES

D56. Since (SEGMENT 3 START DATE), how many times did you go to a hospital emergency room because of a drug overdose or because you drank too much, but not stay overnight?

OF TIMES

D57. Since (SEGMENT 3 START DATE), how many nights did you stay overnight in a hospital because of a drug overdose or because you drank too much?

OF NIGHTS

D58. Since (SEGMENT 3 START DATE), how many nights did you stay overnight in a hospital for a physical illness, condition, or injury? Do not include times you stayed overnight in a hospital because of drug treatment, a drug overdose, or because you drank too much.

|_|_|_|
OF NIGHTS

D59. During the last 30 days, did you smoke cigarettes?

YES 1
NO 2 (D61)

D60. During the last 30 days, on average, about how many cigarettes did you smoke per day?

LESS THAN 1/4 PACK A DAY (1-5 CIGARETTES) 1
ABOUT 1/2 PACK A DAY (6-15 CIGARETTES) 2
ABOUT A PACK A DAY (16-25 CIGARETTES) 3
ABOUT 1 1/2 PACKS A DAY (26-35 CIGARETTES) 4
ABOUT 2 PACKS A DAY (OVER 35 CIGARETTES) 5

D61. During the last 30 days, did you . . .

	<u>YES</u>	<u>NO</u>
a. Smoke cigars?	1	2
b. Smoke a pipe?	1	2
c. Use smokeless tobacco or snuff?	1	2

IF R IS MALE, GO TO D66.
OTHERWISE, CONTINUE.

Now I am going to ask about pregnancy and giving birth.

D62. Since (SEGMENT 3 START DATE), have you been pregnant at any time?

YES 1
NO 2 (D66)

D63. Did you have a miscarriage, induced abortion, or stillbirth since (SEGMENT 3 START DATE)?

YES 1
NO 2

D64. Did you give birth to a live baby since (SEGMENT 3 START DATE)?

YES 1
NO 2 (D66)

D65. Did any child born to you since (SEGMENT 3 START DATE) have any problems at birth?

YES 1
NO 2

D66. Since (SEGMENT 3 START DATE), about how many different people did you have sex with, even if only one time?

NONE 0 (D68)
ONE 1
2-10 2
11-25 3
26-100 4
101-500 5
MORE THAN 500 6

D67. Since (SEGMENT 3 START DATE), have you had sex with someone so they would give you money, drugs, clothes, or a place to sleep?

YES 1
NO 2

D68. Since (SEGMENT 3 START DATE) did you do any of the following:		D69. Were you arrested for that offense?
a.	Use or possess drugs, including marijuana? YES..... 1 NO..... 2 (D68b)	YES 1 NO 2
b.	Drive under the influence or drive while intoxicated? YES..... 1 NO..... 2 (D68c)	YES 1 NO 2
c.	Engage in drunk and disorderly conduct? YES..... 1 NO..... 2 (D68d)	YES 1 NO 2
d.	Sell or manufacture drugs? YES..... 1 NO..... 2 (D68e)	YES 1 NO 2
e.	Pass bad checks, forge checks, or use stolen credit cards? YES..... 1 NO..... 2 (D68f)	YES 1 NO 2
f.	Deal in stolen property including fencing? YES..... 1 NO..... 2 (D68g)	YES 1 NO 2
g.	Break into a house, business or vehicle to take someone else's money or property? YES..... 1 NO..... 2 (D68h)	YES 1 NO 2
h.	Engage in theft, such as pickpocketing, purse-snatching without force, shoplifting, or theft from motor vehicles? YES..... 1 NO..... 2 (D68i)	YES 1 NO 2
i.	Have sex for money or drugs? YES..... 1 NO..... 2 (D68j)	YES 1 NO 2
j.	Use a weapon or physical force against someone to steal money or property from them? YES..... 1 NO..... 2 (D68k)	YES 1 NO 2
k.	Commit attacks on persons such as homicide, manslaughter, aggravated assault, forcible rape, or kidnapping? YES..... 1 NO..... 2 (D68l)	YES 1 NO 2
l.	Commit other offenses where people may be injured such as simple assault or offenses against family and children? YES..... 1 NO..... 2 (D68m)	YES 1 NO 2
m.	Commit status offenses such as running away, curfew, violations, or truancy? YES..... 1 NO..... 2 (D68n)	YES 1 NO 2
n.	Commit any other offenses such as gambling, weapons, offenses, probation or parole violations, or contempt of court? (SPECIFY) _____ YES..... 1 NO..... 2 (D70)	YES 1 NO 2

D70. CODE WITHOUT ASKING, IF KNOWN. Since (SEGMENT 3 START DATE), were you arrested and booked, or taken into custody?

YES 1
NO 2 (D72)

D71. Since (SEGMENT 3 START DATE), how many times altogether were you arrested and booked or taken into custody?

OF TIMES

D72. Right now, do you have any criminal charges or criminal cases against you, including a conviction that you are awaiting sentencing for?

YES 1
NO 2

D73. Since (SEGMENT 3 START DATE), did you serve time in jail, prison, or a juvenile detention facility?

YES 1
NO 2 (D76)

D74. Since (SEGMENT 3 START DATE), how many times did you serve time in jail, prison, or a juvenile detention facility?

OF TIMES

D75. Since (SEGMENT 3 START DATE), altogether, how long did you spend in jail, prison, or a juvenile detention facility?

 OF DAYS 1
NUMBER WEEKS 2
MONTHS 3

D76. Since (SEGMENT 3 START DATE), were you on probation or parole?

YES 1
NO 2 (D79)

D77. Did you report to or have any contact with your probation or parole officer since (SEGMENT 3 START DATE)?

YES 1
NO 2

D78. Were urine tests required as a condition of probation or parole since (SEGMENT 3 START DATE)?

YES 1
 NO 2

D79. Next, I would like to ask about how you supported yourself since (SEGMENT 3 START DATE), that is, how you got the money that you used to live on. Since (SEGMENT 3 START DATE), did you get some of your support from any illegal activities that you did?

YES 1
 NO 2 (D81)

D80. Since (SEGMENT 3 START DATE), in a typical week, how much money would you say you earned from illegal activities?

\$|_|_|_|_|_|.00 per week

I now need to ask you a few additional questions about drugs you may have used recently.

D81. Have you taken (DRUG) during the past 7 days?		D82. Was your use of (DRUG) during the past 7 days for medical reasons, for non-medical reasons, or for both medical and non-medical reasons?			D83. Have you taken (DRUG) during the past 24 hours?	
DRUGS	YES NO	MEDICAL	NON-MEDICAL	BOTH	YES	NO
a. Marijuana	1 2 (D81b)	1	2	3	1	2
b. Cocaine, including crack	1 2 (D81c)	1	2	3	1	2
c. PCP	1 2 (D81d)	1	2	3	1	2
d. Heroin or other opiates	1 2 (D81e)	1	2	3	1	2
e. Methadone	1 2 (D81f)	1	2	3	1	2
f. Amphetamines	1 2 (D81g)	1	2	3	1	2
g. Benzodiazepines or tranquilizers, such as Valium, Librium, Xanax, or Ativan	1 2 (D81h)	1	2	3	1	2
h. Alcohol	1 2 (D81i)	1	2	3	1	2
i. Any other drug (SPECIFY) _____	1 2 (D84)	1	2	3	1	2

D84. Now I would like to ask you a few questions on what you think about the treatment for alcohol or drug abuse you (received/are receiving).

a. How satisfied (were/are) you overall with the treatment you (received/are receiving) from (SEGMENT 2 START DATE) to (SEGMENT 2 END DATE)? (Were/Are) you very satisfied, somewhat satisfied, or not at all satisfied?

- VERY SATISFIED 1
- SOMEWHAT SATISFIED..... 2
- NOT AT ALL SATISFIED 3

b. Do you feel that the treatment you (received/are receiving) from (SEGMENT 2 START DATE) to (SEGMENT 2 END DATE) (was/has been) long enough?

- YES 1
- NO 2

c. (Were you/Have you been) denied any services because of your health care coverage?

- YES 1
- NO 2

d. Do you feel that you (received/are receiving) the services you (needed/need) to help with your recovery?

- YES 1
- NO 2

e. What services (were/have been) most helpful?

f. What services do you feel you could (have benefited/benefit) from which you (did not/have not) receive(d)?

g. How do you think treatment could be improved?

Client ID: _____

PHASE III Locator Form

Thank you for your time. We may be contacting you again to check some of the information I asked you about or to see how things are going for you.

D85. What is your full name?

FIRST MIDDLE LAST

D86. IF R IS FEMALE AND WAS EVER MARRIED: What is your maiden name?

D87. IF MARRIED OR LIVING AS MARRIED: What is your partner's full name?

FIRST MIDDLE LAST

D88a. What is your current home address and phone number?

STREET APT #

CITY STATE ZIPCODE
()
PHONE

D88b. What is your mailing address, if different from your home address?

STREET APT #

CITY STATE ZIPCODE
NO HOME/NO MAILING ADDRESS 1

D89. IF PHONE NUMBER GIVEN: In whose name is this telephone number listed?

R'S NAME 1
SPOUSE'S NAME 2
OTHER NAME (SPECIFY) 3

D90. Please give me the name, address, and telephone number of two people who would be most likely to know where you could be reached during the coming year. These should be relatives or friends who know how to get in touch with you. Include no more than one person who now lives with you.

	A.	B.
CONTACT	FIRST NAME LAST NAME	FIRST NAME LAST NAME
RELATIONSHIP TO RESPONDENT		
ADDRESS	# STREET APT.	# STREET APT.
	CITY STATE ZIP	CITY STATE ZIP
TELEPHONE NUMBER	()	()

D91. Could you please give me the name, address, and telephone number of one other person who would be likely to know where you could be reached during the coming year, such as a social worker, counselor, or parole officer?

CONTACT	FIRST NAME LAST NAME
RELATIONSHIP TO RESPONDENT	
ADDRESS	# STREET APT.
	CITY STATE ZIP
TELEPHONE NUMBER	()

D92. We would like to have your Social Security number. This will have no effect in any way on any benefits you may receive. What is your Social Security Number?

SSN: - - REFUSED SSN 1

TEAR OFF THIS PAGE BEFORE TRANSMITTING TO WESTAT.

[INTERVIEWER: PRIVATELY REVIEW RIS FOR INCENTIVE LEVELS FOR INTERVIEW AND URINE SAMPLE.]

Those are all of the questions I have for you now. Thank you for your participation. Before I can complete the interview, there are some other forms I need you to read and sign.

D93. We would also like to get a urine sample from you.

[IF URINE INCENTIVE IS INDICATED, READ STATEMENT. If you provide it, we will pay you an additional \$10.]

As is the case with the interview, it will only be identified by a number and the analysis results will be completely confidential.

READ CONSENT FORM B AND HAVE RESPONDENT SIGN FORM.

GAVE URINE SAMPLE..... 1
REFUSED URINE SAMPLE 2

D94. READ CONSENT FORM C AND HAVE RESPONDENT SIGN FORM.

SIGNED 1
NOT SIGNED 2

D95. LOOK AT INSIDE BACK COVER. IF D35 IS ANSWERED "NO", GO TO END. OTHERWISE, CONTINUE.

READ CONSENT FORM D, RECORD NAME AND ADDRESS OF MOST RECENT TREATMENT PROGRAM AND HAVE RESPONDENT SIGN FORM.

SIGNED 1
NOT SIGNED 2

LEAVE COPY OF CONSENT FORMS B, C, AND D WITH RESPONDENT.

END
This completes the interview. Thank you very much for your cooperation.

[IF PAYMENT IS INDICATED FOR INTERVIEW, PROVIDE PAYMENT.]

[IF PAYMENT IS INDICATED FOR URINE SAMPLE, PROVIDE PAYMENT.]

SECTION E. INTERVIEWER REPORT

INTERVIEWER: COMPLETE THIS SECTION AFTER COMPLETING THE INTERVIEW AND LEAVING THE R.

E1. Where was interview conducted? (CODE ALL THAT APPLY)

R'S HOME	01
HOME OF FRIEND OR RELATIVE OF R.....	02
JAIL/PRISON/CORRECTIONAL FACILITY.....	03
TREATMENT PROGRAM/REHAB CENTER.....	04
HOSPITAL/CLINIC	05
OTHER INSTITUTION (SPECIFY)	06
<hr/>	
RESTAURANT/BAR/FAST FOOD PLACES.....	07
PARK/OTHER OUTSIDE PLACE	08
BY TELEPHONE	09
R'S PLACE OF WORK/AN OFFICE/RELATIVES'	
PLACE OF WORK.....	10
SHELTER/MISSION/R'S "HOME" ON STREET	11
INTERVIEWER'S CAR/PARKING LOT.....	12
SHOPPING MALL/AREA	13
LIBRARY/SCHOOL	14
RECREATIONAL FACILITY.....	15
OTHER (SPECIFY)	96

E2. Did it appear that the respondent was under the influence of drugs or alcohol, including prescribed drugs?

YES, STRONGLY.....	1
YES, MODERATELY.....	2
YES, SLIGHTLY	3
NO	4

E3. Did the respondent have any (other) special characteristics or problems that affected his/her ability to answer any portion of the questionnaire?

YES	1
NO	2 (E4)

E3a. CODE ALL THAT APPLY.

R WAS VISIBLY SICK/SAID HE/SHE WAS SICK	01
R'S ABILITY TO SPEAK AND/OR READ ENGLISH	
WAS POOR.....	02
R CANNOT READ/IS PARTIALLY LITERATE.....	03
R IS PHYSICALLY CHALLENGED (SPECIFY).....	04
<hr/>	
R IS MENTALLY CHALLENGED	05
OTHER (SPECIFY)	96

E4. How honest do you feel the respondent's answers were?

- HONEST ALL OF THE TIME 1
- HONEST MOST OF THE TIME 2
- HONEST SOME OF THE TIME 3
- HONEST VERY LITTLE OF THE TIME.. 4
- DIFFICULT TO TELL..... 5

E4a. Describe why you feel his/her answers were not always honest or why you had difficulty telling.

INSIDE BACK COVER

	<u>YES</u>	<u>NO</u>
A12. EVER LEGALLY MARRIED?	1	2
A13. EVER LIVED WITH SOMEONE AS MARRIED?	1	2
B68. HIV POSITIVE.	1	2
B70. HAS AIDS.	1	2
D35. ENTERED <u>NEW</u> TREATMENT SINCE SEGMENT 2 END DATE?	1	2

CARD A

- a. Inhalants
(amyl nitrate, glue, paint thinner, etc.)
- b. Marijuana or hashish
- c. Crack
- d. Cocaine, other than crack
- e. Hallucinogens
(LSD, acid, PCP, Ecstasy, mushrooms, mescaline)
- f. Heroin
- g. Illegal methadone
- h. Other opiates
(Codeine, Morphine, Percodan, Demerol)
- i. Amphetamines or stimulants
(methamphetamine, ice, crank, speed, uppers, Ritalin)
- j. Sedatives
(Quaalude, Seconal, barbiturates, sleeping pills, downers)
- k. Tranquilizers
(Valium, Xanax, Librium, Ativan)
- l. Over-the-counter drugs
(cough syrups, diet pills, etc.)
- m. Any other drug besides alcohol

CARD B

Less than once a month

1-3 times a month

1-2 times a week

3-4 times a week

5-6 times a week

Daily or almost every day

2 or more times a day

CARD C

- a. Inhalants
(amyl nitrate, glue, paint thinner, etc.)
- b. Marijuana or hashish
- c. Crack
- d. Cocaine, other than crack
- e. Hallucinogens
(LSD, acid, PCP, Ecstasy, mushrooms, mescaline)
- f. Heroin
- g. Illegal methadone
- h. Other opiates
(Codeine, Morphine, Percodan, Demerol)
- i. Amphetamines or stimulants
(methamphetamine, ice, crank, speed, uppers, Ritalin)
- j. Sedatives
(Quaalude, Seconal, barbiturates, sleeping pills, downers)
- k. Tranquilizers
(Valium, Xanax, Librium, Ativan)
- l. Over-the-counter drugs
(cough syrups, diet pills, etc.)
- m. Alcohol
- n. Other drugs

CARD D

- a. A single family house, duplex or townhouse
- b. An apartment, condominium, or other multi-family dwelling
- c. A mobile home or trailer
- d. A hotel, motel, rooming house, or boarding house
- e. A hospital or medical institution
- f. Jail or prison
- g. A residential drug or alcohol treatment program
- h. A homeless shelter
- i. A halfway house
- j. On the street
- k. Another place

CARD E

- A. LESS THAN \$1,000 (OR A LOSS)
- B. \$1,000 - \$1,999
- C. \$2,000 - \$2,999
- D. \$3,000 - \$3,999
- E. \$4,000 - \$4,999
- F. \$5,000 - \$5,999
- G. \$6,000 - \$6,999
- H. \$7,000 - \$7,999
- I. \$8,000 - \$8,999
- J. \$9,000 - \$9,999
- K. \$10,000 - \$10,999
- L. \$11,000 - \$11,999
- M. \$12,000 - \$12,999
- N. \$13,000 - \$13,999
- O. \$14,000 - \$14,999
- P. \$15,000 - \$15,999
- Q. \$16,000 - \$16,999
- R. \$17,000 - \$17,999
- S. \$18,000 - \$18,999
- T. \$19,000 - \$19,999

CARD F

U. \$20,000 - \$24,999

V. \$25,000 - \$29,999

W \$30,000 - \$34,999

X. \$35,000 - \$39,999

Y. \$40,000 - \$44,999

Z. \$45,000 - \$49,999

AA. \$50,000 - \$74,999

BB \$75,000 OR MORE

CARD G

1. Less than once a month or infrequently
2. Once a month
3. Two to three times a month
4. Once a week
5. One to two times a week
6. Daily or almost daily

CARD G-2

1. Less than once a month
2. Once a month
3. Two to three times a month
4. Once a week
5. Twice a week
6. Three times a week
7. Four times a week
8. Five times a week
9. Six times a week
10. Seven times a week

CARD H

- a. Feeling pressured by a judge, a parole or probation officer, the police, or someone like that
- b. Pressure from a spouse, partner, or parent
- c. Pressure from a school teacher, minister, or coach
- d. To get, keep, or improve a job situation
- e. To get or keep custody of one or more children
- f. To become a better parent
- g. Health problems
- h. To become eligible for services
- i. To change or improve self
- j. Required to attend treatment to receive benefits
- k. Difficulty getting drugs
- l. Financial problems or couldn't afford to stay on drugs
- m. Some other reason

CARD I

- a. Completed treatment plan or graduated from program
- b. Dropped from the program by staff because of your actions
- c. Dropped from the program because insurance had run out
- d. Did not want to be there in the first place
- e. You felt that treatment was not working
- f. Transferred to another program due to dissatisfaction
- g. No longer eligible
- h. Went to jail or prison
- i. Too difficult to get there, child care problems, or conflict with job
- j. Couldn't afford it
- k. Pressure from family and friends to end treatment
- l. Left the area
- m. Some other reason

CARD J

- a. Private HMO or Other Managed Care Plan
- b. Other Private Health Insurance
- c. Medicaid or Medical Assistance
- d. Medicare
- e. Military Health Care (CHAMPUS, CHAMPVA, TRICARE, VA)
- f. Criminal Justice System
- g. Social Services
- h. Your own money
- i. No payment
- j. Some other source

DRUG LIST

- a. **Inhalants:** Acetone, Aerosol Sprays, Amyl Nitrate, Amyls, Butyl Nitrate, Correction Fluids, Gasoline or Lighter Fluids, Glue, Nitrous Oxide, Paint Thinner, Poppers, Snappers, and Spray Paint.
- b. **Marijuana or Hashish:** Acapulco Gold, Cannabis, Chares, Dronabinol, Ganja, Halfmoons, Hash, Hash Oil, Hashish, Hemp, Herb, Kief, Kilo, Marinol, Mary Jane, Reefer, Sinsemilla, Tetrahydrocannabinol, Thai Sticks, THC, or Weed.
- c. **Crack:** Crack or Crack Cocaine.
- d. **Cocaine:** Baseball, Big C, Blow, Cocoa, Cocaine Hydrochloride, Flake, Freebase, Snow, Snowflake, White Lady, or White Tornado.
- e. **Hallucinogens or Psychedelic Drugs:** Acid, Angel Dust, Bad Acid, Bad See, Beans, Buttons, Cactus, Crystal, Cube, Delysyd, Dimethoxymethamphetamine, Dimethyltryptamine, DMT, DOM, Dust, Ecstasy, Hog, LSD, Magic Mushroom, Mescaline, MDA, Microdot, PCP, Peyote, Phencyclidine, Psilocin, Psilocybin (mushrooms), Rocket Fuel, STP, Sugar, or Superweed.
- f. **Heroin:** Brown sugar, Diacetylmorphine HCL, H, Harry, Junk, Scag, Scat, Smack, Speedball, or Stuff.
- g. **Illegal Methadone:** Dolly or Dolophine.
- h. **Other Opiates:** Atramorph PF, Big M, Butorphanol Tartrate, China White, Codeine, Codeine Phosphate, Codeine Sulfate, Darvon, Demerol, Dilaudid, Dolene, Dreams, Hard Stuff, Hydromorphone hydrochloride, LAAM, Laudenum, Levo-Dromoran, Levoalpha-Acetylmethadol, Levorphanol Tartrate, Mepergan, Morphine Sulfate, Nuloxone & Pentazacine, Numorphone, Opium, Oxycodone, Oxycodone HCL, Oxydadone HCL, Oxymorphone, Paregoric, Pentazocane, Percocet-5, Percodan, Propoxyphene and Acetaminophen, Proxiphyne HCL, Psybenzamine, Pysibenzamine, Stadol, T's & Blues, T's & B's, Talacen, Talwin, Talwin NX, Teddies & Betties, Tincture of Opium, Toluene, Tops & Bottoms, Tripelennamine, Tylax, White Stuff, or Wygesic.

DRUG LIST (continued)

- i. **Amphetamines or Stimulants:** Amphetamine Sulfate, Bennies, Benzedrine, Biphphetamine, Brownies, Dexamyl, Dexedrine, Dexies, Dextroamphetamine, Dextroamphetamine Sulfate & Amobarbital, Hearts, Ice, Meth, Methamphetamine HCL, Methedrine, Pep Pills, Splash, Speed, Uppers, or Ups.
- j. **Sedatives:** Barbiturates, Dalmane, Downers, Halcion, Methaqualone (including Sopor and Quaalude), Nembutal, Phenobarbital, Placidyl, Seconal, Sleeping Pills, or Tuinal.
- k. **Tranquilizers:** Atarax, Ativan, Diazepam, Librium, Tranxene, Valium, Xanax, or other antianxiety drugs.
- l. **Over-the-counter Drugs:** Any drugs or medications which can be purchased without a doctor's prescription, e.g., cough syrup or pain relief medications, and that are used to get high or for other non-medical effects.